



2022 BENEFITS



YOUR BENEFITS. YOUR CHOICES. YOUR HEALTH.
January 1, 2022 - December 31, 2022

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.

FLORIDA BLUE		
Medical Customer Service Group #33071	800.352.2583	FloridaBlue.com
FLORIDA HEALTH CARE PLANS		
Medical Customer Service Group #771	877.615.4022	FHCP.com
LINCOLN FINANCIAL GROUP		
Dental Customer Service PPO Group #1D038451 DHMO Group #1D038452	888.877.7828	LincolnFinancial.com
Vision Customer Service Group #400247838	800.423.2765	
Basic Life/AD&D Group #10247835	800.487.1485	
Voluntary Life/AD&D Group #400247837	800.487.1485	
Short-Term Disability Group #10247839	800.487.1485	
Long-Term Disability Group #10247836	800.487.1485	
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, 2022 through December 31, 2022.

MEDICAL

Our medical and prescription drug coverage is offered through **Florida Blue** (3 plan choices) and **Florida Health Care Plans** (3 plan choices).

DENTAL

We offer two dental plans: A PPO dental plan through **Lincoln Financial Group** and a DHMO Prepaid Plan through Lincoln Financial Group in partnership with **Solstice Health Plans**.

VISION

Our comprehensive vision plan is offered through **Lincoln Financial Group** and utilizes the **Spectera Vision Network** of providers.

BASIC LIFE AND AD&D

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

VOLUNTARY LIFE

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

SHORT-TERM DISABILITY

Short-term disability coverage is provided by **EASTERSEALS NORTHEAST CENTRAL FLORIDA** through **Lincoln Financial Group**.

LONG-TERM DISABILITY

Long-term disability coverage is provided by **EASTERSEALS NORTHEAST CENTRAL FLORIDA** through **Lincoln Financial Group**.

FLEXIBLE SPENDING ACCOUNT

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

VOLUNTARY SUPPLEMENTAL BENEFITS

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



Florida Blue Medical Plans



	PPO Plan 05904	HMO Plan 46 (Lake County Residents Only)	HMO Plan 68 (Lake County Residents Only)
NETWORK	BLUEOPTIONS	BLUECARE (HMO)	BLUECARE (HMO)
Plan Year Deductible	Individual: \$2,500 Family: \$7,500	Individual: \$2,000 Family: \$6,000	Individual: \$1,000 Family: \$3,000
Plan Year Out-of-Pocket Maximum	Individual: \$6,000 Family: \$12,000	Individual: \$5,000 Family: \$10,000	Individual: \$4,500 Family: \$9,000
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)	\$35 Copay \$65 Copay No Charge Deductible, then 20%	\$35 Copay \$65 Copay No Charge \$250 Copay	\$35 Copay \$60 Copay No Charge Deductible, then 20%
Independent Outpatient Lab & Diagnostics Independent Clinical Lab (blood work) Freestanding Diagnostic Center (x-rays) Imaging (CT/PET Scans/MRIs)	No Charge \$65 Copay \$450 Copay	No Charge \$50 Copay \$300 Copay	No Charge \$60 Copay \$500 Copay
Emergency Care Ambulance when medically necessary At hospital emergency room Urgent Care	Deductible, then 20% Deductible, then 20% \$70 Copay	Deductible, then 10% \$300 Copay \$70 Copay	Deductible, then 20% \$500 Copay \$65 Copay
In-Patient Hospital Facility fee Physician/Surgeon fee	Deductible, then 20% Deductible, then 20%	Deductible, then 10% Deductible, then 10%	\$500 Copay/Day (\$1,500 Max) No Charge
Mental Health Inpatient Outpatient	No Charge No Charge	No Charge No Charge	No Charge No Charge
Prescription Drugs Retail Pharmacy (30 day supply) Generic Preferred Brand Non-Preferred Brand Mail Order (90 day supply)	\$10 \$50 \$80 \$25 / \$125/ \$200	\$10 \$50 \$80 \$25 / \$125/ \$200	\$10 \$50 \$80 \$25 / \$125/ \$200
Out-of-Network Benefits Plan Year Deductible (Individual/Family) Out of Pocket Maximum (Individual/Family) Coinsurance	\$5,000/\$15,000 \$8,000/\$20,000 40%	Out of network coverage not available except for emergency services	Out of network coverage not available except for emergency services

FHCP Medical Plans



	HMO Plan T60		HMO Plan T70		HMO T72	
NETWORK	FHCP		FHCP		FHCP	
Plan Year Deductible	Individual: \$500 Family: \$1,500		Individual: \$1,500 Family: \$4,500		Individual: \$2,500 Family: \$7,500	
Plan Year Out-of-Pocket Maximum	Individual: \$3,000 Family: \$6,000		Individual: \$4,500 Family: \$9,000		Individual: \$6,500 Family: \$13,000	
Preventive Care Adult or Child Wellness Exam	No Charge		No Charge		No Charge	
Outpatient Care Primary care physician office visits Specialist office visits Telemedicine (PCP/Specialist) Outpatient surgery (Ambulatory Surgical Center)	\$20 Copay \$35 Copay \$10/\$30 Copay Deductible, then 10%		\$30 Copay \$55 Copay \$10/\$30 Copay \$200 Copay		\$35 Copay \$65 Copay \$10/\$30 Copay \$300 Copay	
Independent Outpatient Lab & Diagnostics Independent Clinical Lab (blood work) Freestanding Diagnostic Center (x-rays) Imaging (CT/PET Scans/MRIs)	No Charge Deductible, then 10% \$150 Copay		No Charge \$50 Copay \$200 Copay		No Charge \$50 Copay \$200 Copay	
Emergency Care Ambulance when medically necessary At hospital emergency room Urgent Care	Deductible, then 10% \$100 Copay \$50 Copay		Deductible, then 20% \$250 Copay \$60 Copay		Deductible, then 20% \$350 Copay \$85 Copay	
In-Patient Hospital Facility fee Physician/Surgeon fee	Deductible, then 10% Deductible, then 10%		Deductible, then 20% Deductible, then 20%		Deductible, then 20% Deductible, then 20%	
Mental Health Inpatient Outpatient	Deductible, then 10% \$35 Copay		Deductible, then 20% \$55 Copay		Deductible, then 20% \$65 Copay	
Prescription Drugs Retail Pharmacy (30 day supply)	<u>FHCP</u>	<u>Walgreens</u>	<u>FHCP</u>	<u>Walgreens</u>	<u>FHCP</u>	<u>Walgreens</u>
Preferred Generic	\$3 Copay	\$15 Copay	\$3 Copay	\$15 Copay	\$3 Copay	\$15 Copay
Non-Preferred Generic	\$10 Copay	\$15 Copay	\$10 Copay	\$15 Copay	\$10 Copay	\$15 Copay
Preferred Brand	\$30 Copay	\$35 Copay	\$30 Copay	\$35 Copay	\$30 Copay	\$35 Copay
Non-Preferred Brand	\$55 Copay	\$60 Copay	\$55 Copay	\$60 Copay	\$55 Copay	\$60 Copay
Preferred Specialty	15% Coinsurance	No Coverage	15% Coinsurance	No Coverage	15% Coinsurance	No Coverage
Non-Preferred Specialty	25% Coinsurance	No Coverage	25% Coinsurance	No Coverage	25% Coinsurance	No Coverage
Mail Order (90 day supply) - Excluded Specialty	\$6 / \$27 / \$87 / \$162		\$6 / \$27 / \$87 / \$162		\$6 / \$27 / \$87 / \$162	
Out-of-Network Benefits	Out of network coverage not available except for emergency services		Out of network coverage not available except for emergency services		Out of network coverage not available except for emergency services	

Medical Payroll Deductions



An Independent Licensee of the Blue Cross and Blue Shield Association

26 Bi-Weekly Payroll Deductions


Coverage Tier	BlueOptions 05904	BlueCare 46	BlueCare 68	FHCP T60	FHCP T70	FHCP T72
Employee Only	\$155.04	\$111.94	\$28.65	\$85.99	\$56.48	\$28.65
Employee & Spouse	\$688.91	\$586.32	\$477.57	\$524.55	\$454.32	\$388.07
Employee & Child(ren)	\$480.02	\$400.69	\$301.92	\$352.94	\$298.65	\$247.43
Employee & Family	\$975.18	\$840.70	\$718.29	\$759.72	\$667.65	\$580.81



22 Bi-Weekly Payroll Deductions

Coverage Tier	BlueOptions 05904	BlueCare 46	BlueCare 68	FHCP T60	FHCP T70	FHCP T72
Employee Only	\$183.23	\$132.29	\$33.86	\$101.62	\$66.75	\$33.86
Employee & Spouse	\$814.16	\$692.92	\$564.40	\$619.92	\$536.92	\$458.63
Employee & Child(ren)	\$567.29	\$473.55	\$356.81	\$417.11	\$352.94	\$292.42
Employee & Family	\$1,152.48	\$993.55	\$848.88	\$897.85	\$789.04	\$686.41









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.

Florida Blue Telemedicine



DID YOU KNOW?

- Save time and money by avoiding costly ER visits for non-emergency medical care. Talk to a doctor anytime for **\$0**
- Convenient - use from home, while traveling, and when primary care physician is unavailable.
- Available 24/7/365, during hours when many physician offices are closed, patients can conduct telephone or video appointments with a board certified physician.
- There is no usage limit on Teladoc.

GET STARTED!

FL Blue members are eligible to enroll for Teladoc telephone and online video consultations program by visiting [Teladoc.com](https://www.teladoc.com) or by calling **800.835.2362**

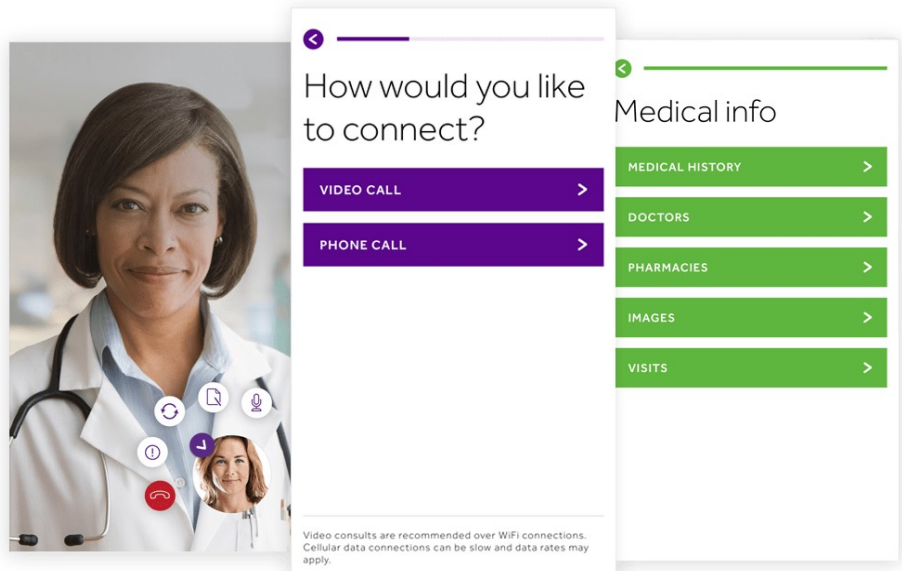
TELADOC PHONE & ONLINE VIDEO CONSULTATIONS

Florida Blue offers Teladoc with all of their plans.

Teladoc's phone and online video consultations provide access to a wide network of physicians that can diagnose your symptoms and prescribe medication when appropriate. These convenient consultations allow you to avoid the wait time and receive treatment from your home, office or other location with phone or internet access.

TELADOC DIAGNOSES, TREATS AND PRESCRIBES MEDICATION FOR A WIDE RANGE OF CONDITIONS

- Cold and Flu
- Sinusitis
- Conjunctivitis
- Bronchitis
- Skin Infection and Rash
- Allergies
- Pink Eye
- Upper Respiratory Infections
- Sprains and Strains



FHCP Telemedicine



www.doctorondemand.com/fhcp

Affordable

Medical Visits: \$10
Psychology Visit: \$30
Psychiatry (MD) Visit: \$30

Convenient

Stay in bed and get rid of your cold, flu or other common medical issues

Fast & Easy

Connect with a physician within 90 seconds.

Great Doctors

Board-certified and licensed in Florida.

Treat Nearly Everything

Nearly any non-emergency medical issue or emotional health issue such as anxiety and depression.

Get a Prescription

Quick and paperless prescription fulfillment to your pharmacy*.
**No controlled drugs prescribed*

Pharmacy Selection

When prompted to select your pharmacy, click on the "Search Near Me" button. Florida Health Care pharmacies will appear as the white bird logo.

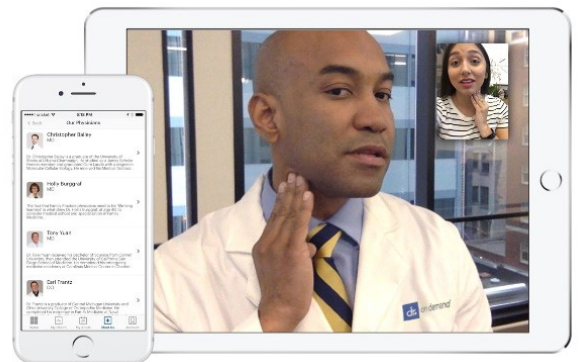


Text "FHCP" to **68398** or download the app from the App Store on your smartphone or tablet today

1 Tap "Sign Up"

2 When asked for your health insurance, select "**Florida Health Care Plan**" from the list.

3 Enter the information from your FHCP insurance card on the next screen



QUESTIONS? Call BenefitsVIP at **866.284.2053**



Florida Blue Mobile App



DOWNLOAD THE FLORIDA BLUE MOBILE APP:

Once you download the app, just log into the app using the same username and password that you use on FloridaBlue.com

NEW USER REGISTRATION

Follow the steps below to register your FL Blue account:

STEP 1: Go to FloridaBlue.com

STEP 2: Click on “Login/Register”

STEP 3: Click on “Sign Up Now”

STEP 4: Locate your member ID number on the front of your card

STEP 5: Fill in all of the personal information and hit next to finish creating your account

If you have any additional questions, please call Florida Blue member services at **800.352.2583**

WITH THE FLORIDA BLUE MOBILE APP YOU CAN:

Find participating doctors and providers, get ID cards, check benefits and claims, compare medical costs and set notification preferences. You can also make a payment, access member discounts and so much more - all on the go with the Florida Blue app.



STAY INFORMED AND IN CONTROL 24/7

With a member account you can pay your bill, view your ID card, and contact FL Blue anytime, anywhere



FIND A DOCTOR

Search for doctors, hospitals, and other specialists that participate in the FL Blue networks



RESOURCES

Find the things that matter most such as payments, benefits, prescriptions, and events, and compare drug prices on the spot

FHCP Care Centers

FLORIDA HEALTH CARE PLANS

EXTENDED HOURS CARE CENTERS

VOLUSIA/FLAGLER COUNTY

Some reasons to visit EXTENDED HOURS CARE CENTERS

- Acute minor trauma
- Cough, cold or flu
- Strains & sprains
- Minor allergic reactions
- Immunizations
- Low back pain
- Placement of stitches for a cut/laceration
- Removal of stitches
- Urinary tract/bladder infections

FHCP - Daytona Beach

350 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
386-238-3204

Mon - Fri: 7:00 a.m. - 7:00 p.m.
Sat: 8:00 a.m. - Noon

FHCP - DeLand

937 N. Spring Garden Ave.
Deland, FL 32720
386-736-1948

Mon - Fri: 7:00 a.m. - 7:00 p.m.

FHCP - Edgewater

239 N. Ridgewood Ave.
Edgewater, FL 32132
386-427-4868

Mon - Fri: 7:00 a.m. - 7:00 p.m.
Sat: 8:00 a.m. - Noon

Some reasons to visit THE EMERGENCY DEPARTMENT

- Any life-threatening emergency
- Any severe illness or injury
- Unresponsiveness
- Chest pain
- Weakness on one side
- Inability to speak
- Spine or head injury
- Mental status change
- Difficulty breathing
- Uncontrolled bleeding
- Poisoning

FHCP - Orange City

2777 Enterprise Rd.
Orange City, FL 32763
386-774-2550

Mon - Fri: 7:00 a.m. - 7:00 p.m.
Sat: 8:00 a.m. - Noon

FHCP - Ormond Beach

461 S. Nova Rd.
Ormond Beach, FL 32174
386-671-4337

Mon - Fri: 7:00 a.m. - 7:00 p.m.

FHCP - Port Orange

740 Dunlawton Avenue
Port Orange, FL 32127
386-763-1000

Mon - Fri: 7:00 a.m. - 7:00 p.m.

*Call fhcp Central Scheduling at
386-676-7198*

*to schedule an Appointment at
one of our FHCP Facilities*

Advanced Urgent Care-Port Orange

1690 Dunlawton Ave., Ste. 120
Port Orange, FL 32127
386-271-2273

Mon - Fri: 7:00 a.m. - 10:00 p.m.
Sat & Sun: 9:00 a.m. - 7:00 p.m.

MediQuick Walk-in Clinic

140 Pinnacles Dr.
Palm Coast, FL 32164
386-597-2829

Mon - Fri: 8:00 a.m. - 6:30 p.m.
Sat: 8:00 a.m.-5:30 p.m.
Sun: 10:00 a.m.-4:30 p.m.

MediQuick Walk-in Clinic

6 Office Park Dr
Palm Coast, FL 32137
386-401-5470

Mon - Fri: 8:00 a.m. - 7:30 p.m.
Sat: 8:00 a.m.-5:30 p.m.
Sun: 8:00 a.m.-2:30 p.m.

Flexible Spending Account



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.FSASStore.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.

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 2022 is \$2,850.

In addition, you may roll over up to \$550 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!

DENTALCONNECT PPO PLAN

\$700B DHMO PLAN

BENEFIT	DENTALCONNECT PPO PLAN		\$700B DHMO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	
Annual Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	\$0	
Calendar Year Benefit Maximum	\$1,000		None	
Diagnostic & Preventive Services Prophylaxis (Cleanings); Oral Examinations; Topical Fluoride; Bitewing X-Rays	Covered at 100%	*Covered at 100%	Fee Schedule \$0 - \$20	
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 \$0 - \$545	
Major Services Bridge and Dentures; Crowns, Inlays, Onlays; Major Services	Covered at 50% after Deductible	*Covered at 50% after Deductible	Fee Schedule \$195 - \$2,255	
Orthodontia	No Coverage	No Coverage	Fee Schedule \$1,000 - \$2,350	
Bi-Weekly Contributions	26 Bi-Weekly	22 Bi-Weekly	26 Bi-Weekly	22 Bi-Weekly
Employee Only	\$11.53	\$13.63	\$8.23	\$9.73
Employee + Spouse	\$22.64	\$26.76	\$14.41	\$17.03
Employee + Child(ren)	\$24.75	\$29.25	\$17.84	\$21.08
Employee + Family	\$35.35	\$41.78	\$22.64	\$26.76

*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



NEED HELP FINDING AN IN-NETWORK PROVIDER?

Follow the steps below to locate a participating dental provider:

STEP 1: Go to www.LincolnFinancial.com

STEP 2: Under "Need help?" click on "Find a dentist"

STEP 3: Enter your location and choose PPO or DHMO network

STEP 4: Click "Search"

If you have any additional questions, please call BenefitsVIP at **866.284.2053**

DHMO PLAN NETWORK

Although the DHMO plan is offered through Lincoln Financial group, it is underwritten by and is offered in partnership with **Solstice** Health Plans and utilizes the **Solstice** network of providers.

Vision



NEED HELP FINDING AN IN-NETWORK PROVIDER?

Follow the steps below to locate a participating dental provider:

STEP 1: Go to www.LincolnFinancial.com

STEP 2: Under “Need help?” click on “Find a vision care provider”

STEP 3: Enter your location and click “Search”

If you have any additional questions, please call BenefitsVIP at **866.284.2053**

VISION PLAN NETWORK

Although the vision plan is offered through Lincoln Financial group, it is offered in partnership with **Spectera Vision** and utilizes the **Spectera Vision** network of vision providers.

VISION PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK*
Eye Exam	\$10 Copay	Reimbursed up to \$40
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 \$45
Lenses		Reimbursed up to:
Single Vision	\$10 Copay	\$40
Bifocal Vision	\$10 Copay	\$60
Trifocal Vision	\$10 Copay	\$80
Lenticular Vision	\$10 Copay	\$80
Contact Lenses		Reimbursed up to:
Medically Necessary**	\$10 Copay	\$210
Elective Contact Lenses	\$125 Allowance	\$125
Bi-Weekly Contributions	26 Bi-Weekly	22 Bi-Weekly
Employee Only	\$3.63	\$4.29
Employee + Spouse	\$6.89	\$8.14
Employee + Child(ren)	\$8.08	\$9.55
Employee + Family	\$11.36	\$13.42

* 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 Lincoln 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.

Basic Life/AD&D

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

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

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.



HOW BASIC LIFE/AD&D INSURANCE CAN HELP

Life and Accidental Death & Dismemberment 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 even for an organization you are passionate about

Voluntary Life/AD&D



VOLUNTARY LIFE/AD&D

Employees may purchase voluntary life coverage through Lincoln 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) Age 14 days to 6 months Age 6 months to age 26			\$250 \$10,000

How to calculate your supplemental life deduction

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

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

$$100 \times 0.295 \text{ (see rate chart)} = \$29.50 \text{ cost per month}$$

$$\$29.50 \times 12 = \$354.00 \text{ per year}$$

$$\$354.00 \div 26 = \$13.62 \text{ per pay if 26 pay periods}$$

$$\$354.00 \div 22 = \$16.09 \text{ per pay if 22 pay periods}$$

Voluntary Life/AD&D Rate

Age	Monthly Cost per \$1,000 of coverage
<30	\$0.095
30-34	\$0.145
35-39	\$0.165
40-44	\$0.215
45-49	\$0.295
50-54	\$0.515
55-59	\$0.835
60-64	\$1.255
65-69	\$1.805
70-74	\$3.175
75+	\$3.175
Child Life	\$0..240



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 Lincoln 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 Lincoln 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 if unable to perform any occupation
PERCENTAGE OF INCOME REPLACED	60%
MAXIMUM MONTHLY BENEFIT	\$5,000

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.

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

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) at 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)

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.

Disclosures

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 October 15, 2021. 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/>
1-866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

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

CALIFORNIA: Medicaid
Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
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/childhealth-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](https://www.flmedicaidprecovery.com/hipp/index.html)
Phone: 1-877-357-3268

GEORGIA: Medicaid
Website: <https://medicaid.georgia.gov/health-insurancepremium-payment-program-hipp>
Phone: 678-564-1162 ext 2131

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: <http://www.indianamedicaid.com>
Phone 1-800-403-0864

IOWA: Medicaid
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:
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: KIHIP.PPROGRAM@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/info-details/masshealth-premium-assistance-pa>
Phone: 1-800-862-4840

MINNESOTA: Medicaid
Website:
<https://mn.gov/dhs/people-we-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

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/oii/hipp.htm> 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

NEW YORK: Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA: Medicaid
Website: <https://dma.ncdhhs.gov>
Phone: 919-855-4100

NORTH DAKOTA: Medicaid
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA: Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON: Medicaid
Website: <http://healthcare.oregon.gov/Pages/index.aspx> <http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA: Medicaid
Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND: Medicaid
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA: Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA: Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS: Medicaid
Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH: Medicaid and CHIP
Medicaid Website: <https://medicaid.utah.gov/> CHIP Website:

<http://health.utah.gov/chip>
Phone: 1-877-543-7669

Disclosures

VERMONT: Medicaid
Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

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

WASHINGTON: Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA: Medicaid
Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIP
(1-855-699-8447)

WISCONSIN: Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

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

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

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

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

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.

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

Notes



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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