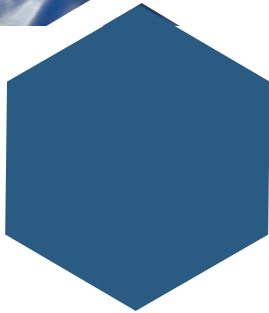




2023 BENEFITS



YOUR BENEFITS. YOUR CHOICES. YOUR HEALTH.
January 1, 2023 - December 31, 2023

Welcome

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EASTERSEALS NORTHEAST CENTRAL FLORIDA strives to provide you with comprehensive, valuable benefit plans as part of your total compensation package, which we hope will assist you in planning for your financial security now and in the future. We encourage you to learn about and understand your benefits so that you may use them wisely.

UNITED HEALTHCARE		
Medical Customer Service	866.633.2446	MyUHC.com
METLIFE		
Customer Service for Dental, Vision, Life & Disability	800.275.4638	MetLife.com
MEDCOM		
Flexible Spending Account	800.523.7542	Medcombenefits.com
AFLAC		
Representative: Trisha Cuthbert	386.846.9087	

We encourage you to take the time to review the benefit plans described in this guide and to choose the best options for you and your family.

If you have questions regarding any of the above benefits or the enrollment process, please contact your dedicated BenefitsVIP team at [866.284.2053](tel:866.284.2053) or email MyTeam@benefitsVIP.com

Monday – Friday, 8:30am – 8:00pm (EST).



Benefits Overview

Following is a brief description of each benefit being offered to **EASTERSEALS NORTHEAST CENTRAL FLORIDA** employees for the plan year January 1, 2023 through December 31, 2023.

MEDICAL

Our medical and prescription drug coverage is offered through **United Healthcare**.

DENTAL

We offer two dental plans: A PPO & a DHMO dental plan through **MetLife**.

VISION

Our comprehensive vision plan is offered through **MetLife**.

BASIC LIFE AND AD&D

Basic Life/AD&D coverage is provided by **EASTERSEALS NORTHEAST CENTRAL FLORIDA** through **MetLife**.

VOLUNTARY LIFE

You will have the opportunity to purchase voluntary life coverage for yourself and your dependents. Coverage is offered through **MetLife**.

SHORT-TERM DISABILITY

Short-term disability coverage is provided by **EASTERSEALS NORTHEAST CENTRAL FLORIDA** through **MetLife**.

LONG-TERM DISABILITY

Long-term disability coverage is provided by **EASTERSEALS NORTHEAST CENTRAL FLORIDA** through **MetLife**.

FLEXIBLE SPENDING ACCOUNT

Our flexible spending account is offered through **Medcom**.

VOLUNTARY SUPPLEMENTAL BENEFITS

Accident, Critical Illness and Hospital Insurance is offered through **Aflac**.



Medical



	BX00 NHP HMO	BXKB NHP HMO	BWNL Choice Plus PPO
Plan Year Deductible	Individual: \$1,500 Family: \$3,000	Individual: \$1,000 Family: \$3,000	Individual: \$2,500 Family: \$5,000
Plan Year Out-of-Pocket Maximum	Individual: \$4,500 Family: \$9,000	Individual: \$6,000 Family: \$12,000	Individual: \$6,000 Family: \$12,000
Preventive Care Adult or Child Wellness Exam	No Charge	No Charge	No Charge
Outpatient Care Primary care physician office visits Specialist office visits Telemedicine (Family Physician) Outpatient surgery (Ambulatory Surgical Center)	\$25 Copay \$45 Copay No Charge Deductible, then 10%	\$25 Copay \$45 Copay No Charge \$250 Copay	\$25 Copay \$50 Copay No Charge Deductible, then 20%
Independent Outpatient Lab & Diagnostics Independent Clinical Lab (blood work) Freestanding Diagnostic Center (x-rays) Designated Network Imaging Imaging (CT/PET Scans/MRIs)	Deductible, then 10% Deductible, then 10% \$350 Copay \$750 Copay	No Charge No Charge \$200 Copay \$750 Copay	No Charge \$60 Copay \$200 Copay \$750 Copay
Emergency Care Ambulance when medically necessary At hospital emergency room Urgent Care	Deductible, then 10% Deductible, then 10% \$50 Copay	Deductible, then 20% \$350 Copay \$50 Copay	Deductible, then 20% \$350 Copay \$75 Copay
In-Patient Hospital Facility fee Physician/Surgeon fee	Deductible, then 10% Deductible, then 10%	\$250 Copay Deductible, then 20%	Deductible, then 20% Deductible, then 20%
Mental Health Inpatient Outpatient	Deductible, then 10% \$45 Copay	\$250 Copay per stay \$45 Copay	Deductible, then 20% \$50 Copay
Prescription Drugs Retail Pharmacy (30 day supply) Generic Preferred Brand Non-Preferred Brand Mail Order (90 day supply)	\$10 \$35 \$70 \$25 / \$87.50 / \$175	\$10 \$50 \$85 \$25 / \$125 / \$212.50	\$10 \$50 \$85 \$25 / \$125 / \$212.50
Out-of-Network Benefits Plan Year Deductible (Individual/Family) Out of Pocket Maximum (Individual/Family) Coinsurance	Out of network coverage not available except for emergency services	Out of network coverage not available except for emergency services	\$5,000 / \$10,000 \$10,000 / \$20,000 40%

Medical Payroll Deductions




26 Bi-Weekly Payroll Deductions



Coverage Tier	BXOO	BXKB	BWNL
Employee Only	\$30.40	\$44.80	\$98.48
Employee & Spouse	\$411.74	\$446.02	\$573.78
Employee & Child(ren)	\$262.51	\$289.02	\$387.78
Employee & Family	\$616.22	\$661.16	\$828.64

22 Bi-Weekly Payroll Deductions







Coverage Tier	BXOO	BXKB	BWNL
Employee Only	\$35.92	\$52.95	\$116.38
Employee & Spouse	\$486.60	\$527.12	\$678.10
Employee & Child(ren)	\$310.24	\$341.57	\$458.29
Employee & Family	\$728.26	\$781.37	\$979.30

Urgent Care vs. Emergency Room



 URGENT CARE CENTER	 EMERGENCY ROOM
Cold, flu, or fever	Chest pain
Strains, sprains, or breaks	Abdominal pain
Infections	Stroke
Mild burns	Severe head injury
Allergies	Major trauma

71% of emergency department visits are unnecessary or could have been avoided.

 LOWER copay applies ²	 HIGHER copay applies ²
 You will usually be seen in under 20 minutes	 Average length of time spent in the ER nationwide ³ 2 hours 15 minutes
 EXTENDED HOURS OPEN WEEKENDS	 Open 24/7

If you have a life-threatening illness or injury, go to the ER or call 911 right away.

Employees enrolled in a UnitedHealthcare medical plan will have access to the several health and wellness programs at no cost to you.



REAL APPEAL®

Real Appeal® is an online weight loss program that provides personal coaching to help you and eligible family members lose weight and keep it off.

- 1-on-1 coaching: Get help to stay on track to reach your goals with online coach-led group sessions.
- No out-of-pocket expenses
- Success kit: Get scales, recipes, fitness equipment and more delivered to your door.

[LEARN MORE AND START TODAY AT SUCCESS.REALAPPEAL.COM](https://SUCCESS.REALAPPEAL.COM)

RALLY® APP

The Rally® app is designed to help you improve and maintain your health.

- After taking a quick Health Survey, Rally will offer personalized recommendations to help you move more, eat better and stress less.
- Sync your tracking device, join a Challenge and earn virtual coins that you can exchange for rewards for taking health steps every day.
- Download the app from the App Store or Google play



SIMPLY ENGAGED PLUS®

Through Rally® you can access the Simply Engaged® health and wellness activities that are available to you.

- For each Health Action you complete, you'll earn Rally coins which you can redeem for rewards.
- Rewards available for covered employees and covered spouses.

UHC's Rally® & SimplyEngaged® Plus, allows you to complete specific health and wellness activities to earn financial incentives and rewards. You can track your activities and rewards through Rally®, a user-friendly digital experience that supports your program with online tools.

ELIGIBILITY

The program is open to [all employees and spouses enrolled in a Company-sponsored medical plan](#). Participation in Rally and SimplyEngaged Plus is 100 percent voluntary and confidential.

UHC REWARDS

Eligible participants can earn up to **\$300** in gift cards for completing wellness activities through Rally and SimplyEngaged Plus (earnings are per person and include covered spouse).

For each activity you complete, you'll earn Rally Coins to enter additional sweepstakes plus gift cards. Rewards will be delivered through UHC.

Examples of Health Actions:

- Complete the Health Survey and watch the video: **\$25 + Rally Coins**
- Complete a Virtual Visit: **\$25 + Rally Coins**
- Complete a coaching program: **\$200 + Rally Coins**
- Complete a biometric screening: **\$50/metric**
- Complete a gym check-in: **\$20/month + Rally Coins**

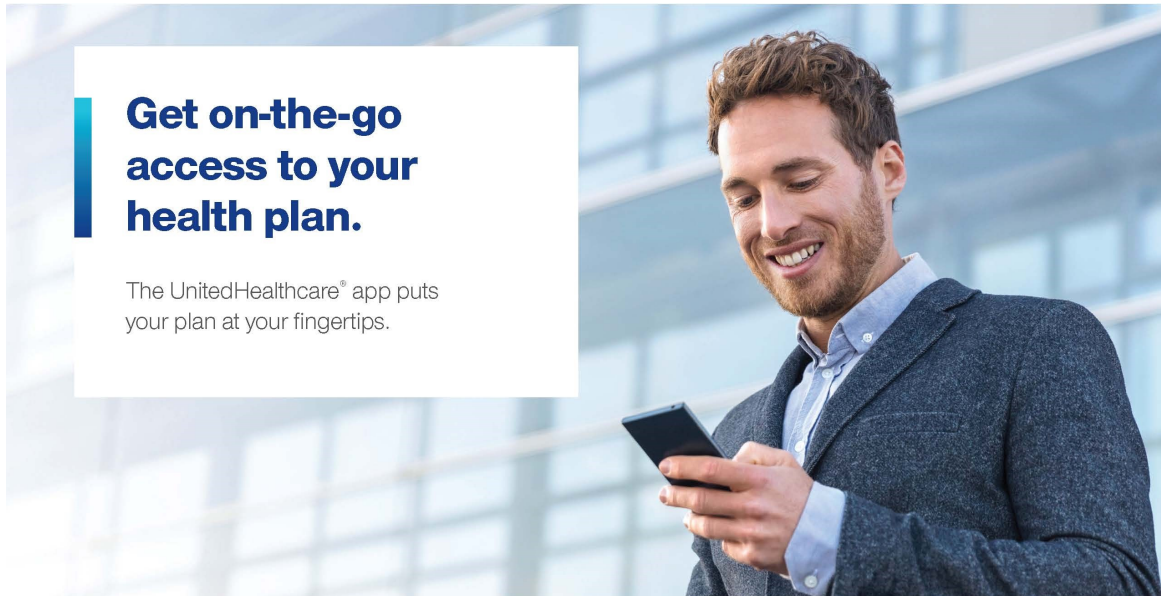
To get started, go to myuhc.com® > Health Resources > Rally



UHC Mobile App

HEALTHCARE IN YOUR HANDS

As a UnitedHealthcare member, you can now access your benefit and claim information when you're on-the-go from your mobile device. Just download the app on your iPhone or Android.



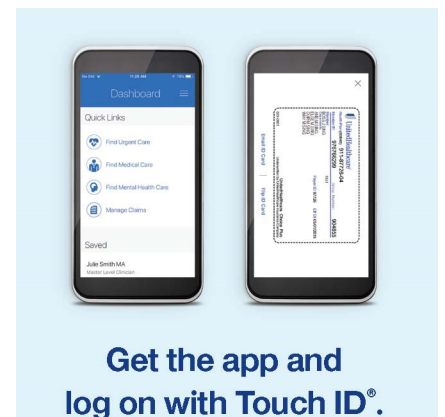
The app has you covered.

When you're out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network.
- Estimate costs.
- Video chat with a doctor 24/7.
- View and share your health plan ID card.
- See your claim details and view progress toward your deductible.

Get the app and log on with Touch ID®.

The UnitedHealthcare app is available for download for iPhone®
or Android™.



Get the app and
log on with Touch ID®.



QUESTIONS? Call BenefitsVIP at 866.284.2053

Flexible Spending Account

EASTERSEALS NORTHEAST CENTRAL FLORIDA offers employees the option of making deposits into separate spending accounts for eligible healthcare (including Medical, Dental and Vision) expenses and dependent care (including child care expenses).

HEALTHCARE REIMBURSEMENT FSA:

In addition to using this account to make co-pays, co-insurance payments or deductible payments this program lets employees pay for certain IRS approved medical care expenses.

The annual maximum contribution to the Healthcare FSA account for 2023 is \$3,050.

In addition, you may roll over up to \$570 into the next plan year. All other monies will be forfeited.

Some examples of reimbursable expenses include:

- Hearing exams, hearing aids
- Vision expenses such as: laser eye surgery (Lasik), contact lenses, eye examinations, and eyeglasses
- Orthodontia
- Chiropractic services
- Acupuncture
- Physical therapy
- Diabetic Supplies

DEPENDENT CARE FSA:

The Dependent Care FSA enables employees to use pre-tax dollars to pay for eligible dependent care expenses that are necessary for you (and your spouse) to work, actively look for work, or attend school full time. Dependent care FSA can be used for the caring of children under the age of 13 or dependent elders who live with you. The annual maximum contribution to the Dependent Care FSA is \$5,000 (\$2,500 if married and filing separately).

Examples of eligible expenses include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and pre-schools (excluding kindergarten)

You should only contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan year. If you do not use the money within the plan year it will **NOT** be refunded to you or carried forward to a future plan year.

Use it or Lose it!



Your deductions cannot be changed or discontinued during the plan year unless you experience a qualifying event.

You must enroll/re-enroll to participate



www.FSAStore.com is the only one-stop-shop stocked exclusively with FSA-eligible products and services so there are no guessing games as to what is and isn't reimbursable which is what consumers face every time they walk into a drugstore.



Dental



SEARCHING FOR A DENTAL PROVIDER

You may search for an in-network provider by accessing the website

STEP 1: Go to www.metlife.com

STEP 2: Click on “Find a Dentist”

STEP 3: Choose “PDP Plus” as your network

STEP 4: Enter Location and click “Find a Dentist”

Once you are enrolled register at Metlife.com/MyBenefits to access your account information.

PPO PLAN

DHMO PLAN

BENEFIT	PPO PLAN		DHMO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	
Annual Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	\$0	
Calendar Year Benefit Maximum	\$1,250		None	
Diagnostic & Preventive Services Prophylaxis (Cleanings); Oral Examinations; Topical Fluoride; Bitewing X-Rays	Covered at 100%	*Covered at 100%	Fee Schedule	
Basic Services X-Rays; Fillings; Extractions; Oral Surgery; Endodontics; Periodontics; Periodontal surgery; Consultations; Sealants; Space maintainers for children	Covered at 80% after Deductible	*Covered at 80% after Deductible	Fee Schedule	
Major Services Bridge and Dentures; Crowns, Inlays, Onlays, Major Services	Covered at 50% after Deductible	*Covered at 50% after Deductible	Fee Schedule	
Orthodontia	No Coverage	No Coverage	Fee Schedule	
Bi-Weekly Contributions	26 Bi-Weekly	22 Bi-Weekly	26 Bi-Weekly	22 Bi-Weekly
Employee Only	\$10.97	\$12.96	\$7.05	\$8.33
Employee + Spouse	\$21.54	\$25.46	\$12.34	\$14.58
Employee + Child(ren)	\$23.55	\$27.83	\$14.80	\$17.49
Employee + Family	\$33.63	\$39.75	\$20.79	\$24.57

*PPO out-of-network fees are paid at the Maximum Allowable Charge (MAC). You will be responsible to pay the difference in the provider’s actual charges and what the insurance reimburses.

DHMO: Refer to fee schedule for exact costs for services. Amounts listed are approximate and do not detail all services and fees offered

Vision

VISION PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK*
Eye Exam	\$10 Copay	Reimbursed up to \$45
Materials (Frames and Lenses)	\$10 Copay	See below for Allowance amount
Frequency		
Exam	Once every 12 months	Once every 12 months
Lenses	One pair every 12 months	One pair every 12 months
Frames	One set every 24 months	One set every 24 months
Contacts	One pair every 12 months	One pair every 12 months
Frames	\$130 Allowance	Reimbursed up to \$70
Lenses		Reimbursed up to:
Single Vision	\$10 Copay	\$30
Bifocal Vision	\$10 Copay	\$50
Trifocal Vision	\$10 Copay	\$65
Lenticular Vision	\$10 Copay	\$100
Contact Lenses		Reimbursed up to:
Medically Necessary**	Covered in full	\$210
Elective Contact Lenses	\$130 Allowance	\$105
Bi-Weekly Contributions	26 Bi-Weekly	22 Bi-Weekly
Employee Only	\$3.15	\$3.72
Employee + Spouse	\$5.97	\$7.06
Employee + Child(ren)	\$7.00	\$8.27
Employee + Family	\$9.84	\$11.63

* For Out-of-Network services you will be required to pay the provider in full at the time of service. You must submit a claim form to MetLife for reimbursement within 6 months of the date of service.

** When eyeglasses do not achieve the best visual potential, contact lenses may become medically necessary. This can be due to keratoconus, corneal trauma, or post-surgical irregularity in the corneal surface. Medical necessity will be reviewed on a case by case basis.



NEED HELP FINDING AN IN-NETWORK PROVIDER?

Follow the steps below to locate a participating Doctor near you:

STEP 1: Go to www.metlife.com

STEP 2: Click on "Find a Vision Provider"

STEP 3: Choose "MetLife Vision PPO" as your network

STEP 4: Enter Location and click "Find a Vision Provider"

Once you are enrolled register at Metlife.com/MyBenefits to access your account information.

Basic Life & AD&D



HOW BASIC LIFE/AD&D INSURANCE CAN HELP

Life and AD&D insurance may provide additional financial support by:

- Assisting your family with the cost of your funeral or medical bills
- Covering household expenses
- Relieving debt you might leave behind
- Leaving an inheritance for your loved ones or an organization you are passionate about

BASIC GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

EASTERSEALS NORTHEAST CENTRAL FLORIDA provides all benefit eligible employees with Group Term Life and matching AD&D coverage at no cost to you.

MAKE SURE TO UPDATE YOUR BENEFICIARY INFORMATION NOW!!

A beneficiary is the person or entity you name in a life insurance policy to receive the death benefit.

You can name:

- One person
- Two or more people
- The trustee of a trust you've set up
- Your estate

If you don't name a beneficiary, the death benefit will be paid to your estate.

Two "levels" of beneficiaries:

Your Life Insurance policy should have both "primary" and "contingent" beneficiaries. The primary beneficiary receives the death benefit upon your passing, if they are found. Contingent beneficiaries receive the death benefit if the primary beneficiary can't be found. If no primary or contingent beneficiaries can be found, the death benefit will be paid to your estate.

As part of naming beneficiaries, you should identify them as clearly as possible and include their Social Security numbers. This will make it easier for the Life Insurance company to find them, and it will make it less likely that disputes will arise regarding the death benefit.

Voluntary Life/AD&D

VOLUNTARY LIFE/AD&D

Employees may purchase voluntary life coverage through MetLife for themselves, their spouse, and/or their dependent children. You must elect coverage on yourself in order to cover your dependents.



THINGS TO REMEMBER:

- Your spouse's rate is based on your age
- You pay just one payroll deduction for child coverage, no matter how many children you are covering
- You must enroll in coverage in order to elect coverage for your dependents
- Payroll deductions may vary due to rounding
- AD&D coverage equals the life insurance amount chosen is for the employee and spouse. AD&D coverage is not available for child(ren).

EVIDENCE OF INSURABILITY FORM

An evidence of insurability (EOI) form is required if you are requesting an amount over the guarantee issue amount or if you are applying for coverage during the annual enrollment period if coverage was previously waived during the initial eligibility period.

NOTE: Benefit coverage and payroll deductions will not take effect until EOI is approved by Guardian.

COVERAGE GUIDELINES			
	MINIMUM	GUARANTEE ISSUE	MAXIMUM
For You	\$10,000	\$100,000	5 x Annual Salary up to \$500,000
Spouse	\$5,000	\$30,000	50% of employee's benefit up to \$100,000
Child(ren)			\$250
Age 14 days to 6 months			\$10,000
Age 6 months to age 26			

How to calculate your supplemental life deduction

Example: An employee who is 47 years old wishes to elect \$100,000 in coverage

$$\$100,000 \div 1,000 = 100$$

$$100 \times 0.270 \text{ (see rate chart)} = \$27 \text{ cost per month}$$

$$\$27 \times 12 = \$324.00 \text{ per year}$$

$$\$324.00 \div 26 = \$12.46 \text{ per pay if 26 pay periods}$$

$$\$324.00 \div 22 = \$14.73 \text{ per pay if 22 pay periods}$$

Voluntary Life/AD&D Rate

Age	Monthly Cost per \$1,000 of coverage
<30	\$0.070
30-34	\$0.120
35-39	\$0.140
40-44	\$0.190
45-49	\$0.270
50-54	\$0.490
55-59	\$0.810
60-64	\$1.230
65-69	\$1.780
70+	\$3.150
Child Life	\$0.240

Disability



PRE-EXISTING CONDITION EXCLUSION

There is a 3/12 pre-existing condition exclusion under the Long Term Disability plan. This means any condition for which you receive medical attention in the three months prior to your effective date of coverage that results in a disability during the first 12 months of coverage would not be covered.

SHORT-TERM DISABILITY

EASTERSEALS NORTHEAST CENTRAL FLORIDA provides all benefit eligible employees with Short-Term Disability. This coverage is designed to replace a portion of your income should you become unable to work due to a non-work related injury or sickness. A brief summary of the plan is outlined in the following chart. Please refer to your MetLife summary for additional details, including limitations and exclusions.

SHORT-TERM DISABILITY SCHEDULE OF BENEFITS	
BENEFITS BEGIN	15th day for Accident / 15th day for Sickness
BENEFIT DURATION / PAYABLE	Up to 11 weeks
PERCENTAGE OF INCOME REPLACED	60%
MAXIMUM WEEKLY BENEFIT	\$900

LONG-TERM DISABILITY

EASTERSEALS NORTHEAST CENTRAL FLORIDA also provides all benefit eligible employees Long-Term Disability. This coverage is designed to replace a portion of your income should you become unable to work for an extended period of time. A brief summary of the plan is outlined in the following chart. Please refer to your MetLife summary for additional details, including limitations and exclusions.

LONG-TERM DISABILITY SCHEDULE OF BENEFITS	
BENEFITS BEGIN	91st day
BENEFIT DURATION / PAYABLE	12 months if unable to perform you own occupation and To Social Security Normal Retirement Age
PERCENTAGE OF INCOME REPLACED	60%
MAXIMUM MONTHLY BENEFIT	\$5,000

Employee Assistance Program

Employee Assistance Program

Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search "LifeWorks" on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Convenient and confidential help when you want it, how you want it

Your program includes up to 5 in person, phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to metlifeeap.lifeworks.com, user name: **metlifeeap** and password: **eap**



Navigating life together

Aflac Supplemental Benefit

HEALTH ADVOCATE

If you enroll in the Accident, Critical Illness or Hospital Indemnity Plans you will have access to Health Advocate.

Your Personal Health Advocate will help you:

- Find doctors, dentists & hospitals
- Schedule appointments
- Resolve claims and billing issues
- Get help with eldercare issues
- Transfer medical records

Call 855-423-8585 24/7 to get started

TELEMEDICINE

If you enroll in the Accident, Critical Illness or Hospital Indemnity Plans you will have access to MeMD telemedicine.

With MeMD, you or your family members can connect to a board-certified, U.S.-licensed medical provider from almost any location, day and night, weekends and holidays. All using your phone or computer. You'll get a confidential diagnosis, along with a treatment plan and needed prescriptions for common medications – for just \$25 per visit.

PRIVATE CONSULTATIONS WITH U.S. LICENSED MEDICAL PROVIDERS.GET HELP 24/7 NEARLY ANYWHERE IN THE U.S. CONNECT BY PHONE, WEB OR MOBILE APP

ACCIDENT INSURANCE

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better. After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

CRITICAL ILLNESS INSURANCE

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness—and these benefits are paid *directly to you* (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. **Critical Illness Benefits are payable for:**

- Cancer
- Stroke
- Major Organ Transplant
- Sudden Cardiac Arrest
- Non-Invasive Cancer
- Heart Attack (Myocardial Infarction)
- Kidney Failure (End-Stage Renal Failure)
- Bone Marrow Transplant (Stem Cell Transplant)
- Coronary Artery Bypass Surgery
- Skin Cancer

HOSPITAL INDEMNITY

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay. Hospital Indemnity provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Benefits include:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit
- Successor Insured Benefit

BenefitsVIP

HELP STARTS HERE

BenefitsVIP is a powerful, one-stop contact center staffed by seasoned professionals. Your dedicated team of employee benefits advocates is ready to help you and your family members resolve your benefits issues.

For service that's confidential and responsive, contact:

866.284.2053

Monday — Friday

8:30am — 8:00pm (EST)

Fax: 856.996.2775

myteam@benefitsvip.com

QUESTIONS ANSWERED HERE

COMPLETELY CONFIDENTIAL! Your dedicated BenefitsVIP advocates understand your benefit plans and are able to answer benefit questions and quickly resolve claims and eligibility issues. A majority of inquiries are resolved the same day and all calls adhere to privacy best practices.

BenefitsVIP.com

BenefitsVIP
Help starts here.



WEBSITE

Stay informed with the latest health news, biometric tools, calculators and information at [benefitsvip.com!](http://benefitsvip.com)



BLOG

HealthDiscovery.org is a lifestyle blog with wellness articles, tips, quizzes, recipes, and more!

Disclosures

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S ACT)

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Call your Plan Administrator for more information.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the

administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

SPECIAL ENROLLMENT RIGHTS (HIPAA)

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage.

The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that:

The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required

to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B] This benefit, known as "continuation coverage," applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual cease to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

PREMIUM ASSISTANCE UNDER MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Disclosures

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676

Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado
(Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

<https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: -800-977-6740.

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

Disclosures

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethiptexas.com/>

Phone: 1-800-440-0493

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

OMB Control Number 1210-0137 (expires 1/31/2023)

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

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

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

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

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>

<https://www.coverva.org/en/hipp>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-800-432-5924

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>

<http://mywvhipp.com/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

WYOMING – Medicaid

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security



This benefit summary provides selected highlights of the employee benefits program available. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Our company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

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