# 2027

## 2027 Benefit Guide (Full-Time)

VILLAGE CARE GIVING, LLC

Prepared for Full-Time employees · 1/1/27 – 12/31/27

# Table of contents

Tap any line to jump to that page.


A message from Village Caregiving, LLC 3

Eligibility & how to enroll 4

What your benefits will cost 5

Medical 6

↳ $0 Prescription Drugs - OVP Pharmacy Program 8

Healthcare Accounts 10

↳ HSA Bank Member Fliers 11

↳ HSA Investments 16

↳ HSA Educational Resources 18

Dental 20

↳ Village_Caregiving_Dental_DCS_2027 (1) 21

↳ Bento Quick Tips.pdf 23

↳ Bento Find a Dentist 25

Vision 26

↳ Village_Caregiving_Vision_DCS_2027 (1) 27

Life 28

↳ Voluntary Life & AD&D Flyer 29

Disability 32

↳ Unum STD Flier 33

Worksite · Accident 36

↳ Unum Accident Flier 37

Worksite · Critical Illness 41

↳ Unum Critical Illness Flier 42

Worksite · Hospital Indemnity 46

↳ Unum Hospital Flier 47

Enrollment support & documents 49


**Open enrollment Nov 9, 2026 – Nov 20, 2026 at 11:59 PM ET.** Current elections roll over if you take no action. Coverage for 2027 Plan Year starts Jan 1, 2027. New hires: coverage begins the first of the month following hire date.

# A message from Village Caregiving, LLC

It's that time of they year again - Open Enrollment! Please review all materials and complete your benefit elections in APD Workforce Now. We encourage all employees to schedule a meeting with a BenManage Enrollment Coach. The BenManage team will assist you with the entire enrollment process and make sure you get enrolled in adequate coverage for your family's needs.

*— Zach Wellman, Cheif Human Resource Officer*

### WHAT'S NEW THIS YEAR

- $0 Prescription Drugs through OVP Health Care Pharmacy Program.
- Unum Dental and Vision are no longer offered to Full-Time employees.
- Full-Time employees are offered Bento Dental and Vision for FREE.

### KEY DATES

- Enrollment opens Nov 9, 2026 at 8 AM ET
- Enrollment closes Nov 20, 2026 at 11:59 PM ET
- Coverage starts Jan 1, 2027

# Eligibility & how to enroll

### WHO'S ELIGIBLE

Full-Time employees. New hires: coverage begins the first of the month following hire date. Eligible dependents are your legal spouse and children up to age 26.

### OPEN ENROLLMENT

Enrollment opens **Nov 9, 2026 at 8 AM ET** and closes **Nov 20, 2026 at 11:59 PM ET**. This is a passive enrollment: if you do nothing, your current elections carry over. Outside this window you can only change coverage after a qualifying life event (marriage, a new baby, loss of other coverage), within 30 days of the event.

### HOW TO ENROLL

**ADP Workforce Now** · https://www.adp.com/logins/adp-workforce-now.aspx

Login to your ADP app or visit the ADP Workforce Now web portal to make your benefit elections

### NEED HELP ENROLLING?

**BenManage**
Enrollment Assistance
681-833-5205

**Book a 1-on-1 enrollment meeting**
https://calendly.com/d/crkp-ddf-mk4?month=2026-11

### QUALIFYING LIFE EVENTS

- Marriage, divorce or legal separation
- Birth or adoption of a child
- A dependent losing or gaining other coverage
- A change in your or your spouse's employment

# What your benefits will cost

Your share, per semi-monthly paycheck, for full-time employees. Village Caregiving, LLC pays the rest.

| Plan | Employee only | Employee + spouse | Employee + child(ren) | Family |
|---|---|---|---|---|
| **HSA $2,000**<br>Medical · HealthNow | $230.00 | $361.43 | $316.62 | $436.10 |
| **PPO $2,000**<br>Medical · HealthNow | $188.17 | $328.56 | $283.75 | $403.23 |
| **PPO 9,000**<br>Medical · HealthNow | $115.00 | Not offered | Not offered | Not offered |
| **HSA**<br>Healthcare Accounts · HSA Bank | Funded by your pre-tax contributions | | | |
| **Bento Dental**<br>Dental · Bento | **100% paid for by Village Caregiving, LLC** | | | |
| **Bento Vision**<br>Vision · Bento | **100% paid for by Village Caregiving, LLC** | | | |
| **Voluntary Term Life & AD&D**<br>Life · Unum | Employee-paid · your rate depends on your age and the coverage you elect — shown when you enroll | | | |
| **Voluntary STD**<br>Disability · Unum | Employee-paid · your rate depends on your age and the coverage you elect — shown when you enroll | | | |
| **Accident**<br>Worksite · Unum | $8.51 | $15.13 | $20.43 | $27.05 |
| **Hospital Indemnity**<br>Worksite · Unum | $9.73 | $19.92 | $15.78 | $25.97 |
| **Group Critical Illness**<br>Worksite · Unum | Employee-paid · your rate depends on your age and the coverage you elect — shown when you enroll | | | |

Amounts are per paycheck at a semi-monthly pay frequency; your enrollment confirmation shows the final deduction. Voluntary life, disability and critical illness are priced on your age and the amount you elect.

# Medical

Doctor visits, hospital care and prescriptions — in each network tier.

### HSA $2,000

HealthNow · HDHP

| | |
|---|---|
| Employee only | **$230.00** |
| Employee + spouse | **$361.43** |
| Employee + child(ren) | **$316.62** |
| Family | **$436.10** |

per semi-monthly paycheck

### PPO $2,000

HealthNow · PPO

| | |
|---|---|
| Employee only | **$188.17** |
| Employee + spouse | **$328.56** |
| Employee + child(ren) | **$283.75** |
| Family | **$403.23** |

per semi-monthly paycheck

### PPO 9,000

HealthNow · PPO

| | |
|---|---|
| Employee only | **$115.00** |

per semi-monthly paycheck

| | HSA $2,000 | | PPO $2,000 | | PPO 9,000 | |
|---|---|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| **DEDUCTIBLES & OUT-OF-POCKET** | | | | | | |
| Deductible (you / family) | $2,000 / $4,000 | $4,000 / $8,000 | $2,000 / $4,000 | $4,000 / $8,000 | $9,000 / $18,000 | N/A / N/A |
| Out-of-pocket max (you / family) | $2,000 / $4,000 | $8,000 / $16,000 | $6,900 / $13,800 | $8,000 / $16,000 | $9,200 / $18,400 | N/A / N/A |
| Co-insurance | 0% (plan pays 100%) | 50% after deductible | 20% after deductible | 50% after deductible | 20% after deductible | N/A |
| Deductible type | Embedded | | Embedded | | Non-Embedded | |
| **SERVICES** | | | | | | |
| Primary care visit | No charge after deductible | 50% after deductible | $25 copay per visit | 50% after deductible | $25 copay per visit | Not Covered |
| Specialist visit | No charge after deductible | 50% after deductible | $75 copay per visit | 50% after deductible | $75 copay per visit | Not Covered |
| Urgent care | No charge after deductible | 50% after deductible | $50 copay per visit | 50% after deductible | $50 copay per visit | Not Covered |
| Emergency room | No charge after deductible | | $300 copay per visit | | $300 copay per visit | |

Continued on the next page.

**HSA $2,000.** Also includes: HSA eligibility.

**HealthNow**

HealthNow Member Services · 877-804-4629 · hnascustomerservice@hnas.com

https://www.hnas.com/

# Medical (continued)

Amounts in each network tier.

| | HSA $2,000 | | PPO $2,000 | | PPO 9,000 | |
|---|---|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Inpatient hospital | No charge after deductible | 50% after deductible | 20% after deductible | 50% after deductible | Not Covered | Not Covered |
| Outpatient surgery | No charge after deductible | 50% after deductible | 20% after deductible | 50% after deductible | Not Covered | Not Covered |
| Preventive care | 100% | 50% after deductible | 100% | 50% after deductible | 100% | Not Covered |
| Imaging (CT, PET, MRI) | No charge after deductible | 50% after deductible | 20% after deductible | 50% after deductible | 20% after deductible | Not Covered |
| **PRESCRIPTION DRUGS** | | | | | | |
| Rx network / PBM | TrueScripts | | TrueScripts | | TrueScripts | |
| Rx deductible | Integrated w/ Medical | | N/A | | N/A | |
| | OVP HEALTH CARE | IN-NETWORK | OVP HEALTH CARE | IN-NETWORK | OVP HEALTH CARE | IN-NETWORK |
| Generic | $0 after deductible | 0% after deductible | $0 | 20% | $0 | $10 copay |
| Preferred brand | $0 after deductible | 0% after deductible | $0 | 20% | $0 | $30 copay |
| Non-preferred brand | $0 after deductible | 0% after deductible | $0 | 20% | $0 | $50 copay |
| Specialty | $0 after deductible | 0% after deductible | $0 | 20% | $0 | 20% |
| Mail order (90-day) | $0 after deductible | 0% after deductible | $0 | 20% | $0 | $20 / $50 / $70 / 20% |

Village CAREGIVING — keep your heart at home

IN PARTNERSHIP WITH OVP HEALTH CARE

OVP HEALTH CARE PHARMACY PROGRAM

# Prescriptions for $0

A new pharmacy benefit for Village Caregiving employees. One telehealth visit makes you an OVP patient, then fill prescriptions for $0 or a reduced cost.

- To qualify, you must be enrolled in a Village Caregiving company-provided medical plan.

## How to qualify in 3 steps

### 1 Book a telehealth visit

Schedule an annual wellness visit by phone (see back) or online (link coming soon). $0 on both plans.

### 2 Move your prescriptions

Have your prescriptions sent to OVP Health Care Pharmacy. Seeing a specialist? See the back.

### 3 Pick up or get delivery

Pick up in Ashland, KY, or have it delivered or mailed. One visit a year keeps you qualified.

## What you pay depends on your plan

### PPO COPAY PLAN

| | |
|---|---|
| Prescriptions at OVP | $0 |
| Preventive telehealth visit | $0 |

Your normal pharmacy copay is waived at OVP Health Care Pharmacy, starting with your first fill.

### HSA PLAN (HDHP)

| | |
|---|---|
| Prescriptions **before** deductible | Reduced cost |
| Prescriptions **after** deductible | $0 |
| Preventive telehealth visit | $0 |

Before your deductible, you pay OVP's discounted price, which counts toward your deductible.

## Schedule your telehealth visit

Program starts January 1, 2027

**Online scheduling link coming soon.** A telehealth scheduling link will be provided closer to the program start date of January 1, 2027.

The program covers preventive (annual wellness) visits; other services during a visit, such as labs or tests, are billed through your Highmark plan with normal cost sharing. Program pricing applies only at OVP Health Care Pharmacy; some drugs may be excluded.

OVP HEALTH CARE

Village

PHARMACY & DELIVERY DETAILS

# Getting your prescriptions

**OVP HEALTH CARE PHARMACY**

**2550 Carter Ave.**
**Ashland, KY 41101**

**606.393.4245**
Pharmacy and mail-order line

**PHARMACY HOURS**

| | |
|---|---|
| Mon, Tue, Wed, Fri | **8:30 am – 5:00 pm** |
| Thursday | **8:30 am – 8:00 pm** |

## Three ways to get your prescriptions

### Pickup
Available at the Ashland, KY pharmacy only, during pharmacy hours.

### Local delivery
Delivered in person in WV, OH and KY, within about 20 miles of an OVP office. Same or next day, to your home or work.

### Mail order
Mailed to your home address with next-day delivery.

**To set up delivery,** call the pharmacy at 606.393.4245, or the pharmacy will contact you once your prescription is ready.

## Seeing a specialist outside OVP?

1. Tell your OVP provider you need a referral to the specialist.
2. OVP notes it in your record and sends the referral to the provider you choose.
3. Have the specialist send prescriptions to OVP Health Care Pharmacy so your discounts apply.

## OVP Health Care locations

Call a medical office to schedule a telehealth visit

**Ashland, KY**
2550 Carter Ave., 41101
**606.329.0727**

**Gallipolis, OH**
936 State Route 160, 45631
**740.446.4600**

**Proctorville, OH**
6276 County Rd. 107, 45669
**740.451.4000**

**Wheelersburg, OH**
8991 Ohio River Rd., 45694
**740.716.7086**

**Huntington, WV** (Dental)
1423 Third Ave., 25701
**304.691.0700**

**Huntington, WV** NEW
601 20th St., 25703
**304.781.0076**

# Healthcare Accounts

Tax-advantaged money for health and dependent care.

### HSA

HSA Bank · HSA

**Funded by your pre-tax contributions**

| | HSA |
|---|---|
| **LINK & ELIGIBILITY** | |
| Requires medical enrollment | Yes · HDHP plans only |
| **LIMITS** | |
| IRS annual limit | $4,500 self · $9,000 family |
| Catch-up (age 55+) | $1,000 |
| **ACCOUNT & ACCESS** | |
| Unused funds | HSA funds carry over every year, even if you change jobs or retire |
| Debit card issued | Yes |

**HSA Bank**

hsabank.com



# Health Savings Accounts

## Maximize your savings

**A Health Savings Account, or HSA, is a tax-advantaged savings account you can use for healthcare expenses. Along with saving you money on taxes, HSAs can help you grow your nest egg for retirement.**

**You must enroll in the High Deductible Health Plan (HDHP) to take advantage of a HSA.**

### How an HSA works:

- Contribute to your HSA by payroll deduction, online transfer or personal check.
- Pay for qualified healthcare expenses for yourself, your spouse and your dependents. Both current and past expenses are covered if they're from after you opened your HSA.
- Use your Benefits Card to pay directly, or pay out of pocket for reimbursement or to grow your HSA funds.
- Roll over any unused funds year to year. It's your money — for life.
- Invest your HSA funds and potentially grow your savings.[1]

9

## Am I eligible for an HSA?

You're most likely eligible to open an HSA if:

- You have a qualified high-deductible health plan (HDHP).
- You're not covered by any other non-HSA-compatible health plan, like Medicare Parts A and B.
- You're not covered by TriCare.
- No one (other than your spouse) claims you as a dependent on their tax return.

## How much can I contribute?

The IRS limits how much you can contribute to your HSA every year. This includes contributions from your employer, spouse, parents and anyone else.[2]

### 2026

| | SINGLE PLAN | FAMILY PLAN |
|---|---|---|
| Maximum contribution limit | $4,400 | $8,750 |

### 2027

| | SINGLE PLAN | FAMILY PLAN |
|---|---|---|
| Maximum contribution limit | $4,500 | $9,000 |

## What's covered?

You can use your HSA funds to pay for any IRS-qualified healthcare expenses, like doctor visits, hospital fees, prescriptions, dental exams, vision appointments, over-the-counter medications and more.

Visit **hsabank.com/QME** for a full list.

## Catch-up contributions

You may be eligible to make a $1,000 HSA catch-up contribution if you're:

- Over 55.
- An HSA accountholder.
- Not enrolled in Medicare (if you enroll mid-year, annual contributions are prorated).

## Triple tax savings

A huge way that HSAs can benefit you is they let you save on taxes in three ways.

1. You don't pay federal taxes on contributions to your HSA.[3]
2. Earnings from interest and investments are tax-free.
3. Distributions are tax-free when used for qualified healthcare expenses.

[1] Investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank. Investment losses which are replaced are subject to the annual contribution limits of the HSA.

2 HSA contributions in excess of IRS limits are subject to penalty and tax unless the excess and earnings are withdrawn prior to the tax filing deadline as explained in IRS Publication 969.

3 Federal tax savings are available regardless of your state. State tax laws may vary. Consult a tax professional for more information.

Visit **hsabank.com** or call the number on the back of your debit card for more information.

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10



# You enrolled in your HSA

## What happens next?

**We'll show you the way to a healthier financial future by helping you plan, save and pay for healthcare.**

### Get started

- Use your HSA as soon as your qualified health plan is effective. If your effective date is mid-month, your HSA eligibility begins the first day of the following month.
- Pay for any IRS-qualified healthcare expenses that you incur once your HSA is active with funds in your HSA.
- Log in to your online account to add authorized signers and order debit cards.

### Verify your identity

In accordance with the USA Patriot Act, you may receive a letter verifying your identity. HSA Bank may close your account if you don't supply the proper forms of identification within 90 days of your account opening.

HSA Bank does not provide tax or legal advice. This communication is for informational purposes only and not intended as tax or legal advice. If tax or legal advice is needed, please consult with a qualified professional.

### Watch your mail

Keep an eye out for two important mailings that should arrive 7–10 business days after your HSA application is processed:

1. **Your welcome kit.**
2. **Your Benefits Card** — and additional cards for any authorized signers on your account.

Visit hsabank.com or call the number on the back of your debit card for more information.

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What_To_Expect_Next_090424

11

# HSA Frequently Asked Questions

## What is a Health Savings Account (HSA)?

An HSA is a tax favored account used in conjunction with an HSA-compatible health plan. The funds in the account are used to pay for IRS-qualified healthcare expenses such as services applied to the deductible, dental, vision and more.

## Who can get an HSA?

Any eligible individual that:

- Is covered by an HSA-compatible health plan.
- Is not covered by other health insurance (except certain types of limited coverage).
- Is not enrolled in Medicare.
- Is not claimed as a dependent on someone else's tax return.
  - Children cannot establish an HSA.
  - Eligible spouses can establish their own HSA.

## How much can I contribute annually to an HSA?

Visit hsabank.com/irs-guidelines to view the annual HSA contribution limits.

### Catch-Up contributions

Accountholders who meet the qualifications below are eligible to make an HSA catch-up contribution of $1,000.

- Health Savings accountholder.
- Age 55 or older (regardless of when in the year an accountholder turns 55).
- Not enrolled in Medicare (if an accountholder enrolls in Medicare mid-year, catch-up contributions should be prorated).

Spouses who are 55 or older and covered under the accountholder's healthcare insurance can also make a catch-up contribution into a separate HSA in their own name.

## Can any high-deductible health insurance policy qualify for an HSA?

It can be a health maintenance organization (HMO), preferred provider option (PPO), or indemnity plan as long as it meets the IRS requirements. Your insurance company will determine if the policy is an HSA-compatible health plan.

## Who can make contributions?

Contributions can come from employers, the accountholder, or third parties. The combined contribution amount is subject to the IRS contribution limits.

## Are there income restrictions?

There are no income restrictions for opening or contributing to an HSA.

## Is an HSA compatible with an HRA/FSA?

Yes, this is permitted if the combination is:

- "Limited purpose" flexible spending accounts (FSAs) and Health Reimbursement Arrangements (HRAs) that restrict reimbursements to certain permitted benefits such as vision, dental or preventive care benefits.
- "Post-deductible" FSA or HRAs that only provide reimbursement after the minimum annual deductible has been satisfied under the HDHP.

## What are the advantages of an HSA?

HSA funds roll over year-to-year; there are tax benefits on contributions, earnings and distributions; and long-term investment opportunities are available.

## If I set up an HSA through my employer, what happens if I switch jobs?

The funds are portable and go with you.

## Can I make distributions for non-healthcare expenses?

Yes, though the distribution may be subject to income tax and penalties. After the age of 65, you can use the funds for non-qualified expenses without penalty, though the funds may be subject to income tax.

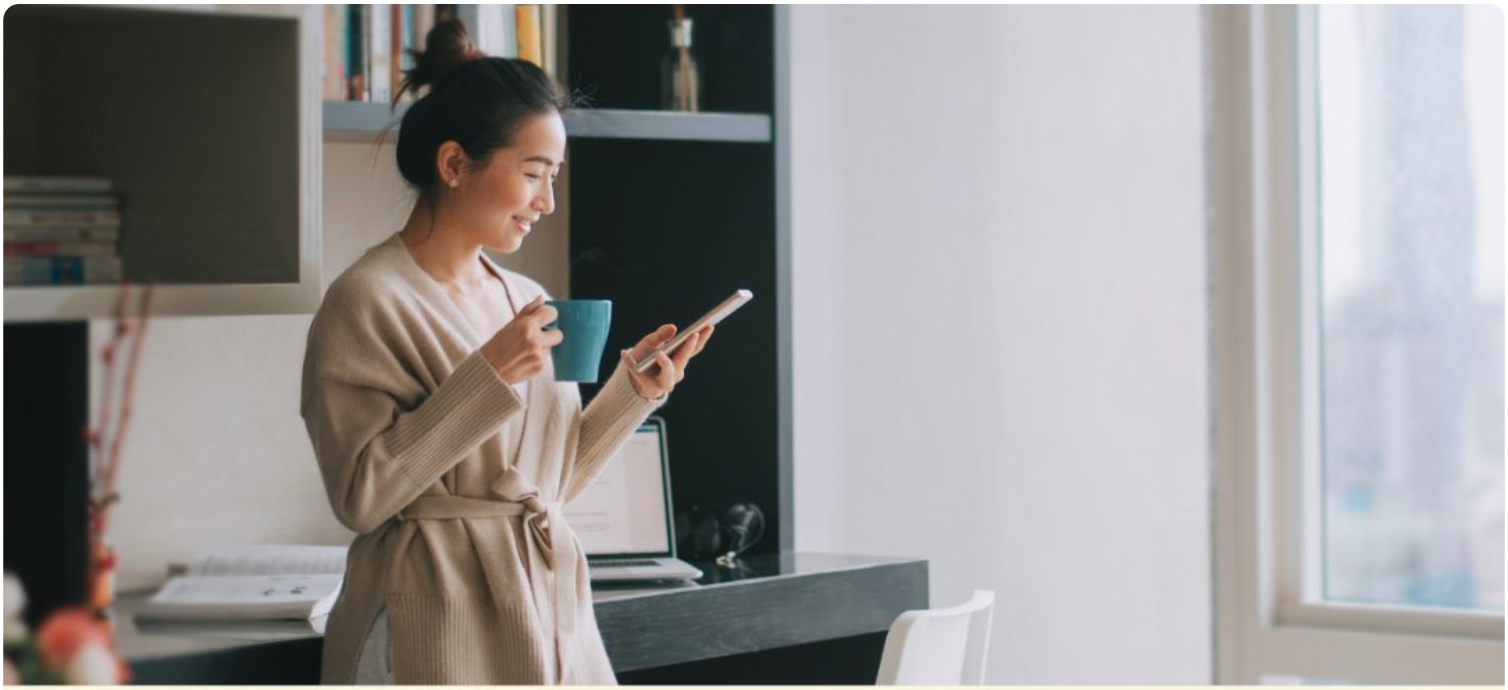


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13



# Invest your HSA today to benefit tomorrow

**Health Savings Accounts (HSAs) are often thought of just for healthcare savings. But they can also be a powerful addition to your investment portfolio. Investing your HSA funds can help you grow your account to save for future healthcare expenses or your retirement nest egg.**

## Investing your HSA: A healthy boost for your future

1. **The only way to get three tax perks:** You don't pay federal taxes on contributions, distributions for qualified healthcare expenses, or investment earnings.
2. **Build long-term retirement savings:** Investments cover future healthcare costs and build your retirement savings.
3. **The money is yours — for life:** HSA funds carry over every year, even if you change jobs or retire.
4. **Access funds as needed:** You can liquidate investment funds at any time to pay for IRS-qualified healthcare expenses from your HSA cash balance.

## The HSA Invest program

HSA Invest offers you a seamless experience to manage your saving, spending and investing on one website and one app. Three investment options — Choice, Select and Managed — give you thoughtfully chosen securities that are aligned to your HSA and relevant to your financial objectives. And you're able to enroll in more than one option.

# Your investment options

### Choice

This option offers a simplified brokerage experience with a large range of stocks, mutual funds, exchange-traded funds (ETFs) and more. This option is ideal if you're an experienced investor who may not need guidance from a professional.

### Select

Get a recommended list of mutual funds, specific to your unique risk tolerance and investment objectives. All funds are selected by an SEC-registered investment advisor (RIA), organized by asset class and aligned to your investment profile. This option gives you guidance and the opportunity to make the final decision about your investments and allocations.

### Managed

Get an even higher level of personalization, where the RIA actively manages the investments on your behalf. This option lets you go beyond the tailored guidance in the Select option and have your investments completely managed by an RIA.

You may have one or all of the investment options based on your employer program. Your option(s) will show in your online account.

**Simplified and efficient investment management**

· Enrollment before you meet the investment balance threshold.
· Same-day enrollment and funding.
· Real-time and fractional share trading (during market hours).
· Funds remain in your HSA cash balance until invested so you can use them for qualified medical expenses.
· Auto-funding so new funds go directly to the investments you've chosen.
· Dividends and interest are automatically reinvested.
· Online access to your account history, balance information, trades and more on the Member Website and app.

**Fees**

Annual asset-based fees may be applied on a quarterly basis and deducted from the investment balance. Fees are waived when a minimum is maintained in your HSA cash balance. View exact fees in your online account.

## SECURITIES AND INVESTMENTS

| | | | |
|---|---|---|---|
| Not Insured by FDIC or Any Other Government Agency | Not Bank Guaranteed | Not Bank Deposits or Obligations | May Lose Value |

You may be required to keep a minimum in your HSA cash balance to invest funds in the HSA Invest program.

The HSA Invest program is administered by DriveWealth, LLC, a FINRA registered broker dealer. LeafHouse Financial Advisors, LLC is a registered investment advisor with the U.S. Securities and Exchange Commission that selects and manages the investments. Registration does not imply a certain level of skill or training. More information about LeafHouse Financial Advisors, LLC, including investment strategies, fees and objectives, can be found in the ADV Part 2A, which is available on the Member Website.

HSA Bank, DriveWealth, LLC and LeafHouse Financial Advisors, LLC are not affiliated and not responsible for the products and services provided by the other. Neither HSA Bank nor DriveWealth can provide investment advice to investors. Past performance is not indicative of future results. All investments involve risk, including loss of principal, and there is no guarantee that investment objectives will be met. The ability to replace investment losses may be limited by the annual HSA contribution limits.

Visit **hsabank.com** or call the number on the back of your debit card for more information.

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# Educational Resources - HSA

| Resource | Link to Resource |
|---|---|
| **HSA Flyers** | |
| 4 Reasons to Contribute to Your HSA | https://hsabank.bynder.com/m/8b8701b6ad14a5cf/original/4-Reasons-to-Contribute-to-Your-HSA.pdf |
| 4 Reasons to Contribute to Your HSA ***(Spanish)*** | https://hsabank.bynder.com/m/2c113c3213a79549/original/4-Reasons-to-Contribute-to-Your-HSA-Spanish.pdf |
| Designating a Beneficiary for Your HSA | https://hsabank.bynder.com/m/93a627616aae4c97/original/Beneficiary-Flyer.pdf |
| Designate a Beneficiary ***(Spanish)*** | https://hsabank.bynder.com/m/353a9846dc2d61b3/original/Beneficiary-Form-Spanish.pdf |
| Eligible Medical Expenses | https://hsabank.bynder.com/m/8ba106f1c8aef94a/original/Expense-Eligibility.pdf |
| Eligible Medical Expenses ***(Spanish)*** | https://hsabank.bynder.com/m/facd653f1bf171ac/original/Eligible-Medical-Expenses-Spanish.pdf |
| How to Use Your HSA | https://hsabank.bynder.com/m/0def54ec82d4dafc/original/How-to-Use-Your-HSA.pdf |
| HSA and FSA Comparison | https://hsabank.bynder.com/m/53ecb378eb53afa9/original/Product-Comparison-HSA-and-FSA.pdf |
| HSA Bank Mobile App | https://hsabank.bynder.com/m/00d015bc0456a157/original/Mobile-App.pdf |
| HSA FAQs | https://hsabank.bynder.com/m/aa930e49611b101a/original/HSA-Frequently-Asked-Questions.pdf |
| HSA FAQs ***(Spanish)*** | https://hsabank.bynder.com/m/f1bd16f44ba1c326/original/HSA-FAQ-Spanish.pdf |
| HSA Investment Options | https://hsabank.bynder.com/m/4a90cfa0bbdff48e/original/HSA-Investment-Options.pdf |
| HSA Investment Options ***(Spanish)*** | https://hsabank.bynder.com/m/529e2eb7c8432def/original/HSA-Investment-Options-Spanish.pdf |
| HSA Overview | https://hsabank.bynder.com/m/4e6aa2eda206c0b8/original/HSA-Overview-Standard.pdf |
| HSA Overview ***(Spanish)*** | https://hsabank.bynder.com/m/3b80df70bd6da222/original/HSA-Overview-Spanish.pdf |
| Medicare | https://hsabank.bynder.com/m/7e847a93fbdbe005/original/Medicare-FAQ.pdf |
| **HSA Forms** | |
| Change your Name | https://hsabank.bynder.com/m/d1c3160916448deb/original/Name-Change-Request-Form.pdf |

| | |
|---|---|
| Contribute to HSA | https://hsabank.bynder.com/m/cb32574e6a6c5000/original/HSA-Contribution-Form.pdf |
| Designate a Beneficiary | https://hsabank.bynder.com/m/db991b1a8eb5705b/original/HSA-Designation-of-Beneficiary-Form.pdf |
| Transfer a Previous HSA to HSA Bank | https://hsabank.bynder.com/m/577a21e2549ddb78/original/HSA-Direct-Transfer-Request-Form.pdf |
| **HSA Webinars** | |
| Live HSA Webinar Schedule | https://hsabank.com/About/Events/HSA-Webinar-Schedule |
| Boost Your Retirement Savings | https://www.brainshark.com/1/player/hsabank?pi=zIAzWhQAhzavRNz0&r3f1=&fb=0 |
| Build a Stronger Retirement | https://www.brainshark.com/1/player/hsabank?pi=zIXz13eTkHzavRNz0&r3f1=&fb=0 |
| Get Acquainted with Your New HSA Bank Account | https://www.brainshark.com/1/player/hsabank?pi=zGfz3rT14zavRNz0&r3f1=&fb=0 |
| HSAs 101: HSAs from Safety Net to Nest Egg | https://www.brainshark.com/1/player/hsabank?pi=zIJz16MyPEzavRNz0&r3f1=&fb=0 |
| HSAs 201: Beyond the Basics | https://www.brainshark.com/1/player/hsabank?pi=zI2z139ZPjzavRNz0&r3f1=&fb=0 |
| HSA and Medicare | https://www.brainshark.com/1/player/hsabank?pi=zIozbCYwIzavRNz0&r3f1=&fb=0 |
| HSA Bank Investment Overview | https://www.brainshark.com/1/player/hsabank?r3f1=&pi=zIQz4KewnzavRNz0&fb=0 |
| Why and how to Fund your HSA | https://www.brainshark.com/1/player/hsabank?pi=zGMz6L5EOzavRNz0&r3f1=&fb=0 |
| Your HSA and Your Family | https://www.brainshark.com/1/player/hsabank?pi=zJCz14gucTzavRNz0&r3f1=&fb=0 |
| Your HSA through the Years | https://www.brainshark.com/1/player/hsabank?r3f1=&pi=zHizo8xK4zavRNz0&fb=0 |
| **Calculators & FAQ Pages** | |
| Health Plan Comparison Calculator | https://www.hsabank.com/MicroSites/Calculators/Health-Plan-Comparison-Calculator |
| HSA Contribution Calculator | https://www.hsabank.com/MicroSites/Calculators/HSA-Contribution-Calculator#/form/start |
| HSA Savings Calculator | https://www.hsabank.com/MicroSites/Calculators/HSA-Savings-Calculator |
| Account Support FAQs | https://www.hsabank.com/HSABank/Learning-Center/Tips-to-navigate-your-journey |
| HSA FAQs | https://www.hsabank.com/HSABank/Learning-Center/Frequently-Asked-Questions#hsafaq |

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Plan Administrative Services and Benefit Services are administered by Webster Servicing LLC.



# Dental

Cleanings, fillings and major work — in each network tier.

**Bento Dental**

Bento · PPO

**100% paid for by Village Caregiving, LLC**

| | Bento Dental | |
|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK |
| **DEDUCTIBLES & MAXIMUMS** | | |
| Deductible (you / family) | $50 / $150 | $50 / $150 |
| Annual maximum | $1,000 | |
| **COINSURANCE BY CLASS** | | |
| Preventive (Class I) | 100% | 100% |
| Basic (Class II) | 80% after deductible | 80% after deductible |
| Major (Class III) | 50% after deductible | 50% after deductible |
| **ORTHODONTIA** | | |
| Orthodontia coinsurance | 50% | 50% |
| **PLAN RULES** | | |
| Frequency · exams | 2 per 12 months | |
| Frequency · cleanings | 2 per 12 months | |

**Bento**

member.bento.net

Description of Covered Services

# Village Caregiving Dental Plan

powered by Bento

**$1,000 PER MEMBER PER YEAR**
**$1,000 ORTHO LIFETIME PER PLAN**

**Deductible Information:**

Preventative + Diagnostic Services: No Deductible

Basic + Major Restorative Services: $50 Deductible Per Member Per Year; $150 Per Family Per Year

**Network Details:**

Bento Network (Platinum, Gold)

CIGNA DPPO SA PLUS

## Preventative + Diagnostic Services

**100% Coverage In-Network | 100% Coverage Out-of-Network***

ORAL EVALUATIONS
- Comprehensive evaluation, once every 60 months
- Periodic oral evaluations, twice in a 12 month period from first date of service
- Limited evaluation, once in 12 months, does not share frequency with periodic

X-RAYS
- Single tooth periapical x-rays, as required
- Bitewing x-rays; once every 12 months
- Full mouth x-rays; once every 60 months
- Panoramic x-ray; once every 60 months, does not share frequency with FMX

ROUTINE DENTAL CARE
- Routine dental cleaning, twice in a 12 month period from first date of service
- Fluoride treatments, once in 12 months for members under age 19
- Sealants for children under 19, once per unrestored permanent molar every 36 months
- Space maintainers for lost deciduous (baby) teeth, replacement limited to once every 60 months

## Basic Restorative Services

**80% Coverage In-Network | 80% Coverage Out-of-Network***

FILLINGS
- Amalgam (silver) fillings; one filling per tooth surface every 24 months
- Composite resin (white) fillings; one filling per tooth surface every 24 months
- Temporary fillings; one filling per tooth

GUM TREATMENT (PERIODONTICS)
- Periodontal cleanings; once every 6 months after active periodontal treatment
- Periodontal scaling and root planing; one per quadrant in 24 months. All four quads can be completed same day
- Periodontal surgery; once per quadrant in 36 months

SIMPLE ORAL SURGERY
- Simple tooth extractions; once per tooth

OTHER NECESSARY SERVICES
- Dental care to relieve pain (palliative care), 4 occurrences in 12 months

## Orthodontic

**50% Coverage In-Network | 50% Coverage Out-of-Network***

- Comprehensive or limited active orthodontic treatment (new or continuing), including appliances and exams
- Payment determined by total cost (or remaining balance if continuing treatment) divided by months of treatment. Checks are sent out monthly, automatically. Resubmission of claims is not required.
- For members under 19 years of age.

## Major Restorative Services

**50% Coverage In-Network | 50% Coverage Out-of-Network***

CROWNS
- Once per tooth in 60 months.**

IMPLANTS AND COMPLEX ORAL SURGERY
- Endosteal implant (D6010), once per 84 months per implant
- Custom abutment (D6057), once per tooth in 60 months
- Abutment supported porcelain/ceramic crown (D6058), once per tooth in 60 months
- Erupted or exposed root removal; once per tooth
- General anesthesia or intravenous sedation for complex surgical procedures

TOOTH REPLACEMENT (PROSTHODONTICS)
- Removable complete or partial dentures, including services to fabricate, measure, fit, and adjust them; once in 60 months
- Fixed bridges and crowns (when part of a bridge), including services to fabricate, measure, fit, and adjust them; once per tooth in 60 months
- Replacement of dentures and bridges, but only when they are installed at least 60 months after the initial placement and only if the existing appliance cannot be made serviceable
- Temporary partial dentures to replace any of the six upper or lower front teeth, but only if they are installed immediately after the loss of teeth and during the period of healing
- Single tooth dental endosteal implants when the implant replaces permanent teeth through second molars; once per tooth in 60 months
- Repair of partial or complete dentures and bridges; once per 12 months after 24 months of initial insertion.
- Reline or rebase partial or complete dentures; once within 36 months
- Recement of crowns, onlays and bridges, once per tooth

ROOT CANAL TREATMENT (ENDODONTICS)
- Root canals on permanent teeth; once per tooth
- Vital pulpotomy, limited to deciduous teeth
- Retreatment of prior root canal on permanent teeth; once per tooth after 24 months have elapsed from initial treatment
- Root end surgery on permanent teeth; once per tooth

**Plan Year: 01/01/2027 to 12/31/2027**

powered by bento

***Patient is responsible for charges above the allowable amounts. See page 2 for network details and provider information.**
****Dentists, go to dentists.bento.net to look up code coverage and exclusions. See page 2 for portal details.**
**This document is subject to change. | Confidential.**

Network Access + Information for Providers

# Village Caregiving Dental Plan

powered by Bento

## The Bento Network

**Members |** As a Bento Member, you have access to the entire national Bento Network which includes contracted rates for covered services with a no balance billing policy when visiting Bento Dentists and Bento Partner Dentists.* This plan works at ANY licensed dentist in the US; however you get the best rates when going to in-network Bento Dentists and Specialists. Your plan will pay the dentist through Bento for any plan payments.

**Providers |** Both in-network (Bento and CIGNA DPPO SA PLUS) and out-of-network dentists should submit claims via the Bento Dentist Portal (dentists. bento.net). Claims can be processed and paid via direct deposit (fastest) or check.

For assistance accessing the Bento Dentist Portal contact Bento at smile@bento.net or call 800-734-8484.

**Bento Partner Networks:**

Bento is a proud partner of the **CIGNA DPPO SA PLUS** network giving you even more options for dental providers.

cigna healthcare Shared Administration DPPO SA Plus

### Providers: How to Submit for Reimbursement

Any provider can sign up to use the free Bento Dentist Portal.

**Why should dentists use the Bento Dentist Portal?**

- Immediate direct reimbursements from the plan and patient via check or ACH
- No processing fees
- Real-time patient eligibility
- No retroactive denials or billing issues
- 100% membership reimbursement / cost accuracy
- Instant pre-treatment authorizations

**Go to the portal at dentists.bento.net**

**First time accessing the portal?**

Select "Create Your Free Bento Account" to get started.

## Non-Bento Network Coverage (Out-of-Network)

This plan's payment for services received from Non-Bento Dentists (out-of-network) is based on either the dentist's fee or 80th UCR (usual, customary, and reasonable) set by claims data within a certain geographic area for Non-Bento Dentists, whichever is lower. Bento Members that utilize the services of a Non-Bento Dentist whose fees are higher than the UCR fee for that region, are responsible for the difference between the plan payment and the dentist's total submitted charges

**Processing Fee for Non-Portal Reimbursements**

Bento is not an insurance company and charges a $1.59 processing fee for non-portal reimbursements for practices that do not use Bento's free checkout option. Bento's online checkout is the most secure and the fastest way to collect payment for all treatment given to Bento patients and allows for either paper check or ACH. Bento's portal (dentists.bento.net) is completely free and allows you to check eligibility, generate estimates, and collect payment all in real time without ever having to file an ADA form.

Non-Portal submissions for completed ADA forms:
Mail: Bento | Claims Department | P.O. Box 9028 | Boston, MA 02114
Fax: (855) 214-4888
ePayer ID: BENTO

Patients (Bento Members) are responsible for paying any remaining balances between the plan payment and dentist's fees.
*Out-of-network providers can join the Bento Network at any time, setup is quick, free, and easy. Visit bento.net/dentist to learn more.*

## Provider Frequently Asked Questions

**Q: Is there a complete list of covered codes?**
A: To check a specific code, log into dentists.bento.net and enter in the codes under Check Eligibility.

**Q: What is the plan group name or number?**
A: Bento does not use group names or numbers. If your system requires one, put plan name or NA.

**Q: Does this plan have a missing tooth clause?**
A: No, this plan does not have a missing tooth clause.

**Q: Does this plan downgrade on composites?**
A: No, this plan does not downgrade composites.

**Q: What is the coordination of benefits?**
A: Traditional. Submit your claim with the primary's EOB.

**Q: Does this plan pay for a crown on prep or seat date?**
A: See page 1 if plan includes crown coverage. If so, plan will pay based on seat date. If crown coverage is not listed, then there is no coverage for crowns.

**Q: Does this plan require a waiting period?**
A: Any waiting periods would be listed on page 1 next to each service category. If no waiting periods are listed, then none applies. If a waiting period is listed, member must wait till end of period before services are covered by plan.

**Q: Does this plan have ortho coverage?**
A: Any ortho coverage would be listed on page 1. If none listed, then this plan does not have ortho coverage.

## Member Frequently Asked Questions

**Q: Am I still covered if my dentist doesn't join the Bento network?**
A: Yes, your plan works at all licensed dentists within the United States. This plan does not work on services received outside of the United States.

**Q: Does your dentist need to "join a network" in order to receive payment?**
A: No, a dentist does not need to join the network to receive payment. However, you will be responsible for any cost difference.

**Q: What if I already paid the dentist? How can I be reimbursed?**
A: If at any time you are billed upfront, submit an ADA claim form and receipt by visiting member.bento.net.

This document is subject to change | Confidential

*Depending on your state laws, contracted rates on services not covered by your plan may or may not be up to the discretion of the dentist. To confirm, ask your dentist for an estimate for non-covered services.

powered by bento

# QUICK TIPS

## Your Member ID

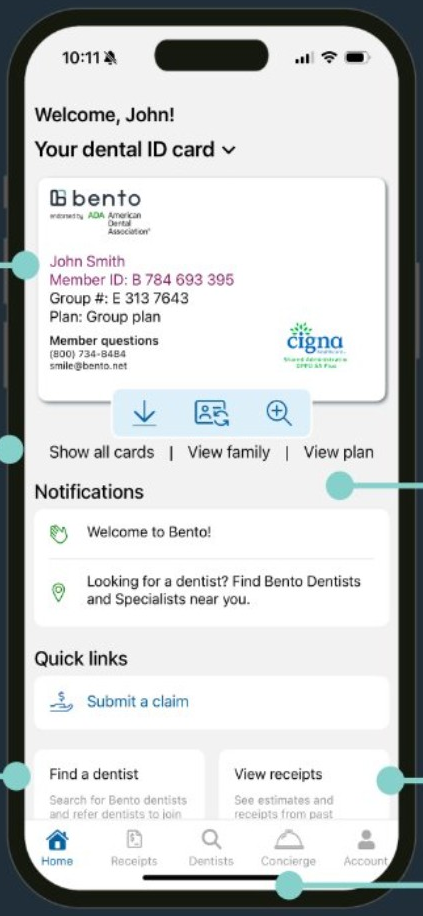
This is all your dentist needs to process payment with Bento

## View Entire Family

Each dependent has their own Bento Member ID. View your families info right in the app and add emails for a spouse and dependents.

## Find Dentists

Search and find dentists and specialists near you. Is your dentist not in network? Refer them to Bento directly from the app and a Bento team member will reach out to them.




## View Plan Details

Want to know exactly what's covered? View the description of your covered services at any time and share directly with your dentist from the app.

## View Receipts

Monitor all dental payments including your out-of-pocket costs.

## Bento Concierge

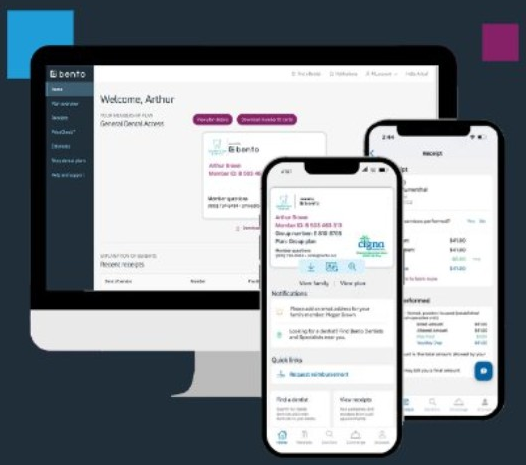
Email or call to contact your concierge, we're here to help when you need us.

All your dental information in **one** app.
It doesn't get easier than this.

powered by bento

Technical Questions? We're happy to help.
1.800.734.8484 | bento.net

# 2 Easy Ways To Access Your Benefits




## The Bento Dental App

Everything you need to access and share your dental benefit in the palm of your hand.

App Store

Google Play

## Online Member Portal

Go to **members.bento.net** where you can access plan details, download and print member id cards, review eobs, receive estimates and more!

Sign in by using the email address associated with your account – the one where you received emails about your benefit. This email may be associated with you and/or family members.

Once you log in for the first time you will have access to both the app and online portal.

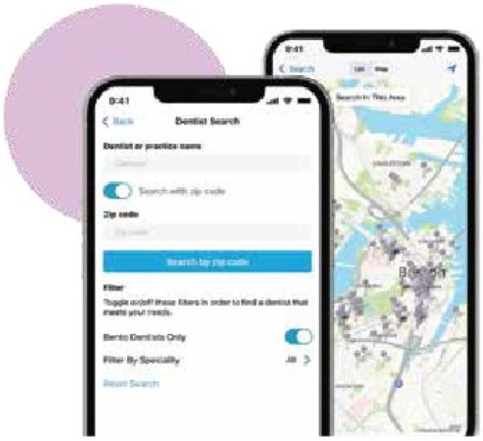
We recommend update email addresses for any family members so that they can access their benefits independently.

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Technical Questions? We're happy to help.
1.800.734.8484 | bento.net

BENTO'S NATIONAL DENTAL NETWORK

# Finding In-Network Dentists and Specialists Has Never Been Easier!



With your dental plan powered by Bento you can go to any licensed dentist nationwide but your benefits go even further when you visit one of the **135,000+ in-network Bento Dentists**. In addition to Bento's proprietary network, Bento also partners with Cigna to you even more in-network options.

cigna healthcare
Shared Administration
DPPO SA Plus

You're Bento Concierge is here to help at any time! From sharing plan info with your dentist for an upcoming appointment to questions about your benefits. You can even refer out-of-network dentists and Bento's network specialists will reach out to them.

## 3 Easy Ways to Find a Dentist Near You!

**1.**

**Bento Dental App**

Download the app
Select Find a Dentist
Search by Name or Zip Code

**2.**

**Bento Member Portal**

Visit members.bento.net
Search by Name or Zip Code

**3.**

**Online**

Visit bento.net/find-a-dentist
Scroll down to Find a Dentist
Search by Name or Zip Code
Select Bento + Cigna

## DOWNLOAD THE BENTO DENTAL APP FOR THE FULL EXPERIENCE

Download on the App Store | GET IT ON Google Play | Available on iOS | Android

bento

**QUESTIONS?** 1.800.734.8484 | smile@bento.net | bento.net

# Vision

Eye exams, glasses and contacts.

### Bento Vision

Bento · PPO

**100% paid for by Village Caregiving, LLC**

| | Bento Vision |
|---|---|
| Eye exam | $10 co-pay |
| Frames allowance | $150 frame allowance ($170 Featured Frame Brands allowance); 20% savings on amount over allowance; $25 copay included in prescription glasses |
| Lenses | $25 copay (single vision, lined bifocal, lined trifocal) |
| Contacts allowance | $130 allowance; copay does not apply; contact lens exam up to $60 |

**Bento Vision.** Also includes: Laser vision correction discounts.

**Bento**

VSP.com

Summary of Vision Benefits

# Village Caregiving

powered by Bento Vision in partnership with VSP®

## Routine eye exams have saved lives.

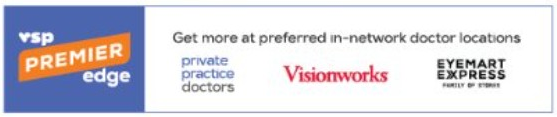
Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.*

## Savings you'll love.

See and look your best without breaking the bank. VSP Members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

## The choice is yours!

VSP gives you thousands of in-network choice, including private practice doctors, regional and national optical retail chains, or online at **eyeconic.com®**. You'll get the most out of your benefits at a VSP Premiere Edge™ location.




**Provider Network**: VSP Choice

## Member Resources

Create your member account today!

Scan the QR code or visit **vsp.com**.

Questions about your plan?

Call **800.877.7195**

or visit **vsp.com.**

| Benefit | Description | Copay |
|---|---|---|
| **YOUR COVERAGE WITH A VSP DOCTOR** | | |
| WELLNESS EXAM | • Focus on your eyes and overall wellness<br>• Routine retinal screening<br>• Every 12 months | $10<br><br>Up to $39 |
| ESSENTIAL MEDICAL EYE CARE | • Retinal imaging for members with diabetes covered-in-full<br>• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.<br>• Coordination with your medical coverage may apply. Ask your VSP network doctor for details.<br>• Available as needed | $20 per exam |
| **PRESCRIPTION GLASSES** | | **$25** |
| FRAME* | • $170 Featured Frame Brands allowance<br>• $150 frame allowance<br>• 20% savings on the amount over your allowance<br>• $80 Costco frame allowance<br>• Every 24 months | Included in Prescription Glasses |
| LENSES | • Single vision, lined bifocal, and lined trifocal lenses<br>• Impact-resistant lenses for dependent children<br>• Every 12 months | Included in Prescription Glasses |
| LENS | • Standard progressive lenses<br>• Premium progressive lenses<br>• Custom Progressive lenses<br>• Average savings of 30% on other lens enhancements<br>• Every 12 months | $0<br>$95 - $105<br>$150 - $175 |
| CONTACTS (INSTEAD OF GLASSES) | • $130 allowance for contacts; copay does not apply<br>• Contact lens exam (fitting and evaluation)<br>• Every 12 months | Up to $60 |
| ADDITIONAL SAVINGS | **Glasses and Sunglasses**<br>• Discover all current eyewear offers and savings at **vsp.com/offers**<br>• 20% savings on prescription and non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.<br><br>**Laser Vision Correction**<br>• Average of 15% off the regular price; discounts available at contracted facilities.<br><br>**Exclusive Member Extras for Bento Vision powered by VSP Members**<br>• Contact lens rebates, lens satisfaction guarantees, and more offers a **vsp.com/offers**.<br><br>• Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers/special-offers/hearing-aids** for details.<br>• Enjoy Everyday savings on health, wellness, and more with VSP Simple Values | |
| **YOUR COVERAGE GOES FURTHER IN-NETWORK** | | |
| With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network doctor. | | |

*Full Picture of Eye Health, American Optometric Association, 2020.
+Coverage with a retail chain may be different or not apply.
VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with Bento, Bento Vision, or VSP; the terms of the contract will prevail. In the state of Washington, VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premiere Edge™ is not available for some members in the state of Texas.
To learn about your privacy rights and how to your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**. Eyeconic is a VSP-affiliated company.
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Classification Restricted.

vsp | bento vision

**Plan Year: 01/01/2027 to 12/31/2027**
**This document is subject to change. | Confidential.**

# Life

A financial safety net for the people who depend on you.

### Voluntary Term Life & AD&D

Unum · Voluntary Life

**Employee-paid · rate depends on your age and election**

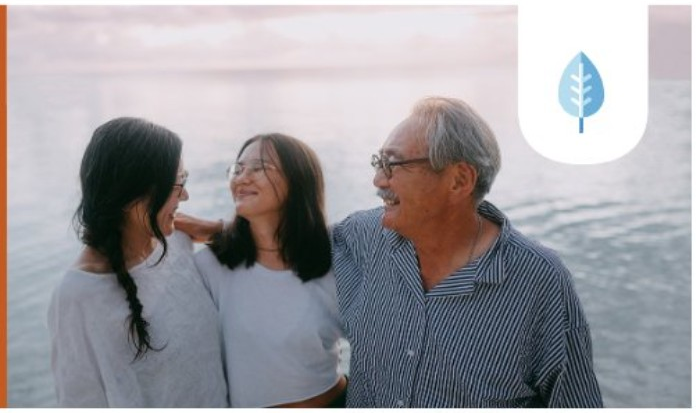
| | Voluntary Term Life & AD&D |
|---|---|
| **COVERAGE GUIDELINES** | |
| Employee · increments | $10,000 increments |
| Employee · minimum – maximum | $10,000 to $500,000, up to 5 times your earnings |
| Employee · guarantee issue | $150,000 |
| Spouse · increments | $5,000 increments |
| Spouse · maximum | Up to $100,000; cannot exceed 100% of the employee amount |
| Spouse · guarantee issue | $50,000 |
| Child(ren) · amounts | Up to $10,000 in $1,000 increments; maximum $1,000 for children live birth to 6 months |
| AD&D | Yes, optional |
| **GUARANTEE ISSUE BY EVENT** | |
| Annual increase option — existing enrollees | If you buy a minimum of $10,000 of coverage now, you can increase your coverage in the future up to $150,000 with no medical underwriting |
| **FEATURES** | |
| Living care / accelerated death benefit | 75% of your life insurance benefit (up to $500,000) if diagnosed with a terminal illness with less than 12 months to live |
| Portability | Yes — you may be able to keep coverage if you leave the company, retire or change the number of hours you work |
| **COVERAGE TERMINATION & CONTINUATION** | |
| Child coverage ends | Age 26 |

**Voluntary Term Life & AD&D.** Also includes: Waiver of premium.

unum

Village Caregiving

# Term Life and Accidental Death & Dismemberment (AD&D) Insurance



## How does it work?

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

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

## Why is this coverage so valuable?

If you buy a minimum of $10,000 of coverage now, you can increase your coverage in the future up to $150,000 to meet your growing needs. There would be no medical underwriting to qualify for coverage.

## What else is included?

**A 'Living' Benefit** — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to $500,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

**Waiver of premium** — Your cost may be waived if you are totally disabled for a period of time.

**Portability** — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

## Who can get Term Life coverage?

If you are actively at work at least 16.50 hours per week, you may apply for coverage for:

| | |
|---|---|
| **You:** | Choose from $10,000 to $500,000 in $10,000 increments, up to 5 times your earnings.<br>You can get up to $150,000. This is the amount of coverage you can qualify for with no medical underwriting. |
| **Your spouse:** | Get up to $100,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself.<br>Your spouse can get up to $50,000 with no medical underwriting, if eligible (see delayed effective date). |
| **Your children:** | Get up to $10,000 of coverage in $1,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students.<br>The maximum benefit for children live birth to 6 months is $1,000. |

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

| | |
|---|---|
| **You:** | Get up to $500,000 of AD&D coverage for yourself in $10,000 increments to a maximum of 5 times your earnings. |
| **Your spouse:** | Get up to $100,000 of AD&D coverage for your spouse in $5,000 increments, if eligible (see delayed effective date). |
| **Your children:** | Get up to $10,000 of coverage for your children in $1,000 increments if eligible (see delayed effective date). |

No medical underwriting is required for AD&D coverage.

EN-1976 FOR EMPLOYEES (6-22)

Unum | Term Life Insurance

## How much coverage can I get?

### Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.
   (Choose the age you will be when your coverage becomes effective on 06/01/2024. To determine your spouse rate, choose the age the employee will be when coverage becomes effective on 06/01/2024.)
4. Enter your cost.

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **Employee** | $_____,000 | ÷ $10,000 = $_____ | X $_____ | = $_____ |
| **Spouse** | $_____,000 | ÷ $5,000 = $_____ | X $_____ | = $_____ |
| **Child** | $_____,000 | ÷ $1,000 = $_____ | X $_____ | = $_____ |
| | | | **Total cost** | |

| **Employee monthly rate** | | **Spouse monthly rate** | **Child monthly rate** |
|---|---|---|---|
| **Age** | **Per $10,000 of coverage** | **Per $5,000 of coverage** | **$0.426 per $1,000 of coverage** |
| | Cost | Cost | |
| 15-24 | $0.640 | $0.265 | |
| 25-29 | $0.760 | $0.370 | |
| 30-34 | $1.020 | $0.570 | |
| 35-39 | $1.140 | $0.920 | |
| 40-44 | $1.270 | $1.320 | |
| 45-49 | $1.910 | $2.090 | |
| 50-54 | $2.920 | $3.185 | |
| 55-59 | $5.460 | $4.550 | |
| 60-64 | $8.390 | $6.090 | |
| 65-69 | $16.140 | $8.105 | |
| 70-74 | $26.180 | $14.840 | |
| 75+ | $26.180 | $49.865 | |

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

| **AD&D** | | | | |
|---|---|---|---|---|
| | 1 | 2 | 3 | 4 |
| **Employee** | $_____,000 | ÷ $10,000 = $_____ | X $0.300 | = $_____ |
| **Spouse** | $_____,000 | ÷ $5,000 = $_____ | X $0.150 | = $_____ |
| **Child** | $_____,000 | ÷ $1,000 = $_____ | X $0.030 | = $_____ |
| | | | **Total cost** | |

| **AD&D monthly rates** | | |
|---|---|---|
| | **Coverage amount** | **Rate** |
| **Employee** | per $10,000 of coverage | $0.300 |
| **Spouse** | per $5,000 of coverage | $0.150 |
| **Child** | per $1,000 of coverage | $0.030 |

Billed amount may vary slightly.
If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

EN-1976 FOR EMPLOYEES (6-22)

Unum | Term Life Insurance

## Exclusions and limitations

### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – 'Being intoxicated' means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

### Age Reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

### Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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# Disability

Replaces part of your paycheck if you can't work because of an illness or injury.

### Voluntary STD

Unum · Voluntary STD

**Employee-paid · rate depends on your age and election**

| | Voluntary STD |
|---|---|
| **BENEFIT** | |
| Benefit type | % of earnings |
| Benefit as % of weekly earnings | 60% of your weekly income |
| Maximum weekly benefit | $2,500 per week |
| Earnings definition | Your annual earnings ÷ 52 |
| Coverage | Non-occupational (occupational injury or sickness excluded) |
| Enrollment required | Yes, elect at open enrollment |
| **WAITING PERIOD & DURATION** | |
| Accident elimination period | 0 days |
| Sickness elimination period | 7 days |
| Maximum benefit period | 12 weeks |
| Pre-existing condition limitation | 3/12 |
| **PARTIAL DISABILITY** | |
| Definition of disability | Any occupation |
| Earnings test % | 20% or more loss in weekly earnings |
| **OFFSETS & EXTRAS** | |
| Maternity — treated as sickness | Cesarean section: considered disabled for a minimum of six weeks |

**Voluntary STD.** Also includes: Cesarean section benefit.

# Short Term Disability Insurance



## How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 12 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

## Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

## What else is included?

**Cesarean section benefit**

If you have a Cesarean section, you will be considered disabled for a minimum period of six weeks unless you return to work before the end of the time.

### Consider your expenses

| | |
|---|---|
| Utilities | $ |
| Housing | $ |
| Groceries | $ |
| Transportation | $ |
| Child care/Elder care | $ |
| Medical/Personal care | $ |
| Education | $ |
| Insurance | $ |

EN-1977 FOR EMPLOYEES (3-22)

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## How much coverage can I get?

| | |
|---|---|
| **You*** | You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.<br>Cover 60% of your weekly income, up to a maximum benefit of $2,500 per week.<br>The weekly benefit may be reduced or offset by other sources of income.<br>*See the Legal Disclosures for more information. |

If you don't sign up now but decide to apply later, you may have to answer health questions.

### Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after 0 days if you become disabled due to an injury and 7 days if you become disabled due to an illness.

### Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 12 week benefit duration.

## Calculate your cost

- For step 2:

**Enter your rate from the Rate Chart, based on your age.** (Choose the age you will be when your coverage becomes effective on 06/01/2024.)

**Disability worksheet**

1 Calculate your weekly disability benefit.

| $_____ ÷ 52 = | $_____ x | 60% = | $_____ |
|---|---|---|---|
| Your annual earnings | Your weekly earnings | (Max % of income covered) | Max weekly benefit available (if the amount exceeds the plan max of $2,500, enter $2,500. |

2 Calculate your cost per paycheck.

| $_____ ÷ 10 = | $_____ x | $_____ = | $_____ x | 12 = | $_____ ÷ | _____ = | $_____ |
|---|---|---|---|---|---|---|---|
| Your weekly benefit amount | | Your rate | Your monthly cost | | Your annual cost | Number of paychecks per year | Your cost per paycheck |

| Age | Rates |
|---|---|
| 15-24 | $1.366 |
| 25-29 | $1.873 |
| 30-34 | $1.844 |
| 35-39 | $1.419 |
| 40-44 | $1.188 |
| 45-49 | $1.314 |
| 50-54 | $1.449 |
| 55-59 | $1.691 |
| 60-64 | $1.930 |
| 65+ | $2.315 |

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band. * The maximum covered annual income is $216,666.

EN-1977 FOR EMPLOYEES (3-22)

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## Exclusions and Limitations

**Active employee**

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

**Delayed effective date of coverage**

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

**Definition of disability**

You are considered disabled when Unum determines that, due to sickness or injury:

- You are unable to perform the material and substantial duties of your regular occupation; and
- You are not working in any occupation.

We will continue to pay you a disability benefit after you have received benefits under this plan for at least 4 consecutive weeks if:

- You begin performing at least one of the material and substantial duties of your regular occupation or another occupation; and
- You have a 20% or more loss in weekly earnings due to the same sickness or injury.

You must be under the regular care of a physician in order to be considered disabled.
The loss of a professional or occupational license or certification does not, in itself, constitute disability.
'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.
Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

**Deductible sources of income**

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

**Exclusions and limitations**

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);

The loss of a professional or occupational license does not, in itself, constitute disability.

**Termination of coverage**

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

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# Worksite · Accident

Cash benefits paid straight to you after an accident, a hospital stay or a serious illness.

### Accident

Unum · Accident

| | |
|---|---|
| Employee only | **$8.51** |
| Employee + spouse | **$15.13** |
| Employee + child(ren) | **$20.43** |
| Family | **$27.05** |

per semi-monthly paycheck

| | Accident |
|---|---|
| **PLAN DESIGN** | |
| Coverage type | 24-hour (on and off the job) |
| Who can be covered | Employee, spouse, child(ren) |
| Health screening benefit | $50 per year for each covered family member for a covered Be Well screening test |
| Organized sports injury booster | 25% increase in payable benefits within the Injury and Treatment schedule categories |
| Portability | You can keep your coverage if you change jobs or retire; you'll be billed directly |
| **COVERAGE TERMINATION & CONTINUATION** | |
| Child coverage ends | Dependent children from birth until their 26th birthday, regardless of marital or student status |

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# Group Accident Insurance



## How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

## Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

## Who can get coverage?

| | |
|---|---|
| You | If you're actively at work* |
| Your spouse | Can get coverage as long as you have purchased coverage for yourself. |
| Your children | Dependent children from birth until their 26th birthday, regardless of marital or student status. |

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

## What's included?

### Be Well Benefit

Every year, each family member who has Accident coverage can also receive $50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

### Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 25% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

## How much does it cost?

| Your monthly premium | Option 1 |
|---|---|
| You | $17.01 |
| You and your spouse | $30.25 |
| You and your children | $40.87 |
| Family | $54.11 |

EN-2073 FOR EMPLOYEES (8-23)

Unum | Group Accident Insurance | 963912

# SCHEDULE OF BENEFITS

## Accidental Death and Dismemberment

| | |
|---|---|
| AD&D | |
| Employee | $50,000 |
| Spouse | $25,000 |
| Children | $12,500 |
| Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes) | |
| Employee | $50,000 |
| Spouse | $25,000 |
| Children | $12,500 |
| Dismemberment | |
| Both Feet | $50,000 |
| Both Hands | $50,000 |
| One Foot | $25,000 |
| One Hand | $25,000 |
| Thumb and Index Finger of the same Hand | $12,500 |
| Coma | |
| Coma | $10,000 |
| Home & Vehicle Modifications | |
| Home & Vehicle Modifications | $1,500 |
| Loss of Use | |
| Hearing (one ear) | $12,500 |
| Hearing | $25,000 |
| Sight of one Eye | $25,000 |
| Sight of both Eyes | $50,000 |
| Speech | $25,000 |
| Paralysis | |
| Uniplegia | $12,500 |
| Hemi/Paraplegia | $25,000 |
| Triplegia | $37,500 |
| Quadriplegia | $50,000 |

## Hospitalization

| | |
|---|---|
| Admission | $1,200 |
| Admission – Hospital ICU (added to Admission) | $1,000 |
| Daily Stay (365 days) | $300 |
| Daily Stay – Hospital ICU (added to Daily Stay) | $400 |

## Injury

| | |
|---|---|
| Injury due to felony & sexual assault | $250 |
| Organized Sports | 25% |
| Burns | |
| 2nd Degree Burns - At least 5%, but less than 20% of skin surface | $1,000 |
| 2nd Degree Burns - 20% or greater of skin surface | $2,000 |
| 3rd Degree Burns - Less than 5% of skin surface | $4,000 |
| 3rd Degree Burns - At least 5%, but less than 20% of skin surface | $10,000 |
| 3rd Degree Burns - 20% or greater of skin surface | $20,000 |
| Concussion | |
| Concussion | $500 |
| Connective Tissue Damage | |
| One Connective Tissue (tendon, ligament, rotator cuff, muscle) | $90 |
| Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle) | $150 |
| Dislocations | |
| Knee joint (other than patella) | $3,000 |
| Ankle bone or bones of the foot (other than toes) | $6,000 |
| Hip joint | $6,000 |
| Collarbone (sternoclavicular) | $1,500 |
| Elbow joint | $900 |
| Hand (other than Fingers) | $900 |
| Lower Jaw | $900 |
| Shoulder | $2,000 |
| Wrist joint | $2,000 |
| Collarbone (acromioclavicular and separation) | $600 |
| Finger or Toe (Digit) | $300 |
| Kneecap (patella) | $900 |
| Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit | 25% |
| Eye Injury | |
| Eye Injury | $200 |
| Fractures | |
| Skull (except bones of Face or Nose), Depressed | $8,000 |
| Hip or Thigh (femur) | $6,000 |
| Skull (except bones of Face or Nose), Non-depressed | $4,000 |
| Vertebrae, body of (other than Vertebral Processes) | $2,400 |
| Leg (mid to upper tibia or fibula) | $4,500 |
| Pelvis | $2,400 |

## Injury

| | |
|---|---|
| Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla) | $1,200 |
| Upper Arm between Elbow and Shoulder (humerus) | $1,200 |
| Upper Jaw, Maxilla (other than alveolar process) | $1,200 |
| Ankle (lower tibia or fibula) | $1,500 |
| Collarbone (clavicle, sternum) or Shoulder Blade (scapula) | $1,500 |
| Foot or Heel (other than Toes) | $800 |
| Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers) | $1,500 |
| Kneecap (patella) | $800 |
| Lower Jaw, Mandible (other than alveolar process) | $800 |
| Vertebral Processes | $800 |
| Rib | $800 |
| Tailbone (coccyx), Sacrum | $800 |
| Finger or Toe (Digit) | $400 |
| Chip Fracture - Payable as a % of the applicable Fractures benefit | 25% |
| Same bone maximum incurred per accident | 1 Fracture |
| Maximum payable multiplier for multiple bones | 2 Times |
| Internal Injuries | |
| Internal Injuries | $200 |
| Lacerations | |
| No Repair | $85 |
| Repair Less than 2 inches | $250 |
| Repair At least 2 inches but less than 6 inches | $500 |
| Repair 6 inches or greater | $1,000 |
| Loss of a Digit | |
| One Digit (other than a Thumb or Big Toe) | $1,250 |
| One Digit (a Thumb or Big Toe) | $1,875 |
| Two or more Digits | $2,500 |
| Knee Cartilage | |
| Knee Cartilage (Meniscus) Injury | $250 |
| Ruptured or Herniated Disc | |
| One Disc | $210 |
| Two or more Discs | $350 |

## Recovery

| | |
|---|---|
| At-Home Care | $100 |
| Physician Follow-Up Visits | $75 |
| Physician Follow-Up Maximum Visits | 6 |

EN-2073 FOR EMPLOYEES (8-23)

Unum | Group Accident Insurance | 963912

## SCHEDULE OF BENEFITS

### Recovery

| | |
|---|---|
| Prescription Drug | $25 |
| Prescription Benefit Incidence per covered accident | 1 Per Insured |
| Rehabilitation or Subacute Rehabilitation Unit | $100 |
| Behavior Health Therapy | $20 |
| Behavior Health Therapy visits | 15 |
| Therapy Services (chiro, speech, PT, occ, acupuncture/alternative) | $50 |
| Therapy Services Maximum Days | 15 |

### Surgery

| | |
|---|---|
| Dislocations | |
| Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit | 100% |
| Anesthesia | |
| Epidural or Regional Anesthesia | $60 |
| General Anesthesia | $150 |
| Connective Tissue | |
| Exploratory without Repair | $75 |
| Repair for One Connective Tissue | $600 |
| Repair for Two or more Connective Tissues | $900 |
| Eye Surgery | |
| Eye Surgery, Requiring Anesthesia | $200 |
| Fractures | |
| Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit | 100% |
| Surgical Repair same bone maximum incurred per accident | 1 Fracture |
| Surgical Repair same bone maximum payable multiplier for multiple bones | 2 Times |
| General Surgery | |
| Abdominal, Thoracic, or Cranial | $1,000 |
| Exploratory | $100 |
| Incidence per covered accident | 1 Per Insured |
| Hernia Surgery | |
| Hernia Surgery | $100 |
| Knee Cartilage | |
| Knee Cartilage (Meniscus) Exploratory without Repair | $100 |
| Knee Cartilage (Meniscus) with Repair | $500 |
| Outpatient Surgical Facility | |

### Surgery

| | |
|---|---|
| Outpatient Surgical Facility | $200 |
| Ruptured or Herniated Disc Surgery | |
| Exploratory without Repair | $100 |
| One Disc | $525 |
| Two or more Discs | $800 |

### Treatment

| | |
|---|---|
| Organized Sports | 25% |
| Ambulance | |
| Air | $1,000 |
| Ground | $500 |
| Durable Medical Equipment | |
| Tier 1 (arm sling, cane, medical ring cushion) | $50 |
| Tier 2 (bedside commode, cold therapy system, crutches) | $100 |
| Tier 3 (back brace, body jacket, continuous passive movement, electric scooter) | $200 |
| Emergency Dental Repair | |
| Dental Crown | $350 |
| Dental Extraction | $115 |
| Filling or Chip Repair | $90 |
| Imaging | |
| Tier 1: X-rays or Ultrasound | $100 |
| Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI | $200 |
| Medical Imaging Incidence allowance covered accident per Tier | 1 Per Insured Per Tier |
| Lodging | |
| Lodging (per night) | $150 |
| Prosthetic Device | |
| One Device or Limb | $750 |
| Two or more Devices or Limbs | $1,500 |
| Skin Grafts | |
| For Burns - Payable as a % of the applicable Burn benefit | 50% |
| Not Burns - Less than 20% of skin surface | $250 |
| Not Burns - 20% or greater of skin surface | $500 |
| Treatment | |
| Emergency Room Treatment | $200 |
| Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin) | $50 |
| Pain Management Injections (epidural, cortisone, steroid) | $100 |

### Treatment

| | |
|---|---|
| Transfusions | $400 |
| Transportation (per trip) | $100 |
| Treatment in a Physician's Office or Urgent Care Facility (initial) | $200 |

EN-2073 FOR EMPLOYEES (8-23)

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**Organized Sports Benefit**
This increased benefit payment will be applied if the covered Accident occurs while playing an organized sport that required formal registration to participate and is officiated by someone certified to act in that capacity.

**Active employment**
You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 16 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

**Effective date of coverage**
Coverage becomes effective on the first day of the month in which payroll deductions begin.

**Exclusions and limitations**
We will not pay benefits for a claim that is caused by, contributed to by, or occurs as the result any of the following:
- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of trauma, infection, or other diseases;
- any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
- Infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;#practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.

The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
- being intoxicated; and
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, intoxicant, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

**End of Coverage**
If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:
- the date this policy is canceled by Unum or your employer;
- the date you are no longer in an eligible group;
- the date your eligible group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made;
- the last day you are in active employment.

However, as long as premium is paid as required, coverage will continue
- in accordance with the Continuation of your Coverage during Absences provision; or
- if you elect to continue coverage for you, your Spouse, and Children under Portability of Accident Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

THIS IS A LIMITED BENEFITS POLICY
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to certificate form GAC16-1 et al. and GAC16-2 and Policy Form GAP16-1 et al. in all states or contact your Unum representative.
Unum complies with state civil union and domestic partner laws when applicable.

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EN-2073 FOR EMPLOYEES (8-23)

Unum | Group Accident Insurance | 963912

# Worksite · Critical Illness

Cash benefits paid straight to you after an accident, a hospital stay or a serious illness.

### Group Critical Illness

Unum · Critical Illness

**Employee-paid · rate depends on your age and election**

| | Group Critical Illness |
|---|---|
| **BENEFIT AMOUNTS** | |
| Employee — elected in increments | $10,000, $20,000 or $30,000 |
| Spouse | 100% of the employee coverage amount |
| Child(ren) | 50% of the employee amount, automatically covered at no extra cost, live birth to age 26 |
| Guarantee issue | No medical underwriting to qualify if you apply during this enrollment |
| **POLICY PROVISIONS** | |
| Subsequent · reoccurrence separation | Diagnoses must be at least 180 days apart or the conditions can't be related to each other |
| Health screening benefit | $50 per year for each covered family member for a covered Be Well screening test |
| Portability | You may take the coverage with you if you leave the company or retire; you'll be billed at home |
| **COVERAGE TERMINATION & CONTINUATION** | |
| Child coverage ends | Age 26 |

**Group Critical Illness.** Also includes: Be Well benefit.

# Group Critical Illness Insurance



## How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

## Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

| Be Well Benefit | |
|---|---|
| Every year, each family member who has Critical Illness coverage can also receive $50 for getting a covered Be Well Benefit screening test, such as: | |
| • Annual exams by a physician include sports physicals, well-child visits, dental and vision exams<br>• Screenings for cancer, including pap smear, colonoscopy<br>• Cardiovascular function screenings | • Screenings for cholesterol and diabetes<br>• Imaging studies, including chest X-ray, mammography<br>• Immunizations including HPV, MMR, tetanus, influenza |

## Who can get coverage?

| | |
|---|---|
| You: | Choose $10,000, $20,000 or $30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment. |
| Your spouse: | Spouses can get 100% of the employee coverage amount as long as you have purchased coverage for yourself. |
| Your children: | Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date. |

## Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

## What's covered?

| Critical Illnesses | |
|---|---|
| • Heart attack<br>• Stroke<br>• Major organ failure<br>• End-stage kidney failure<br>• Sudden cardiac arrest | • Coronary artery disease<br>Major (50%):<br>Coronary artery bypass graft or valve replacement<br>Minor (10%):<br>Balloon angioplasty or stent placement |

| Cancer conditions | |
|---|---|
| • Invasive cancer — all breast cancer is considered invasive<br>• Non-invasive cancer (25%) | • Skin cancer — $500 |

| Progressive diseases | Supplemental conditions |
|---|---|
| • Amyotrophic Lateral Sclerosis (ALS)<br>• Dementia, including Alzheimer's disease<br>• Multiple Sclerosis (MS)<br>• Parkinson's disease<br>• Functional loss<br>• Huntington's Disease<br>• Lupus<br>• Muscular Dystrophy<br>• Myasthenia Gravis<br>• Systemic Sclerosis (Scleroderma)<br>• Addison's Disease | • Loss of sight, hearing or speech<br>• Benign brain tumor<br>• Coma<br>• Permanent Paralysis<br>• Occupational HIV, Hepatitis B, C or D<br>• Occupational PTSD<br>**Paid at 25%**<br>• Infectious Diseases<br>• Pulmonary Embolism<br>• Transient Ischemic Attack (TIA)<br>• Bone Marrow/Stem Cell |

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

EN-1717552 FOR EMPLOYEES (9-23)

| Monthly costs | | |
|---|---|---|
| Age | Employee coverage: $10,000<br>Spouse coverage: $10,000<br>Be Well benefit: $50 | |
| | Employee | Spouse |
| under 25 | $2.50 | $2.50 |
| 25 - 29 | $2.50 | $2.50 |
| 30 - 34 | $4.30 | $4.30 |
| 35 - 39 | $4.30 | $4.30 |
| 40 - 44 | $9.50 | $9.50 |
| 45 - 49 | $9.50 | $9.50 |
| 50 - 54 | $18.20 | $18.20 |
| 55 - 59 | $18.20 | $18.20 |
| 60 - 64 | $33.60 | $33.60 |
| 65 - 69 | $33.60 | $33.60 |
| 70 - 74 | $33.60 | $33.60 |
| 75 - 79 | $33.60 | $33.60 |
| 80 - 84 | $33.60 | $33.60 |
| 85+ | $33.60 | $33.60 |

| Monthly costs | | |
|---|---|---|
| Age | Employee coverage: $20,000<br>Spouse coverage: $20,000<br>Be Well benefit: $50 | |
| | Employee | Spouse |
| under 25 | $5.00 | $5.00 |
| 25 - 29 | $5.00 | $5.00 |
| 30 - 34 | $8.60 | $8.60 |
| 35 - 39 | $8.60 | $8.60 |
| 40 - 44 | $19.00 | $19.00 |
| 45 - 49 | $19.00 | $19.00 |
| 50 - 54 | $36.40 | $36.40 |
| 55 - 59 | $36.40 | $36.40 |
| 60 - 64 | $67.20 | $67.20 |
| 65 - 69 | $67.20 | $67.20 |
| 70 - 74 | $67.20 | $67.20 |
| 75 - 79 | $67.20 | $67.20 |
| 80 - 84 | $67.20 | $67.20 |
| 85+ | $67.20 | $67.20 |

| Monthly costs | | |
|---|---|---|
| Age | Employee coverage: $30,000<br>Spouse coverage: $30,000<br>Be Well benefit: $50 | |
| | Employee | Spouse |
| under 25 | $7.50 | $7.50 |
| 25 - 29 | $7.50 | $7.50 |
| 30 - 34 | $12.90 | $12.90 |
| 35 - 39 | $12.90 | $12.90 |
| 40 - 44 | $28.50 | $28.50 |
| 45 - 49 | $28.50 | $28.50 |
| 50 - 54 | $54.60 | $54.60 |
| 55 - 59 | $54.60 | $54.60 |
| 60 - 64 | $100.80 | $100.80 |
| 65 - 69 | $100.80 | $100.80 |
| 70 - 74 | $100.80 | $100.80 |
| 75 - 79 | $100.80 | $100.80 |
| 80 - 84 | $100.80 | $100.80 |
| 85+ | $100.80 | $100.80 |

**Active employment:** You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 16 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

EN-1717552 FOR EMPLOYEES (9-23)

Unum | Group Critical Illness Insurance 963913

Your paycheck deduction will include the cost of coverage and the Be Well Benefit. Actual billed amounts may vary.

**Exclusions and limitations**

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony; being engaged in an illegal occupation or activity; injuring oneself intentionally or attempting or committing suicide, whether sane or not; active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or injury for self-defense; participating in war or any act of war, whether declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; being intoxicated; and a Date of Diagnosis that occurs while an Insured is legally incarcerated in a penal or correctional institution.

Additionally, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date. Date of diagnosis must be after the coverage effective date.

**End of employee coverage**

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Critical Illness Insurance.

Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.

Unum complies with applicable civil union and domestic partner laws.

THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Certificate Form UIC-GCIC16-2 and Policy Form UIC-GCIP16-2 or contact your Unum representative.

Underwritten by: Unum Insurance Company, Portland, Maine

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EN-1717552 FOR EMPLOYEES (9-23)

Unum | Group Critical Illness Insurance 963913

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# Worksite · Hospital Indemnity

Cash benefits paid straight to you after an accident, a hospital stay or a serious illness.

### Hospital Indemnity

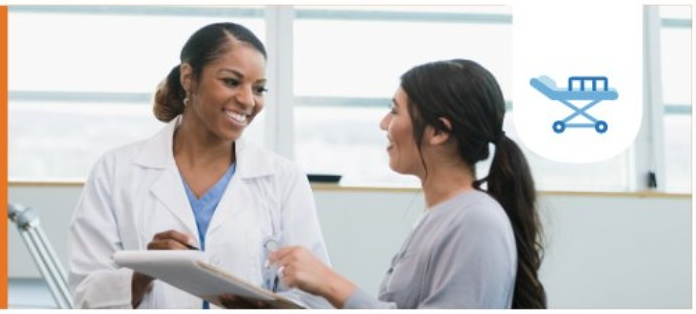
Unum · Hospital Indemnity

| | |
|---|---|
| Employee only | **$9.73** |
| Employee + spouse | **$19.92** |
| Employee + child(ren) | **$15.78** |
| Family | **$25.97** |

per semi-monthly paycheck

| | Hospital Indemnity |
|---|---|
| **PLAN DESIGN** | |
| Who can be covered | Employee, spouse, child(ren) |
| Health screening benefit | $50 per year for each covered family member for a covered Be Well screening test |
| HSA-compatible | Yes — benefits are compatible with a Health Savings Account (HSA) |
| Portability | You may take the coverage with you if you leave the company or retire; you'll be billed directly |
| **HOSPITAL ADMISSION & CONFINEMENT** | |
| Hospital admission | $1,000 (Admission for Covered Accidents or Covered Sicknesses, or Childbirth; maximum of one day per Insured per Calendar Year) |
| Daily hospital confinement | $150 Daily Stay (up to 30 days per Insured per Calendar Year) |
| Daily ICU confinement | $150 Daily Stay - Hospital ICU (up to 15 days per Insured per Calendar Year) |
| Newborn nursery confinement | Newborn or newly adopted Children automatically covered for 31 days from their Coverage Eligibility Date |
| Rehabilitation facility confinement | $100 Rehabilitation or Subacute Rehabilitation Unit |
| **COVERAGE TERMINATION & CONTINUATION** | |
| Child coverage ends | Age 26 |

# Group Hospital Insurance



## How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

## Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

### Be Well Benefit

Every year, each family member who has Hospital coverage can also receive $50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

## Who can get coverage?

| | |
|---|---|
| You: | If you're actively at work. |
| Your spouse: | Can get coverage as long as you have purchased coverage for yourself. |
| Your children: | Dependent children newborn until their 26th birthday, regardless of marital or student status |

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

## How much does it cost?

| Your monthly premium | |
|---|---|
| You | $19.45 |
| You and your spouse | $39.83 |
| You and your children | $31.55 |
| Family | $51.93 |

Coverage may vary by state. See exclusions and limitations.
This plan has a childbirth limitation. See disclosures for more information.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

EN-372230 FOR EMPLOYEES (8-23)

Unum | Group Hospital Insurance 963914

| Hospital | | |
|---|---|---|
| Hospital Admission | Payable for a maximum of 1 day per year | $1,000 |
| Hospital Daily Stay | Payable per day up to 30 days | $150 |
| ICU Daily Stay | Payable per day up to 15 days | $150 |

| Additional Inpatient Care | | |
|---|---|---|
| Rehab/Subacute Rehab Unit | Payable for maximum of 30 days per insured per calendar year | $100 |

## Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

**Active employment**
You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 16 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

**Childbirth Limitation**
We will pay benefits due to Childbirth for any Insured after the Insured's Coverage Effective Date. Childbirth or Complications of Pregnancy will be covered to the same extent as any other Covered Sickness.

**Exclusions and limitations**
We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
• committing or attempting to commit a felony;
• being engaged in an illegal occupation or activity;
• injuring oneself intentionally or attempting or committing suicide, whether sane or not;
• active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
• participating in war or any act of war, whether declared or undeclared;
• Combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
• being intoxicated;
• a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
• elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
• treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
• any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
• voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; and
• Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
• stroke, Alzheimer's disease, trauma, viral infection; or
• other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.
Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

**End of employee coverage**
If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.
Otherwise, your coverage under this certificate ends on the earliest of:
• the date the Policy is cancelled by us or your Employer;
• the date you are no longer in an Eligible Group;
• the date your Eligible Group is no longer covered;
• the date of your death;
• the last day of the period any required premium contributions are made; or
• the last day you are in Active Employment.
However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.
We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.
Unum complies with applicable civil union and domestic partner laws.

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EN-372230 FOR EMPLOYEES (8-23)

Unum | Group Hospital Insurance 963914

# Enrollment support & documents

Carrier phone numbers and websites are on each benefit's page.

## ENROLLMENT SUPPORT

**BenManage**

Enrollment Assistance · 681-833-5205

**Book a 1-on-1 enrollment meeting**

https://calendly.com/d/crkp-ddf-mk4?month=2026-11

## ENROLL

**ADP Workforce Now** · https://www.adp.com/logins/adp-workforce-now.aspx

## PLAN DOCUMENTS

Plan documents are included in this guide with each benefit. Anything else is available from HR.

This guide is a summary. If it differs from a plan document or certificate, the plan document governs.