



Employee Benefit Guide

2024



Floyd County Government

Service Provider Information

Health

ANTHEM BCBS
Group # L09118
1.833.578.4441
www.anthem.com

Pharmacy Benefits

TrueRx
1.866.921.4047
www.truerx.com
email: hello@truerx.com

HRA & FSA

BMS
1.800.919.BMSI
www.bmsllc.net
email: claims@bmsllc.net

Dental

THE STANDARD
Group # 160-170693
1.800.547.9515
www.standard.com/services

Vision

ANTHEM BCBS
Group # L09118
1.866.723.0515
www.anthem.com

Basic Life/ Voluntary Term Life and AD&D

The Standard
1.888.937.4783
www.standard.com

Accident / Critical Illness / Hospital Indemnity / Whole Life

ATLANTIC AMERICAN
1.866.358.7502
www.aaeemployeebenefits.com

Employee Assistance Program (EAP)

The Standard
1.888.937.4783
www.standard.com

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The following information is a quick overview of the benefits plans currently provided and is not to be interpreted as a complete disclosure of plans entitlement to any benefits described. The company reserves the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan document shall rule. You can contact your HR Department for the actual plan documents.



Welcome to your New Hire Benefits Enrollment

We are partnering with AP Enroll who will be assisting with your benefit enrollment through call center. Benefit Counselors will help you with your benefit enrollment, confirm demographic and beneficiary information, and answer any medical, dental, vision, and voluntary benefit questions you may have.

Click the link or scan the QR code to schedule a time for a benefit counselor to call you directly

<https://t2m.io/newhire>



OR

Contact the call center at **(P) 502-576-7672**

Monday – Friday 8:30am – 4:30pm EST

If you are adding dependents to your coverage, you must have social security numbers and birth dates readily available and provide to the benefit counselor during your enrollment.

OUR COMMITMENT TO YOU!

Floyd County Government plans are designed to recognize the diverse needs of our workforce. In our efforts to provide enhanced benefit coverage and plan options, we continuously search for ways to make this possible.

Once again, we are able to provide competitive and comprehensive benefit options that allow you to design your own plan based on individual needs. Additionally, our plans provide long-term financial security for you and your family.

Only you can determine which benefits are the best for you and your family. We want you to understand all your options and make informed decisions.

BENEFIT BASICS

Eligibility

Full-time employees working 30 hours per week, are eligible to elect a variety of benefits described in this guide. New hire eligibility is the first day of the month following 30 days of employment. Dependent children may be covered until the end of the month in which they turn age 26 on the medical, dental and vision plans.

You and/or your eligible dependents must enroll within 30 days of becoming eligible. You will not be eligible to enroll until the next Open Enrollment period if you choose not to enroll for coverage within the 30-day eligibility period unless you experience a Qualifying Life Event.

Dependents Include:

- Spouse
- Step-Children
- Legal Guardianship
- Biological/Adopted Children

As of January 1, 2014, a spouse who is eligible for medical insurance coverage from his or her own employer will not be eligible for enrollment in the Floyd County Government health insurance plan. An employee will be presented a Medical Insurance Spousal Waiver during their first day of employment.

Qualifying Events

Your elections will remain in effect during the entire benefit plan year unless you experience a Qualifying Life Event. If you experience a Qualifying Life Event listed below, you may change or cancel your coverage during the benefit plan year. You must notify Human Resources within 30 days of the event to ensure there is no disruption of your coverage:

- | | |
|--------------------|---------------------------|
| Birth/Adoption | Dependent Child Age Limit |
| Divorce | Marriage |
| Death | Loss of Health Coverage |
| FMLA related Leave | Eligible for Medicare |

You may add or drop coverage for yourself and/or dependents as a result of a qualifying event.

For a complete list of Qualifying Life Events, please contact Human Resources.

It is important that you notify Human Resources upon any life event change so that we can ensure there is no interruption or discrepancies in your benefits. Any request for coverage change or cancellation must be consistent with your Qualifying Life Event and you must have the proper supporting documentation (i.e. birth certificate, marriage license, final divorce paperwork, etc.).



CUSTOMER RESOURCE CENTER



Customer Resource Center

The AP Assist team is a year-round customer resource center available to employees of Floyd County Government, comprised of experienced and helpful benefits counselors that will:

- Assist with understanding plan benefits and eligibility rules
- Help with understanding EOB's and other plan materials
- Assist with billing and enrollment issues
- Work with the insurance companies to resolve claims and billing issues
- Provide information about benefits options after a life event like marriage, birth, death, divorce, job change
- Assist in obtaining member ID Cards



Monday through Friday, 8:30 AM – 5:00 PM (EST)



EMAIL: apassist@assuredpartners.com



PHONE: 833.664.7195



POWER through Partnership

AssuredPartners Employee Benefits – Midwest

Floyd County Government offers two medical plans administered by Anthem. These medical plans offer freedom of choice with access to a large national network of physicians, hospitals and health care professionals (clinics, labs, care centers, etc.). To find a network provider, visit www.anthem.com or call Toll-Free 1.833.578.4441.

Network: Blue Access	PPO	
	Network	Non-Network
Deductible (Single / Family)	\$1,000 / \$2,000	\$3,000 / \$6,000
Out-of-Pocket Maximum (Single / Family)	\$6,250 / \$12,500	\$18,000 / \$36,000
Physician Office Services	\$25 copay	50% *
Specialty Office Services	\$40 copay	50% *
Preventive Office Services	No charge	50% *
Emergency Room Services <i>copay waived if admitted</i>	\$150 copay	\$150 copay
Urgent Care Services	\$75 copay**	\$75 copay**
Inpatient & Outpatient Services	20% *	50% *
Outpatient Surgery Hospital	20% *	50% *

* After deductible has been met

** Deductible does not apply

Beginning January 1, 2024, your pharmacy insurance provider will be True Rx. Please refer to pages 7 and 8 for additional information on True Rx pharmacy benefits.

True Rx. Pharmacy Benefits		
Retail Prescription Drugs** 30 day supply <i>(tier 1 / 2 / 3 / 4)</i>	\$10/ \$30/ \$50/ 25%	30% after network copay
Mail Order** 90 day supply <i>(tier 1 / 2 / 3 / 4)</i>	\$25/ \$75/ \$125/ 25%	30% after network copay
Specialty Drugs** <i>(25% coinsurance when filled via a preferred network)</i>	35%	50%

WellRight Goal Achieved Cost Per Pay		Employee Cost Per Pay
Employee	\$30.00	\$59.50
Employee + Spouse	\$128.83	\$163.83
Employee + Child(ren)	\$96.04	\$126.04
Family	\$187.83	\$217.83

If you earn 100 points on the wellness platform by October 31, you will be eligible for the WellRight rates.



Network: Blue Access		\$3000 Deductible	
	Network	Non-Network	
Deductible (Single / Family)	\$3,000 / \$6,000	\$9,000 / \$18,000	
Out-of-Pocket Maximum (Single / Family)	\$3,000 / \$6,000	\$11,500 / \$23,000	
Physician Office Services	0% *	30% *	
Specialty Office Services	0% *	30% *	
Preventive Office Services	No charge	30% *	
Emergency Room Services <i>copay waived if admitted</i>	0% *	0% *	
Urgent Care Services	0% *	0% *	
Inpatient & Outpatient Services	0% *	30% *	
Outpatient Surgery Hospital	0% *	30% *	

* After deductible has been met

Beginning January 1, 2024, your pharmacy insurance provider will be True Rx. Please refer to pages 7 and 8 for additional information on True Rx pharmacy benefits.

True Rx. Pharmacy Benefits		
Retail Prescription Drugs** (tier 1 / 2 / 3 / 4) 30 day supply	0% *	30% *
Mail Order** (tier 1 / 2 / 3 / 4) 90 day supply	0% *	30% *

WellRight Goal Achieved Cost Per Pay		Employee Cost Per Pay
Employee	\$0.00	\$30.50
Employee + Spouse	\$68.36	\$98.36
Employee + Child(ren)	\$45.00	\$75.00
Family	\$107.79	\$137.79

If you earn 100 points on the wellness platform by October 31, you will be eligible for the WellRight rates.



HEALTH REIMBURSEMENT ACCOUNT (HRA)



We have established a Health Reimbursement Arrangement (HRA) program for you that will be administered by BMS. Under this program, you will be able to receive reimbursement for the cost of eligible medical and pharmacy qualified expenses without taxation to you individually.

- An HRA is an employer-funded account that will cover the difference between what the employee pays for his or her deductible, and what the health insurance will now be covering.
- The HRA is available only to those enrolled in the \$3000 deductible plan.

Anthem Medical Plan	Employer (HRA) Pays	Employee Pays
<p><i>In Network Deductible-</i> \$3,000 Single \$6,000 Family</p> <p>Per covered member.</p>	<p>First \$750 Single First \$1,000 Family</p> <p>Grading Levels of Contributions:</p> <ul style="list-style-type: none"> • Enrolled 1st or 2nd Qtr. Of 2023-Full Amount Above • Enrolled 3rd Qtr. Of 2023-75% of amount above or \$562.50 Single / \$750 Family • Enrolled 4th Qtr. of 2023 – 50% of amount above or \$375 Single / \$500 Family 	<p>After the HRA is reimbursed in full, all remaining expenses incurred under the Anthem plan are the responsibility of the employee.</p>
<p><i>NOTE-Please be advised that the Explanation of Benefits from your carrier will be required to process your claims. ALL OTHER BENEFITS WILL BE THE RESPONSIBILITY OF THE EMPLOYEE.</i></p>		

- Reimbursement from the HRA Plan –
 - a. **Take Care Debit Card** – allows immediate reimbursement of your money. Eligible to be used at only qualified merchants (hospitals, doctor’s office, authorized pharmacies or clinics at some grocery and discount stores.) Regardless if the debit card transaction goes through, the IRS and does require you to substantiate the majority of your transactions. **REMEMBER: YOU MUST KEEP ALL RECEIPTS.** Notification of request for receipts are available at employee website www.bmsllc.net. You may also sign up for email or text message notification for receipt requests! It is the responsibility of the participant to only use it for qualified expenses and to respond to our request for receipts. Non-qualified expenses (NQE) will cause a \$4.00 fee to be assessed.



- b. **Manual Reimbursement** – if you do not use your Take Care Debit Card, then you can submit manual claims to BMS. Once the insurance company processes your medical expenses; you will receive an Explanation of Benefits (EOB) that says what your total responsibility is for that service. You can then simply complete a Claim Form (visit claims@bmsllc.com for a form) and then mail, fax or e-mail a copy of the claim form with your receipt (EOB) to BMS LLC. We will process your claim and cut you a check or send funds via ACH Direct Deposit if you’ve signed up (claims are paid twice a week.) We will reimburse up to the amount the Employer agrees to pay for your claim, less any amounts you are responsible for as noted above. You are to in turn, use the reimbursement to pay your outstanding billing.

- You can visit our website at www.bmsllc.net for more information on your account status – 24/7!

Please contact BMS LLC at (502)244-1161 or (800)-919-BMSI with any questions you may have concerning the HRA

WELCOME TO YOUR NEW PHARMACY BENEFIT

The word “change” probably elicits some uncomfortable feelings. In this case, a change in your pharmacy insurance is actually a good thing. We’re a team of pharmacists helping you get the medication you need with ease and care.



Daniel W., Pharmacist
True Rx Health Strategists

The trueDifference

You’re more than a number. At True Rx Health Strategists, you are our patient. Our motivation is your health and quality of life.

Smart medication choices are made by ethical health care providers. Our formularies are designed to keep you healthy and productive.

Affordable specialty. If you take a specialty medication, your dedicated case manager will reach out and share potential savings for your medication.

Our mobile app lets you compare your medication price at different pharmacies and access your medication history.

NEXT STEPS

- 1 **LOOK** for your new insurance card in the mail.
- 2 **TAKE** your new card to your pharmacy.
- 3 **CREATE** your account at truerx.com/member-portal.
- 4 **DOWNLOAD** the app by searching “MyRxPlan” in the App Store or Google Play.



How do I continue my mail order service?

If your employer offers home delivery options, you will need to contact WB Rx Express as soon as possible at www.wbrxexpress.com/mail-order or 833-391-0126.

Is True Rx Health Strategists a pharmacy?

No, we're not a pharmacy. We're your pharmacy insurance provider. You will continue to receive medications at your local pharmacy while we work in the background to make sure you're getting prescriptions with ease and accuracy.

How do I get my prescriptions filled?

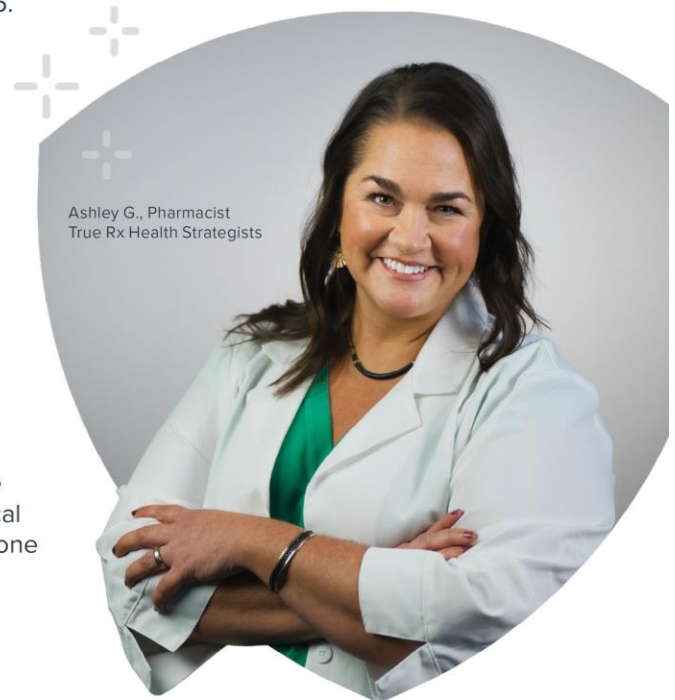
Soon, you will receive your new insurance card in the mail. Simply take your new insurance card to your local pharmacy. You can also access your card on your phone by downloading the "MyRxPlan" app.

How much will my medication cost?

You can find the cost of your medication by using the member portal at truerx.com/member-portal or by downloading the "MyRxPlan" app to compare prices at different pharmacies in your area.

What should I do if my claim is delayed or denied?

If you're having difficulties, please give us a call. Our patient care representatives are experts in your pharmacy benefits plan.



Ashley G., Pharmacist
True Rx Health Strategists

We're here to answer any additional questions.

Reach us at hello@truerx.com or 866-921-4047.

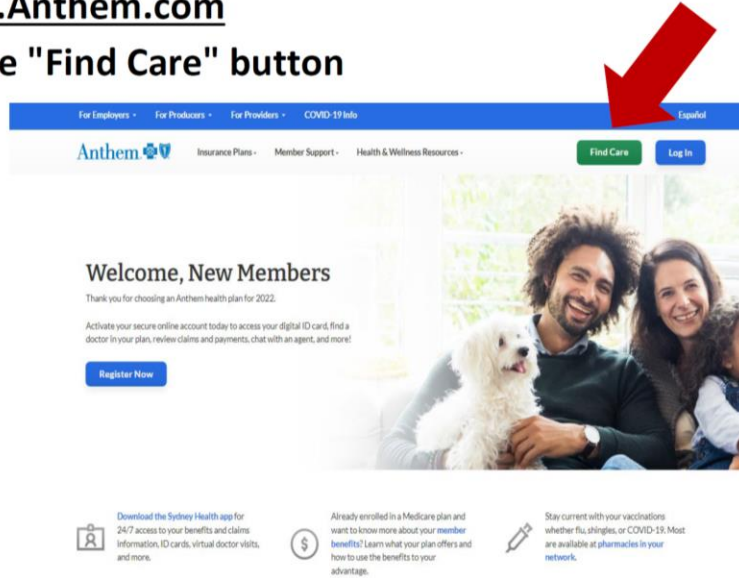
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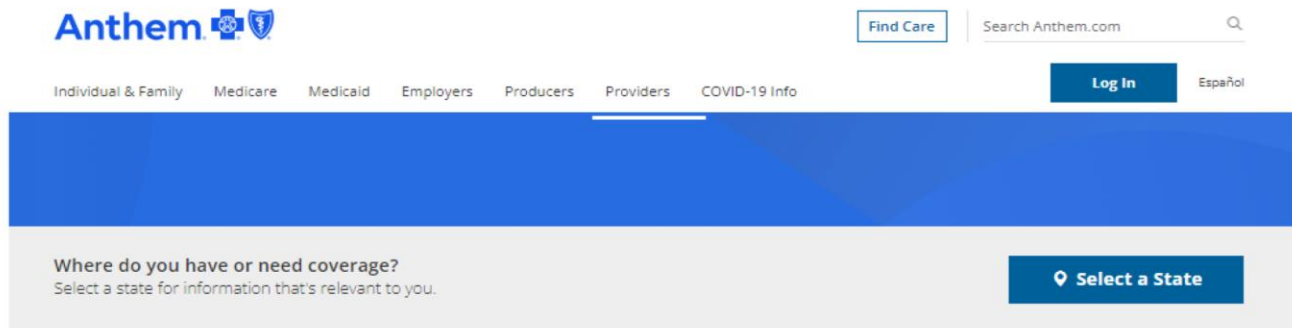
866-921-4047
hello@truerx.com
truerx.com

Search for In-Network Providers

1. Visit www.Anthem.com
2. Click on the "Find Care" button



3. On the next screen click on "Basic search as a guest"



Log in for Personalized Search

Find doctors, hospitals, and more in your plan's network. Get detailed estimates for procedures or services (not available with some plans). If you don't have an account, [register now](#).

[Log In to Find Care](#)



Use Member ID for Basic Search

Find doctors, hospitals and more near you.

Search your medical plan without logging in. [?](#)

ID number or prefix (first three values)

[Continue](#)



Basic search as a guest

Select a plan and find out if a doctor, hospital, or other care provider is in-network.

4. Answer the question from the drop down boxes with the responses you see below, then click "continue"

Basic search as a guest

Select the type of plan or network

Medical Plan or Network (may also include dental, vision, or pharmacy benefits) *Select "Medical Plan or Network"*

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

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

Indiana *Select your State*

Select how you get health insurance

Medical (Employer-Sponsored) *Select "Medical (Employer-Sponsored)"*

Select a plan or network

Blue Access PPO *Select "Blue Access PPO"*

5. You can search for a provider by name, specialty, or NPI number. Enter a city or zip code in the location field. You can also choose from the type of service or provider as well.

City, County, or ZIP | Search by doctor (name or specialty), hospital, procedure, and more

Please | may leave your plan network during the upcoming plan year.

Find a testing center near you with our COVID-19 Test Site Finder

Finding care in HZG
Change Plan

*Enter your zip to search for a provider by name
Or search for a provider type*

Search by Care Provider

Primary Care | Behavioral Health | Lab (Blood Work) | Imaging (MRI or X-ray) | Hospital

More Options

Urgent Care
Consider using these options when you need health care quickly, but can't visit your usual doctor.

Anthem offers the following programs to help you and your family with your healthcare needs. Detailed information on these programs may be found by logging onto the employee portal.

Find high-quality doctors nearby and compare costs

Choosing a doctor you trust is important – and choosing one in your plan’s network can keep your costs down. The **Find Care** tool on the Sydney Health App and anthem.com can help you meet both needs.

Emotional Well-being Resources offer help when you need it.

Your emotional health is an important part of your overall health. With Emotional Well-being Resources, administered by Learn to Live, you can receive support to help you and your household live your happiest, healthiest lives. Log in to anthem.com, go to Care, choose Health & Wellness Center, and select **Emotional Well-being Resources**.

ConditionCare – Take control of your health today

A little help can make a big difference when you or a Family member has:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Type 1 or 2 diabetes (pediatric or adult)
- Heart failure

Call 866-962-0963 to learn how this no-cost program can help you take care of your health.

24 / 7 NurseLine

Giving you and your family access to a registered nurse anytime. Your health is priceless. That is why it is so important for you to be able to connect to the resources and expert guidance you need to keep you safe and healthy – day or night. For help, call 24/7 NurseLine at the customer service number on your ID card.

Receive virtual care and support through the Sydney Health mobile app

When you aren’t feeling your best – physically, mentally or emotionally – or you need guidance managing a health condition, help is available. You can connect to the care you need using the Sydney Health mobile app. You can have a video visit with your doctor 24/7 for common health issues, and mental and emotional healthcare is available by appointment.

Save Money

With SpecialOffers and discounts.

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers to help you save money while taking care of your health.

Building Health Families – A new program to support growing families.

Anthem’s all-in-one program can help your family grow strong whether you’re trying to conceive, expecting a child, or in the thick of raising young children.

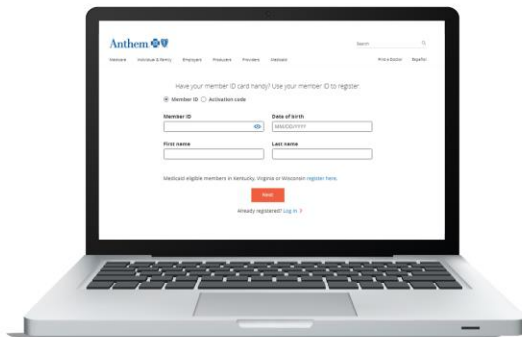
Behavioral Health Case Management

This service will pair you with a case manager – they will be your personal advocate as you partner to work through any concerns, big or small.

To join, log in to anthem.com, go to MyHealth Dashboard, choose Programs, and select Emotional Well-being Resources.

You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

- 1 Go to **anthem.com/register**
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration

From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan – including medical, pharmacy, dental, vision, life insurance – in one place. Making your health care journey simple, personal – all about you.

Need help signing up?
Call us at **1-866-755-2680**.



* You must be 18 years or older to register your own account.
Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/us/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in PDS policies offered by Comparative Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCOL). CompCare underwrites or administers HMO or PDS policies. WCOL underwrites or administers Well Priority HMO or PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Save money with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers to help you save money while taking care of your health.



Dental, hearing, and vision

Dental

ProClear™ Aligners

You can improve your smile without metal braces and dental visits. These clear, teeth-straightening aligners, which you buy online, are an excellent lower-cost option to the regular wire braces or aligner treatments you receive through an orthodontist.

RefreshaDent

Save on premium dentures from the comfort of your home with a lifetime warranty.

Hearing

NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years, and unlimited visits for one year.

Amplifon

Save on top-quality care and ongoing service and support for your hearing aids.

Eyewear

Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You can also receive additional savings on orders of \$100 or more, plus no-cost shipping and returns.

EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

LASIK

Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

TruVision

Save on LASIK eye surgery at over 1,000 locations.

Health and fitness

Health

BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.

ChooseHealthy®

Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable trackers, and health products such as vitamins and nutrition bars.

Jenny Craig®

Receive everything you need to make it easier to reach your health goals. In addition to no-cost coaching, you can also save on food purchases.

LifeMart®

Deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

Fitness

Active&Fit Direct™

Choose from more than 11,900 participating fitness centers nationwide at a discounted rate. This program is offered through American Specialty Health Fitness, Inc.

Fitbit®

Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget.

Garmin®

Discounts are available on select Garmin wellness devices.

GlobalFit®

Discounts are available for gym memberships, fitness equipment, coaching, and other services.

Family and home

Family

WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

Safe Beginnings®

Babyproof your home while saving on everything from safety gates to outlet covers.

23andMe®

Save on health and ancestry kits to learn about your wellness, ancestry, and more.

Home

Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

Medicine and treatment

Medicine

Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

Treatment

The Living Well Course Series

Choose one of the online living programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or face an alcohol problem.

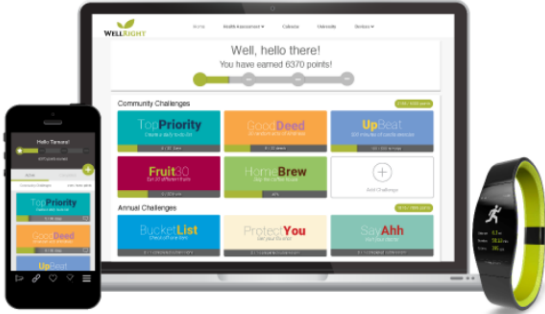
▶ **Learn more about SpecialOffers**
Log in to [anthem.com](https://www.anthem.com), choose Care, and select Discounts.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in PPO policies offered by Compare Health Services Insurance Corporation (Compare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compare underwrites or administers HMO or PDS policies; WCIC underwrites or administers Well Priority HMO or PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Employee Wellness Platform

For Floyd County Government Employees

Welcome to Floyd County Government's employee wellness platform! Benefit-eligible employees are able to participate in the wellness platform.



Employees earn points by completing a variety of wellness-related activities. By earning wellness points, employees can earn a future Insurance Premium Reduction!

Future Insurance Premium Reduction

Between January 1, 2024 and October 31, 2024, earn 100 points through the completion of wellness-related activities.

Get Started!

1. Go to the following website or scan the QR code to the right.

<https://floydcounty.wellright.com>

- 2. Click "Register"
- 3. Fill out the necessary information
- 4. Click "Submit"

*You must register and login on the web before you can have access to the Wellright app.



SCAN ME

Wellness Points and Activities

Activity	Points	Additional Information
Preventative Health		
Biometrics	40	1x per year
BluMine Health Clinic Visit	15	Max 4 visits per year
Weight Management Program	15	Max 4 visits per year
Dental Exam	10	Max 2x per year
Vision Exam	10	1x per year
Mammogram	10	1x per year
Colonoscopy	15	1x per year
PSA Text	10	1x per year
Pap Smear	10	1x per year
Flu Shot	15	1x per year
Vaccination	10	Max 2x per year
Wellness		
Age Gage	40	1x per year
Monthly Wellright Challenge	5	1x per month
5K Walk/Run	5	Max 4x per year
CPR Certification	10	1x per year
First Aid Certification	10	1x per year
Donate Blood	10	Max 2x per year
University Course	5	Max 4x per year

Download the Mobile App

Search for the **Wellright App** in the iOS App Store or Google Play Store. Log in with the same username and password you used on the web.

Complete Your Account Setup

1. Login on the website or the app to view available challenges.
2. Connect a device—*Fitbit, Apple watch, Garmin and more!*
3. Setup text reminders for challenge reminders and to keep track of your progress.



For any questions please contact:

Jessica Madison

Wellness@bluminehealth.com

Welcome to



BluMine is excited to welcome you and your family to BluMine Healthcare.

Call to schedule your appointment for an annual physical today!

Primary Health Services

- Annual Wellness Physicals
- Annual Male/Female Check-Ups
- Asthma/Breathing Treatments
- Allergy Injections (serum provided by patient)
- Basic Lab Work/Blood Draw
- Biometrics Screenings
- Blood Pressure Maintenance
- Cold/Flu/Bronchitis Treatments
- Earaches/Infections
- EKGs with Basic Interpretation
- Minor Sprains/Strains
- Minor Suturing/Splinting

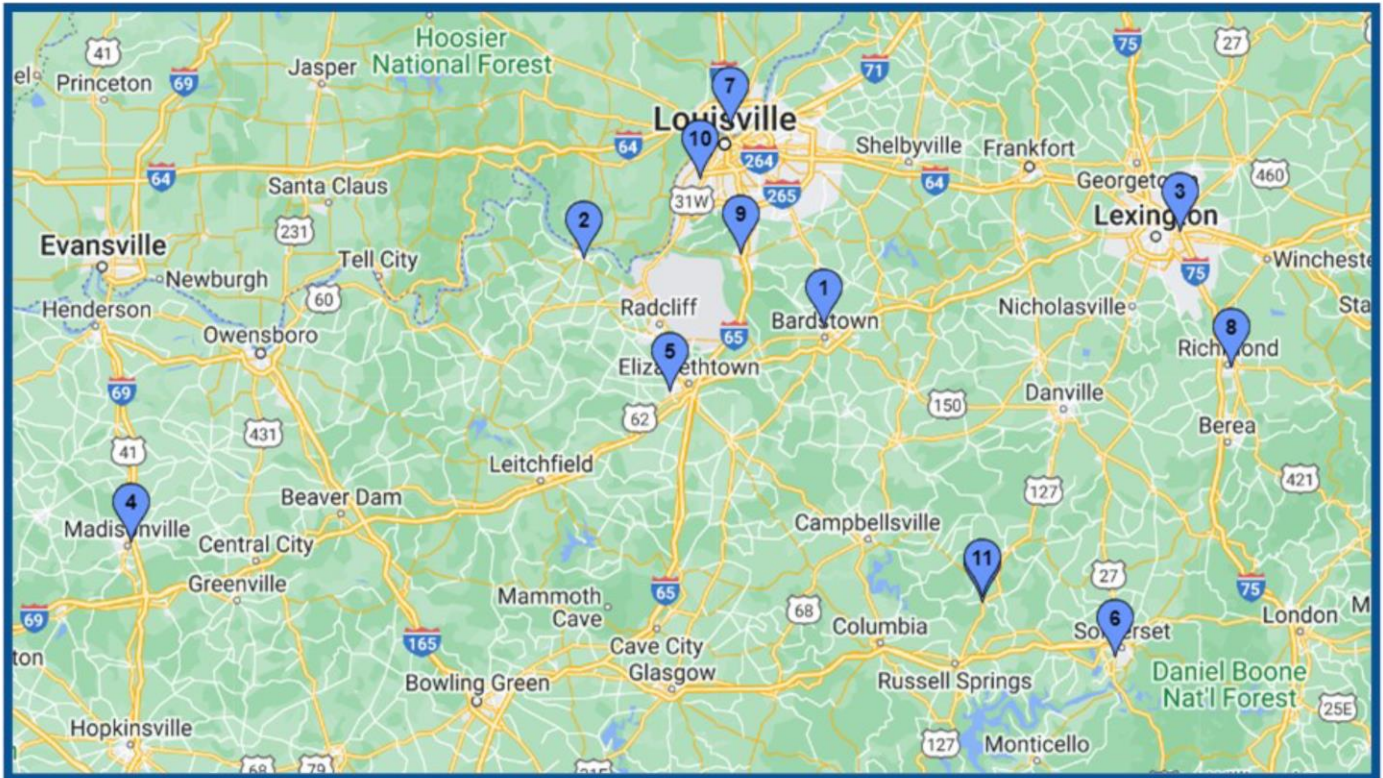
- Pink Eye/Styes
- Poison Ivy/Skin Conditions
- School/Sports Physicals
- Sinus Infection
- Sore Throat/Strep Test
- Stomach Virus
- UTI Bladder Infection

Disease Management Programs

- Chronic Disease Management
- Hypertension Treatment
- Diabetes/Metabolic Syndrome
- Cholesterol/Nutrition Optimization
- Smoking Cessation
- Stress Reduction

All available to you at NO cost!

BluMine locations available to you and your family for your Health Care needs



Bardstown

700 Portland Avenue, Suite C
Bardstown KY 40004
(502) 628-2103

Lexington

2285 Executive Drive, Suite 100
Lexington, KY 40505
(859) 254-0151

Richmond

235 Boggs Lane, Suite 1
Richmond, KY 40475
(859) 376-1363

Brandenburg

1404 Old Ekron Road
Brandenburg, KY 40108
(502) 684-8446

Louisville - Southwest

5120 Dixie Highway, Suite 106
Louisville, KY 40216
(502) 995-7008

Shepherdsville

189 Adam Shepherd Pkwy,
Suite 14
Shepherdsville, KY 40165
(502) 531-9823

Jeffersonville - Quartermaster

255 Quartermaster Court
Jeffersonville, IN 47130
(812) 282-4485

Madisonville

343 East Center Street
Madisonville, KY 42431
(270) 452-2420



FLEXIBLE SPENDING ACCOUNTS

Healthcare and Dependent Daycare FSA



Using Tax-Free Dollars to Pay for Medical and Dependent Care Expenses

What is an FSA?

A **Flexible Spending Account (FSA)** allows you to use tax-free dollars from your paycheck to pay for medical and dependent care expenses. Contributions made to the FSA are free from federal income tax, social security tax and most state taxes. Reducing your taxable income means your take-home pay increases. **Save \$25 to \$40 on every \$100 you budget into your FSA to pay for qualified expenses!**

Healthcare FSA?

The **Healthcare FSA** pays for out-of-pocket medical, dental and vision care expenses incurred during your Employer's FSA Plan Year. You decide how much you contribute to your Healthcare FSA. The annual amount you elect to contribute towards the Healthcare FSA is available on the beginning date of your Employer's Plan Year and then throughout the Plan Year, minus any debit card payments and reimbursements you've already received.

Healthcare FSA Eligible Expenses

Expenses that are considered medically necessary are considered eligible for the **Healthcare FSA**. Eligible items include:

- Office Visit Co-pays
- Doctor & Lab fees
- Prescription drugs
- Chiropractor Fees
- Medical Equipment
- Dental cleanings, fillings, etc.
- Orthodontic services
- Eye exams
- Prescription glasses/contacts
- Over the counter medications and items.

A full listing of possible qualified items is available at our website.

Dependent Daycare FSA

The **Dependent Daycare FSA** covers daycare expenses for your dependent children through the age of 12, as well as care for any adult dependents that live in your home. You and your spouse must work or attend school full time to be eligible to participate in the Dependent Care FSA. The IRS allows a maximum household contribution of \$5,000 per calendar year to the Dependent Care FSA. If you are married and file separate tax returns, the maximum amount you can contribute is \$2,500. Only amounts contributed per pay period are available for Dependent Daycare FSA.

IMPORTANT—If you have a Dependent Daycare FSA, you cannot take the full tax credit on your tax return. Contact your tax advisor to learn which option is best for you.

Daycare FSA Eligible Expenses

Expenses eligible under the **Dependent Care FSA** include:

- Before/after-school care programs
- Pre-kindergarten
- Nursery school
- Summer day-camp
- Custodial or elder care expenses

Easy access to your account! With our convenient claims upload feature, you can take a snapshot or scan your receipt and send it to BMS through our mobile app or online.

Our Consumer Website and FREE BMS LLC Mobile app offer easy online and mobile claims submissions. You can submit a receipt anywhere, anytime through the Consumer Site or BMS LLC Mobile App (available in the iTunes or Google Play Store). Set up your account at www.bmsllc.net.

Important FSA Notes

- You may only change your FSA election and contribution amount if you have a qualified change in status. A qualified change in status would include change in marital status, change in number of dependents, or change in employment status. If you believe you qualify for an election change, please contact your Employer.
- Eligible expenses must be incurred within your Employer's plan year. The IRS considers an expense to be "incurred" at the time you receive care, service or supply. The incurred date is not when you are billed or pay for the expense.
- Unused funds are forfeited after the end of the Plan Year, so only budget for the funds you know you and your family will spend during the Plan Year. Ask if your Employer's FSA Plan offers the 2 1/2 month flexible spending extension or the Carryover option (Carryover available for **Healthcare FSA** only).
- If you terminate employment you will have a set period of time (typically 90 days) where you may still request reimbursement for qualified expenses incurred prior to your termination date. Check with your Employer for additional rights provided by your specific plan.
- You are not required to enroll in your Employer's health insurance plan in order to participate in the FSA (eligibility rules will vary by Employer). However, if you or your spouse are enrolled in a Health Savings Account (HSA), you *cannot* contribute to a **Healthcare FSA**. Ask if the Limited FSA option for dental and vision expenses only is available.



The BMS FSA Debit Card is a convenient way to pay for your expenses. With the FSA Debit Card you do not have to submit a claim for reimbursement; your purchase is automatically deducted from the balance on your account.

Be prepared to submit receipts per IRS requirements. Contact your Employer or BMS LLC for information on receipt verification and submissions when using the FSA Debit Card. You may also pay out-of-pocket for your expenses and then submit a completed reimbursement claim form along with valid receipts to BMS to receive reimbursement via check or free direct deposit to your personal bank account.

Benefit Marketing Solutions LLC (BMS LLC) - FSA Claims & Flex Card Receipt Submission Options

WEBSITE: www.bmsllc.net

PHONE: (502)244-1161

FAX: (502)244-1162

Visit our website for valuable resources including access to FSA Store, an online store for purchasing of qualified Healthcare FSA items!

BMS LLC Consumer Website and Mobile App

Consumer benefits online account

To log-in the first time visit the BMS website, www.bmsllc.net, and choose the Consumer Website option on the homepage. At the Consumer site, select the New User option and follow steps to retrieve your Username and Password.

Benefits mobile app

Access your benefits 24/7 with the mobile app. Our app is free, convenient and offers real-time access to all your benefits accounts. Search for BMS LLC in the Apple Store or Google Play.

With our BMS LLC mobile app, you can:



Submit claims and get updates on your account status.



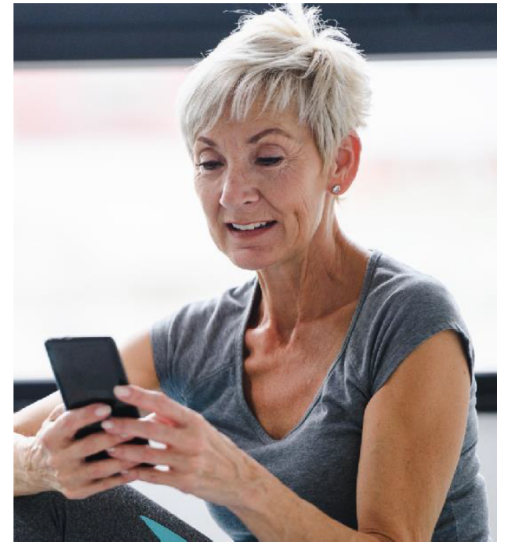
Check your balance instantly and view all payments and claims activity. You can update your ACH Direct Deposit information too.



File a claim and upload documentation in seconds using your phone's camera.



View your HSA investments and performance for those with BMS HSA Accounts. Manage your account right from the App.



Do not have a smartphone? Go to the BMS LLC Website for additional services.

Access the same features on your desktop by logging in to your online account at the BMS LLC Website. Plus, additional services such as generate account Statement, order additional debit cards, account management options for your HSA and much more!



Have a question we did not answer?

Ask us! Email your questions to claims@bmsllc.net



Qualified Medical Expense List - Healthcare FSA

Acid reducing gum, liquid & tablets	Diaper rash ointments	Orthodontist & Dentist
Acne Medications	Diuretics & water pills	Ovulation indicators
Acupuncture fees	Doctor's office co-pays	Oxygen
Airplane ear protection	Eye watering/drying aid	Pain relievers, aspirin, non-aspirin
Alcoholism & drug treatment	Ear Wax removal drops	Party liners and napkins
All prescriptions drugs dispensed in US	Eardrops for swimmers	Periodontist & Endodontist fees
Allergy medications	Eczema cream	Physical & speech therapy
Ambulance expense	Elevated toilet seats	Physician & Osteopath fees
Anti-diarrhea medications Antifungal treatments	Emergency room co-pays	Physiologist & Psychiatrist
Anti-itch lotion	Endodontist Fees	Pill Boxes
Antiseptic or ointment for cuts	Eye exams	Pinworm treatment
Arches & orthopedic shoes	First aid bandages, gloves & masks	Pregnancy test
Arthritis pain reliever	First Aid wipes	Prescribed medicines
Artificial limbs & braces	Flu relief syrup, tablets & drops	Prescription Glasses & Contacts
Bedpans & ring cushions	Flu shots	Radiology
Benzocaine swabs	Gas prevention tablets or drops	Reconstructive bypass surgery associated with birth defect, disease or accident
Body scans	Gastric bypass surgery	Reconstructive Surgery in connection with birth defect, disease, or accident
Boric acid powder	Glucose meters and tablets	Respiratory stimulant ammonia
Braille Books, & magazines	Hearing devices & batteries	Routine check-ups
Bronchial asthma inhalers	Hemorrhoid relief	Shower bars & safety handles
Bronchodilator/expectorant tablets	Home blood or drug tests	Shower protection for casts, prostheses. Etc.
Bunion & blister medications	Homeopathic earache tablets	Sinus & allergy nasal spray
Chiropractor & Podiatrist fees	Homeopathic sinus medications	Sleeping Aids
Cholesterol tests & monitors Christian Science practitioner's fees Co-Insurance expenses	Hot & cold compress packs & wraps	Smoking Cessation programs, patches & gums
Cold relief syrup, tablets & drops	Humidifiers & Vaporizers	Special schooling for a disabled child
Cold sore & fever blister medications	Hydrogen peroxide	Surgical fees
Colorectal cancer screening tests	Incontinence supplies	Syringes
Contact lenses and solution	Inpatient admission co-pays	Tampons
Contraceptives	Iodine tincture	Therapeutic support gloves
Co-payments	Ipecac syrup	Throat pain medications
Corn & callus removal	Itch relief	Travel to doctor or healthcare facilities
Crutches & canes	Lab Fees	Upset stomach medications
Deductible expenses	Laxatives	Vapor patch cough suppressant
Dental fillings, crowns & bridges	Lice treatment and control products	Wart removal medications
Dental sealants	Medical alert bracelets & fees	Weight-loss programs & fees pertaining to a specific disease (with physicians note)
Denture adhesive	Medicated bandages	Wheelchairs, walkers & shower chairs
Dentures	Medicated bath products	Wigs for hair loss caused by disease
Diabetic supplies - test strips, lancets, insulin, etc.	Medicated chest rub	X-rays & MRI
Diagnostic services or treatment	Menstrual care products - tampons, pads, liners, cups, sponges, etc.	
	Motion sickness tablets	
	Nasal decongestant spray/drops/inhaler	
	Needles	
	Obstetrics & Fertility	
	Office visits	

Visit our website for valuable resources including access to a searchable list of eligible FSA expenses!



Benefit Marketing Solutions LLC (BMS LLC)

WEBSITE: www.bmsllc.net PHONE: (502)244-1161 FAX: (502)244-1162

DENTAL



With Standard Dental plans, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Standard Dental Network. To find a dentist in your area, visit <http://www.standard.com/services> and click on "Find a Dentist". Your provider network is Classic Network.

	Low Plan		High Plan	
	Network / Non-Network		Network / Non-Network	
Deductible	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family
Annual Maximum Benefit	\$1,000		\$2,000	
Diagnostic & Preventive Services <i>(Exams and X-rays)</i>	100% / 100% Deductible Waived		100% / 100% Deductible Waived	
Basic Services <i>(Routine fillings, space maintainers)</i>	80% / 50%		80% / 80%	
Major Services <i>(crowns, dentures, bridges and implants)</i>	50% / 50%		50% / 50%	
Orthodontia <i>(Child only)</i>	50% / 50%		80% / 80%	
Orthodontia Lifetime Maximum	\$1,000 per member		\$2,000 per member	

	Employee Cost Per Pay Period (24 Pay)	
	Low Plan	High Plan
Employee	\$9.41	\$14.08
Employee + Spouse	\$20.60	\$30.81
Employee + Child(ren)	\$24.99	\$39.76
Family	\$36.29	\$56.88

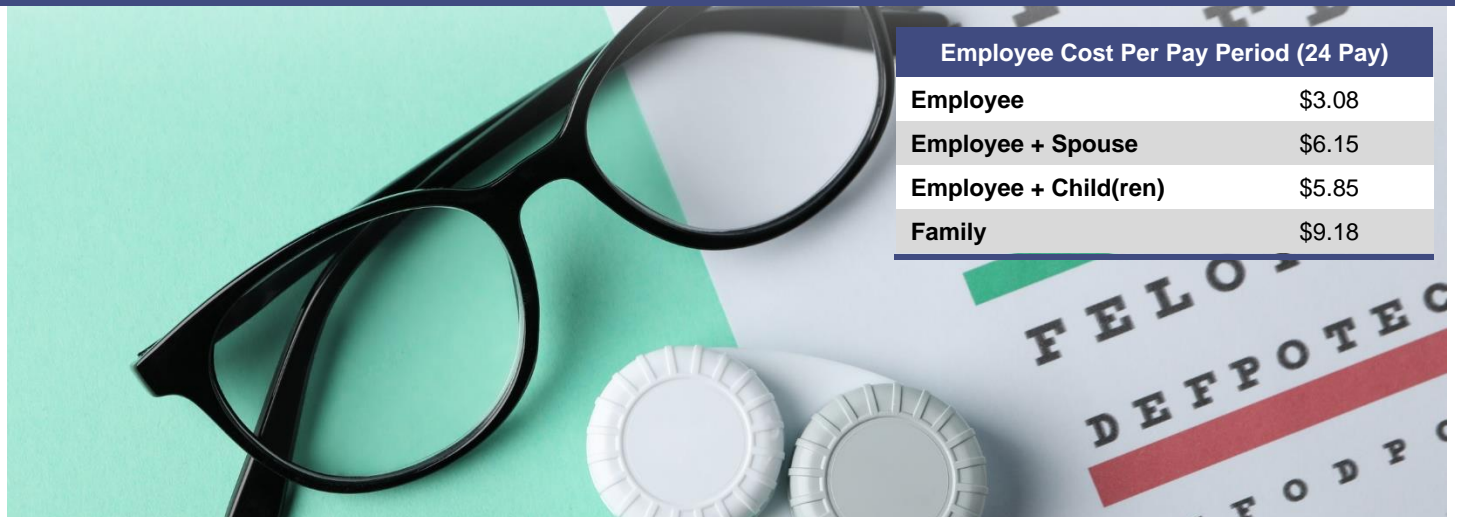


Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation’s largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or the Sydney app. You may also call member services for assistance at 1-866-723-0515.

	Network	Non-Network
Routine eye exam (every 12 months)	\$10 copay	Up to \$42
Retinal Imaging	Not more than \$39	NA
Eyeglass frames (every 24 months)	\$130 allowance 20% off balance over \$100	\$45 allowance
Standard Plastic Lenses (every 12 months)		
Single Vision	\$25	Up to \$40
Bifocal	\$25	Up to \$60
Trifocal	\$25	Up to \$80
Eyeglass Lens Enhancements		
Transitions Lenses (for child under age 19)	\$0	Not covered
Standard Polycarbonate (for child under age 19)	\$0	Not covered
Factory Scratch Coating	\$0	Not covered
Lens Upgrades		
Transitions Lenses (adults)	\$75	Not covered
Standard Polycarbonate (adults)	\$40	Not covered
Tint (solid and gradient)	\$15	Not covered
UV Coating	\$15	Not covered
Anti-reflective coating		
- Standard	\$45	Not covered
- Premium Tier 1	\$57	Not covered
- Premium Tier 2	\$68	Not covered
- Premium Tier 3	\$85	Not covered
Standard progressive		
- Standard	\$55	Not covered
- Tier 1	\$85	Not covered
- Tier 2	\$95	Not covered
- Tier 3	\$110	Not covered
- Tier 4	\$175	Not covered
Contact Lenses (every 12 months)		
Elective Conventional	\$130 allowance, 15% off remaining balance	Up to \$105
Disposable	\$100 allowance	Up to \$105e
Medically Necessary	Covered in full	Up to \$210e



Employee Cost Per Pay Period (24 Pay)	
Employee	\$3.08
Employee + Spouse	\$6.15
Employee + Child(ren)	\$5.85
Family	\$9.18

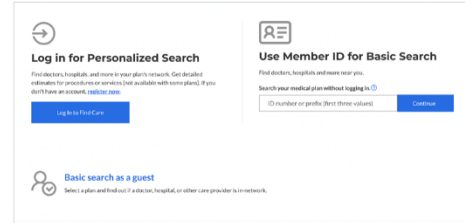
Use the Find Care tool at [anthem.com](https://www.anthem.com) to find a Blue View Vision provider

Anthem's Find Care tool was created to make it easy to find the care you need. That includes eye care. Use this quick step-by-step guide to help you find the best vision providers where you live and work.

Step 1

Go to [anthem.com/find-care](https://www.anthem.com/find-care) and select the **Find Care** button located at the top of the page.

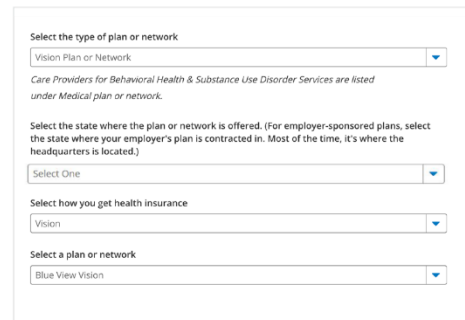
- For guests – Choose **Basic search as a guest**.
- For members – You can either select **Log in for Personalized Search** on the left or you can search without logging in by selecting **Use Member ID for Basic Search** on the right.



Step 2

Scroll down and complete the following fields:

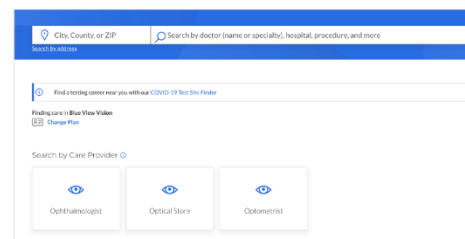
- Select the type of plan or network – Use the drop-down menu to select **Vision Plan or Network**.
- Select the state where the plan or network is located.
- Select how you get health insurance – Use the drop-down menu to select **Vision**.
- Select a plan or network – Use the drop-down menu to select **Blue View Vision**.
- Select the **Continue** button.



Step 3

Enter the city, county, or ZIP code in top left. You now have two options to narrow your search:

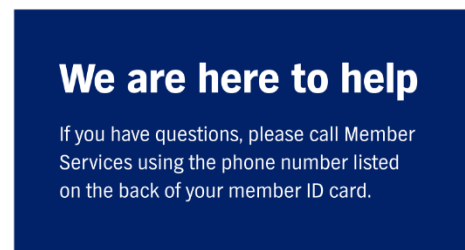
- Option 1 – Enter an eye doctor by name or specialty in the search box. The results will appear below the **search box**, where you can select the name for more details about the eye doctor.
- Option 2 – **Search by Care Provider**. Select the icon of the type of vision provider you're looking for. The results will appear on a new screen, and you can select the eye doctor's name for additional details.



Step 4

View your search results.

- Choose the printer icon to print the results of your search, or select the email icon to email the search results.
- Select a provider name to see more details.
- Choose the **Back to Find Care** button on the upper left or **Back** button at the bottom of the screen to return to your results.



Anthem Blue Cross and Blue Shield is the trade name of. In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. aka HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compare Health Services Insurance Corporation (Compare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

BASIC LIFE AND AD&D



Basic Life with Accidental Death & Dismemberment (AD&D) Insurance can provide money for your family if you die or are diagnosed with a terminal illness. Basic Term Life/AD&D benefit is automatically provided to all full-time employees at no cost to you.

Benefits reduce to 65% at age 70 and to 50% at age 75.

How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you can receive coverage for:

Employee: You can receive a benefit amount of \$10,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

Employee: You can receive an AD&D benefit amount of \$10,000.

Additional Plan Design Details

- An Accelerated Death Benefit is included. Terminally ill members may withdraw up to 80% of their Life benefit to a maximum of \$500,000 (when Basic Life and any Additional Life are combined).
- The Family Benefits Package includes:
 - The Higher Education Benefit reimburses tuition expenses up to \$5,000 per child per year towards a 4-year college education for the deceased's children - not to exceed a cumulative total of \$20,000 or 25% of the AD&D benefit per child, whichever is less.
 - Career Adjustment Benefit reimburses tuition expenses up to \$5,000 per year to help a spouse to return to the workforce after the death of their spouse - not to exceed the cumulative total of \$10,000 or 25% of the AD&D benefit, whichever is less.
 - Child Care Benefit reimburses a family's child care expenses up to \$5,000 per year - not to exceed \$10,000 or 25% of the AD&D benefit, whichever is less.



VOLUNTARY TERM LIFE AND AD&D



A simple, economical way to plan for your and your family's future.

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

Employee: Choose from \$10,000 to \$500,000 in \$10,000 increments. You can get up to \$200,000 with no health questions during your initial enrollment.

Spouse: Get up to \$250,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to \$25,000 with no health questions, if eligible, during the initial enrollment.

Dependent: - Get up to \$10,000 of coverage in \$2,000 increments if eligible. One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students. The maximum benefit for children live birth to 6 months is \$1,000.

Benefits reduce to 65% at age 70 and to 50% at age 75.

If you elect a benefit amount over the Guaranteed Issue Amount shown above for you or your eligible dependents, or you do not enroll timely, you will need to submit a Statement of Insurability form for review. Based on health history, you and/or your dependents will be approved or declined for insurance coverage.



VOLUNTARY TERM LIFE AND AD&D RATES



Employee Life Semi-Monthly Premiums

Coverage Amount	Employee's Age as of January 1									
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$10,000	0.27	0.36	0.68	1.31	1.98	3.38	5.76	10.17	10.21	13.16
\$20,000	0.54	0.72	1.35	2.61	3.96	6.75	11.52	20.34	20.42	26.33
\$30,000	0.81	1.08	2.03	3.92	5.94	10.13	17.28	30.51	30.62	39.49
\$40,000	1.08	1.44	2.70	5.22	7.92	13.50	23.04	40.68	40.83	52.65
\$50,000	1.35	1.80	3.38	6.53	9.90	16.88	28.80	50.85	51.04	65.81
\$60,000	1.62	2.16	4.05	7.83	11.88	20.25	34.56	61.02	61.25	78.98
\$70,000	1.89	2.52	4.73	9.14	13.86	23.63	40.32	71.19	71.46	92.14
\$80,000	2.16	2.88	5.40	10.44	15.84	27.00	46.08	81.36	81.67	105.30
\$90,000	2.43	3.24	6.08	11.75	17.82	30.38	51.84	91.53	91.87	118.46
\$100,000	2.70	3.60	6.75	13.05	19.80	33.75	57.60	101.70	102.08	131.63
\$110,000	2.97	3.96	7.43	14.36	21.78	37.13	63.36	111.87	112.29	144.79
\$120,000	3.24	4.32	8.10	15.66	23.76	40.50	69.12	122.04	122.50	157.95
\$130,000	3.51	4.68	8.78	16.97	25.74	43.88	74.88	132.21	132.71	171.11
\$140,000	3.78	5.04	9.45	18.27	27.72	47.25	80.64	142.38	142.92	184.28
\$150,000	4.05	5.40	10.13	19.58	29.70	50.63	86.40	152.55	153.12	197.44
\$160,000	4.32	5.76	10.80	20.88	31.68	54.00	92.16	162.72	163.33	210.60
\$170,000	4.59	6.12	11.48	22.19	33.66	57.38	97.92	172.89	173.54	223.76
\$180,000	4.86	6.48	12.15	23.49	35.64	60.75	103.68	183.06	183.75	236.93
\$190,000	5.13	6.84	12.83	24.80	37.62	64.13	109.44	193.23	193.96	250.09
\$200,000	5.40	7.20	13.50	26.10	39.60	67.50	115.20	203.40	204.17	263.25
\$210,000	5.67	7.56	14.18	27.41	41.58	70.88	120.96	213.57	214.37	276.41
\$220,000	5.94	7.92	14.85	28.71	43.56	74.25	126.72	223.74	224.58	289.58
\$230,000	6.21	8.28	15.53	30.02	45.54	77.63	132.48	233.91	234.79	302.74
\$240,000	6.48	8.64	16.20	31.32	47.52	81.00	138.24	244.08	245.00	315.90
\$250,000	6.75	9.00	16.88	32.63	49.50	84.38	144.00	254.25	255.21	329.06
\$260,000	7.02	9.36	17.55	33.93	51.48	87.75	149.76	264.42	265.41	342.23
\$270,000	7.29	9.72	18.23	35.24	53.46	91.13	155.52	274.59	275.62	355.39
\$280,000	7.56	10.08	18.90	36.54	55.44	94.50	161.28	284.76	285.83	368.55
\$290,000	7.83	10.44	19.58	37.85	57.42	97.88	167.04	294.93	296.04	381.71
\$300,000	8.10	10.80	20.25	39.15	59.40	101.25	172.80	305.10	306.25	394.88
\$310,000	8.37	11.16	20.93	40.46	61.38	104.63	178.56	315.27	316.46	408.04
\$320,000	8.64	11.52	21.60	41.76	63.36	108.00	184.32	325.44	326.66	421.20
\$330,000	8.91	11.88	22.28	43.07	65.34	111.38	190.08	335.61	336.87	434.36
\$340,000	9.18	12.24	22.95	44.37	67.32	114.75	195.84	345.78	347.08	447.53
\$350,000	9.45	12.60	23.63	45.68	69.30	118.13	201.60	355.95	357.29	460.69
\$360,000	9.72	12.96	24.30	46.98	71.28	121.50	207.36	366.12	367.50	473.85
\$370,000	9.99	13.32	24.98	48.29	73.26	124.88	213.12	376.29	377.71	487.01
\$380,000	10.26	13.68	25.65	49.59	75.24	128.25	218.88	386.46	387.91	500.18
\$390,000	10.53	14.04	26.33	50.90	77.22	131.63	224.64	396.63	398.12	513.34
\$400,000	10.80	14.40	27.00	52.20	79.20	135.00	230.40	406.80	408.33	526.50
\$410,000	11.07	14.76	27.68	53.51	81.18	138.38	236.16	416.97	418.54	539.66
\$420,000	11.34	15.12	28.35	54.81	83.16	141.75	241.92	427.14	428.75	552.83
\$430,000	11.61	15.48	29.03	56.12	85.14	145.13	247.68	437.31	438.95	565.99
\$440,000	11.88	15.84	29.70	57.42	87.12	148.50	253.44	447.48	449.16	579.15
\$450,000	12.15	16.20	30.38	58.73	89.10	151.88	259.20	457.65	459.37	592.31
\$460,000	12.42	16.56	31.05	60.03	91.08	155.25	264.96	467.82	469.58	605.48
\$470,000	12.69	16.92	31.73	61.34	93.06	158.63	270.72	477.99	479.79	618.64
\$480,000	12.96	17.28	32.40	62.64	95.04	162.00	276.48	488.16	490.00	631.80
\$490,000	13.23	17.64	33.08	63.95	97.02	165.38	282.24	498.33	500.20	644.96
\$500,000	13.50	18.00	33.75	65.25	99.00	168.75	288.00	508.50	510.41	658.13

Employee AD&D Semi-Monthly Premiums

Employee's Age as of January 1

Coverage Amount	Employee's Age as of January 1		
	< 70	70-74*	75+*
\$10,000	0.15	0.10	0.08
\$20,000	0.30	0.20	0.15
\$30,000	0.45	0.29	0.23
\$40,000	0.60	0.39	0.30
\$50,000	0.75	0.49	0.38
\$60,000	0.90	0.59	0.45
\$70,000	1.05	0.68	0.53
\$80,000	1.20	0.78	0.60
\$90,000	1.35	0.88	0.68
\$100,000	1.50	0.98	0.75
\$110,000	1.65	1.07	0.83
\$120,000	1.80	1.17	0.90
\$130,000	1.95	1.27	0.98
\$140,000	2.10	1.37	1.05
\$150,000	2.25	1.46	1.13
\$160,000	2.40	1.56	1.20
\$170,000	2.55	1.66	1.28
\$180,000	2.70	1.76	1.35
\$190,000	2.85	1.85	1.43
\$200,000	3.00	1.95	1.50
\$210,000	3.15	2.05	1.58
\$220,000	3.30	2.15	1.65
\$230,000	3.45	2.24	1.73
\$240,000	3.60	2.34	1.80
\$250,000	3.75	2.44	1.88
\$260,000	3.90	2.54	1.95
\$270,000	4.05	2.63	2.03
\$280,000	4.20	2.73	2.10
\$290,000	4.35	2.83	2.18
\$300,000	4.50	2.93	2.25
\$310,000	4.65	3.02	2.33
\$320,000	4.80	3.12	2.40
\$330,000	4.95	3.22	2.48
\$340,000	5.10	3.32	2.55
\$350,000	5.25	3.41	2.63
\$360,000	5.40	3.51	2.70
\$370,000	5.55	3.61	2.78
\$380,000	5.70	3.71	2.85
\$390,000	5.85	3.80	2.93
\$400,000	6.00	3.90	3.00
\$410,000	6.15	4.00	3.08
\$420,000	6.30	4.10	3.15
\$430,000	6.45	4.19	3.23
\$440,000	6.60	4.29	3.30
\$450,000	6.75	4.39	3.38
\$460,000	6.90	4.49	3.45
\$470,000	7.05	4.58	3.53
\$480,000	7.20	4.68	3.60
\$490,000	7.35	4.78	3.68
\$500,000	7.50	4.88	3.75

Benefits reduce to 65% at age 70 and to 50% at age 75

VOLUNTARY TERM LIFE AND AD&D RATES



Spouse Life Semi-Monthly Premiums

Coverage Amount	Spouse's Age as of January 1									
	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	70-74*	75+*
\$5,000	0.14	0.18	0.34	0.65	0.99	1.69	2.88	5.09	5.10	6.58
\$10,000	0.27	0.36	0.68	1.31	1.98	3.38	5.76	10.17	10.21	13.16
\$15,000	0.41	0.54	1.01	1.96	2.97	5.06	8.64	15.26	15.31	19.74
\$20,000	0.54	0.72	1.35	2.61	3.96	6.75	11.52	20.34	20.42	26.33
\$25,000	0.68	0.90	1.69	3.26	4.95	8.44	14.40	25.43	25.52	32.91
\$30,000	0.81	1.08	2.03	3.92	5.94	10.13	17.28	30.51	30.62	39.49
\$35,000	0.95	1.26	2.36	4.57	6.93	11.81	20.16	35.60	35.73	46.07
\$40,000	1.08	1.44	2.70	5.22	7.92	13.50	23.04	40.68	40.83	52.65
\$45,000	1.22	1.62	3.04	5.87	8.91	15.19	25.92	45.77	45.94	59.23
\$50,000	1.35	1.80	3.38	6.53	9.90	16.88	28.80	50.85	51.04	65.81
\$55,000	1.49	1.98	3.71	7.18	10.89	18.56	31.68	55.94	56.15	72.39
\$60,000	1.62	2.16	4.05	7.83	11.88	20.25	34.56	61.02	61.25	78.98
\$65,000	1.76	2.34	4.39	8.48	12.87	21.94	37.44	66.11	66.35	85.56
\$70,000	1.89	2.52	4.73	9.14	13.86	23.63	40.32	71.19	71.46	92.14
\$75,000	2.03	2.70	5.06	9.79	14.85	25.31	43.20	76.28	76.56	98.72
\$80,000	2.16	2.88	5.40	10.44	15.84	27.00	46.08	81.36	81.67	105.30
\$85,000	2.30	3.06	5.74	11.09	16.83	28.69	48.96	86.45	86.77	111.88
\$90,000	2.43	3.24	6.08	11.75	17.82	30.38	51.84	91.53	91.87	118.46
\$95,000	2.57	3.42	6.41	12.40	18.81	32.06	54.72	96.62	96.98	125.04
\$100,000	2.70	3.60	6.75	13.05	19.80	33.75	57.60	101.70	102.08	131.63
\$105,000	2.84	3.78	7.09	13.70	20.79	35.44	60.48	106.79	107.19	138.21
\$110,000	2.97	3.96	7.43	14.36	21.78	37.13	63.36	111.87	112.29	144.79
\$115,000	3.11	4.14	7.76	15.01	22.77	38.81	66.24	116.96	117.39	151.37
\$120,000	3.24	4.32	8.10	15.66	23.76	40.50	69.12	122.04	122.50	157.95
\$125,000	3.38	4.50	8.44	16.31	24.75	42.19	72.00	127.13	127.60	164.53
\$130,000	3.51	4.68	8.78	16.97	25.74	43.88	74.88	132.21	132.71	171.11
\$135,000	3.65	4.86	9.11	17.62	26.73	45.56	77.76	137.30	137.81	177.69
\$140,000	3.78	5.04	9.45	18.27	27.72	47.25	80.64	142.38	142.92	184.28
\$145,000	3.92	5.22	9.79	18.92	28.71	48.94	83.52	147.47	148.02	190.86
\$150,000	4.05	5.40	10.13	19.58	29.70	50.63	86.40	152.55	153.12	197.44
\$155,000	4.19	5.58	10.46	20.23	30.69	52.31	89.28	157.64	158.23	204.02
\$160,000	4.32	5.76	10.80	20.88	31.68	54.00	92.16	162.72	163.33	210.60
\$165,000	4.46	5.94	11.14	21.53	32.67	55.69	95.04	167.81	168.44	217.18
\$170,000	4.59	6.12	11.48	22.19	33.66	57.38	97.92	172.89	173.54	223.76
\$175,000	4.73	6.30	11.81	22.84	34.65	59.06	100.80	177.98	178.64	230.34
\$180,000	4.86	6.48	12.15	23.49	35.64	60.75	103.68	183.06	183.75	236.93
\$185,000	5.00	6.66	12.49	24.14	36.63	62.44	106.56	188.15	188.85	243.51
\$190,000	5.13	6.84	12.83	24.80	37.62	64.13	109.44	193.23	193.96	250.09
\$195,000	5.27	7.02	13.16	25.45	38.61	65.81	112.32	198.32	199.06	256.67
\$200,000	5.40	7.20	13.50	26.10	39.60	67.50	115.20	203.40	204.17	263.25
\$205,000	5.54	7.38	13.84	26.75	40.59	69.19	118.08	208.49	209.27	269.83
\$210,000	5.67	7.56	14.18	27.41	41.58	70.88	120.96	213.57	214.37	276.41
\$215,000	5.81	7.74	14.51	28.06	42.57	72.56	123.84	218.66	219.48	282.99
\$220,000	5.94	7.92	14.85	28.71	43.56	74.25	126.72	223.74	224.58	289.58
\$225,000	6.08	8.10	15.19	29.36	44.55	75.94	129.60	228.83	229.69	296.16
\$230,000	6.21	8.28	15.53	30.02	45.54	77.63	132.48	233.91	234.79	302.74
\$235,000	6.35	8.46	15.86	30.67	46.53	79.31	135.36	239.00	239.89	309.32
\$240,000	6.48	8.64	16.20	31.32	47.52	81.00	138.24	244.08	245.00	315.90
\$245,000	6.62	8.82	16.54	31.97	48.51	82.69	141.12	249.17	250.10	322.48
\$250,000	6.75	9.00	16.88	32.63	49.50	84.38	144.00	254.25	255.21	329.06

Spouse AD&D Semi-Monthly Premiums

Coverage Amount	Spouse's Age as of January 1		
	< 70	70-74*	75+*
\$5,000	0.08	0.05	0.04
\$10,000	0.15	0.10	0.08
\$15,000	0.23	0.15	0.11
\$20,000	0.30	0.20	0.15
\$25,000	0.38	0.24	0.19
\$30,000	0.45	0.29	0.23
\$35,000	0.53	0.34	0.26
\$40,000	0.60	0.39	0.30
\$45,000	0.68	0.44	0.34
\$50,000	0.75	0.49	0.38
\$55,000	0.83	0.54	0.41
\$60,000	0.90	0.59	0.45
\$65,000	0.98	0.63	0.49
\$70,000	1.05	0.68	0.53
\$75,000	1.13	0.73	0.56
\$80,000	1.20	0.78	0.60
\$85,000	1.28	0.83	0.64
\$90,000	1.35	0.88	0.68
\$95,000	1.43	0.93	0.71
\$100,000	1.50	0.98	0.75
\$105,000	1.58	1.02	0.79
\$110,000	1.65	1.07	0.83
\$115,000	1.73	1.12	0.86
\$120,000	1.80	1.17	0.90
\$125,000	1.88	1.22	0.94
\$130,000	1.95	1.27	0.98
\$135,000	2.03	1.32	1.01
\$140,000	2.10	1.37	1.05
\$145,000	2.18	1.41	1.09
\$150,000	2.25	1.46	1.13
\$155,000	2.33	1.51	1.16
\$160,000	2.40	1.56	1.20
\$165,000	2.48	1.61	1.24
\$170,000	2.55	1.66	1.28
\$175,000	2.63	1.71	1.31
\$180,000	2.70	1.76	1.35
\$185,000	2.78	1.80	1.39
\$190,000	2.85	1.85	1.43
\$195,000	2.93	1.90	1.46
\$200,000	3.00	1.95	1.50
\$205,000	3.08	2.00	1.54
\$210,000	3.15	2.05	1.58
\$215,000	3.23	2.10	1.61
\$220,000	3.30	2.15	1.65
\$225,000	3.38	2.19	1.69
\$230,000	3.45	2.24	1.73
\$235,000	3.53	2.29	1.76
\$240,000	3.60	2.34	1.80
\$245,000	3.68	2.39	1.84
\$250,000	3.75	2.44	1.88

Benefits reduce to 65% at age 70 and to 50% at age 75

Child Life Semi-Monthly Premiums

Coverage Amount	Premium
\$2,000	0.20
\$4,000	0.40
\$6,000	0.60
\$8,000	0.80
\$10,000	1.00

Child AD&D Semi-Monthly Premiums

Coverage Amount	Premium
\$2,000	0.03
\$4,000	0.06
\$6,000	0.09
\$8,000	0.12
\$10,000	0.15

LINE OF DUTY BENEFIT

Helping Protect Those Who Protect And Serve



On a daily basis, firefighters and police officers put their lives on the line to keep our homes and communities safe and secure. To help protect them and their families from the potential financial loss of a line of duty accident, Standard Insurance Company is offering the Line of Duty Benefit.

Floyd County Government is a qualified group to receive this enhancement to your Life and Accidental Death and Dismemberment (AD&D) coverage. It pays an additional \$10,000 when an eligible public safety officer suffers a loss for which AD&D insurance benefits are payable and it is the result of a line of duty accident.

In addition to police officers and firefighters, the Line of Duty Benefit may cover corrections officers, judicial officers and officially recognized or designated volunteer firefighters, as appropriate to the group.

With the Line of Duty Benefit from The Standard, public employer groups can help to financially protect public safety officers who has dedicated their lives to protect and serve everyday.

For more information about the Line of Duty Benefit and Group Life and AD&D insurance from The Standard, contact your insurance advisor or call the Employee Benefits Sales and Service Office for your area at 800.633.8575.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

EMPLOYEE ASSISTANCE PROGRAM



At some point, we all need help coping or making difficult decisions. The Employee Assistance Program makes it easy to access support, guidance and resources. EAP is there for you and your family through your group insurance from Standard Insurance Company (The Standard). And it's confidential — information will be released only with your permission or as required by law.

Health AdvocateSM provides our EAP services. Their professionals can help with referrals to support groups, a network counselor, community resources or your health plan. If necessary, their professionals can connect you to emergency services.

EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft resolution
- Online will preparation and other legal documents

Who Is Eligible to Use EAP Services?

- You
- Your spouse
- Domestic partner
- Married or unmarried dependent children to age 26¹
- All other household members

EAP services are available for up to 30 days after your coverage and/or employment ends. If you pass away, your dependents can use the services for up to 90 days.

Getting Help Is Easy

Connect with EAP support by phone, email, online and live chat. There's even a mobile app.

Contact EAP 24 Hours a Day, Seven Days a Week

888.293.6948 (phone)
For TTY services dial 711
answers@healthadvocate.com
healthadvocate.com/standard3

Online Resources

Visit healthadvocate.com/standard3 to explore articles, webinars, financial calculators, health assessments and web links to many government and nonprofit services.

WorkLife Services

EAP comes with WorkLife Services. WorkLife Specialists can provide resources and referrals for important needs like parenting, special needs children, caregiver management, education, adoption, daily living and care for your pet, child or elderly loved one.

Online Savings and Discount Center

The savings center is available on the EAP website. Get up to 50% discounts on name-brand, practical and luxury items. Save on travel, restaurants, flowers, home, apparel and more.

Wellness discounts are available online through the Health tab on the website, including discounts on NutriSystem, Weight Watchers, Vitamin Shoppe, fitness and personal care.



Get the EAP Mobile App

- 1 Visit Google Play or the App Store.
- 2 Find the EAP Mobile App.
- 3 Choose *The Standard — EAP — 3 Visits*.



Coordinating with your health plan(s)

An EAP counselor will make every effort to coordinate with in-network providers if you need more than the included EAP sessions. They'll also share available resources and referral options.

Contact EAP

888.293.6948 (phone)
For TTY services dial 711
answers@healthadvocate.com
healthadvocate.com/standard3

Resources and Tools to Support You and Your Beneficiary

Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name “assurance” for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,¹ you may access the services for beneficiaries outlined on the next page.



The Life Services Toolkit is provided through an arrangement with Health AdvocateSM and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. This service is not an insurance product.

¹ An Accelerated Death Benefit or Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions.

Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

- **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name: support) or call the assistance line at **800.378.5742**

² The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

ACCIDENT



Accident Coverage with Atlantic American helps assist you with financial needs when an accident occurs. This plan helps pay for ambulance, hospital confinement, broken bones, and other medical expenses incurred due to an accident.

EMERGENCY CARE	Benefit Amount	HOSPITAL & SURGERY	Benefit Amount
Emergency Room Treatment	\$200	Hospital Admission	\$1,000
Urgent Care Treatment	\$150	Separation Period	90 Day[s]
Initial Physician's Office Treatment	\$150	Hospital Confinement	\$250
		ICU Admission	\$750
X-Ray	\$60	ICU Confinement	\$150
Major Diagnostic	\$200		
Ambulance		Rehabilitation Unit Confinement	\$150
Air	\$1500	Days per Year	30 Day[s]
Ground or Water	\$300	Epidural Pain Management	\$150 (2 days per year)
FRACTURES, DISLOCATIONS, LACERATIONS, & BURNS		Inpatient Surgery	\$300-\$1,500
Fracture [Open Reduction]	\$7,500	Outpatient Surgery	\$750-\$1800
Dislocation	\$6,000	Non-Local transportation	\$600 for 50 miles
Laceration ¹	\$150-\$600	Family member lodging	\$200 per night (30 nights)
Puncture Wound ¹	\$50	FOLLOW UP CARE	
Severe Burns ¹	\$1,000-\$15,000	Wheelchair or Motorized Scooter	\$100
		Walker or Walking Boot	\$100
		Other medical device for mobility	\$100
		Prosthesis	\$1,250-\$2,500
ACCIDENTAL DEATH & DISMEMBERMENT		HEAD INJURIES	
Insured	\$50,000	Brain Injuries – Concussion	\$375
Spouse	\$50,000	Emergency Dental, Hearing & Vision	
Dependent Child(ren)	\$10,000	Eye Injury	\$300
WELLNESS SCREENING BENEFIT	\$75	Emergency Dental Extraction	\$100

this is a brief outline of benefits. For a more detailed description, please refer to your Benefit summary

Employee Cost Per Pay Period (24 Pays)	
Employee	\$6.65
Employee + Spouse	\$11.25
Employee + Child(ren)	\$13.32
Family	\$17.24

CRITICAL ILLNESS



Critical Illness with Atlantic American offers specialized benefits to supplement traditional medical coverage at a time when you and your family may be most vulnerable during your working years. Benefit payments assist in covering a variety of expenses associated with critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, training and rehabilitation, loss of income, childcare and other expenses. Critical Illness insurance is available to Associates and their spouse and children.

Critical Illness	
Benefit Amounts	
Employee	Up to \$30,000 in \$10,000 increments
Spouse	Up to \$15,000 – 50% of employee election
All Children (<i>ages 15 days through age 25</i>)	Up to \$15,000 – 50% of employee election
Benefit Category	
Vascular – Heart and Stroke	
Heart Attack	100% of the benefit amount
Bypass Surgery	25% of the benefit amount
Stroke	100% of the benefit amount
Quality of Life	
Coma; Complete Loss of Sight, Speech, or Hearing; End Stage Renal Failure; Major Organ Failure; Occupational Hepatitis; Occupational HIV; Permanent Paralysis	100% of the benefit amount
Cancer Category	
Invasive Cancer	100% of the benefit amount
Non-Invasive Cancer	25% of the benefit amount
Skin Cancer (pays once per plan year)	\$500
Wellness Screening Benefit (1 per year / Family limit 6 per year)	\$75

Critical Illness Semi-Monthly Costs: \$10,000				
Age	EE	ES	EC	FA
<25	\$1.59	\$2.83	\$2.90	\$4.38
25 - 29	\$1.99	\$3.48	\$3.30	\$5.03
30 - 34	\$2.84	\$4.78	\$4.15	\$6.33
35 - 39	\$4.19	\$6.78	\$5.50	\$8.33
40 - 44	\$5.94	\$9.53	\$7.25	\$11.03
45 - 49	\$8.24	\$12.98	\$9.50	\$14.53
50 - 54	\$10.74	\$16.98	\$12.00	\$18.48
55 - 59	\$13.59	\$21.53	\$14.90	\$23.03
60 - 64	\$18.64	\$29.38	\$19.90	\$30.88
65 - 69	\$25.99	\$40.68	\$27.25	\$42.23
70+	\$32.39	\$50.38	\$33.70	\$51.93

Critical Illness Semi-Monthly Costs: \$20,000				
Age	EE	ES	EC	FA
<25	\$2.24	\$3.78	\$3.80	\$5.63
25 - 29	\$3.04	\$5.08	\$4.60	\$6.93
30 - 34	\$4.74	\$7.68	\$6.30	\$9.53
35 - 39	\$7.44	\$11.68	\$9.00	\$13.53
40 - 44	\$10.94	\$17.18	\$12.50	\$18.93
45 - 49	\$15.54	\$24.08	\$17.00	\$25.93
50 - 54	\$20.54	\$32.08	\$22.00	\$33.83
55 - 59	\$26.24	\$41.18	\$27.80	\$42.93
60 - 64	\$36.34	\$56.88	\$37.80	\$58.63
65 - 69	\$51.04	\$79.48	\$52.50	\$81.33
70+	\$63.84	\$98.88	\$65.40	\$100.73

Critical Illness Semi-Monthly Costs: \$30,000				
Age	EE	ES	EC	FA
<25	\$2.89	\$4.73	\$4.70	\$6.88
25 - 29	\$4.09	\$6.68	\$5.90	\$8.83
30 - 34	\$6.64	\$10.58	\$8.45	\$12.73
35 - 39	\$10.69	\$16.58	\$12.50	\$18.73
40 - 44	\$15.94	\$24.83	\$17.75	\$26.83
45 - 49	\$22.84	\$35.18	\$24.50	\$37.33
50 - 54	\$30.34	\$47.18	\$32.00	\$49.18
55 - 59	\$38.89	\$60.83	\$40.70	\$62.83
60 - 64	\$54.04	\$84.38	\$55.70	\$86.38
65 - 69	\$76.09	\$118.28	\$77.75	\$120.43
70+	\$95.29	\$147.38	\$97.10	\$149.53

Hospital Indemnity



Atlantic American Hospital Indemnity plan will pay you a lump-sum benefit you can use as you feel necessary. This can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services.

CONFINEMENT	BENEFIT AMOUNT
Hospital Admission	\$1,000
Days per Year	1 Day
Hospital Confinement	\$100
Days per Year	31 Days
ICU Admission	\$2,000
Days per Year	1 Day
ICU Confinement	\$200
Days per Year	31 Days

Employee Cost Per Pay Period (24 Pays)	
Employee	\$6.83
Employee + Spouse	\$15.63
Employee + Child(ren)	\$9.55
Family	\$18.86

GROUP WHOLE LIFE



Atlantic American Group Whole Life Insurance not only expands an individual's financial protection but also offers guaranteed benefits to aid surviving family members adjusting to the loss of income that can result after the death of a loved one.

- **Employee coverage:** up to \$70,000 in \$10,000 increments.
- **Spouse coverage:** up to \$20,000 in \$10,000 increments, up to 100% of employee election
- **Children age 15 days to age 25:** Flat \$10,000, up to 100% of employee election

Employee and Spouses rates are based on their age as of the effective date.

Riders with Extension of Benefits	
Employee	Accelerated Death Benefit for Terminal Illness Rider
	Accelerated Death Benefit for Chronic Illness Rider
	Extension of Benefits Rider
	Restoration of Benefits Rider
	Waiver of Premium Rider
Spouse	Accelerated Death Benefit for Terminal Illness Rider
	Accelerated Death Benefit for Chronic Illness Rider with Extension of Benefits Rider
	Restoration of Benefits Rider 25%

Semi-Monthly Rates							
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000
18-24	3.80	7.61	11.39	15.20	19.00	22.80	26.60
25-29	4.42	8.84	13.26	17.69	22.10	26.53	30.94
30-34	5.37	10.73	16.10	21.47	26.83	32.20	37.57
35-39	6.63	13.27	19.90	26.53	33.17	39.80	46.43
40-44	8.39	16.79	25.17	33.56	41.96	50.35	58.74
45-49	10.76	21.51	32.26	43.02	53.77	64.53	75.28
50-54	14.02	28.03	42.05	56.07	70.09	84.10	98.11
55-59	19.90	39.80	59.69	79.60	99.50	119.40	139.29
60-64	27.33	54.66	81.98	109.31	136.65	163.97	191.30
65-70*	34.85	69.70	104.54	139.40	174.25	209.10	243.94
Child	2.50						

COMPLIANCE NOTICES

Premium Assistance Under Medicaid and the 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.

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, 2023. 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: <http://dhss.alaska.gov/dpa/Pages/medicaid/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: 1-916-445-8322
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 Ctr: 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-insurancebuy-program>
HIBI Customer Service: 1-855-692-6422

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-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.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-at-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: KIHIPP_PROGRAM@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: <http://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: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/info-details/masshealth-premium-assistance-pa>
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.isp>
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://dohhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (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/oi/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.nifamilycare.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://medicaid.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 and CHIP

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

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/providers/pages/medical-hipp-program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

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

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

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

VIRGINIA – Medicaid and CHIP

Website: <http://www.coverva.org/hipp>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-432-5924

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-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
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 July 31, 2023 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 and Medicaid
www.cms.hhs.gov
1.877.267.2323, Menu Option 4, Ext.61565

Health Insurance Portability and Accountability Act (HIPAA)

For purposes of the health benefits offered under the Plan, the Plan uses and discloses health information about you and any covered dependents only as needed to administer the Plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options offered under the Plan will comply with the applicable health information privacy requirements of federal Regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's Notice of Health Information Privacy Practices or Privacy Notice. Plan participants in the Company-sponsored health and welfare benefit plan are reminded that the Company's Notice of Privacy Practices may be obtained by submitting a written request to the Human Resources Department. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

Newborns' and Mothers' Health Protection Act

Group health plans and health 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Notice Regarding Special Enrollment

If you are waiving enrollment in the Medical plan 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 the Medical 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.

Special Enrollment Rights CHIPRA – Children's Health Insurance Plan

You and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
- You become eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).
- You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

Genetic Nondiscrimination

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the Company asks Employees not to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Qualified Medical Child Support Order

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.

Notice of Required Coverage Following Mastectomies

In compliance with the Women's Health and Cancer Rights Act of 1998, the plan provides the following benefits to all participants who elect breast reconstruction in connection with a mastectomy, to the extent that the benefits otherwise meet the requirements for coverage under the plan:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- coverage for prostheses and physical complications of all stages of the mastectomy, including lymphedemas. The benefits shall be provided in a manner determined in consultation with the attending physician and the patient. Plan terms such as deductibles or coinsurance apply to these benefits.

Women's Preventive Health Benefits

- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breast-feeding support, supplies and counseling
- Generic formulary contraceptives are covered without member cost-share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

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.

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.

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules. If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it to the Plan Administrator with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, Federal law stipulates that your coverage will be canceled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Plan Administrator.

Please note, if the terms of the Plan and any response you receive from the Plan Administrator's representatives conflict, the Plan document will control.

Health Insurance Marketplace

The Patient Protection Affordability Care Act ("PPACA") was signed into law on March 23, 2010. Under PPACA, individuals are required to have creditable health insurance coverage or pay a penalty to the Internal Revenue Service. This is known as the Individual Mandate. For more information on the details of PPACA please visit dol.gov/ebsa/healthreform.

Currently, as a result of the 2017 Tax Cuts and Jobs Act, as of 2019, the Federal Penalty for individuals that do not have (or maintain) health insurance coverage for themselves, their spouse and children was reduce to \$0. However, several states have implemented an ACA-like-individual mandate penalty. If you are considering not having health coverage, please contact your tax advisor about any potential penalties/fines in your state.

PPACA created a new way to buy health insurance which is called the Health Insurance Marketplace ("Marketplace"), also known as Exchanges. These Marketplaces are established by each individual state, the federal government or as a partnership between the state and the federal government. Through the Marketplaces, individuals can compare and purchase coverage (with a possible premium subsidy for those qualifying as low income); subsidies are made available as a federal tax credit through the Marketplace for individuals that are not eligible for coverage through their employer.

If you are enrolled in the Company's medical plan, then PPACA may have little effect on you. The Company's medical plan meet or exceed the minimum coverage requirements set by PPACA. If you are eligible for our plan, you will not be eligible for federal tax credits. You still have the option to visit the Marketplace to see the coverage options available. If you purchase a health plan through the Marketplace instead of purchasing health coverage offered by the Company, your payments for coverage will be made on an after-tax basis. (See <https://www.healthcare.gov/have-job-based-coverage/>)

If you are not eligible to enroll in the Company's medical plan, you may have a few options to purchase medical coverage. These options, if applicable, may include but are not limited to: your spouse's medical plan, your parent's medical insurance plan (if you are under age 26), or from several insurance companies offered through the Marketplace. If you shop for coverage through the Marketplace, you may be eligible for a federal tax credit and/or subsidy if you qualify as low income. (See also: healthcare.gov).

How Can I Get More Information?

For more information about purchasing medical coverage through the Marketplace please visit healthcare.gov or call 800-318-2596.

Medicare D

If you or a covered dependent are eligible for Medicare, either because you are at least age 65 or because of a disability, then **this information and the Certificate of Creditable Coverage (available in HR) are of critical importance to you. IF NEITHER YOU NOR ANY COVERED DEPENDENT IS MEDICARE-ELIGIBLE, YOU MAY DISREGARD THIS INFORMATION AND THE CERTIFICATE, AS THEY DO NOT DIRECTLY APPLY TO YOU.**

The Company's Medical Plan provides prescription drug coverage equal to or greater than the standard Medicare Part D program, as defined by the Federal Government. This means that if you remain enrolled and remain covered by the Company's Medical Plan, you will not be subject to a financial penalty should you later choose to enroll in a qualified Medicare Part D program.

The Certificate of Creditable Coverage (available in HR) will serve as written documentation of the fact that our plan's coverage meets the appropriate requirements. Please retain this document in your records. Certificates will be available in HR each year to advise you of the continuing status of our plan. This is being done to protect all Medicare eligible individuals from having to pay the late enrollment penalty if they later enroll in an approved Medicare Part D program.