



bedrockcare



2024 Benefit Enrollment Guide

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Welcome!

As a new Bedrock Care employee, I want to welcome you to a new career with our company. You can take pride in the fact that you are now a team member of a premier provider of skilled health care services. Bedrock Care strives to provide excellent care for our residents and will help you attain excellence in your career with us.

An important part of your compensation package is the employee benefits made available to all eligible employees the first of the month following 60 days of employment. This guide will give you an overview of all the available insurance benefit choices. Our H.R./ Benefits Team has worked hard to provide you with a broad choice of insurance benefits to protect you and your family in time of need. Please take the time to review the important information in this guide so you can make informed choices when selecting your benefits.

Please note, it is your decision whether to participate in any of the benefits offered. **It is mandatory to go through the benefit offering interview to hear about your benefit choices.** You can then enroll or decline any or all of the offerings.

To make the interview process as easy as possible, we have a dedicated enrollment firm with counselors who are available to help you understand how each benefit can work for you. During the month prior to your benefit eligibility, you must find a time to call the enrollment center at 888-215-2209. The call center is open 9AM - 6PM Eastern.

You can have your benefit interview at that time if a counselor is available, or schedule an appointment for a future time. It's that simple.

Again, welcome aboard! Wishing you much success!

Sincerely,

The Bedrock Care Human Resources Team

Medical Insurance

	Platinum Plan All Providers	Gold Plan		Silver Plan		Bronze Plan	
		Tier I	Tier II All other providers	Tier I	Tier II All other providers	Tier I	Tier II All other providers
Deductible (Single/Family)	None	None	\$500/\$1,500	None	\$1,500/\$4,500	None	\$3,000/\$9,000
Out-of-Pocket Limit (Single/Family)	\$2,000/\$6,000	\$2,500/\$7,500		\$3,750/\$11,250		\$4,000/\$12,000	
Health care provider's office or clinic visit							
Primary care visit to treat an injury or illness	\$10 co-pay/ visit <i>deductible doesn't apply</i>	\$15 co-pay/ visit <i>deductible doesn't apply</i>	\$15 co-pay/ visit <i>deductible doesn't apply</i>	\$25 co-pay/ visit <i>deductible doesn't apply</i>	\$25 co-pay/ visit <i>deductible doesn't apply</i>	\$30 co-pay/ visit <i>deductible doesn't apply</i>	\$30 co-pay/ visit <i>deductible doesn't apply</i>
Specialist visit	\$20 co-pay/ visit <i>deductible doesn't apply</i>	\$30 co-pay/ visit <i>deductible doesn't apply</i>	\$30 co-pay/ visit <i>deductible doesn't apply</i>	\$50 co-pay/ visit <i>deductible doesn't apply</i>	\$50 co-pay/ visit <i>deductible doesn't apply</i>	\$50 co-pay/ visit <i>deductible doesn't apply</i>	\$50 co-pay/ visit <i>deductible doesn't apply</i>
<i>Chiropractic Care – Limit 25 visits per plan year</i>							
Preventive care/ screening/ immunization	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<i>You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive.</i>							
Lab Tests							
Diagnostic test (x-ray, blood work)	\$0 co-pay/ visit <i>deductible doesn't apply</i>	\$0 co-pay/ visit <i>deductible doesn't apply</i>	Hospital Setting: 10% coinsurance after deductible All Other: \$0 co-pay/ visit; <i>deductible doesn't apply</i>	\$0 co-pay/ visit <i>deductible doesn't apply</i>	Hospital Setting: 20% coinsurance after deductible All Other: \$0 co-pay/ visit; <i>deductible doesn't apply</i>	\$0 co-pay/ visit <i>deductible doesn't apply</i>	Hospital Setting: 20% coinsurance after deductible All Other: \$0 co-pay/ visit; <i>deductible doesn't apply</i>
Imaging (CT/PET scans, MRIs)	\$200 co-pay/ visit <i>deductible doesn't apply</i> <i>Preauthorization is required</i>	\$0 co-pay/ visit <i>deductible doesn't apply</i>	Hospital Setting: 10% coinsurance after deductible All Other: \$0 co-pay/ visit; <i>deductible doesn't apply</i>	\$0 co-pay/ visit <i>deductible doesn't apply</i>	Hospital Setting: 20% coinsurance after deductible All Other: \$0 co-pay/ visit; <i>deductible doesn't apply</i>	\$0 co-pay/ visit <i>deductible doesn't apply</i>	Hospital Setting: 20% coinsurance after deductible All Other: \$200 co-pay/ visit; <i>deductible doesn't apply</i>
		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>	
Prescription Drugs							
Generic drugs	\$5 co-pay Retail \$10 co-pay Mail Order	\$5 co-pay Retail \$10 co-pay Mail Order	Not Covered	\$5 co-pay Retail \$10 co-pay Mail Order	Not Covered	\$5 co-pay Retail \$10 co-pay Mail Order	Not Covered
Preferred brand drugs	\$25 co-pay Retail \$50 co-pay Mail Order	\$30 co-pay Retail \$60 co-pay Mail Order	Not Covered	\$40 co-pay Retail \$80 co-pay Mail Order	Not Covered	\$40 co-pay Retail \$80 co-pay Mail Order	Not Covered
Non-preferred brand drugs	\$40 co-pay Retail \$80 co-pay Mail Order	\$50 co-pay Retail \$100 co-pay Mail Order	Not Covered	\$60 co-pay Retail \$120 co-pay Mail Order	Not Covered	\$60 co-pay Retail \$120 co-pay Mail Order	Not Covered
Specialty drugs	\$100 co-pay Retail \$200 co-pay Mail Order	\$100 co-pay Retail \$200 co-pay Mail Order	Not Covered	\$100 co-pay Retail \$200 co-pay Mail Order	Not Covered	\$100 co-pay Retail \$200 co-pay Mail Order	Not Covered
<i>Covers up to a 30-day supply (retail subscription); 31-90 day supply (mail order prescription). Deductible waived for Rx. More information about prescription drug coverage is available at 844-454-5201</i>							
Outpatient Surgery							
Facility fee (e.g., ambulatory surgery center)	\$0 co-pay; <i>deductible doesn't apply</i> <i>Preauthorization is required</i>	0% Coinsurance	10% coinsurance <i>after deductible</i>	0% Coinsurance	20% coinsurance <i>after deductible</i>	0% Coinsurance	20% coinsurance <i>after deductible</i>
		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>	
Physician/surgeon fees	\$20 co-pay/ visit	\$30 co-pay/ visit	\$30 co-pay/ visit	\$50 co-pay/ visit	\$50 co-pay/ visit	\$50 co-pay/ visit	\$50 co-pay/ visit

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		Tier I	Tier II All other providers	Tier I	Tier II All other providers	Tier I	Tier II All other providers
Immediate Medical Attention							
Emergency room services	\$200 co-pay/ visit; <i>deductible doesn't apply</i>	\$250 co-pay/ visit; <i>deductible doesn't apply</i>	\$250 co-pay/ visit; <i>deductible doesn't apply</i>	\$300 co-pay/ visit; <i>deductible doesn't apply</i>	\$300 co-pay/ visit; <i>deductible doesn't apply</i>	\$400 co-pay/ visit; <i>deductible doesn't apply</i>	\$400 co-pay/ visit; <i>deductible doesn't apply</i>
	<i>Co-pay is waived if admitted as inpatient direct from ER. All facilities are covered as in-network subject to meeting "emergency" criteria</i>						
Emergency medical transportation	\$200 co-pay/ visit; <i>deductible doesn't apply</i>	\$250 co-pay/ visit; <i>deductible doesn't apply</i>	\$250 co-pay/ visit; <i>deductible doesn't apply</i>	\$300 co-pay/ visit; <i>deductible doesn't apply</i>	\$300 co-pay/ visit; <i>deductible doesn't apply</i>	\$400 co-pay/ visit; <i>deductible doesn't apply</i>	\$400 co-pay/ visit; <i>deductible doesn't apply</i>
Urgent care	\$20 co-pay/ visit; <i>deductible doesn't apply</i>	\$30 co-pay/ visit; <i>deductible doesn't apply</i>	\$30 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>
Hospital Stay							
Facility fee (e.g., hospital room)	\$0 co-pay; <i>deductible doesn't apply</i> Preauthorization is required	0% Coinsurance	10% Coinsurance after deductible	0% Coinsurance	20% Coinsurance after deductible	0% Coinsurance	20% Coinsurance after deductible
	<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		
Physician/surgeon fee	\$0 co-pay; <i>deductible doesn't apply</i> Preauthorization is required	0% Coinsurance Preauthorization is required	10% Coinsurance after deductible Preauthorization is required	0% Coinsurance Preauthorization is required	20% Coinsurance after deductible	0% Coinsurance Preauthorization is required	20% Coinsurance after deductible
	<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		
Mental Health, Behavioral Health, Or Substance Abuse Needs							
Outpatient services	\$20 co-pay/ visit; <i>deductible doesn't apply</i> Preauthorization is required	\$30 co-pay/ visit; <i>deductible doesn't apply</i>	\$30 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>
	<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		
Inpatient services	\$0 co-pay; <i>deductible doesn't apply</i> Preauthorization is required	0% Coinsurance	10% Coinsurance after deductible	0% Coinsurance	20% Coinsurance after deductible	0% Coinsurance	20% Coinsurance after deductible
	<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		
Pregnancy							
Office visits	\$10 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>	\$15 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>	\$15 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>	\$25 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>	\$25 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>	\$30 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>	\$30 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>
	<i>Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).</i>						
Childbirth/delivery professional services	\$10 co-pay/ 1 st Visit; <i>deductible doesn't apply</i> Preauthorization is required	\$15 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>	\$15 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>	\$25 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>	\$25 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>	\$30 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>	\$30 co-pay/ 1 st Visit; <i>deductible doesn't apply</i>
	<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		
Childbirth/delivery facility services	\$0 co-pay; <i>deductible doesn't apply</i> Preauthorization is required	0% Coinsurance	10% Coinsurance after deductible	0% Coinsurance	20% Coinsurance after deductible	0% Coinsurance	20% Coinsurance after deductible
	<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		
Recovery or Other Special Health Needs							
Home health care	\$20 co-pay/ visit; <i>deductible doesn't apply</i>	\$30 co-pay/ visit; <i>deductible doesn't apply</i>	\$30 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>
	<i>Preauthorization is required. Maximum 60 visits per Calendar Year.</i>						
Rehabilitation services	\$20 co-pay/ visit; <i>deductible doesn't apply</i>	\$30 co-pay/ visit; <i>deductible doesn't apply</i>	\$30 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>	\$50 co-pay/ visit; <i>deductible doesn't apply</i>
	<i>Preauthorization is required. Maximum 30 visits per therapy per Calendar Year. Includes physical therapy, speech therapy, and occupational therapy.</i>						

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		Tier I	Tier II All other providers	Tier I	Tier II All other providers	Tier I	Tier II All other providers
Recovery or Other Special Health Needs (continued)							
Habilitation services	\$20 co-pay/ visit; deductible doesn't apply	\$30 co-pay/ visit; deductible doesn't apply	\$30 co-pay/ visit; deductible doesn't apply	\$50 co-pay/ visit; deductible doesn't apply	\$50 co-pay/ visit; deductible doesn't apply	\$50 co-pay/ visit; deductible doesn't apply	\$50 co-pay/ visit; deductible doesn't apply
<i>Preauthorization is required. Maximum 30 visits per Calendar Year</i>							
Skilled nursing care	\$0 co-pay; deductible doesn't apply	0% Coinsurance	10% Coinsurance after deductible	0% Coinsurance	20% Coinsurance after deductible	0% Coinsurance	20% Coinsurance after deductible
<i>Preauthorization is required. 60 day maximum per Calendar Year.</i>							
Durable medical equipment	50% Coinsurance deductible doesn't apply <i>Preauthorization is required</i>	0% Coinsurance	50% Coinsurance after deductible	0% Coinsurance	50% Coinsurance after deductible	0% Coinsurance	20% Coinsurance after deductible
		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>	
Hospice service	\$0 co-pay; deductible doesn't apply <i>Preauthorization is required</i>	0% Coinsurance	10% Coinsurance after deductible	0% Coinsurance	20% Coinsurance after deductible	0% Coinsurance	20% Coinsurance after deductible
		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>		<i>Preauthorization is required</i>	
Child Dental or Eye Care							
Eye exam	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Glasses	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Dental check-up	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)							
<ul style="list-style-type: none"> Acupuncture Hearing Aids Routine Dental Care Weight Loss Programs 		<ul style="list-style-type: none"> Bariatric Surgery Long-Term Care Routine Eye Care 		<ul style="list-style-type: none"> Cosmetic Surgery Non-Emergency Care outside US Routine Foot Care 			
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)							
<ul style="list-style-type: none"> Chiropractic Care 		<ul style="list-style-type: none"> Infertility Services (Basic) 					

Physician and Ancillary – if a member uses a PHCS participating provider, they will pay the applicable cost sharing amount (co-pay / deductible etc.) and the plan will pay the contracted rate for the provider. If it is a non-participating provider, member will still pay the applicable cost sharing and plan will pay the provider through Reference Based Pricing. It is of no concern to the member how much the provider gets paid but what is of concern to the member is that if it is a non-par provider, the provider may not agree to see the member without asking for payment up front or the provider may attempt to balance bill. In either scenario, ClaimWatcher steps in to work on closing out the claim. **It is beneficial that if a member uses a non-par provider, that they contact ClaimWatcher in advance of the service.** All claims are priced through Reference Based Pricing and use ClaimWatcher services.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: 1-866-444-3272 or www.dol.gov.ebsa/healthreform . Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: 888-596-4325.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Claim Watcher

Employees Receive:	
Freedom from Network Restrictions	You will no longer be restricted to a network and pay high out-of-network penalties. With Homestead Smart Health Plans you can receive care at the doctor and facility of your choice.
Better Benefits, Lower Costs	Our Open Access plans offer you better benefits at a lower price as benefits are paid as In-Network
Protection From Balance Bills	If you ever receive a balance bill, contact us immediately. Claim Watcher protects members from balance bills, a service not offered by traditional insurance companies.
Referenced Based Pricing	
Professional Claims	<p>MultiPlan® Private Health Care Systems (PHCS) Network will be the Preferred Provider Organization (PPO) for all "professional claims." It is a Physician Only Network and it was specifically identified to minimize plan member interruption. To look up participating providers in the MultiPlan® PHCS network, visit www.multiplan.com or call the Benefit Customer Service number located on your Medical ID Card. If you encounter issues when scheduling appointments with MultiPlan® PHCS Network providers, call us at 866-930-7427.</p> <p>Some examples of Physician/Professional Providers are:</p> <ul style="list-style-type: none"> • Primary Care Doctor • Specialist • Chiropractor • OBGYN <p><i>We can help you find the MultiPlan® PHCS provider of your choice. Simply call 866-930-7427, Monday through Friday from 8 a.m. to 8 p.m. (Eastern Standard Time) and identify yourself as a health plan participant accessing the MultiPlan® PHCS Network for practitioners only.</i></p> <p><i>You may also search online at www.multiplan.com</i></p> <ul style="list-style-type: none"> • Click on the "For Health Plan Members" button. • Select "Find a Provider" • Indicate that you have the PHCS Practitioner • Follow the prompts to enter your search criteria.
Facility Claims	<p>All "facility" claims will be processed through Claim Watcher, the Reference Based Reimbursement (RBR) program. This arrangement eliminates the network restrictions and allows all facility claims to be processed as in-network. Please see the FAQs below for additional information.</p> <p>Some examples of Facility Providers are:</p> <ul style="list-style-type: none"> • Hospitals/Inpatient and Outpatient Services • Urgent Care Facilities • Surgery Centers • Emergency Room
Reference Based Reimbursement (RBR) for Employees and Dependents	
<p>UHP Administrators is pleased to introduce the Reference Based Reimbursement (RBR) program, a new type of network arrangement that allows you the greatest savings and flexibility in choosing your Facilities. To answer any questions, you may have and to provide you with direction on how to respond to questions your facility may ask, we have compiled this brief summary of "Frequently Asked Questions."</p>	
Frequently Asked Questions	
What is RBR?	RBR is a medical claim pricing program designed to eliminate the need for a Preferred Provider Organization, or PPO. Traditional PPOs restrict their members to specific clinics and hospitals or face financial penalties which include higher deductibles, copayments and overall charges for services. RBR does not have restrictions on the Facilities you choose to use. However, if a preferred provider list is provided to you, it is always best to use Facilities that appear on the list.
What does that mean to me?	Simply put, you now have the freedom to choose the facility you want and where you have medical procedures done, at the most favorable cost.
How does it work?	When you visit a medical facility, always present your Medical ID card. It provides the claims submission address and important phone numbers that may be needed to coordinate care with your plan. The facility should make a copy of your ID card for their records.
What if they do not accept my Benefit ID Card?	If the facility is questioning your plan, ask them to call the Benefit Customer Service phone number on your Medical ID card. The people there are well prepared to discuss any questions the facility may have.
What will this cost me?	You are still responsible for co-payments, co-insurance and deductibles just as in your old plan. The amount you are responsible for will be clearly shown on the Explanation of Benefits (EOB) for a claim and marked as "Patient Responsibility." You must either pay the full amount or enter into a payment plan for this amount within 30 days of the date of the provider's bill.
What if I receive bills or collection notices for unpaid charges?	Be sure to open your mail! In the unlikely event this occurs, contact Claim Watcher at 844-307-6755 immediately, so they can help you with a balance bill or collection notice. Balance bills and collection notices are time sensitive, so it is imperative that you contact Claim Watcher immediately.
What if I'm refused treatment?	If the facility refuses to see you, call Claim Watcher at 844.307.6755 immediately for assistance.




RBR Balance Bill Process

When a member receives a Balance Bill in the mail from a Facility they should:

- Call Claim Watcher Customer Service at **1 (844) 307-6755 and press #1.**
- Claim Watcher Customer Service will verify that the bill you received was in fact a balance bill or that it was for unpaid patient responsibility. If it is determined that the bill was an actual Balance Bill, then Claim Watcher will email or fax an Attorney-Client Representation Agreement (ACRA) and Notification of Attorney (NOA) form to Member for signature.
- Member signs the Attorney-Client Retainer Agreement (ACRA) and HIPAA Revocation Form and returns the signed documents to Claim Watcher Customer Service via:
 - Fax to Claim Watcher Balance Bills at (267) 514-2242,
 - Email to Claim Watcher at balancebills@claimwatcher.com, or
 - Mail to Claim Watcher, LLC at 50 S 16th Street, Suite 2710, Philadelphia, PA 19102
- Attorney who is assigned to defend the Member, at **no cost** to the Member, will then dispute the debt in writing and inform the facility they are no longer to communicate with the Member and should direct all future communications to the Attorney. You may be asked to provide financial information to assist in this process.
- This notification should stop the billing and collection process in accordance with Federal and State Debt Collection and Consumer Protection laws and regulations.
- Member must open mail in the future and promptly communicate with Claim Watcher Customer Service in the event of any further contact by the facility, either by phone or mail.
- If a facility continues to send follow-up Balance Bills, or possibly, on a rare occasion, send a claim to collections, the member is protected by the attorney using available state and federal laws and regulations.
- There is case law that supports the Claim Watcher process, and no member has ever had to pay a balance bill.
- **IT IS EXTREMELY IMPORTANT THAT ANY COMMUNICATIONS FROM A PROVIDER FOR BALANCE BILLS OR COLLECTIONS BE PROMPTLY PROVIDED TO CLAIM WATCHER, AS THE LAW REQUIRES CERTAIN LEGAL STEPS TO BE FOLLOWED IN WRITING IN ORDER TO DISPUTE THE DEBTS. DISPUTES MUST BE FILED WITHIN 30 DAYS OF RECEIPT. OTHERWISE, THE RIGHT TO DISPUTE THE DEBT MAY BE WAIVED.**

Claim Watcher will not be responsible for providing legal defense against provider efforts to collect unpaid patient responsibility, or in cases where the 30-day deadline to dispute a debt is waived due to the Member's failure to provide prompt notification of continued attempts, by a provider to collect a debt, after receipt of the dispute notification letter.

**Health Plan
IMPORTANT INFORMATION FOR YOUR NEW HEALTHCARE PROGRAM**

	<p>(888) 596-4325 Call for benefit questions, eligibility, or to request ID cards and verify claim payments</p>
	<p>(877) 952-7427 Call to find out if a doctor is in the network or go to www.multiplan.com/phcspracanc - click on the PHCS Practitioner Only logo and follow prompts to find a doctor.</p>
	<p>(844) 307-6755 Fax (267) 514-2242 Call Claim Watcher if you are refused treatment.</p>

REMEMBER:

- **No referrals required**
- **Go to any hospital or facility**
- **Use a PHCS physician only doctor to alleviate billing issues**
- **If you receive a balance bill in the mail send it to claim watcher**

If you get a balance bill, a bill after you've paid your responsibility, you need to email or mail it to Claim Watcher right away.

Email: balancebills@claimwatcher.com

Mailing address:

Claim Watcher, LLC
50 S. 16th Street Suite 2710
Philadelphia, PA 19102

Essential Care Plus Plan

Benefit – Per Plan Year	
Deductible	N/A
Member Co-Insurance	N/A
Out of Pocket Maximum (Inc. Deductible)	N/A
Prescription Drugs	
Generic	Plan pays 100% after \$5 co-pay; Limit 12 prescriptions per Plan Year
Brand	Not Covered
Non-Preferred	Not Covered
Specialty	Not Covered
Physician Based Services - Medical	
Primary Care / Specialist Office Visits	Plan Pays 100%; Limit 6 visits per year
Preventive Care – <i>Adult, Infant, Pediatric Limit 1 visit per year – women may obtain additional GYN visit per year</i>	Plan pays 100%
Physician Based Outpatient Services	
Mental Health	Not Covered
Substance Abuse	Not Covered
Urgent Care	Not Covered
Inpatient Services	
Inpatient Hospital Stay: Room and Board; Drugs and Medication; Anesthesia and ICU; Maternity Stay, Inpatient Lab; Skilled Nursing; Pre-Surgical/Pre-Admission Testing	Plan pays 100%; Limit 5 Days Per Plan Year
Emergency Services	
Emergency Care	Plan pays 100%; Limit 5 visits per Plan Year
Outpatient Services	
Outpatient Surgery	Not Covered
Lab and Radiology	
Lab and Pathology X-Rays / Radiology / MRI / CAT / PET	Plan pays 100% - Limit 5 visits per Plan Year
<p>Excluded Services: In addition to exclusions listed in the Summary Plan Document, the following services are excluded from coverage under the Plan:</p> <ul style="list-style-type: none"> • Acupuncture • Advanced Infertility Services including Artificial Insemination and InVitro Fertilization • Allergy Testing • Bariatric Surgery • Chemotherapy • Chiropractic Care • Cosmetic Surgery • Dental Care (Routine) • Dermatology 	<ul style="list-style-type: none"> • Dialysis / Hemodialysis • Durable Medical Equipment • Emergency Medical Transport / Ambulance • Foot Care (Routine) • Hearing Aids • Home Health Care • Hospice • Maternity Care coverage for dependent daughters • Private Duty Nursing • Skilled Nursing Care • Therapy Services – (Physical, Occupational, Speech, Radiation) • TMJ Treatment • Vision Hardware (limited coverage on examination) • Voluntary Sterilization

Bedrock Care Employees,

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

Are you concerned about an upcoming appointment? Need help finding a provider? Call us on the customer service line at (855)375-7125. We'll be with you every step of the way! Please register on the employee portal at www.uhpmanagement.com using your social security number, you can download an ID Card, view claims, and review benefits.

To get started,

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

<https://tinyurl.com/UHPPProviderSearch>

If you find your doctor, you are all set! Your provider participates with the *PHCS Practitioner & Ancillary network* or our Claim Watcher program. The directory indicates the affiliation of the provider. Please mention the appropriate logo on your ID card when scheduling an appointment.

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

<https://tinyurl.com/UHPBR>



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

Do not pay full charges at time of service.

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

UHP's provider team has a 98% success rate in getting our clients seen by the provider of their choice. On the rare occasion when a provider is not willing to work with us, our team will find you alternate providers willing to work with the plan.

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



Dental Insurance

	High		Low	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar year deductible Individual/Family (Waived for preventative)	\$0/\$0 Aggregate	\$0/\$0 Aggregate	\$50/\$150 Aggregate	\$50/\$150 Aggregate
Reimbursement	Negotiated Fee Schedule	Schedule Amount	Negotiated Fee Schedule	Schedule Amount
Annual Maximum Benefit (calendar year)	\$1,500	\$1,500	\$1,000	\$1,000
Orthodontia Lifetime Maximum	\$1,500	\$1,500	Not Covered	Not Covered
Preventive Care				
<i>Benefits are payable immediately from the start date of an individual's benefits</i>				
Examinations <i>2 times in 1 calendar year</i>	100%	100%	100%	100%
Examinations – Problem Focused <i>Combined with Examinations Limit</i>	100%	100%	100%	100%
Prophylaxis: Cleanings <i>2 times in 1 calendar year</i>	100%	100%	100%	100%
Fluoride <i>2 times in 1 calendar year for a dependent child under age 19</i>	100%	100%	100%	100%
Full Mouth X-Rays <i>Once in 36 months</i>	100%	100%	100%	100%
Bitewing X-Rays <i>For a child under 19: 2 times in 1 calendar year Adult: 2 times in 1 calendar year</i>	100%	100%	100%	100%
Consultations <i>2 in 12 months</i>	100%	100%	100%	100%
Labs & Other Tests	100%	100%	100%	100%
Emergency Palliative Treatment	100%	100%	100%	100%
Periapical X-Rays	100%	100%	100%	100%
Other X-Rays	100%	100%	100%	100%
Basic Care				
<i>Benefits are payable immediately from the start date of an individual's benefits</i>				
Sealants <i>1 per molar in 60 months for a child under age 16</i>	80%	80%	80%	80%
Space Maintainers <i>1 per lifetime for a child under age 14</i>	80%	80%	80%	80%
Amalgam Fillings <i>1 replacement per surface in 24 Months</i>	80%	80%	80%	80%
Root Canal <i>1 per tooth per lifetime</i>	80%	80%	50%	80%
Periodontal Maintenance <i>2 perio. Treatments in 1 calendar year, includes 2 cleanings (total comb: 2)</i>	80%	80%	50%	80%
Periodontal Surgery <i>1 per quadrant in any 60 month period</i>	80%	80%	50%	80%
Scaling & Root Planing <i>1 per quadrant in any 24 month period</i>	80%	80%	50%	80%
General Anesthesia	80%	80%	80%	80%
Resin Composite Fillings(excludes coverage for composite fillings on molars)	80%	80%	80%	80%
Pulpotomy	80%	80%	80%	80%

Bedrock Care
2024 Benefit Enrollment Guide
Dental Insurance



EQUITABLE

	High		Low	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Basic Care (continued)				
Pulp Capping	80%	80%	80%	80%
Pulp Therapy	80%	80%	80%	80%
Periodontal Surgery – Soft & Connective Tissue Grafts	80%	80%	80%	80%
Periodontics – Non-Surgical	80%	80%	80%	80%
Oral Surgery: Simple Extractions	80%	80%	80%	80%
Oral Surgery: Surgical Extractions	80%	80%	80%	80%
Other Oral Surgery	80%	80%	80%	80%
General Services	80%	80%	80%	80%
Major Care				
<i>Benefits are payable immediately from the start date of an individual's benefits</i>				
Prefabricated Crowns <i>1 per tooth in 60 months</i>	50%	50%	50%	50%
Crown Buildups / Post Core <i>1 per tooth in 60 months</i>	50%	50%	50%	50%
Repairs <i>1 in 12 months</i>	50%	50%	50%	50%
Recementations <i>1 in 12 months</i>	50%	50%	50%	50%
Dentures <i>1 in 60 months</i>	50%	50%	50%	50%
Dentures – Rebases / Relines <i>1 in 36 months</i>	50%	50%	50%	50%
Denture Adjustments <i>1 in 12 months</i>	50%	50%	50%	50%
Fixed Bridges <i>1 in 60 months</i>	50%	50%	50%	50%
Inlays /Onlays /Crowns <i>1 replacement per tooth in 60 months</i>	50%	50%	50%	50%
Implant Services <i>1 per tooth position in 60 months</i>	50%	50%	50%	50%
Implant Repairs <i>1 per tooth in 12 months</i>	50%	50%	50%	50%
Implant Supported Prosthetic <i>1 per tooth in 60 months</i>	50%	50%	50%	50%
Tissue Conditioning <i>1 in 36 months</i>	50%	50%	50%	50%
Occlusal Adjustments <i>1 in 12 months</i>	50%	50%	50%	50%
Apexification & Recalcification	50%	50%	50%	50%
Orthodontics				
<i>Benefits are payable immediately from the start date of an individual's benefits</i>				
Orthodontic Diagnostics	50%	50%	Not Covered	Not Covered
Orthodontic Treatment	50%	50%	Not Covered	Not Covered



Vision Insurance

Vision care services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$10 Copay	\$45
Retinal Imaging Benefit	Up to \$39	N/A
Exam Options: Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up:	Up to \$55 10% off Retail Price	N/A N/A
Frames: Any available frame at provider location	\$0 Copay; \$150 Allowance, 20% off balance over \$150	\$120
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$25 Copay \$25 Copay \$25 Copay \$25 Copay \$90 Copay See attached Fixed Premium Progressive price list	\$40 \$60 \$80 \$80 \$60 \$60
Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized Photocromatic / Transitions Plastic Premium Anti-Reflective	\$15 \$15 \$15 \$40 \$40 \$45 20% off Retail Price \$75 See attached Fixed Premium Anti-Reflective Coating list	N/A N/A N/A N/A N/A N/A N/A N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses <i>(Contact lens allowance includes materials only)</i> Conventional Disposable Medically Necessary	\$0 Copay; \$130 allowance, 15% off balance over \$130 \$0 Copay; \$130 allowance, plus balance over \$130 \$0 Copay, Paid-in-Full	\$130 \$130 \$210
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network. Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency: Examination Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months Once every 24 months	

Required Minimum Number of Hours Worked: 30 hours weekly

* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

Hospital Indemnity Insurance

Please contact MetLife for detailed definitions and state variations of covered benefits.

This plan pays cash directly to you upon admission to a hospital. This money can be used to help cover copays, deductibles, or for regular expenses like food and rent.			
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Admission Benefit	time(s) per calendar year 2	Admission	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$1,000
Confinement Benefit	days per calendar year 31 ICU Supplemental Confinement will pay an additional benefit for 31 of those days	Confinement ²	\$150
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$200

² If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

<p>MetLife AdvantagesSM – Services or Discounts added at no additional cost to you</p>	<p>Will Preparation Services¹ As an added benefit you will have access to MetLife’s online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.</p> <p>MetLife VisionAccess² As an added benefit you will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.</p> <p>Digital Legacy (MetLife Infinity)³ As an added benefit you will be able to create an account accessible from web, mobile and tablet devices where you can upload, store and share digital assets including pictures, videos, audio files and documents. Assets are stored in collections where you can share with family and friends through scheduled releases now or in the future. You can also set up a “trusted” individual who can release collections if the user becomes unable to do so in their future.</p> <p>Funeral Discount and Planning Services⁴ As an added benefit you will have access to funeral discounts and planning services. Through Dignity Memorial, you and family members will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.</p>
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MetLife AdvantagesSM Disclaimers

MetLife AdvantagesSM availability may vary by state.

¹WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife.

²MetLife Vision Access is a discount program and not an insured benefit. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. MetLife Vision Access is available to anyone regardless of affiliation with MetLife.

³MetLife Infinity is offered by MetLife Consumer Services, Inc., an affiliate of Metropolitan Life Insurance Company. MetLife Infinity is available to anyone regardless of affiliation with MetLife.

⁴Funeral Discount and Planning Services - Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, “SCI”), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. SCI offers planning services, expert assistance, and bereavement travel services to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial’s network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for funeral services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For TN, the funeral services discount is available for “At Need” services only. Not approved in AK, CT, FL, KS, KY, MD, MO, MT, ND, NH, NJ, NY, TX and WA

Accident Insurance

Accident insurance offers an extra layer of protection from unexpected expenses. It pays cash directly to you when you suffer an unexpected, qualifying accident. The money helps cover the extra, out-of-pocket expenses associated with your injury

BENEFIT	BENEFIT LIMITS	BENEFIT AMOUNTS		
		EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY				
Basic Accidental Death	N/A	\$40,000	\$20,000	\$5,000
Accidental Death Common Carrier		\$80,000	\$40,000	\$10,000
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY				
Basic Dismemberment/Functional Loss Benefit				
Loss of one finger or one toe	N/A	\$625	\$250	\$125
Loss of one arm or one leg		\$6,250	\$2,500	\$1,250
Loss of both arms or both legs or one arm and one leg		\$12,500	\$5,000	\$2,500
Loss of sight in both eyes		\$12,500	\$5,000	\$2,500
Loss of hearing in both ears		\$12,500	\$5,000	\$2,500
Loss of ability to speak		\$12,500	\$5,000	\$2,500
ACCIDENTAL INJURY BENEFITS CATEGORY				
Fracture Benefit Samples (Closed)				
Face or Nose (except mandible or maxilla)	<i>If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.</i>	\$900	\$900	\$900
Skull Fracture - depressed (except bones of face or nose)		\$2,250	\$2,250	\$2,250
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,500	\$1,500	\$1,500
Rib		\$240	\$240	\$240
Finger, Toe		\$240	\$240	\$240
Vertebrae, Body of (excluding vertebral processes)		\$2,700	\$2,700	\$2,700
Hip, Thigh (femur)		\$3,000	\$3,000	\$3,000
Leg (tibia and/or fibula)		\$1,800	\$1,800	\$1,800
Ankle, Foot (except toes)		\$1,500	\$1,500	\$1,500
Fracture Benefit Samples (Open)				
Face or Nose (except mandible or maxilla)	<i>If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.</i>	\$1,800	\$1,800	\$1,800
Skull Fracture - depressed (except bones of face or nose)		\$4,500	\$4,500	\$4,500
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$2,400	\$2,400	\$2,400
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$3,000	\$3,000	\$3,000
Rib, Finger, Toe		\$480	\$480	\$480
Vertebrae, Body of (excluding vertebral processes)		\$5,400	\$5,400	\$5,400
Hip, Thigh (femur)		\$6,000	\$6,000	\$6,000
Leg (tibia and/or fibula)		\$3,600	\$3,600	\$3,600
Ankle, Foot (except toes)		\$3,000	\$3,000	\$3,000
Concussion Benefit				
Concussion	1 time(s) per calendar year	\$150	\$150	\$150
Coma Benefit				
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$7,500	\$7,500	\$7,500

BENEFIT	BENEFIT LIMITS	BENEFIT AMOUNTS		
		EMPLOYEE	SPOUSE	CHILD
Laceration Benefit				
Without repair by stitches	<i>1 time per accident; 3 time(s) per calendar year</i>	\$19	\$19	\$19
Repaired by stitches but less than 2 inches long		\$38	\$38	\$38
Repaired by stitches and 2-6 inches long		\$150	\$150	\$150
Repaired by stitches and over 6 inches long		\$300	\$300	\$300
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY				
Ground Ambulance Benefit				
Ground Ambulance	<i>1 time(s) per accident; 2 time(s) per calendar year</i>	\$150	\$150	\$150
Air Ambulance Benefit				
Air Ambulance	<i>1 time(s) per accident; 2 time(s) per calendar year</i>	\$750	\$750	\$750
Emergency Care Benefit				
Emergency Room	<i>1 time per accident (combined with Non-Emergency Initial Care Benefit)</i>	\$125	\$125	\$125
Physician's Office		\$75	\$75	\$75
Urgent Care		\$75	\$75	\$75
Physician Follow-Up Benefit				
Physician Follow-Up Visit	<i>2 time(s) per accident; 6 time(s) per calendar year</i>	\$20	\$20	\$20
Transportation Benefit				
Transportation	<i>1 time(s) per accident; 2 time(s) per calendar year</i>	\$200	\$200	\$200
Therapy Services Benefit				
Cognitive Behavioral Therapy	<i>10 time(s) per accident; 15 time(s) per calendar year</i>	\$35	\$35	\$35
Occupational Therapy		\$35	\$35	\$35
Physical Therapy		\$20	\$20	\$20
Respiratory therapy		\$35	\$35	\$35
Speech Therapy		\$35	\$35	\$35
Vocational Therapy		\$35	\$35	\$35
Blood/ Plasma/ Platelets Benefit				
Blood/Plasma/Platelets	<i>1 time(s) per accident; Unlimited time(s) per calendar year</i>	\$75	\$75	\$75
Surgery Benefits				
Surgical Repair – Cranial	<i>1 time(s) per accident; 2 time(s) per calendar year</i>	\$1,500	\$1,500	\$1,500
Surgical Repair – Hernia		\$150	\$150	\$150
Surgical Repair – Ruptured Disc		\$400	\$400	\$400
Surgical Repair – Skin Graft Benefit		50%	50%	50%
Surgical Repair – Torn Cartilage in Knee		\$400	\$400	\$400
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$300	\$300	\$300
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$450	\$450	\$450
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$750	\$750	\$750
Exploratory Surgery (for any Surgery Benefit procedure)		\$175	\$175	\$175

BENEFIT	BENEFIT LIMITS	BENEFIT AMOUNTS		
		EMPLOYEE	SPOUSE	CHILD
ACCIDENT – HOSPITAL BENEFITS CATEGORY				
Hospital Admission Benefit				
Admission	<i>1 time per accident; Unlimited times per calendar year</i>	\$900	\$900	\$900
ICU Supplemental Admission <i>(paid in addition to Admission)</i>		\$900	\$900	\$900
Hospital Confinement Benefit				
Confinement	<i>15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.</i>	\$225	\$225	\$225
ICU Supplemental Confinement (paid in addition to Confinement)		\$300	\$300	\$300
Other Benefits Category				
Health Screening Benefit	<i>1 time(s) per calendar year</i>	\$50	\$50	\$50
Lodging Benefit	<i>15 day(s) per calendar year</i>	\$150	\$150	\$150

Notes Regarding Certain Benefits:

- **Accidental Death Benefits Category:** The benefit amount will be reduced by the amount of any Accidental Dismemberment/Functional Loss/Paralysis Benefits and Modification Benefit paid for Injuries sustained by the Covered Person in the same Accident for which the Accidental Death Benefit is being paid.
- **Accidental Death Common Carrier Benefit:** “Common Carrier”: refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details.
- **Lodging Benefit:** The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured’s primary residence.

Please contact MetLife for detailed definitions and state variations of covered benefits.

Critical Illness Insurance

Critical Illness Insurance pays a lump sum directly to you upon diagnosis of a covered critical illness. This benefit is designed to keep your finances stable even with unexpected expenses		
Benefit for Covered Conditions	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount
Listed Conditions:	<u>Receive 25% of the initial benefit amount for 22 conditions:</u>	
	Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.	
	A Covered Person may only receive one benefit payment for a Listed Condition in his/her lifetime.	
Benefit Suspension Period	After a covered condition occurs there is a 365 days Benefit Suspension Period during which most plans do not pay Recurrence benefits. The Benefit Suspension Period does not apply to first occurrences of distinct covered conditions.	
	We will not pay Recurrence benefits for Full Benefit Cancer or Partial Benefit Cancer benefits unless the insured has not been treated nor had symptoms for at least 180 days.	

Other Benefits	
Health Screening Benefit	<p>If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the certificate MetLife will pay a health screening benefit upon submission of proof that such measure was taken. When MetLife receives such proof, MetLife will review it, and if MetLife approves the claim, MetLife will pay a health screening benefit of \$50.</p> <p>The Covered Tests are: physical exam, biopsies for cancer, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid Doppler, chest x-rays, clinical testicular exam, colonoscopy, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), endoscopy, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms, and virtual colonoscopy.</p> <ul style="list-style-type: none"> • We will only pay one health screening benefit per covered person per calendar year. • Health Screening Benefits are not available in all states. • MT residents will have a separate \$70 mammogram benefit.

Lifetime Benefit Term Life Insurance

Family Protection – Guaranteed – Plus Benefits for Long Term Care (LTC)

- Death Benefit is guaranteed 100% when it is needed most – during the working years when a family is relying on income. While the policy is in force, the death benefit is guaranteed for the longer of 25 years or through age 70.
- Even after age 70, when income is less relied upon, the death benefit is guaranteed to never be less than 50% of the original death benefit. And based on current interest and mortality assumptions the full death benefit is designed to last a lifetime.
- After 10 years, paid-up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid-up benefit is guaranteed.
- Life insurance premiums will never increase and are guaranteed through age 100.
- Long Term Care is expensive, and LifeTime Benefit Term can help. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home care.

Product Features

Permanent and Guaranteed Renewable	Coverage cannot be cancelled as long as premiums are paid as due.
Full Portability	You can keep their coverage at the same rate if you change jobs or retire.
Level Premium	Life insurance premium will never increase and are guaranteed through age 100. After age 100 no premium is due.
Initial Eligibility	<p>Insured</p> <ul style="list-style-type: none"> • Actively employed working at least 30 hours per week • Ages 18 through 80 • Service wait period for benefit eligibility: 90 days. <p>Spouse</p> <ul style="list-style-type: none"> • Includes legally married spouse, domestic partner and civil union partner • Ages 18 through 70 <p>Children</p> <ul style="list-style-type: none"> • Ages 15 days through 25 years

Issue Limits

Employee Coverage

Issue Type	Issue Age	Maximum Benefit Amount
Guaranteed Issue	18 through 70	\$100,000
Conditional Guaranteed Issue	18 through 70	\$150,000
Simplified Issue	18 through 70	\$250,000
Simplified Issue	71 through 80	\$50,000

- **Minimum Coverage Limit** – The greater of \$5,000 or the amount of coverage \$3.00/week will purchase

• Issue Types:

- **Guaranteed Issue (GI) Eligibility:** Eligible employees may apply for coverage on a GI basis as long as the GI participation is met and they are actively at work as of their enrollment date, subject to the GI participation requirement.
 - Guaranteed Issue is subject to meeting the required participation requirement. If not met, employees will be underwritten subject to the amount applied for. GI is for the initial open enrollment period of up to 30 days. GI for new hires in the first year following open enrollment is subject to evaluation of GI being extended for the initial open enrollment. The GI offer will be re-evaluated separately for future enrollments.
- **Conditional Guaranteed Issue (CGI) Eligibility:** Eligible employees may apply for coverage on a CGI basis as long as they are actively at work as of their enrollment date and the MGI and CGI questions are answered.
- **Simplified Issue (SI) Eligibility:** Eligible employees may apply for coverage on a SI basis as long as they are actively at work as of their enrollment date and all questions are answered.
- Late Entrants are underwritten on a Simplified Issue basis.

Enrollments which are delayed or postponed will need to be reviewed prior to enrollment.

Spouse Coverage

Issue Type	Issue Age	Maximum Benefit Amount
Conditional Guaranteed Issue	18 through 70	\$75,000
Simplified Issue	18 through 70	\$125,000

- **Minimum Coverage Limit** – The greater of \$5,000 or the amount of coverage \$3.00/week will purchase

• Issue Types:

- **Spouse Conditional Guaranteed Issue (CGI) Eligibility:** Eligible employees may apply for coverage on a CGI basis as long as they are actively at work as of their enrollment date and the MGI and CGI questions are answered.
- **Spouse Simplified Issue (SI) Eligibility:** Eligible employees may apply for coverage on a SI basis as long as they are actively at work as of their enrollment date and all questions are answered.
- Late Entrants are underwritten on a Simplified Issue basis.

Issue Limits (continued)

Dependent Child Coverage

Issue Type	Issue Age	Maximum Benefit Amount
Child Term Rider	15 days through 25 years	\$25,000
LifeTime Benefit Term Certificate	15 days through 18 years 19 years through 25 years	\$25,000 The amount \$3/week will purchase

• **Dependent Child Coverage and Eligibility:**

- Child coverage is available on a Guarantee Issue (GI) basis during the employee's initial eligibility period.
- Child coverage is available on a GI basis for a newborn child, new step child, or newly adopted child after the employee's initial eligibility period.
- After the employee's initial eligibility period, employees may apply for dependent child coverage on a Simplified Issue basis.
- Children may be covered with a Lifetime Benefit Term Certificate or with a Child Term Rider but not both.
- The Child Term Rider covers all dependent children of the employee at the same rates regardless of the number of children.
- Child LBT Certificate rates are based on the age of each dependent child.
- All eligible dependent children must be insured.

• **Minimum Coverage Limit** - The greater of \$5,000 or the amount of coverage \$3.00/week will purchase.

	Chubb Lifetime Benefit Term		
	Benefit Issue Age		
	Employee	Spouse	Child
Built-in Benefits			
LifeTime Benefit Term	18 - 80	18 - 70	15 days – 25 years
Accelerated Death Benefit Rider for Terminal Illness After coverage has been in force for two years, employees can receive 50% of their death benefit immediately, up to \$100,000, if they are diagnosed as terminally ill.	18 - 80	18 - 70	15 days – 25 years
Accelerated Death Benefit for Long Term Care When employees need LTC, death benefits can be paid early for home health care, assisted living, adult day care and nursing home care. Early payments equal 4% of the death benefit per month for up to 25 months. Premiums are waived while this benefit is being paid.	18 - 80	18 – 70	Not Available
Employee Optional Benefits			
Waiver of Premium Rider Waives premium if employee becomes totally disabled.	20 - 55	20 - 55	Not Available
Payor Waiver of Premium Rider Waives Spouse/Dependent Child premium if employee becomes totally disabled.	20 - 55	20 - 55	Not Available

Exclusions & Limitations

If the insured commits suicide, while sane or insane, within two years (one year in some states) from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

Long Term Care Exclusions:

We will not pay Long Term Care benefits for care that is received or loss incurred as a result of:

1. an intentionally self-inflicted injury, or attempted suicide; or
2. war or any act of war, declared or undeclared, or service in the armed forces of any country; or
3. treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or except while under treatment for an injury or sickness;
4. the Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

We will not pay Long Term Care benefits if the Confinement, Home Health Care services, or Adult Day Care service:

1. is received outside the United States and its territories; or
2. is provided by ineligible providers; or
3. is rendered by members of the Certificateholder's or the Insured's Immediate Family.



Short-Term Disability Insurance

Disability can often result in loss of income and increased medical bills. Short term disability protects your most important asset - your income. This plan will pay cash benefits to you if you are unable to work due to illness or injury so you can pay your regular bills and any medical bills resulting from your disability.

Plan Features	Option 1	Option 2
Eligible Employees	All Active Full Time Employees (30 Hours)	All Active Full Time Employees (30 Hours)
Weekly Benefit Amount	60%	60%
Maximum Weekly Benefit	\$2000	\$2000
Minimum Weekly Benefit*	\$20	\$20
Elimination Period	Accident – 7 days Sickness – 7 days	Accident – 14 days Sickness – 14 days
Benefit Duration	25 weeks	24 weeks
Rehabilitation Incentives	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive

*The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives.

Limitations and Definitions

Definition of Disability	<p>Due to a Sickness, or as a direct result of accidental injury:</p> <ul style="list-style-type: none"> the employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and is unable to earn more than 80% of their predisability earnings at their Own Occupation for any employer., and is unable to perform each of the material duties of their Own Occupation
Pre-Existing Condition	12/12
Pre-Existing Condition Limitation	<p>Pre-existing Condition means a Sickness or accidental injury for which the employee:</p> <ul style="list-style-type: none"> Received medical treatment, consultation, care, or services; or Took prescription medication or had medications prescribed in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect. <p>We will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of insurance for a Disability that results from a Pre-existing Condition, if the employee has been Actively at Work for less than 12 consecutive months after the date their Disability insurance or the elected increase in the amount of such insurance takes effect under the certificate.</p>
Guarantee Issue	Only for new hires that sign up during the new hire enrollment period and that after that new hire enrollment period employees will be required to fill out evidence of insurability.
Reduction of Benefits	<p>Benefits will be reduced by income and recoveries from certain other sources including but not limited to: Social Security disability or retirement benefits received or eligible to receive because of Disability; any state, public or federal employee retirement or disability plan benefits received or eligible to receive because of Disability, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Employee Retirement System (FERS); group insurance policies; certain early retirement plans; no-fault auto laws; governmental compulsory benefit plan or program; other disability programs or plans, sick pay, vacation pay, or other salary continuation; Workers' Compensation benefits; occupational disease laws; maritime maintenance and cure; third party recoveries; and unemployment insurance laws or programs.</p> <p>If there is a reasonable basis for You to apply for benefits under the Federal Social Security Act, a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, We expect You to apply for them. To apply for Social Security benefits means to pursue such benefits until You receive approval from the Social Security Administration, or a notice of denial of benefits from an administrative law judge. With respect to benefits under a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, to apply means to pursue such benefits through all applicable levels of appeal provided for under such benefit plans or programs.</p> <p>We will reduce the amount of Your Disability benefit by the amount of Social Security benefits, We estimate that You, Your Spouse or child(ren) are eligible to receive because of Your Disability or retirement. We will reduce Your Disability benefits by such estimated Social Security benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive Social Security benefits</p> <p>We will reduce Your Disability benefit by the amount of such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefit that We estimate You are eligible to receive, provided that We have the reasonable means to make such an estimate. We will start to do this with the first Disability benefit payment under this certificate coincident with the date You were eligible to receive such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefits under any such plans or programs.</p>



Limitations and Definitions (continued)

Occupational Benefits:	Non-Occupational Coverage
Definition of Predisability Earnings	The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Predisability earnings includes: Basic earnings only. The term does not include: <ul style="list-style-type: none"> • The grant, award, sale, conversion, and/or exercise of shares of stock or stock options; • The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or • Any other compensation from the Employer.
Work Incentive	While disabled and receiving a Weekly Benefit, employees may receive up to 100% of Predisability Weekly Earnings, including family care expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits.
Rehabilitation Incentive	10% increase in the Weekly Benefit if participating in an approved Rehabilitation Program.
Family Care Incentive	If the employee works or participates in a Rehabilitation Program while they are Disabled, starting with the 4th Weekly Benefit payment, reimbursement may be provided for up to \$100 per week for eligible Family Care expenses incurred by an employee for each eligible family member during the benefit period.
Moving Expense Incentive	If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.
Temporary Recovery	If the employee returns to Active Work before completing the Elimination Period and then becomes Disabled, they will have to complete a new elimination period. If the employee returns to Active Work, after they begin to receive Weekly Benefits, for a period of 20 days or less than becomes Disabled again due to the same or related condition, they will not have to complete a new Elimination Period.
Continuity of Coverage	Provided for groups where this plan will replace an inforce insured plan in force on the day immediately preceding the effective date of this plan.
Organ Donor Benefit	10% increase in the Weekly Benefit if Disability is a result of an Organ Transplant Procedure.

Exclusions

We will not pay for any Disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act;
- Your active participation in a riot;
- Intentionally self-inflicted injury;
- Any injury for which You are entitled to benefits under Workers' Compensation or a similar law
- Attempted suicide; or
- Commission of or attempt to commit a felony.

We will not pay Short Term Benefits for any Disability caused or contributed to by elective treatment or procedures, such as:

- Cosmetic surgery or treatment primarily to change appearance;
- Reversal of sterilization;
- Liposuction;
- Visual correction surgery; and
- In vitro fertilization, embryo transfer procedure, or artificial insemination.

However, pregnancies and complications from any of these procedures will be treated as a Sickness.



Long-Term Disability Insurance

Long Term Disability Insurance is designed to support you if you are disabled for an extended period of time

Eligible Employees	All Active Full Time Employees (30 Hours)																								
Monthly Benefit	60% of Predisability Earnings																								
Maximum Monthly Benefit	\$6,000.00																								
Minimum Monthly Benefit*	\$100.00																								
Elimination Period	180 Days or until the end of the STD Maximum Benefit Period.																								
Own Occupation Period	24 months																								
Social Security Integration	Family Social Security																								
Benefit Duration	lesser of RBD or 5 yrs																								
	The lesser of 5 years of benefits or the period shown below:																								
	<table border="1"> <thead> <tr> <th><u>Age on Date of Your Disability</u></th> <th><u>Benefit Duration</u></th> </tr> </thead> <tbody> <tr> <td>less than 60</td> <td>to age 65</td> </tr> <tr> <td>60</td> <td>60 months</td> </tr> <tr> <td>61</td> <td>48 months</td> </tr> <tr> <td>62</td> <td>42 months</td> </tr> <tr> <td>63</td> <td>36 months</td> </tr> <tr> <td>64</td> <td>30 months</td> </tr> <tr> <td>65</td> <td>24 months</td> </tr> <tr> <td>66</td> <td>21 months</td> </tr> <tr> <td>67</td> <td>18 months</td> </tr> <tr> <td>68</td> <td>15 months</td> </tr> <tr> <td>69 and over</td> <td>12 months</td> </tr> </tbody> </table>	<u>Age on Date of Your Disability</u>	<u>Benefit Duration</u>	less than 60	to age 65	60	60 months	61	48 months	62	42 months	63	36 months	64	30 months	65	24 months	66	21 months	67	18 months	68	15 months	69 and over	12 months
<u>Age on Date of Your Disability</u>	<u>Benefit Duration</u>																								
less than 60	to age 65																								
60	60 months																								
61	48 months																								
62	42 months																								
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64	30 months																								
65	24 months																								
66	21 months																								
67	18 months																								
68	15 months																								
69 and over	12 months																								
Rehabilitation Incentives included in quote (details in limitations and definitions)	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive																								
Survivor Benefit	Included																								
Cost of Living Adjustment	Cost of Living Adjustment does not apply.																								

*The minimum monthly benefit is subject to overpayment situations and any applicable rehabilitation incentives.

Limitations and Definitions

Definition of Disability	<p>Due to a Sickness, or as a direct result of accidental injury:</p> <ul style="list-style-type: none"> The employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and During the elimination period and the next 24 months is unable to earn more than 80% of their predisability earnings at their Own Occupation for any employer in their National economy; and is unable to perform each of the material duties of their Own Occupation, After such period, is unable to earn more than 60% of their predisability earnings at any gainful occupation for any employer in their National economy; and is Unable to perform the duties of any gainful occupation for which they are reasonably qualified taking into account their training, education and experience.
Definition of Predisability Earnings	<p>The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Predisability earnings includes: Basic earnings only.</p> <p>The term does not include:</p> <ul style="list-style-type: none"> The grant, award, sale, conversion, and/or exercise of shares of stock or stock options; The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or Any other compensation from the Employer.
Pre-Existing Condition	3/12
Pre-Existing Condition Limitation	<p>Pre-existing Condition means a Sickness or accidental injury for which the employee:</p> <ul style="list-style-type: none"> Received medical treatment, consultation, care, or services; or Took prescription medication or had medications prescribed in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect. <p>We will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of insurance for a Disability that results for a Pre-existing Condition, if the employee has been Actively at Work for less than 12 consecutive months after the date their Disability insurance or the elected increase in the amount of such insurance takes effect under the certificate.</p>
Guarantee Issue	Only for new hires that sign up during the new hire enrollment period and that after that new hire enrollment period employees will be required to fill out evidence of insurability.



Limitations and Definitions <i>(continued)</i>	
Work Incentive	While disabled and receiving a Monthly Benefit, employees may receive up to 100% of Predisability Monthly Earnings, including family care expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits. After the first 12 months following the employees return to work, Equitable will reduce the employees Monthly Benefit by 50% of the amount the employee earns from working while Disabled.
Rehabilitation Incentive	10% increase in the Monthly Benefit if participating in an approved Rehabilitation Program.
Family Care Incentive	If the employee works or participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for up to \$400 per month for eligible Family Care expenses incurred by an employee for each eligible family member during the first 12 months of benefit payments.
Moving Expense Incentive	Moving Expense Incentive: If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.
Temporary Recovery	<p>If the employee returns to Active Work before completing the Elimination Period and then becomes Disabled again due to the same or related condition, a new Elimination Period is not required provided the return to full time work is within a period of 60 work days or less. Equitable will count the days worked while Disabled toward the satisfaction of the Elimination Period. If the return to Active Work is greater than 60 work days, a new Elimination Period is required.</p> <p>If the employee returns to Active Work, after they begin to receive Monthly Benefits, for a period of 180 continuous days or less and becomes Disabled again due to the same or related condition, they will not have to complete a new Elimination Period.</p>
Zero Day Residual	If the employee continues to meet the Definition of Disability, the elimination period may be satisfied during part-time employment.
Survivor Benefit	If the employee dies while they are Disabled, a single sum payment equal to 3 times the employee's last net Monthly Benefit is made to the employee's survivor.
Continuity of Coverage	Provided for groups where this plan will replace an inforce insured plan in force on the day immediately preceding the effective date of this plan.
Cost of Living Freeze	Cost of Living Freeze is included.
Waiver of Premium	Premium payments for Disabled employees are waived while benefits are payable.
Indexing	For the purposes of determining whether an employee continues to be Disabled and for calculating the Work Incentive, we will add to the employee's Predisability Earnings an amount equal to the lesser CPI or 7%
Specific Disabilities	
Mental or Nervous Disorders or Diseases unless due to Neurocognitive Disorders	<p>If the employee is Disabled, Disability benefits are limited to one occurrence per lifetime maximum of 12 months. BiPolar Disorder will also be limited. Schizophrenia will also be limited.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>
Chronic Fatigue Syndrome and Related Disorders	No Limitation
Neuromuscular, Musculoskeletal or Soft Tissue Disorder	No Limitation
Alcohol, Drug or Substance Abuse or Addiction	<p>If the employee is Disabled, Disability benefits are limited to one occurrence per lifetime maximum of 12 months.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>
Exclusions	
<p>We will not pay for any Disability caused or contributed to by:</p> <ul style="list-style-type: none"> • War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act; • Your active participation in a riot; • Intentionally self-inflicted injury; • Attempted suicide; or • Commission of or attempt to commit a felony. 	



Employer Paid Life and AD&D Insurance

Basic Life

All Active Full Time Employees (30 Hours)

- Class 1 - All active, Full-Time Employees regularly working a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States who are not in Class 2. – Flat \$10,000
- Class 2 - All active, Full-Time UNION Employees regularly working a minimum of 30 hours per week in the United States at the Cliveden, Tucker House and Maplewood locations, who are citizens or permanent resident aliens of the United States - a maximum of the lesser of 1.00 times pay or \$60,000
- A minimum benefit of \$10,000
- Medical Evidence Level: the lesser of \$60,000 and 1.00 times pay
- Reduces by: 35% at Age 65, 55% at Age 70, 70% at Age 75, 80% at Age 80, 85% at Age 85, 90% at Age 90
- Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000

Basic AD&D

All Active Full Time Employees (30 Hours)

- 100% of the Basic Life benefit.
- Waiver of Premium (disabled prior to 60, waiting period 9 months, coverage continues to 65)

Plan Features and Limitations

Portability: Option to continue term insurance under a different policy when coverage terminates. Minimums, maximums, and other conditions apply. Portability is not available for residents of Alaska.

Grief Counseling: Automatically included with Basic Life. Available in all situs states on Basic Life except ND. Automatically included with Supplemental Life at no additional cost to the employee. Available in all situs states on Supplemental Life except for FL and ND.

Funeral Discounts and Planning Services[®]: As an Equitable group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

Total Control Account (TCA)

- Death claim proceeds paid via the TCA Settlement Option - an interest-bearing account with draft-writing privileges
- Relieves beneficiaries of the need to make immediate decisions about what to do with a lump-sum check, while giving them the flexibility to access funds as needed and earn interest on the proceeds as they assess their financial situation
- Provides full and immediate access to the death proceeds
- Principal and interest earned are guaranteed by the financial strength and claims paying ability of the Metropolitan Life Insurance Company
- Beneficiary receives a draftbook, along with a Customer Agreement and other materials describing the Account
- Unlimited draft writing privileges
- No charges for processing TCA drafts, no monthly maintenance fees, and no charge for ordering additional TCA drafts
- Accountholders receive periodic statements itemizing account activity and a free Life Advice newsletter
- Customer Service Representatives specially trained to provide service to beneficiaries are available through a special toll-free number
- At their convenience, Accountholders are able to touch or speak their requests into the phone such as, "hear account balance", "get recent transactions", and "order drafts."

Plan Features and Limitations *(continued)*

Accelerated Benefits Option: If included, the minimum that can be accelerated is \$20,000.

The definition of earnings used to define benefits will be Basic Monthly Earnings.

Waiver of Premium, Recurrent Disability: Group life coverage is continued for an employee meeting the contractual definition of Total Disability. The onset of the disability must occur prior to the age set forth in the Summary of Benefits section of this Cost & Benefit Summary. The disability must last continuously through the defined waiting period, and the employee must submit a request for the extension within 12 months of the onset of the Total Disability. Employees who return to work after completing part or all of the Continuation Waiting Period and later become disabled for the same or related Total Disability will be given credit for the prior partial or completion of the Continuation Waiting Period.

Enrolling in the Plan:

A statement of health will need to be submitted by employees who:

- Request coverage amounts during their initial 31-day enrollment that exceed the stated MEOL level.
- Apply for coverage after the period which begins on the first day on which they are eligible for the coverage (or the first day following a qualifying event, if applicable) and ends at the earlier of the next following annual enrollment period or the day before the next following Policy Anniversary. In no event will this period be more than a year, or less than 31 days.
- Have indicated a medical condition on their enrollment form.



Benefit Increases:

- Employees who experience a pay increase that generates a benefit, for the first time, which exceeds the stated MEOI level, will have to submit a statement of health.
- Basic Life: Employees, Actively at Work, who are participating in the plan and want to increase their coverage by any amount will have to submit a statement of health.

The coverage will be subject to a contestability clause in accordance with the law.

No eligible individual may be covered more than once under this plan. If a person is covered as an employee, he/she cannot be covered as a spouse or dependent. If an employee and spouse are employed by the same employer, their eligible dependents may be insured as dependents of only one employee.

Table of Covered Losses for AD&D

Covered Loss	Basic AD&D	Covered Loss	Basic AD&D
Life	100%	Paralysis of Both Arms and Both Legs	100%
Hand	50%	Paralysis of Both Legs	50%
Foot	50%	Paralysis of the Arm & Leg <i>on Either Side of the Body</i>	50%
Arm	75%	Paralysis of One Arm or Leg	25%
Leg	75%	Brain Damage	100%
Sight of One Eye	50%	Coma	1% monthly up to 60 months
Combination of a Hand, Foot, and/or Eye	100%	Additional Benefits	
Thumb & Index Finger on the Same Hand	25%	Benefit	Basic AD&D
Speech and Hearing	100%	Air Bag Use	5% up to \$10,000
Speech	50%	Seat Belt Use	10% up to \$25,000
Hearing	50%	Common Carrier	100% of Full Amount

**Maximum amount payable for all covered losses sustained in one accident is capped at 100% of the Full Amount*

Employee Assistance Program

Planning for the future

- **Funeral Discounts & Planning Services¹:** Helping to alleviate the burden of making funeral arrangements from your loved ones. Get access to the largest network of funeral homes and cemeteries to pre-plan with a counselor and receive discounts on funeral services.
- **Will Preparation:** Helping to ensure your final wishes are clear. Do-it-yourself with our online will preparation services.²
- **Digital Legacy:**³ Creating and sharing a digital legacy is easy with *MetLife Infinity*[®]. Use a digital application to store important documents securely such as deeds, wills, and personal photos and videos.]
- **Retirement Planning:**⁵ Retiring with confidence. Access workshops that offer comprehensive retirement and financial education to help you plan for the future, through our *Retirewise* program.

Assisting through life's changes

- **Transition Solutions:**⁴ Having assistance when moving on from a company. Receive help with time-sensitive benefit and financial decisions so you can make the right choices during employment transitions.
- **Portability:**⁶ Helping to prevent gaps in your coverage. Take your life insurance benefits with you at competitive group rates.

Supporting you and your loved ones through difficult times

- **Grief Counseling**⁶ Accessing professional support in a time of need. Meet in-person or by phone with a licensed counselor to help cope with a loss or major life change.
- **Beneficiary Grief Counseling**⁷ Personalized counseling sessions to meet your beneficiary's needs. Any beneficiary who receives the life insurance proceeds is eligible for up to 5 counseling sessions. These sessions can be in person or by phone with one of LifeWorks' network of counselors who provide professional, confidential support during difficult times.
- **Funeral Assistance:**⁶ Honoring a loved one's life. Work with compassionate counselors that assist with customizing funeral arrangements with personalized one-on-one service.
- **Beneficiary Claim Assistance:**³ Making the claims process easy. Your beneficiaries get guidance from experts as they work through their options and financial needs with our *Delivering The Promise* services.
- **Life Settlement Account:**⁸ Reducing the pressure of immediate financial decisions. Your beneficiaries can take their time to make the right decision with the flexible settlement option that gives full access to policy funds while earning a guaranteed minimum interest rate.

1. Services and discounts are provided through a member of the Dignity Memorial[®] Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. SCI offers planning services, expert assistance, and bereavement travel services to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for funeral services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the funeral services discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.
2. WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife.
3. MetLife Infinity is offered by MetLife Consumer Services, Inc., an affiliate of Metropolitan Life Insurance Company. MetLife Infinity is available to anyone regardless of affiliation with MetLife.
4. MetLife administers the *Delivering the Promise* Transition Solutions *Retirewise* programs, but has arranged for Massachusetts Mutual Life Insurance Company (MassMutual) to have specially-trained financial professionals offer financial education and, upon request, provide personal guidance to employees and former employees of companies providing these programs through MetLife.
5. To the maturity age specified in the certificate.
6. Grief Counseling and Funeral Assistance services are provided through an agreement with LifeWorks. US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.
7. Beneficiary Grief Counseling services are provided through an agreement with LifeWorks. US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. This program is available only to beneficiaries of MetLife group Life Insurance programs. Events that may result in a loss are not covered under this program unless and until such loss has occurred.
8. Subject to state law, and/or group policyholder direction, the Total Control Account (TCA) is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs.

Carrier Contact Information

Medical:			
Carrier	UHP		888.596.4325
Physician and Ancillary Network:	PHCS		877.952.7427
Facility Open Network	Claim Watcher by Homestead		844.307.6755
Dental, Vision			
Equitable	(866) 274-9887	www.equitable.com	
Short-Term Disability, Long-Term Disability, Employer Paid Life and AD&D Insurance,			
Equitable	(866) 274-9887	www.equitable.com	
Lifetime Benefit Term Life Insurance:			
Chubb	(855) 241-9891	www.chubb.com	
Hospital Indemnity, Accident, Critical Illness, Employee Assistance Program:			
Metlife	(800) 929-1492	www.metlife.com	Policy #: 225959
Benefit Enrollment Center			
888-215-2209			
Employee Assistance Program			
Metlife	(888) 319-7819	metlfeeap.lifeworks.com username: metlfeeap password: eap	