michigan prime

Employee Benefit Summaries

Coverage includes:

Medical / Dental / Vision / Life / AD&D

Voluntary Life / Accident / Critical Illness / EAP

April 1st 2020 – March 31st 2021

CONTEMPORARY BENEFITS ADVISORS

Contact Us

We invite you to contact our staff directly to ensure that you receive excellent support. You can call or email to request service, comment on specific needs, ask for sales, or offer suggestions on how we might serve you better.

704-218-2899 (local)
844-892-2292 (toll-free)
704-218-2893 (fax)

Managing Partner	EXT	Email Address
• **Ken Harbin**	3232	ken@c-ben.com

Executive Administrator		
• **Beverly Griffin**	3219	beverly@c-ben.com

Group Benefit Specialists		
• **Naveed Ulhaq**	3202	naveed@c-ben.com
• **Spencer Witherspoon**	3214	spencer@c-ben.com
• **Dennis White**	3199	dennis@c-ben.com

Client Service Specialists		
• **Michelle Harbin**	3220	michelle@c-ben.com
• **Kaylyn Sanchez**	3216	kaylyn@c-ben.com
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Candice Griffin	3200	candice@c-ben.com
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Kim Hood	3230	kim@c-ben.com
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Health Alliance Plan of Michigan
Health Maintenance Organization (HMO) Plan
Summary of Benefits
HAP HMO Bronze 5500 HSA **HMO**
AAQ00082 / XRQ00162

Health Care Services	In-Network	Out-of-Network	Limitations
Plan Attributes			
Benefit Period	Fiscal Year		
Annual Deductible	$5,500 Self Only; $11,000 Family Not to exceed $6,650 from any one person	N/A	Deductible does not include copays or coinsurance. Deductible applies to the annual Out-of-Pocket Maximum.
Coinsurance	20%	N/A	Coinsurance applies towards the Annual Out-of-Pocket Maximum.
Annual Coinsurance Maximum	N/A	N/A	
Annual Out-of-Pocket Maximum	$6,650 Self Only; $13,300 Family Not to exceed $6,650 from any one person	N/A	These values do not accumulate: premiums, balance-billed charges, health care this plan doesn't cover. All other cost sharing accumulates.
Preventive Services			
Office Visit / Physical Exam / Well Baby Exam	Covered - Deductible does not apply	N/A	
Related Laboratory and Radiology Services	Covered - Deductible does not apply	N/A	
Pap Smear, Mammogram, Tubal Ligation	Covered - Deductible does not apply	N/A	
Immunizations	Covered - Deductible does not apply	N/A	
Outpatient & Physician Services			
Primary Care Office Visit	20% Coinsurance after deductible	N/A	
Telehealth Visit	Covered after deductible	N/A	Through our contracted telehealth services provider.
Specialist Office Visit	20% Coinsurance after deductible	N/A	
Audiology Office Visit	20% Coinsurance after deductible	N/A	One routine hearing exam per benefit period at no cost share.
Eye Exam Office Visit	20% Coinsurance after deductible	N/A	One routine eye exam per benefit period at no cost share.
Chiropractic Services	20% Coinsurance after deductible	N/A	Manipulation of spine for subluxation only.; Up to 20 visits per benefit period.
Allergy Treatment	20% Coinsurance after deductible	N/A	
Allergy Injections	20% Coinsurance after deductible	N/A	
Laboratory & Pathology	20% Coinsurance after deductible	N/A	Some services require preauthorization.
Imaging MRI, CT & PET Scans	20% Coinsurance after deductible	N/A	Services require preauthorization.
Radiology (X-ray)	20% Coinsurance after deductible	N/A	
Radiation Therapy & Chemotherapy	20% Coinsurance after deductible	N/A	
Dialysis	20% Coinsurance after deductible	N/A	
Outpatient Surgical Services			
Outpatient Surgery	20% Coinsurance after deductible	N/A	
Ambulatory Surgical Center	20% Coinsurance after deductible	N/A	
Professional Surgical and Related Services	20% Coinsurance after deductible	N/A	
Emergency/Urgent Care			
Urgent Care	20% Coinsurance after deductible		
Emergency Room Care	20% Coinsurance after deductible		
Emergency Medical Transportation	20% Coinsurance after deductible		Emergency transport only.
Inpatient Hospital Services			
Facility Fee	20% Coinsurance after deductible	N/A	
Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies	20% Coinsurance after deductible	N/A	
Bariatric Surgery and Related Services	20% Coinsurance after deductible	N/A	One procedure per lifetime
Maternity Services			
Prenatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services
Postnatal Office Visits	20% Coinsurance after deductible	N/A	
Labor Delivery and Newborn Care	See Inpatient Hospital Services	N/A	

Mental Health & Substance Use Disorder			
Inpatient Services	See Inpatient Hospital Services	N/A	
Outpatient Services	20% Coinsurance after deductible	N/A	
Other Services			
Home Health Care	20% Coinsurance after deductible	N/A	Does not include Rehabilitation Services; Unlimited.
Hospice Care	20% Coinsurance after deductible	N/A	Unlimited.
Skilled Nursing Care	20% Coinsurance after deductible	N/A	Covered for authorized services; Up to 45 days per benefit period.
Durable Medical Equipment; Prosthetics & Orthotics	20% Coinsurance after deductible	N/A	Covered for approved equipment only.
Vision Hardware	Covered - Deductible does not apply	N/A	Coverage for one pair of eye glasses per benefit period. Detailed information regarding coverage of lenses and Collection Frames can be found in your policy or plan documents. No coverage for Adult Vision Hardware.;
Rehabilitation Services: Physical, Occupational, and Speech Therapy	20% Coinsurance after deductible	N/A	May be rendered at home; Rehabilitative Physical Therapy and Occupational Therapy up to 30 combined visits per benefit period. Rehabilitative Speech Therapy up to 30 visits per benefit period.
Habilitation Services	20% Coinsurance after deductible	N/A	Physical and Occupational Therapy up to 30 combined visits per benefit period. Speech Therapy up to 30 visits per benefit period. Services may be rendered in the home. Limits do not apply for treatment of autism. See Outpatient Mental Health for ABA.;
Voluntary Sterilizations	See Outpatient Surgical Services	N/A	Limited to vasectomy.
Infertility Services	20% Coinsurance after deductible	N/A	Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only.
Temporomandibular Joint Disorder	20% Coinsurance after deductible	N/A	
Pharmacy (Affiliated pharmacy providers only)			
Preferred Generic Drugs	20% Coinsurance after deductible		A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply.
Non Preferred Generic Drugs	20% Coinsurance after deductible		
Preferred Brand Drugs	20% Coinsurance after deductible		
Non Preferred Brand Drugs	20% Coinsurance after deductible		
Preferred Specialty Drugs	20% Coinsurance 30 day supply at Specialty pharmacy only after deductible		
Non Preferred Specialty Drugs	20% Coinsurance 30 day supply at Specialty pharmacy only after deductible		

- Elective hospital admissions require that HAP be notified prior to the admission. HAP must be notified within 48 hours of any emergency hospital admission. Failure to notify HAP could result in a reduction of benefits or nonpayment.
- Students away at school are covered for acute illness and injury related services according to HAP criteria.
- In case of conflict between this summary and your HMO Subscriber Contract and Riders, the terms and conditions of the HMO Subscriber Contract and Riders will govern.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.

Health Alliance Plan of Michigan
Health Maintenance Organization (HMO) Plan

Summary of Benefits

HAP HMO Gold 2500 Plus **HMO**

AAQ00115 / XRQ00194

Health Care Services	In-Network	Out-of-Network	Limitations
Plan Attributes			
Benefit Period	Fiscal Year		
Annual Deductible	$2,500 Individual; $5,000 Family	N/A	Deductible does not include copays or coinsurance. Deductible applies to the annual Out-of-Pocket Maximum.
Coinsurance	0%	N/A	
Annual Coinsurance Maximum	N/A	N/A	
Annual Out-of-Pocket Maximum	$6,500 Individual; $13,000 Family	N/A	These values do not accumulate: premiums, balance-billed charges, health care this plan doesn't cover. All other cost sharing accumulates.
Preventive Services			
Office Visit / Physical Exam / Well Baby Exam	Covered - Deductible does not apply	N/A	
Related Laboratory and Radiology Services	Covered - Deductible does not apply	N/A	
Pap Smear, Mammogram, Tubal Ligation	Covered - Deductible does not apply	N/A	
Immunizations	Covered - Deductible does not apply	N/A	
Outpatient & Physician Services			
Primary Care Office Visit	$30 Copay - Deductible does not apply	N/A	
Telehealth Visit	Covered - Deductible does not apply	N/A	Through our contracted telehealth services provider.
Specialist Office Visit	$60 Copay - Deductible does not apply	N/A	
Audiology Office Visit	$60 Copay - Deductible does not apply	N/A	One routine hearing exam per benefit period at no cost share.
Eye Exam Office Visit	$60 Copay - Deductible does not apply	N/A	One routine eye exam per benefit period at no cost share.
Chiropractic Services	$30 Copay - Deductible does not apply	N/A	Manipulation of spine for subluxation only.; Up to 20 visits per benefit period.
Allergy Treatment	Covered after deductible	N/A	
Allergy Injections	Covered after deductible	N/A	
Laboratory & Pathology	$30 Copay - Deductible does not apply	N/A	Some services require preauthorization.
Imaging MRI, CT & PET Scans	Covered after deductible	N/A	Services require preauthorization.
Radiology (X-ray)	$30 Copay - Deductible does not apply	N/A	
Radiation Therapy & Chemotherapy	Covered after deductible	N/A	
Dialysis	Covered after deductible	N/A	
Outpatient Surgical Services			
Outpatient Surgery	Covered after deductible	N/A	
Ambulatory Surgical Center	Covered after deductible	N/A	
Professional Surgical and Related Services	Covered after deductible	N/A	
Emergency/Urgent Care			
Urgent Care	$65 Copay - Deductible does not apply		
Emergency Room Care	$300 Copay - Deductible does not apply		Copay will be waived if admitted
Emergency Medical Transportation	$100 Copay - Deductible does not apply		Emergency transport only.
Inpatient Hospital Services			
Facility Fee	Covered after deductible	N/A	
Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies	Covered after deductible	N/A	
Bariatric Surgery and Related Services	Covered after deductible	N/A	One procedure per lifetime
Maternity Services			
Prenatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services
Postnatal Office Visits	$60 Copay - Deductible does not apply	N/A	
Labor Delivery and Newborn Care	See Inpatient Hospital Services	N/A	

Mental Health & Substance Use Disorder			
Inpatient Services	See Inpatient Hospital Services	N/A	
Outpatient Services	$30 Copay - Deductible does not apply	N/A	
Other Services			
Home Health Care	Covered after deductible	N/A	Does not include Rehabilitation Services; Unlimited.
Hospice Care	Covered after deductible	N/A	Unlimited.
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Rehabilitation Services: Physical, Occupational, and Speech Therapy	Covered after deductible	N/A	May be rendered at home; Rehabilitative Physical Therapy and Occupational Therapy up to 30 combined visits per benefit period. Rehabilitative Speech Therapy up to 30 visits per benefit period.
Habilitation Services	Covered after deductible	N/A	Physical and Occupational Therapy up to 30 combined visits per benefit period. Speech Therapy up to 30 visits per benefit period. Services may be rendered in the home. Limits do not apply for treatment of autism. See Outpatient Mental Health for ABA.;
Voluntary Sterilizations	See Outpatient Surgical Services	N/A	Limited to vasectomy.
Infertility Services	Covered after deductible	N/A	Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only.
Temporomandibular Joint Disorder	Covered after deductible	N/A	
Pharmacy (Affiliated pharmacy providers only)			
Preferred Generic Drugs	$5 Copay 30 day supply, $10 Copay 90 day supply		A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply.
Non Preferred Generic Drugs	$15 Copay 30 day supply, $30 Copay 90 day supply		
Preferred Brand Drugs	$40 Copay 30 day supply, $80 Copay 90 day supply		
Non Preferred Brand Drugs	$80 Copay 30 day supply, $160 Copay 90 day supply		
Preferred Specialty Drugs	20% Coinsurance ($200 max) 30 day supply at Specialty pharmacy only		
Non Preferred Specialty Drugs	50% Coinsurance ($500 max) 30 day supply at Specialty pharmacy only		

Template Rev 06/2017

- Elective hospital admissions require that HAP be notified prior to the admission. HAP must be notified within 48 hours of any emergency hospital admission. Failure to notify HAP could result in a reduction of benefits or nonpayment.
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- In case of conflict between this summary and your HMO Subscriber Contract and Riders, the terms and conditions of the HMO Subscriber Contract and Riders will govern.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.

See a Doctor Now With HAP's Telehealth Services

Getting health care online has never been easier.

HAP has partnered with American Well® to bring you telehealth services.* Doctors are now available 24/7 for online visits.

Doctors are always available

Not feeling well? Is your doctor's office closed? Too sick to leave home?

Now you can see a doctor using your smartphone, tablet or computer. Here are the benefits of using telehealth services:

- Affordable, easy and convenient
- Doctors are licensed and board certified
- No appointment, short wait
- 24/7 access
- Online visits are secure

Frequently asked questions

What can doctors treat?

Telehealth services can provide treatment for nonemergency illnesses. Use telehealth services for conditions such as:

- Colds
- Flu
- Headache
- Sprains and strains
- Rashes and sinus infections
- Pink eye
- Other minor conditions

Using telehealth services for treatment of nonemergency illnesses can save you money compared to visiting the emergency room or urgent care.

Can medicines be prescribed?

Based on current regulations, if it's medically necessary, doctors can prescribe certain medications.

*Telehealth services are not available to HAP Empowered members at this time.

What will I pay?

The cost is the same or less than an office visit.

Can I use telehealth services when I'm traveling?

Available in most states, telehealth services are great when you're on the road for vacation or work. For a full list of where you can use telehealth services, visit **info.americanwell.com/where-can-i-see-a-doctor-online**.

Will information from my telehealth visit be shared with my PCP?

American Well won't send anything to your PCP. However, you'll receive a summary of your visit for your personal records, which can be shared with your PCP.

How do I give my spouse access to telehealth?

Your spouse should create a separate account to enroll.

How do I add a dependent to my account?

Parents and guardians can add children who are under age 18 to their account and have doctor visits. Enroll yourself first and then add your child or dependent to your account.

What should I do if I have a child over age 18 who is still on my health insurance?

They should enroll as an adult and create their own separate account.

Who should I contact if I need help setting up my account or have any questions?

If you have any questions, please contact the American Well support team at **(855) 818-DOCS (3627)** or **support@americanwell.com**.

Still curious how Telehealth works?

Hear a member's firsthand experience by visiting **hap.org/howitworks**.

How do I sign up?

It's free to enroll. Follow these easy steps:

Desktop users:

1. Visit **hap.amwell.com**.
2. Enter your information and click *Sign Up*.
3. When prompted, you must use the following service key: **HAPMi**.

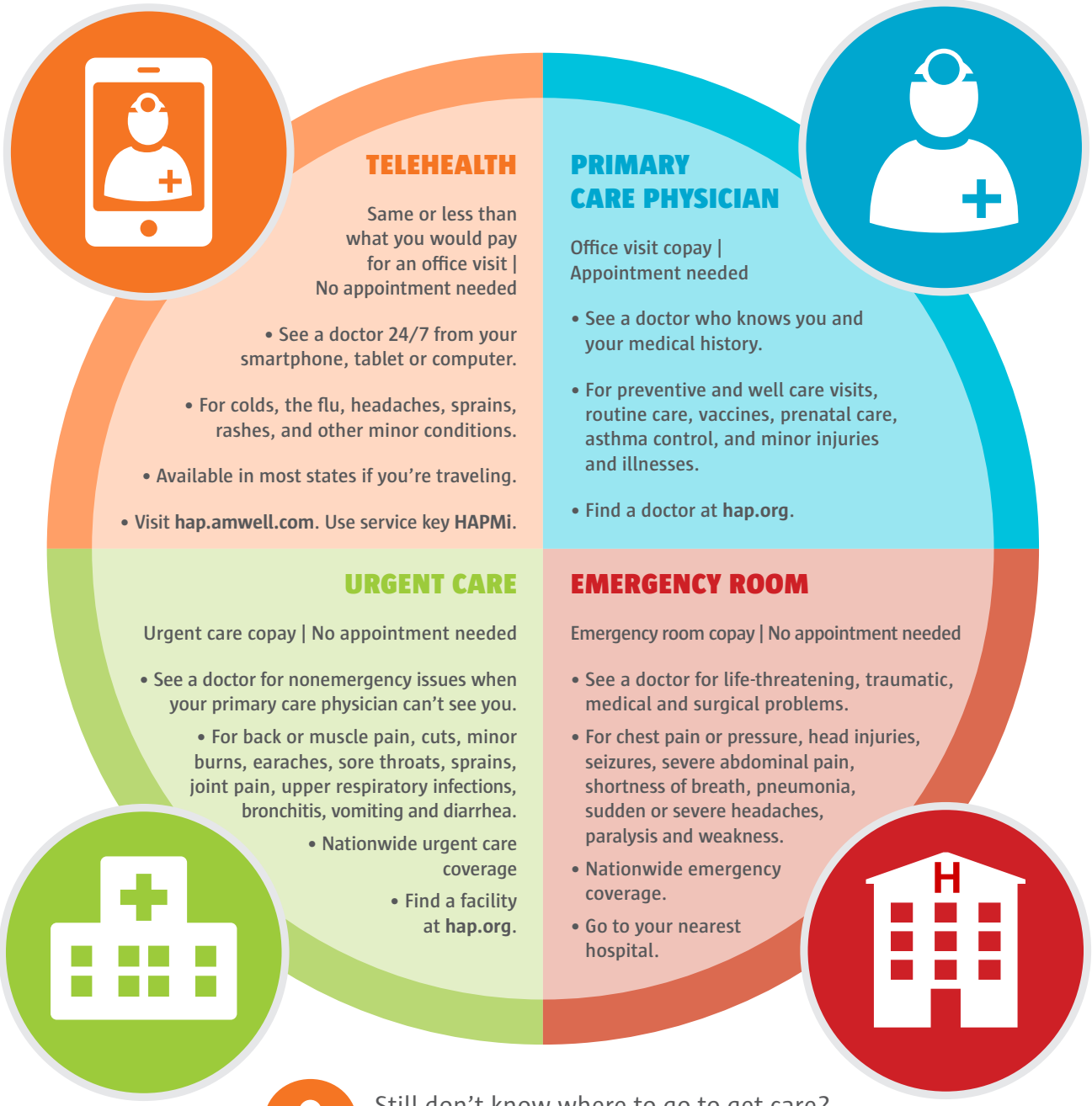
Mobile users:

1. Search Apple's iTunes or Google's Play app store for Amwell and download the app.
2. Enter your information and click *Sign Up*.
3. When prompted, you must use the following service key: **HAPMi**.

Note: When you sign up, you'll review and verify all your health insurance information. Click *Yes* for the primary subscriber question, even if you're a dependent on the plan.

You can also access American Well once you're logged in to your **hap.org** account.

Where to Get Care When You Need it



TELEHEALTH

Same or less than what you would pay for an office visit | No appointment needed

- See a doctor 24/7 from your smartphone, tablet or computer.
- For colds, the flu, headaches, sprains, rashes, and other minor conditions.
- Available in most states if you're traveling.
- Visit **hap.amwell.com**. Use service key **HAPMi**.

PRIMARY CARE PHYSICIAN

Office visit copay | Appointment needed

- See a doctor who knows you and your medical history.
- For preventive and well care visits, routine care, vaccines, prenatal care, asthma control, and minor injuries and illnesses.
- Find a doctor at **hap.org**.

URGENT CARE

Urgent care copay | No appointment needed

- See a doctor for nonemergency issues when your primary care physician can't see you.
- For back or muscle pain, cuts, minor burns, earaches, sore throats, sprains, joint pain, upper respiratory infections, bronchitis, vomiting and diarrhea.
- Nationwide urgent care coverage
- Find a facility at **hap.org**.

EMERGENCY ROOM

Emergency room copay | No appointment needed

- See a doctor for life-threatening, traumatic, medical and surgical problems.
- For chest pain or pressure, head injuries, seizures, severe abdominal pain, shortness of breath, pneumonia, sudden or severe headaches, paralysis and weakness.
- Nationwide emergency coverage.
- Go to your nearest hospital.

Still don't know where to go to get care?
Visit **hap.org/gettingcare.**

Note: You can get a doctor's note when medically appropriate for each option.

Telehealth services not available to HAP Midwest Health Plan members.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

You Don’t Always Need a Referral with HAP

With a HAP HMO plan, there may be times where your doctor requires a referral. Or you may need to have a procedure that needs to be approved by HAP before you have it done. But what’s the difference between a referral and prior authorization?

For referrals

HAP does not require you to get a referral to see a specialist in your network for an initial consultation. However, the specialist you visit may require a referral from your primary care physician. The schedules for certain specialists get filled months in advance. They may only accept patients whose primary care doctor believes the patient needs specialty care.

Referral example:

Mary suffers from chronic sinus infections several times a year, so she wants to see an ear, nose and throat doctor. She schedules an appointment with the specialist within her network.

- HAP doesn’t require a referral for Mary to see this doctor.
- The doctor’s office may require a referral from Mary’s primary care physician. This is not a HAP requirement. HAP doesn’t have any involvement in the doctor’s request.

For prior authorization

HAP wants to make sure our members receive the best possible care. Sometimes specialists may suggest procedures we don’t feel are the best course of action for a patient. That’s why we want members to check with us so we can help manage their care. This process is called prior authorization. Your primary care doctor will request prior authorization from HAP on your behalf.

Prior authorization example:

When Mary visits the ear, nose and throat doctor for the first time, she pays her specialist office copay. After her consultation, the ENT recommends a sinus surgery for Mary. Before she has the surgery, the ENT’s office must get prior authorization from HAP to make sure the service is covered and that it’s medically necessary.

For hospital stays

For inpatient hospital stays, your doctor will get prior authorization from HAP. Emergency room visits don’t require prior authorization. Simply, notify HAP within 48 hours of the emergency admission.

If you have questions about referrals or prior authorization, call our Customer Service department at **(800) 422-4641 (TTY: 711)** during the following hours:

- **April 1 through Sept. 30:** Monday through Friday from 8 a.m. to 7 p.m.
- **Oct. 1 through March 31:** Monday through Friday from 8 a.m. to 7 p.m. and Saturday from 8 a.m. to noon

For more information, visit **hap.org**.

We're Here for You

Our HMO plans make it easier for you to get and stay healthy

What's an HMO plan?

With this plan, your care is coordinated through your primary care physician. Your PCP will provide your preventive care, keep your medical history updated and help you choose a specialist if you need one.

When you need to see a specialist for an initial consultation, you don't need to get a referral from HAP.

Network coverage

For everyday health care services, you must see a doctor in HAP's HMO network. But, if you have an emergency, your services are covered 24/7 at any emergency room.

To see a network coverage map, visit **hap.org/groupmaps**.

The Assist America global emergency services program supports you when you have a medical emergency away from home. Whenever you, your spouse or dependent children travel more than 100 miles away from home (for no longer than 90 days in a row) you can call upon Assist America to help handle any medical emergency. Visit **assistamerica.com/hap** for more information.

Leading doctors and hospitals

HMO members need to choose a PCP. Our HMO network includes thousands of doctors and leading hospitals.

To find doctors within your HMO plan, visit **hap.org/hmodoctors**. You can also call a PCP selection specialist at **(888) 742-2727**.

Coverage away from home for students

Have children away at school? Students with HMO coverage have access to covered services across the country. With prior approval, they have expanded coverage. To learn more, visit **hap.org/studentsaway**.

over

Prescription coverage

To make sure you receive the appropriate medications, HAP has a list of covered drugs, also called a formulary. These drugs are covered at different copay levels called tiers.

Learn more at **hap.org/prescriptions**.

Keeping you healthy

Preventive care is an important part of staying healthy. HAP members are covered for a wide range of routine services including annual wellness checkups, breast cancer screenings, immunizations and more.

For a full list of preventive services, visit **hap.org/preventive-services**.

We're committed to your health

We want to help you achieve the best health possible. We offer many health and wellness programs:

- Care management programs
- iStrive® for Better Health digital wellness manager
- Behavioral health management
- Weight management programs
- Tobacco cessation program

Learn more at **hap.org/health**.

Valuable resources at your fingertips

When you're a HAP member you can access:

- Your online member account at **hap.org**
- Telehealth services at **hap.org/telehealth**
- Health Care Cost Estimator at **hap.org/costs**
- HAP Member Discounts at **hap.org/memberdiscounts**
- A dedicated team to answer your questions by calling **(800) 422-4641**

For more information, visit **hap.org/hapmember**.

Prescription Drug Coverage

With HAP prescription drug coverage, our goal is to make sure you get the highest quality medications at the lowest possible cost. HAP provides a list of covered drugs, known as a formulary.

Drug finder tool

Use our drug finder tool to search for drugs that HAP covers. Go to **hap.org/prescriptions**. Click on *Search 2019 QHP drugs*.

You can search for a drug by:

- The first letter of the drug's name
- The full name (brand or generic)
- Therapeutic class (what the drug is used for)

Or, you can download a PDF list of all drugs that HAP covers. For each drug listed, you'll see the brand name, generic name (if available), therapeutic class, dose and strength, out-of-pocket cost level (tier) and any limits or requirements that may apply.

Coverage requirements and limits

Some covered drugs have requirements or limits. These requirements are listed on the formulary and may include:

- **Prior authorization:** For some drugs, you'll need to get approval from HAP before your prescription is filled.
- **Step therapy:** In some cases, HAP may require you to first try a certain drug to treat your condition before another drug is covered.
- **Quantity limits:** Certain drugs have quantity limits.
- **Pharmacies:** Prescriptions must be filled at HAP-contracted pharmacies. To find one, visit **hap.org/prescriptions**. Click on *Browse pharmacies* at the top of the page.

Copay tiers

A tier determines how much your medication will cost. Here's a description of each tier:

- **Tier 1 drugs (preferred generic):** These generic drugs have the same active ingredients and strength as brand-name drugs, with the lowest copay.
- **Tier 1A drugs (nonpreferred generic):** These generic drugs have the same active ingredients and strength as brand-name drugs with a higher copay than preferred generic drugs.
- **Tier 2 drugs (preferred brand):** These brand-name drugs are designated by HAP as preferred brands. They meet the quality, safety and cost standards that are consistent with our benefit, referral and practice policies.
- **Tier 3 drugs (nonpreferred brand):** These brand-name drugs are designated by HAP as nonpreferred drugs, with a higher copay than preferred brand drugs.
- **Tier 4 drugs (preferred specialty):** These drugs are designated by HAP as specialty drugs. They're used to treat complex and chronic illnesses. They require close supervision. They may be injected, infused, inhaled or taken by mouth. They require prior authorization from HAP. To ensure safety and quality care, these drugs must be filled at a HAP-contracted specialty pharmacy.
- **Tier 4A drugs (nonpreferred specialty):** These drugs are designated by HAP as specialty drugs. They have a higher copay than preferred specialty drugs. They're used to treat complex and chronic illnesses. They require close supervision. They may be injected, infused, inhaled or taken by mouth. They require prior authorization from HAP. To ensure safety and quality care, these drugs must be filled at a HAP-contracted specialty pharmacy.

HAP Provider Search

Go to www.hap.org

In the lower right corner of the homepage there is an orange box for searching providers.

Click "Search Now"

The screen will look like this...

Note: The PCP you choose for each family member must be "Family Practice", "General Practice", "Internal Medicine" or "Pediatrician". Click on the provider details to obtain the NPN (provider number).

Voluntary Benefits at a Glance

Benefits At A Glance	Dental Plan	Vision Plan	Accident Plan	Critical Illness/Cancer Plan	Vol. Life Benefits
	Guardian	Guardian	Guardian	Guardian	Guardian
	Weekly	Weekly	Weekly	Weekly	Weekly
Employee	$6.65	$1.61	$2.76	*	*
Employee/Spouse	$13.50	$2.70	$4.74	Employee	Employee
Employee/Children	$16.87	$2.76	$5.00	Paid	Paid
Employee/Family	$25.29	$4.37	$6.98	Age Specific	Age Specific

***PRE-TAX BENEFIT**-- Health, Dental and Vision rates will be deducted pre-tax which will mean the actual net difference to your paycheck will be lower than these shown.*

Dental Coverage	IN	OUT
	IN	OUT
Preventive Service		
Cleaning (every 6 months)	100%	100%
Flouride Treatment (under 19)	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
X-rays	100%	100%
Basic Service		
Anesthesia	80%	80%
Fillings	80%	80%
Repair/Maintenance (crowns, bridges etc.)	80%	80%
Major Services		
Bridges and Dentures	50%	50%
Inlays, Onlays	50%	50%
Perio Surgery	50%	50%
Perio Maintenance	50%	50%
Root Canal	50%	50%
Simple Crowns	50%	50%
Surgical Extractions	50%	50%
Annual Maximum	**$1,000**	**$1,000**
Deductible (Ind/Family)	**$50/$150**	**$50/$150**

Vision Coverage	
Exam	$10 Copay
Materials	$25 Copay
Single Lenses	100% after Copay
Lined Bifocal Lenses	100% after Copay
Lines Trifocal Lenses	100% after Copay
Lenticular Lenses	100% after Copay
Frame Allowance	$130
Contact Lenses Allowance	$130
Frequency	12/12/24

Basic Life Coverage and EAP

100% Employer Paid

Each employee receives $10,000 in Life and AD&D insurance that the company pays for 100%. With the Life Insurance also comes the Employee Assistance Program (EAP). Full plan information is available online.

Voluntary Life Coverage

Each employee has the ability to get extra Life and AD&D insurance for themselves and their dependents. Employees can pick in $10,000 increments up to $100,000 in Life Insurance with **ZERO** health questions. They can also get extra Life Insurance on their spouse and any children, also with **ZERO** health questions.

If employee declines the coverage at initial offering and then wants to add coverage following year, they will have to answer a set of health questions.

Accident Coverage

Employee can elect Accident coverage that covers themselves and any dependents in the event of an accident. The money per accident is paid directly to the employee. Full plan information is available online. **There is a $50 wellness benefit associated with this plan**.

Critical Illness and Cancer Coverage

Employee can elect $5,000 or $10,000 benefit and in the event of a Critical Illness/Cancer, will receive the benefit amount. They can also elect $2,500 or $5,000 for their spouse. Children are **FREE**. Full plan information is available online. **There is a $50 wellness benefit with this plan**.

Guardian®

Dental Benefit Summary

About Your Benefits:

Taking care of your teeth can be expensive. That's why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive, costly and often unexpected expenses — such as fillings, crowns and root canals. Plus, you save money and have the assurance that you are getting the right care when you use one of our contracted dentists. Guardian has been providing outstanding dental plans to millions of Americans for more than 50 years. When you enroll with Guardian, you have access to one of the nation's largest dental networks offering significant discounts so you know there's always high-quality, affordable dental care close by. From preventive checkups and cleanings, to comprehensive oral care treatments, we have you covered.

With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	**PPO**	
Your Network is	DentalGuard Preferred	
Your Weekly premium	**$6.65**	
You and spouse	$13.50	
You and child(ren)	$16.88	
You, spouse and child(ren)	$25.30	
Calendar year deductible	*In-Network*	*Out-of-Network*
Individual	$50	$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	*In-Network*	*Out-of-Network*
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	$1000	$1000
Maximum Rollover	Yes	
Rollover Threshold	$500	
Rollover Amount	$250	
Rollover In-network Amount	$350	
Rollover Account Limit	$1000	
Lifetime Orthodontia Maximum	Not Applicable	
Dependent Age Limits	26	

A Sample of Services Covered by Your Plan:

		PPO *Plan pays (on average)*	
		In-network	*Out-of-network*
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	80%
	Fillings‡	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Perio Surgery	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:	Once Every 6 Months	
	Root Canal	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%
	Simple Extractions	50%	50%
	Single Crowns	50%	50%
	Surgical Extractions	50%	50%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on “Find A Provider”; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00559370

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

Dental Maximum Rollover®

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
$1000	$500	$250	$350	$1000
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed $2,000 in total

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

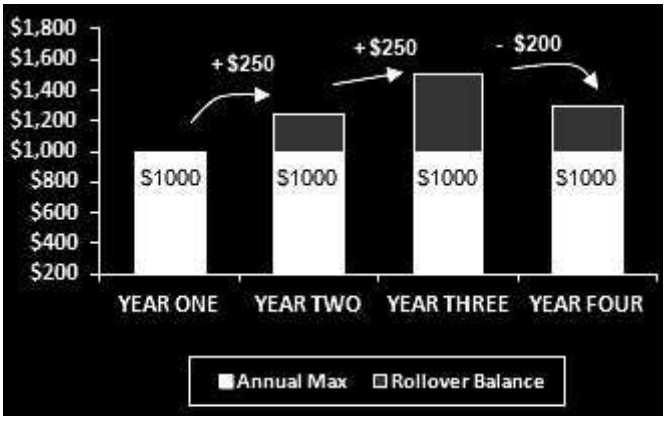
Here's how the benefits work:

YEAR ONE: Jane starts with a $1,000 Plan Annual Maximum. She submits $150 in dental claims. Since she did not reach the $500 Threshold, she receives a $250 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of $1,250. This year, she submits $50 in claims and receives an additional $250 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of $1,500. This year, she submits $1,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is $1,300 ($1,000 Plan Annual Maximum + $300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply.

Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form #GP-1-DG2000, et al.

Guardian

Vision Benefit Summary

About Your Benefits:

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Wal-Mart®, JCPenney®, Sears®, Target®, Sam's Club®, Pearle®, and Visionworks®.

Your Vision Plan	**Full Feature - Designer**	
Your Network is	Davis Vision	
Your Weekly premium	**$ 1.61**	
You and spouse	$ 2.71	
You and child(ren)	$ 2.76	
You, spouse and child(ren)	$ 4.37	
Copay		
Exams Copay	$ 10	
Materials Copay *(waived for non-formulary elective contact lenses)*	$ 25	
Sample of Covered Services	*You pay (after copay if applicable):*	
	In-network	*Out-of-network*
Eye Exams	$0	Amount over $50
Single Vision Lenses	$0	Amount over $48
Lined Bifocal Lenses	$0	Amount over $67
Lined Trifocal Lenses	$0	Amount over $86
Lenticular Lenses	$0	Amount over $126
Frames	80% of amount over $130*[2]	Amount over $48
Contact Lenses *(Elective and conventional)*	85% of amount over $130*	Amount over $105
Contact Lenses *(Planned replacement and disposable)*	85% of amount over $130*	Amount over $105
Contact Lenses *(Medically Necessary)*	$0	Amount over $210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses *(Additional pair of frames and lenses)*	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 25% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses *(for glasses or contact lenses)*‡‡	Every calendar year	
Frames	Every two calendar years	
Network discounts *(glasses and contact lens professional service)*	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
Dependent Age Limits	26	
	Visit www.GuardianAnytime.com and click on "Find a Provider"	

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

Davis

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- *Due to lower prices available at Wal-mart and Sam's Club locations, discounts do not apply. Members will pay 100% of the amount over their allowance.
- For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use.
- [2]Extra $50 at Visionworks stores

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

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Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00559370.
Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-DAVIS-05-VIS et al.

Laser Correction Surgery:

Up to 25% off for vision laser surgery.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Guardian

Accident Benefit Summary

About Your Benefits:

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury?[1] If you were injured from an accident, chances are you will have expenses that you were not anticipating-will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

[1]Injury Facts, 2011 Edition, National Safety Council.

What Your Benefits Cover:

	ACCIDENT
COVERAGE - DETAILS	
Your Weekly premium	$2.76
You and Spouse	$4.74
You and Child(ren)	$5.00
You, Spouse and Child(ren)	$6.98
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee $10,000 Spouse $5,000 Child $5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: $10,000 & Airbags: $15,000
Reasonable Accommodation to Home or Vehicle	$2,500
WELLNESS BENEFIT - Per Year Limit	$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	$150
Accident Follow-Up Visit - Doctor	$25 up to 6 treatments
Air Ambulance	$500
Ambulance	$100
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	$100
Blood/Plasma/Platelets	$300

FEATURES (Cont.)	
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: $0/$2,000 18 sq inches to 35 sq inches: $1,000/$4,000 Over 35 sq inches: $3,000/$12,000
Burn - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Coma	$7,500
Concussions	$50
Dislocations	Schedule up to $3,600
Diagnostic Exam (Major)	$100
Emergency Dental Work	$200/Crown, $50/Extraction
Epidural pain management	$100, 2 times per accident
Eye Injury	$200
Family Care	$20/day up to 30 days
Fracture	Schedule up to $4,500
Hospital Admission	$750
Hospital Confinement	$175/day - up to 1 year
Hospital ICU Admission	$1,500
Hospital ICU Confinement	$350/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	$50
Joint Replacement (hip/knee/shoulder)	$1,500/$750/$750
Knee Cartilage	$500
Laceration	Schedule up to $300
Lodging - The hospital must be more than 50 miles from the insured's residence.	$100/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: $500 2 or more: $1,000
Rehabilitation Unit Confinement	$150/day up to 15 days
Ruptured Disc With Surgical Repair	$500
Surgery	Schedule up to $1,000 Hernia: $125
Surgery - Exploratory or Arthroscopic	$150
Tendon/Ligament/Rotator Cuff	1: $250 2 or more: $500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	$400, 3 times per accident
X - Ray	$20

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passanger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accomodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

Guardian

Critical Illness Benefit Summary

About Your Benefits:

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost. Review your options and enroll today!

What Your Benefits Cover:

	CRITICAL ILLNESS	
Benefit Amount(s)	Employee may choose a lump sum benefit up to $10,000. Please see your cost illustration for a full list of available benefit amounts.	
CONDITIONS		
Cancer	**1st OCCURRENCE**	**2nd OCCURRENCE**
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
ADDITIONAL CONDITIONS	**1st OCCURRENCE ONLY**	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Childhood Conditions	**1st OCCURRENCE ONLY**	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	

CRITICAL ILLNESS	
Club Foot	100%
Cystic Fibrosis	100%
Down's Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%
Spouse Benefit	50% of employee's lump sum benefit
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: $10,000 For a spouse: $5,000 For a child: All Amounts **Health questions are required if the elected amount exceeds the Guarantee Issue.**
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior, 12 months after

WELLNESS BENEFIT	
Employee Per Year Limit	$50
Spouse Per Year Limit	$50
Child Per Year Limit	$50

Condition Definitions

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

Guardian

Life Benefit Summary

About Your Benefits:

Your family depends on you in many ways and you've worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on. And getting it at work is easier, more convenient and more affordable than doing it on your own. If you have financial dependents- a spouse, children or aging parents, having life insurance is a responsible and a smart decision. Enroll today to secure their future!

What Your Benefits Cover:

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides $10,000 Basic Term Life coverage for all full time employees.	$10,000 increments to a maximum of $100,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse‡ Benefit	N/A	$5,000 increments to a maximum of $100,000. See Cost Illustration page for details.
Child Benefit	N/A	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: $5,000, $10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to $10,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 $100,000, 65-69 $50,000, 70+ $10,000. Spouse Less than age 65 $25,000, 65-69 $10,000, 70+ $0. Dependent children $10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits

WorkLifeMatters

Your Confidential Employee Assistance Program – Helping find balance between work and home life.

WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- **Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055**
- **Referrals to local counselors — up to three sessions free of charge**
- **State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center**

WorkLifeMatters can offer help with:

Education
- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Dependent Care & Care Giving
- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Legal and financial
- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

Lifestyle & Fitness Management
- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Working Smarter
- Career development
- Effective managing
- Relocation

For more information about WorkLifeMatters, go to www.ibhworklife.com; User Name: Matters; Password: wlm70101

WillPrep Services

Special bonus for participants in voluntary life plan

Your employer has worked with Guardian to make WillPrep Services available to eligible members with Voluntary Life plans. Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with WillPrep Services.

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals* to help with issues related to:

▪ Advanced Health Care Directives	▪ Financial Power of Attorney	▪ Wills and Living Wills
▪ Estate Taxes	▪ Guardianship and Conservatorship	▪ Resource Library
▪ Executors & Probate	▪ Healthcare Power of Attorney	▪ Trusts

For more information about WillPrep Services, go to www.ibhwillprep.com; User name: WillPrep; Password: GLIC09 or call 1-877-433-6789

*The Option of an attorney prepared will is available for a small fee.
WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of *WillPrep Services*. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the *WillPrep Services* at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

2017-37410 (03/19)

IT'S TRUE. GUARDIAN CAN HELP PAY FOR COLLEGE.

Now Guardian plan participants can get insurance that includes a college tuition benefit. As the cost of college continues to rise faster than inflation and medical costs,[1] Guardian is helping families keep up by providing this exclusive benefit that can be used at over 370 colleges and universities.

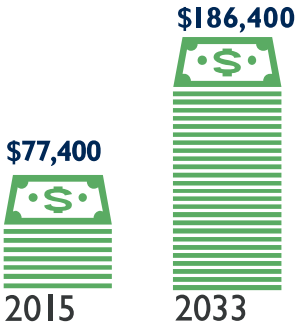
By enrolling in a Guardian plan, participants can earn 2,000 Tuition Rewards® annually for each type of Guardian insurance.[2]

Participants of Guardian Dental receive an additional bonus after four years.

Rewards can be given to children, grandchildren, nieces, nephews and Godchildren. When registered by a participant, they'll receive an additional 500 rewards each.

Rewards increase each year and participants keep them forever.

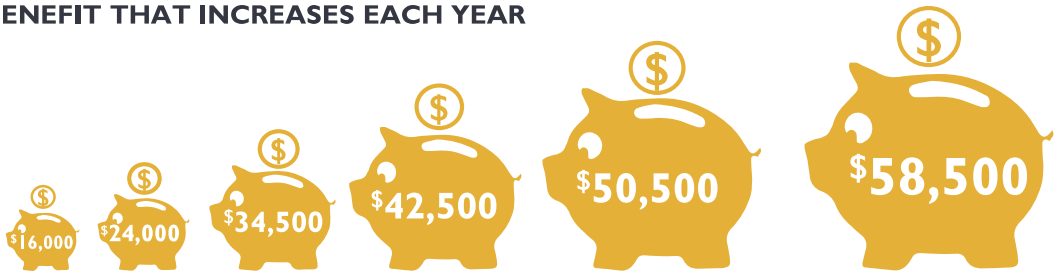
COLLEGE TUITION RISES YEAR AFTER YEAR.



The average cost of a four-year college education is expected to increase over 140% by 2033.[3]

A COLLEGE TUITION BENEFIT THAT INCREASES EACH YEAR

Example of how a 12 year old with Guardian Dental, Life, Hospital Indemnity and Critical Illness can have his/her tuition reduced by $58,500, spread evenly over four years



SEE HOW GUARDIAN PLAN PARTICIPANTS CAN EARN EVEN MORE REWARDS TO HELP THEM SAVE WITH MULTIPLE GUARDIAN PRODUCTS:

GUARDIAN INSURANCE PRODUCT	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	TOTAL
DENTAL **Year 4 = bonus year with dental*	$2,000	$2,000	$2,000	$4,500*	$2,000	$2,000	$2,000	**$16,500**
LIFE	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	**$14,000**
HOSPITAL INDEMNITY	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	**$14,000**
CRITICAL ILLNESS	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	**$14,000**
TOTAL	**$8,000**	**$8,000**	**$8,000**	**$10,500**	**$8,000**	**$8,000**	**$8,000**	**$58,500**

IT'S EASY FOR MEMBERS TO SIGN UP AT WWW.GUARDIAN.COLLLEGETUITIONBENEFIT.COM

WWW.GUARDIANANYTIME.COM

GUARDIAN®

The Guardian Life Insurance Company of America
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New York, NY 10004-4025
www.guardianantytime.com

1. U.S. Census Bureau. 2. College Tuition Benefit is available for Guardian. Dental, Vision, Stop Loss, Hospital Indemnity, LTD, STD, Life, Critical Illness, Cancer and Accident insurance. 3. Based on 2014-15 average tuition and fees as reported by The College Board® and assuming an annual 5% increase. Guardian's Group Dental Insurance is underwritten by The Guardian Life Insurance Company of America (Guardian) or its subsidiaries. The Tuition Rewards program is provided by College Tuition Benefit. Guardian does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian. The College Tuition Benefit is not an insurance benefit and may not be available in all states.The Guardian Life Insurance Company of America®(Guardian).

michigan prime

Group Benefits Enrollment

Online enrollment is simple, secure and can be done in a few minutes from any computer with internet access. After enrolling online, you will have access to your benefit information 24 hours a day, from any computer.

You will need to go to the following link to register and being your benefits enrollment:

https://cba.employeenavigator.com/benefits/Account/Login

Click "Register as new user" to create your username and password to acces the enrollment site. You will need the following information:

What you need to register:

1. First Name and Last Name

2. Company Identifier: MPD01

3. PIN - Last 4 digits of your SS #

4. Birthdate

Once you are registered:

You can click the green button that says "START ENROLLMENT" to go through and elect your benefits for the new plan year.

If you have issues logging in please contact Spencer Witherspoon. Here is his contact information:

Email: spencer@c-ben.com

Phone: 704-578-7327