



EMPLOYEE BENEFITS GUIDE

October 1, 2022—September 30, 2023

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within your eligibility period. If you enroll on time, coverage is effective on the first of the month following 30 days.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company—paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2022—September 30, 2023.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are **not** submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Please contact Human Resources to obtain information about the plans available to you and instructions for enrolling.

Medical Plans

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage.

Everyone's health care needs are different. That's why it's important to carefully decide which medical plan will work best for you and your family. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

When you enroll with United Healthcare, you get the freedom to choose from a variety of convenient care options, such as talking to a nurse by phone or video visits with a doctor or obtaining care at retail clinics. Plus, you have access to many wellness discount programs which can help you save on massage therapy, chiropractic care, acupuncture and more. Following is a brief description of the plans.

United Healthcare Choice Plus

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in United Healthcare's Choice Plus network. No referrals are required to see a network specialist. Preventive care is covered at 100% with a network physician.

The calendar-year deductible must be met before certain services are covered.

Here's how the plans work:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for certain non-preventive medical expenses. *NOTE: All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount. You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.*
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent for in-network services.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. *NOTE: All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount. The out of pocket maximum includes the annual deductible.*

Resources

We know that when people know more about their health and health care, they can make better informed health care decisions. We want to help you understand more about your health care and the resources that are available to you.

myuhc.com Website: Set up your account today. This is your personalized member website to help you access and manage your medical plan information 24/7.

- Check your plan balances—Get quick access to review the status of your deductible, coinsurance and out-of-pocket limit.
- Find and price care—Find a provider and get personalized estimates for the services in your network, including doctors, hospitals, labs, convenience and urgent care clinics, and more.
- Access claim details—View 18 months of your claims history and easily see how your claim was processed, what your plan covered and what you may owe your provider. You can also access and submit claims forms and pay your provider directly through InstaMed®
- See what's covered—Easily see what's covered and how much it costs for common services, including preventive care visits, urgent care visits, flu vaccines, chiropractic services and more. You also have access to your plan documents, member handbook, required notices and welcome materials.
- Get and stay healthier—Discover wellness programs and activities where you can set and track health goals, and earn rewards for taking healthy actions. Access discounts on health-related products and services. Receive preventive care recommendations and appointment reminders. Connect with other members to get support and share health and wellness tips.
- Easily order prescriptions and more—OptumRx® makes it easy to compare prescription drug pricing, get cost estimates and find ways to save on your medications.



Expert support for when you have questions.

- **Ask a nurse.** 24/7 phone access to a registered nurse.
- **Chat online.** Rapid replies and guidance.
- **Talk with us.** Request that a plan representative call you.



Medical Plans (Cont'd)

Following is a high-level overview of the coverages available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Choice Plus Balanced 25/5000/80%		Choice Plus Balanced 25/2000/80%	
	Plan AB8 / RX 2V		Plan 1YQ / RX 2V	
	In-Network Only	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$5,000 / \$15,000 ²	\$7,500 / \$22,500 ²	\$2,000 / \$6,000 ²	\$4,000 / \$12,000 ²
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$7,500 / \$15,000 ³	\$12,000 / \$24,000 ³	\$4,000 / \$8,000 ³	\$8,000 / \$16,000 ³
Covered Services				
Office Visits (Physician / Specialist)	\$25 / \$50 copay	40%*	\$25 / \$50 copay	40%*
Virtual Visits	Not covered	Not covered	Not covered	Not covered
Routine Preventive Care	No charge	Not covered, except for children under the age of 19	No charge	Not covered, except for children under the age of 19
Outpatient Diagnostic (Lab / X-ray)	No charge	40%*	No charge	40%*
Complex Imaging (CT/PET/MRI)	20%*	40%*	20%*	40%*
Chiropractic (maximum 20 visits)	\$25 copay	40%*	\$25 copay	40%*
Ambulance	20%*	20%*	20%*	20%*
Emergency Room (waived if admitted)	\$200 copay	\$200 copay	\$200 copay	\$200 copay
Urgent Care Facility	\$75 copay	40%*	\$75 copay	40%*
Inpatient Hospital Stay	20%*	40%* ⁴	20%*	40%* ⁴
Outpatient Surgery	20%*	40%* ⁴	20%*	40%* ⁴
Prescription Drugs (Tier 1, Tier 2, Tier 3)				
Retail Pharmacy (31-day supply)	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60
Mail Order (90-day supply)	\$25 / \$87.50 / \$150	Not covered	\$25 / \$87.50 / \$150	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount. You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay. Your copays don't count towards meeting the deductible unless otherwise described within the specific covered health care service.
3. All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount. Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year. Your coinsurance and deductibles (including pharmacy) count towards meeting the out-of-pocket maximum. Member copays do not accumulate towards the out-of-pocket maximum.
4. Prior Authorization Required.

Need help?



Visit myuhc.com®.

Find personalized information about your plan.



Call toll-free.

If you don't have computer access, need language assistance or can't find answers, call the toll-free member phone number on your health plan ID card, TTY 711, 8 a.m. to 8 p.m. ET, Monday through Friday.



Connect with us.

Twitter®: @myUHC
Facebook® and YouTube®: UnitedHealthcare

Medical Plans (Cont'd)

United Healthcare App

Start your health plan off right by registering on myuhc.com.

Put your medical and pharmacy coverage at your fingertips

Your personalized website myuhc.com features tools designed to help you:

- **Find, price and save on care**—you may save an average of 36% when you compare costs for providers and services in your network.
- **Understand your benefits** and the financial impact of care decisions.
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimated based on your specific health plan status.
- **Access claim details**, plan balances and your health plan ID card quickly.
- **Follow through on clinical recommendations** and access wellness programs.
- **Order prescription refills**, get estimates and compare medication pricing.
- **Check your plan balances**, access financial accounts and more.

Health and Wellness

Living a healthy life is a balance — and it may include many factors, like nutrition, exercise, emotional health and more. Learning ways to live healthy and finding information about common health topics may help you better set goals and understand how to find a healthy balance in your life.

Real People Real Appeal

With this plan, you have everything you need to lose weight and keep it off—FREE. A **free (\$0 out-of-pocket)** digital program that provides you with up to a full year of support for lasting weight loss. On average, participants lose 10 pounds after attending just 4 online classes. Your program includes:

- **Personal transformation coach**—Step by step (1 on 1 coaching) guidance and customization for a program that fits your needs, preferences and goals; Support and motivation for a full year to help you lose weight or maintain results; and a Personalized dashboard to keep track of your calories, fitness and goals.
- **24/7 Convenience**—Staying accountable to your goals may be easier with food, weight and goal trackers; Unlimited access to digital content; Online group class, which is designed to help you build camaraderie and accountability with others in the program; and Weekly health tips from celebrities, athletes and health experts.
- **Success Kit**—Resources to help you kick-start your weight loss and keep yourself on the road to results. Your kit will be delivered after your first class. It includes step by step success guides, workout DVDs, quick and simple recipes, nutrition guide and much more.

Start today at success.realappeal.com.

Rally

Rally can help you get healthier, one small step at a time. Rally shows you how to make simple changes to your daily routine, set smart goals and stay on target. You'll get personalized recommendations on how to move more, eat better and feel happier—and have fun doing it.

Start with the quick Health Survey and get your Rally Age to help you assess your overall health. Rally will then recommend missions for you such as: simple activities designed to help immediately improve your diet, fitness and mood. Start easy, and level up when you're ready. Plus, on Rally there are lots of ways to earn Rally coins, which you can use for chances to win great rewards. Rack up coins for joining missions, pushing yourself in a challenge and even just for logging in every day. Rally is available at no additional cost to you, as part of your health plan benefits. Find Your Mission Today— Register today at myuhc.com.

Health & Wellness Health Discount Program

As an enrolled health plan member, you can save even more money by using your health discount program for:

- **Dental care** — General dental care, gum treatment, orthodontics, oral surgery, cosmetic services and other dental specialties
- **Vision care** — Pay no more than \$40 for an annual eye exam, and save on glasses, contacts and LASIK
- **Alternative care** — Acupuncture, chiropractic care, massage therapy and natural medicine
- **Long-term care services** — Skilled nursing facilities, assisted living, respite programs and durable medical equipment
- **Hearing** — Hearing aids from name-brand manufacturers

So many ways to save! Save on these wellness resources to help you live a healthier life:

- **Weight management programs** including Jenny Craig® and Nutrisystem®; Nutrition counseling
- **Fitness clubs** including Anytime Fitness, Snap Fitness, Bally Total Fitness, Golds Gym, Curves and others
- **Fitness equipment and footwear; Food and nutrition; Stress reduction and relaxation resources; Smoking cessation programs**

How to get your discounts—No referrals are required and there are no claim forms to submit. To locate participating health care professionals, programs and online retailers log in to myuhc.com®, click on Extra Programs and Discounts in the right side bar. Then select Health Discounts.

To search for a program or online retailer, click the Health Discounts link and select a product, provider or service, and then enter your ZIP code.



Dental Plan

We are proud to offer you a dental plan administered through Delta Dental of Arkansas.

This plan has many plan features to help you keep your dental costs lower. It also focuses on oral health and preventive care. Following is a brief description of the plan. For complete coverage details, please refer to the Summary Plan Description (SPD).

Dental DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in Delta Dental's network. As a member of Delta Dental of Arkansas, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

It's easy to find a dentist! Four out of five dentists nationwide participate in Delta Dental's network. You have superior access to care and fee savings because of Delta Dental's agreements with participating dentists. Delta Dental's dentists cannot balance bill you, which means more money in your pocket! No troublesome paperwork! Network dentists will fill out and file your claims. Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees. You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Predetermination of Benefits: Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Delta Dental. Delta Dental will provide a written response indicating benefits that may be payable for the proposed treatment.

Key Dental Benefits	Delta Dental of Arkansas Delta Dental PPO plus Premier		
	Delta Dental PPO Dentist In-Network	Delta Dental Premier Dentist In-Network	Non-Participating Dentist Out-of-Network ¹
Deductible (per calendar year)			
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)			
Per Individual	\$1,000	\$1,000	\$1,000
Covered Services			
Preventive Services (Routine exams, routine cleaning, x-rays, etc.)	No charge	No charge	10%
Basic Services (Periodontal prophylaxis, sealants, fillings, oral surgery, etc.)	20%*	20%*	28%*
Major Services (dentures, bridges, crowns, Inlays, etc.)	50%*	50%*	55%*
Out of Network Basis	Fee Schedule		
Orthodontia	Not covered		

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision Plan

We are proud to offer you a vision plan administered through Delta Dental of Arkansas partnered with Superior Vision.

DeltaVision is a smart, affordable way to keep an eye on your vision — and on your health. It is estimated that more than half of all Americans need vision correction. Without corrective eyewear, they cannot see life to the fullest. Your DeltaVision benefits make it easier to afford regular eye exams as well as prescribed vision correction. Regular eye exams can also help identify early signs of some systemic diseases and health conditions including: Diabetes, Glaucoma, High blood pressure, Macular degeneration and other health issues. It's important to take charge of your health. When you get your eyes checked every year, you are helping your eyes and your whole body stay well.

The DeltaVision plan gives you the freedom to seek care from the provider of your choice. Through their partnership with Superior Vision, DeltaVision members have access to a nationwide network of easy to find eye care providers. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the DeltaVision—Superior Vision network. Following is a high-level overview of the coverage available.

Key Vision Benefits	Superior Vision In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$36
Materials Copay	\$10	N/A
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$28
Bifocal		Up to \$42
Trifocal		Up to \$56
Frames (once every 12 months)	Covered up to \$150, then 20% off amount over allowance	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)		
Elective Contacts	Up to \$10 copay for elective contact lens exam (fitting and evaluation) \$150 allowance \$10 copay	Up to \$100
Necessary Contacts	Covered in full for members who have specific conditions (medically necessary)	Up to \$210



Getting Started

Delta Dental's mobile app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. You will need an internet connection in order to download and use most features of our free app.

Using the App Without Logging In

Anyone can use Delta Dental Mobile without logging in to access our Dentist Search, Toothbrush Timer, LifeSmile Score risk assessment and Cost Estimator.

Logging In to View Benefits

Delta Dental subscribers can log in using the username and password they use to log in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via Delta Dental Mobile.

Life and AD&D Insurance

Group Life and Accidental Death and Dismemberment (AD&D) Insurance

We are proud to offer you company-paid Life and AD&D Insurance administered through United Healthcare.

Basic Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental death and dismemberment (AD&D) provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

This benefit is provided at **NO COST** to you. Please make sure to provide or update your beneficiary information.

Benefit Amount	\$15,000
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Coverage	Definition
Age Reduction Schedule	The benefits will be reduced to 65% of original amount at age 65 and 50% of the original amount at age 70.
Accelerated Benefit	This benefit provides an advanced payout of benefits for covered persons who are terminally ill and not expected to live for more than one year. The benefit pays 50% not to exceed \$50,000 of life insurance amount to employee.
Waiver of Premium	If eligible employee becomes totally disabled before age 60, life premiums will be waived and life coverage continued until age 65 (annual proof of disability required).



Disability Insurance

We are proud to offer you company-paid Disability Insurance administered through United Healthcare.

Disability insurance focuses on the total health and well-being of our employees. It provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Protect your most important asset – your paycheck.

What would happen if you got sick or had an accident and you couldn't work? Could you pay your bills? Whether you have an off-the-job accident or a sudden illness, United-Healthcare disability benefits can help you stay financially secure.¹ United-Healthcare disability offers short- and long-term disability options that can provide you with a steady flow of income to help you maintain your standard of living if you become disabled.

Short-Term Disability

Provided at **NO COST** to you through United Healthcare.

Benefit Percentage	Weekly benefit amount paid by the insurer to the claimant, expressed as a percentage of pre-disability weekly earnings.	60%
Weekly Benefit Maximum	Maximum amount paid by the insurer to the claimant, regardless of salary. The benefit amount may be reduced by Other Income Benefits such as Workers Compensation, other group insurance, government disability income benefits, US Social Security benefits, retirement benefits if received as disability benefits, etc.	\$1,000
When Benefits Begin	Length of time employee must be continuously disabled before benefits are payable.	After 7th day of disability
Maximum Benefit Duration	Maximum amount of time for which disability benefits are payable.	13 weeks
Pre-Existing Period		None

Long-Term Disability

Provided at **NO COST** to you through United Healthcare.

Benefit Percentage	Amount of insurance benefit, based on a percentage of the employee's pre-disability monthly earnings.	60%
Monthly Benefit Maximum	Maximum amount paid by the insurer to the claimant, regardless of salary. The benefit amount may be reduced by Other Income Benefits such as Workers Compensation, other group insurance, government disability income benefits, US Social Security benefits, retirement benefits if received as disability benefits, etc.	\$5,000
When Benefits Begin	Length of time employee must be continuously disabled before benefits are payable.	After 90th day of disability
Maximum Benefit Duration	Maximum amount of time for which disability benefits are payable.	ADEA I with Social Security Normal Retirement Age
Pre-Existing Period	Number of months before effective date that employee must be treatment-free for a preexisting condition. / Number of months after effective date that employee must wait before receiving benefits for a pre-existing condition.	3 / 12

Voluntary Benefits—Accident and Critical Illness

We are proud of offering you voluntary benefits administered through Assurity. Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefit plans through Assurity are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs.

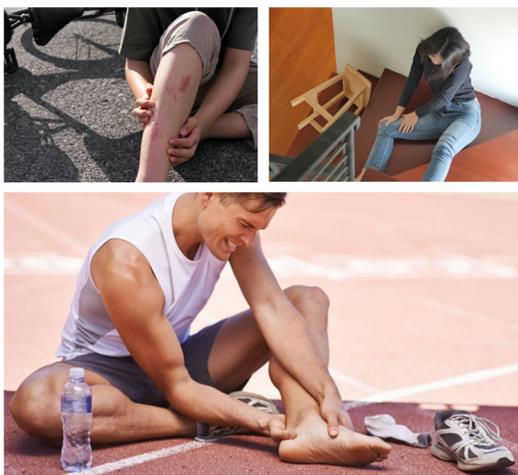
The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—it's completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Group Accident Insurance

Introducing added protection for life's unexpected moments. If you're like most people, you don't budget for life's unexpected accidents. But at some point, you may make an unexpected trip to your local emergency room. And that could add a set of unforeseen bills into the mix. Accident expense insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. In the event of a covered accident, the plan pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills—expenses major medical may not take care of, including: Ambulance rides; Wheelchairs, crutches, and other medical appliances; Emergency room visits; Surgery and anaesthesia; Bandages, stitches and casts.

It's reassuring to know that in addition to your medical insurance you have the added layer of protection an accident expense insurance plan can provide. Assurity's Accident Insurance will help you get through the many stages of care, from the initial emergency treatment or hospitalization, to follow-up treatments or physical therapy. All treatment must be provided or prescribed by a physician and maximum benefits per insured person are one per accident. Accident Insurance is easy to enroll in and features:

- Coverage is guaranteed issue; there are no medical exams or tests to take.
- Employee and family coverage is available.
- Benefits paid directly to you, unless otherwise assigned, to be used as you see fit. You can use it to cover your insurance deductibles, co-payments, household bills and more.
- Convenient payroll deduction helps ensure continuous, worry-free coverage.
- Coverage is portable (with certain stipulations), if your employer status changes.



Following is a brief description of the plan. For complete details, please refer to the Summary of Plan Description (SPD).

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. Coverage is 24-Hour. All treatment must be provided or prescribed by a physician and is a payable only once per insured per accident unless otherwise noted. In most states, the term physician does not include chiropractor or dentist. Each benefit is also subject to conditions for payments as detailed in the certificate.

Emergency Care

Payable within 60 days of accident unless otherwise noted

Initial Accident Treatment	\$100 - Dr. Office
One physician's office, urgent care or emergency room visit per accident within 60 days of accident for doctor's office and urgent care; within 30 days of accident for emergency room	\$100 - Urgent Care
	\$200 - ER
Telemedicine Treatment	\$40
Ambulance	\$200 - Ground
Transport to or from hospital; pays one of the following	\$600 - Air
X-Rays	\$200
Diagnostic Exams	\$100
CT, CAT, MRI or EEG	
Blood, Plasma or Platelets	\$600
Processing or transfusion	
Emergency Room Observation Unit	\$50 - 4-20 hours
Held in hospital, without admission, after ER treatment	\$100 - 20+ hours

Supportive Care

Benefits in this category only payable if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury

Follow-Up Treatment	\$100
Benefit paid per visit, up to 2 visits per accident	
Physical, Occupational or Speech Therapy	\$60
Benefit paid per visit, up to 6 visits per accident	
Chiropractic/Acupuncture Treatment	\$60
Benefit paid per visit, up to 6 visits per accident	
Epidural Pain Management	\$100
Prescription Medication	\$10
Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	
Medical Supplies	\$10
Over-the-counter; once per accident; up to three per calendar year	
Appliances	\$250
Rented or purchased, such as crutches or wheelchair	
Prosthetic Devices	\$1,000 - One device
Not including hearing or dental aids, eyeglasses or cosmetic devices	\$2,000 - Multi. devices
Residence/Vehicle Modification	\$1,000
Transportation	\$200 - Ground
For physician treatment 50+ miles from residence; up to three round trips per accident	\$500 - Air
Lodging	\$200
For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	per day

Specific Injury Care

Burns	\$1,000
Pays a percentage of the burn benefit, based on degree of burn and percentage of body affected.	
Burns - Skin Graft - Pays 50 percent of the burn benefit.	
Child Organized Sport	up to \$1,000 maximum
Pays 10 percent of all other payable benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice for such	
Coma	\$20,000
Not medically induced or the result of drug or alcohol use	
Concussion	\$50
Not payable if traumatic brain injury benefit is paid	
Dental Emergency	\$200 - Crown
Natural tooth treatment provided by a dentist	\$60 - Extraction
Dislocation	\$4,000 - Open reduction
Pays a percentage of the benefits for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation	\$2,000 - Closed reduction
Ear Injury	\$200
Resulting in hearing loss greater than 60 percent	once per lifetime
Eye Injury	\$200
Requiring surgery or removal of foreign object	
Fracture	\$4,000 - Open fracture
Pays a percentage of the benefit for open reduction or for closed reduction, where the percentage payable is based on the joint or bone affected	\$2,000 - Closed fracture
Gunshot Wound	\$1,000
Requiring hospitalization and surgery	
Lacerations	\$100
Pays a percentage of the benefit based on the length of laceration	
Occupational HIV	\$600
Paralysis	\$15,000 - Paraplegia
Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	\$30,000 - Quadriplegia
Poisoning	\$50
Post Traumatic Stress Disorder	\$400
Traumatic Brain Injury	\$600
Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	

Voluntary Benefits—Accident and Critical Illness

Hospital Care

Daily benefit paid within 180 days of accident

Hospital Admission Pays once per calendar year	\$1,000
Hospital Confinement Daily benefit paid up to 365 days per accident	\$200
Intensive Care Daily benefit paid up to 30 days per accident	\$400
Sub-Acute Intensive Care Daily benefit, paid up to 30 days per accident	\$300
Rehabilitation Unit Daily benefit paid up to 30 days per accident, 60 days per calendar year	\$200
Child Care during Hospital Confinement Daily benefit paid for the care of all dependent children by licensed provider while insured is confined to hospital; up to 30 days per accident	\$40

Surgical Care

Paid within 180 days of accident

Open Abdominal, Thoracic or Cranial Surgery Not including hernia	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	\$1,000
Ruptured Disc Surgery	\$1,000
Hernia Surgery	\$500
Exploratory Surgery Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid	\$500
Miscellaneous Outpatient Surgery Must require anesthesia; not payable if any other surgery benefit is paid	\$200
Anesthesia Administered for a payable surgery benefit	\$200

Wellness Benefit

Pays \$50 once per day, up to two times per insured per calendar year, subject to a maximum of four times for all insured persons per calendar year, for the following screenings or exams:

- Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose
- Annual physical exam
- Routine eye exam
- Immunization

Accidental Death and Dismemberment Rider

(Form R G1712C)

Accidental Death Benefit Not payable if Accidental Death-Common Carrier benefit is paid	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child
Accidental Death Seatbelt Benefit Additional death benefit if seatbelt in use	\$10,000 - Employee \$5,000 - Spouse \$2,500 - Child
Accidental Death - Common Carrier Benefit If fare-paying passenger on common carrier	\$100,000 - Employee \$50,000 - Spouse \$25,000 - Child
Accidental Death - Children Education Benefit Additional benefit for dependent children enrolled in post-secondary educational institution	Pays \$1,000 per accidental death, per qualifying child
Accidental Dismemberment Benefit Pays a percentage where the percentage varies by body part	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child

We are never more than one call away.

 Customer Service
800-276-7619, Ext. 4210
7:30am - 5:00pm CST

 Email
claimsinfo@assurity.com

 Claims
800-869-0355, Ext. 4484

 Assurity
P.O. Box 82533
Lincoln, NE 68501-2533

 Policy Services
800-869-0355, Ext. 4279
FAX: 888-255-2060

 Connect Online
assurity.com
[linkedin.com/company/assurity-life](https://www.linkedin.com/company/assurity-life)

How to submit your Assurity claim

Our simple 4-step process

With Assurity, it's easier than ever to file a claim. Plus, our dedicated customer service team will be there to guide you along the way should you have questions. Follow these four, simple steps and we'll take it from there – so you can focus on getting better.

Our Process

-  1 Go to the Customer Center tab on Assurity.com
-  2 Select your benefit type and state under Customer Service Forms
-  3 Print the package of instructions and materials
-  4 Complete documents and submit your claim via email, mail or fax

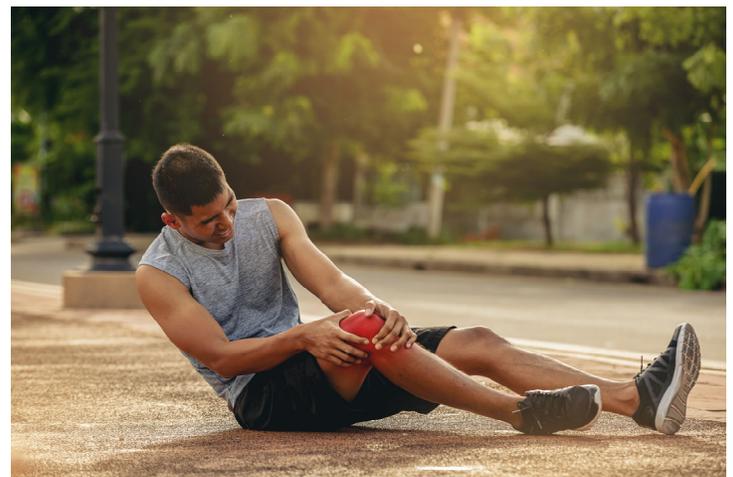
Questions about specific claims may be directed to our claims contact center during normal business hours.



Phone: 800.869.0355 Ext. 4484
Email: claimsinfo@assurity.com
Fax: 800.869.0368

Know you and your family are protected.

It's easy – sign up today



Voluntary Benefits—Accident and Critical Illness

Group Critical Illness

With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances. That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

With group Critical Illness insurance from Assurity, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Critical Illness Insurance features includes:

- Employee and family coverage is available.
- Includes a health screening benefit which pays \$50 a year for any number of common covered medical tests or procedures.
- Guaranteed Issue—no medical exams or tests.
- Waiver of Premium benefit waives the renewal premium if a covered employee is totally disabled due to a critical illness where benefits are paid.
- Reoccurrence Diagnosis benefit pays additional lump-sum payment if a covered employee is diagnosed for a second time with a covered condition for which a benefit has already been paid; must be treatment and symptom free for 12 months between diagnoses.
- Portable—coverage continues if you retire or change jobs, as long as you pay the premiums

Following is a brief description of the plan. For complete details, please refer to the Summary of Plan Description (SPD).

Assurity's Group Critical Illness insurance pays a lump sum benefit upon diagnosis of certain specified illnesses, conditions and procedures. The amount payable is equal to the policy benefit amount times the applicable percentage or the specified dollar amount as shown below for the specified covered condition.

Heart Attack	100%
Coronary Artery Bypass Surgery	25%
Sudden Cardiac Arrest	25%
Angioplasty	10%
Stroke	100%
Invasive Cancer	100%
Non-Invasive Cancer	25%
Skin Cancer	\$250/calendar year
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Advanced Alzheimer's Disease	100%
Loss of Independent Living	25%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Advanced Parkinson's Disease	100%
Berign Brain Tumor	100%
Occupational HIV	100%
Advanced ALS	100%
Severe Burns	100%
Bone Marrow Transplant	100%
Multiple Sclerosis	50%
Schizophrenia	10%
Transient Ischemic Attack (TIA)	10%

Other Features

Additional Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for each additional critical illness when the date of diagnosis is at least 30 days apart, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid.

Reoccurrence Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness up to one time per insured person per lifetime, if the insured person is symptom and treatment-free for a period of 12 consecutive months, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid.

Waiver of Premium Benefit

Waives the premium for coverage after 90 consecutive days of total disability of the covered employee, for as long as total disability continues, if the disability is due to a critical illness for which benefits were paid.

Return of Premium for Non-CI Death

Returns 100% of all premiums paid for the policy and riders minus any benefits paid under the policy and riders, if the covered employee dies from a cause other than a covered critical illness.

Health Screening Rider (Form R: GT20C)

Pays a \$50 benefit per calendar year per insured person for specified screening services listed below.

Biopsy for skin cancer	Flexible sigmoidoscopy
Bone marrow biopsy and aspiration	Hemocult stool analysis
Breast ultrasound	Mammography
CA 15-3 (blood test for breast cancer)	Pap smear
CA 19-9 (blood test for pancreatic cancer)	PSA (blood test for prostate cancer)
CA 125 (blood test for ovarian cancer)	Serum protein electrophoresis (blood test for Myeloma)
CEA (blood test for colon and cervical cancer)	Stress test (bicycle or treadmill)
Chest X-ray	Thermography
Colonoscopy	

Group Critical Illness Bi-Weekly Premiums

Employee or Employee & Children (rates based on employee's age; Child benefit is equal to 25% of employee benefit.)

Non-Tobacco Issue Age	Employee Benefit Amount	
	\$10,000	\$20,000
18-24	\$2.24	\$3.95
25-29	\$2.96	\$5.26
30-34	\$3.81	\$6.86
35-39	\$5.30	\$9.57
40-44	\$6.98	\$12.64
45-49	\$9.34	\$17.23
50-54	\$13.02	\$24.38
55-59	\$17.69	\$33.64
60-64	\$22.92	\$44.17
65-69	\$32.35	\$63.03
70+	\$62.95	\$123.85

Tobacco Issue Age	Employee Benefit Amount	
	\$10,000	\$20,000
18-24	\$2.97	\$5.42
25-29	\$4.05	\$7.43
30-34	\$5.44	\$10.09
35-39	\$7.81	\$14.58
40-44	\$10.54	\$19.73
45-49	\$14.61	\$27.67
50-54	\$20.87	\$40.01
55-59	\$29.03	\$56.18
60-64	\$38.08	\$74.34
65-69	\$53.92	\$106.02
70+	\$99.72	\$197.10

Employee & Spouse or Family (rates based on employee's age; Spouse benefit is equal to 50% of employee benefit. Child benefit is equal to 25% of employee benefit.)

Non-Tobacco Issue Age	Employee Benefit Amount	
	\$10,000	\$20,000
18-24	\$3.51	\$6.07
25-29	\$4.59	\$7.97
30-34	\$5.93	\$10.41
35-39	\$8.31	\$14.63
40-44	\$10.94	\$19.37
45-49	\$14.61	\$26.38
50-54	\$20.26	\$37.25
55-59	\$27.36	\$51.24
60-64	\$35.18	\$67.04
65-69	\$49.36	\$95.37
70+	\$95.49	\$186.80

Tobacco Issue Age	Employee Benefit Amount	
	\$10,000	\$20,000
18-24	\$4.61	\$8.25
25-29	\$6.23	\$11.23
30-34	\$8.38	\$15.28
35-39	\$12.09	\$22.14
40-44	\$16.31	\$30.03
45-49	\$22.51	\$42.08
50-54	\$32.08	\$60.73
55-59	\$44.43	\$85.14
60-64	\$57.96	\$112.37
65-69	\$81.78	\$159.93
70+	\$150.73	\$296.80



Employee Assistance Program

We are proud to offer you an Employee Assistance Program (EAP) administered through United Healthcare.

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a convenient and confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through United Healthcare .

Following is a brief description of the plan. For complete details, please refer to the Summary of Plan Description (SPD).

The EAP program offers services to help you and your household members resolve daily challenges and manage more complex issues. Access to EAP professionals 24 hours a day, seven days a week with up to three face-to-face sessions (face-to-face visits can also be used toward legal consultations with a counselor) per household per calendar year.

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Confidential Emotional Support

Highly trained clinicians will listen to your concerns and help you or your family members with any issues, including: emotional well-being, anxiety, depression and stress; grief, loss and life adjustments; healthy lifestyles, relationship and marital conflicts.

Work-Life Solutions

Specialists provide qualified referrals and resources for just about anything on your to-do list, such as finding child and elder care, hiring movers or home repair contractors, or planning events, locating pet care and so much more.

Legal Guidance

Talk to attorneys for practical assistance with your most pressing legal issues, including divorce, adoption, family law, wills, trusts and more.

Financial Resources

Financial experts can assist with a wide range of issues. Talk to us about retirement planning, taxes, relocation, mortgages, insurance, budgeting, debt, bankruptcy and more.

Online Support

Online access is your 24/7 link to vital information, tools and support. Log on for articles, podcasts, videos, slideshows, on-demand trainings, “Ask the Expert” personal responses to your questions.

When life gets challenging, you’ve got caring, confidential help.

If you need guidance navigating mental health, financial or legal concerns, take advantage of the Employee Assistance Program (EAP) for 24/7 support—at no extra cost.



Call the member phone number on your health plan ID card and ask to speak to an EAP consultant. Or, contact EAP directly 24/7 at 1-888-887-4114.



One call puts you in touch with a clinician, counselor, mediator, lawyer or financial adviser who could help change your life for the better.

Valuable Extras—Discounts and Services

About your life insurance plan

Your life insurance plan is a term life policy that will pay a cash benefit directly to your designated beneficiaries if you should pass away. Your beneficiary can use the money to help cover costs like funeral expenses, mortgage, and education.

24/7 support for you and your beneficiaries

Your plan includes many resources and personal support services to help you prepare and to help your loved ones cope. These services are available 24/7 and at no additional cost.



For personal and confidential assistance,

call 1-866-302-4480, TTY 711.
Translators are available.



Get help anonymously

at liveandworkwell.com
Use access code: **LIFEBENVS**.
This secure, online resource can help you locate providers, community and grief support resources and learn about timely and important life topics.

Maintaining your privacy and confidentiality is of utmost importance. All records, referrals and evaluations are kept private in accordance with federal and state laws.

Will and Trust Preparation

If you're like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you're not able to. Especially since life can be so unpredictable. That's why it's important to be proactive and make a plan to protect your family and finances. **With your group term life insurance through United Healthcare**, you can do just that, with access to resources from Live and Work Well.

Having the proper legal documents in place can help ensure you're still in control in case something happens to you. With free online resources, you and/or your spouse can create these documents.

- Will—Specify what happens to your property after you die, and appoint the person to execute your estate. You can also name a custodian for our minor children. A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will also called an “advanced directive,” ensures your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves.
- Powers of attorney (Healthcare / Durable) allows you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated.
- Medical treatment authorization for minors—Grant consent for medical personnel to treat your child(ren) if you're away.

Will and trust preparation

Creating a will and trust may help give you more control over future events and allows the family to follow your wishes. Your life insurance plan includes online will and trust services to help you:

- Create and prepare a will — registration required.
- Locate nearby attorneys, search legal forms, find helpful articles by legal experts and more.
- Access financial planning help and helpful cost calculators.

Prepare your will today.

Go to liveandworkwell.com.

1. Enter access code: **LIFEBENVS**
2. Select **Financial & Legal tab**.
3. Select **Estate Planning or Retirement Planning**.

Travel Assistance

Travel Assistance program offers reassurance Anytime, Anywhere! Whether you're traveling right here in the United States or leaving the country, you can rely on UnitedHealthcare Global to help your travel experience go off without a hitch. And because you're covered by group term life insurance from United Healthcare, you have access to many travel assistance services for free — no matter if you're traveling for business or pleasure.

No matter where you're going — on a cross-country flight, a short road trip or a destination requiring a passport — consider UnitedHealthcare Global your trusted travel companion.

This program helps address the challenges of travel like:

Lost or stolen items: We all hope it won't happen to us, but it could.

Lost items are a travel reality. UnitedHealthcare Global can help you recover or replace lost or stolen items (including cash and credit cards) so you don't miss a beat.

Medical assistance: Getting sick or hurt while traveling is no picnic. UnitedHealthcare Global is there when you need it most to assist with medical and dental needs when you're away from home.

How to use this service



Travel assistance

If you or your beneficiaries travel 100 miles or more away from home or outside the country, call 1-800-527-0218 to access these travel assistance services 24 hours a day, anywhere in the world. Just a few of the services UnitedHealthcare Global travel provides:

Travel assistance services:

- Emergency travel arrangements.
- Assistance in replacing lost or stolen travel documents.
- Emergency translation services.

Medical assistance services:

- Worldwide medical and dental referrals.
- Relay of insurance and medical information.
- Assistance in replacing corrective lenses and medical devices and much more.



Get travel help anytime and on the go.

Log in to UHGlobal.com to print your Global Assistance ID card, get up-to-date travel alerts, travel tips and much more.

Create your account:

1. Select **Member Log-in**.
2. Select **Visit Global Intelligence Center**.
3. Select **Create User** and enter the ID number 358231.



Valuable Extras—Discounts and Services (Cont'd)

Beneficiary Services

After a death, there's so much to deal with that it can be overwhelming. It's nice to know your beneficiary will have a team of professionals —included in your plan — ready to help provide emotional, financial and legal guidance. All services are confidential, and specialists are available 24/7.

Grief support:

- Unlimited phone access to masters-level specialists, 24/7.
- Up to 2 referrals for face-to-face grief counseling sessions, with access to a national network of 144,000+ clinicians.

Financial and legal support:

- One 30- to 60-minute financial consultation with a credentialed financial professional who can discuss estate taxes and other financial matters.
- One 30-minute legal consultation. As a beneficiary, you can retain an attorney for ongoing services at a discounted rate.

Wealth management account:

- Option to open a bank account from Optum Bank® for help managing the money. Visit optumbank.com to learn more.
- An account automatically opens for payments of \$5,000 or more.

Beneficiary Companion

The Beneficiary Companion Program provides 24/7 guidance for your beneficiary on closing your estate and protecting your identity.

Guidance Services:

Help is available anytime to obtain death certificate copies and to notify:

- Social Security, Credit reporting agencies, Credit card companies / financial institutions, Third-party vendors, Government agencies, etc.

Social Media Shut-Down:

It can be a time-consuming process to close your social media accounts.

Help is available to:

- Discontinue access to your social media accounts (e.g., Facebook, Instagram, Twitter, LinkedIn, Google properties, etc.).
- Assist with memorialization of specific accounts to preserve your digital profile for friends and family.

Steps to filing a claim.

1. Notify the employer about the death of the covered person.
2. Access the claim packet at myuhc.com® (log in not required).
3. Select Popular Forms.
4. Select Disability, Life and Supplemental Insurance Claim Forms.

If you need assistance, please call our claim service team at 1-888-299-2070, 8 a.m. to 6 p.m. ET.

Fraud Resolution:

Identity theft is a growing risk. Expert help is available to help protect it -- and lend a hand if it is stolen.

Services include:

- A credit report review. Suppression of the credit report or freezing/closing the account.
- Full-service resolution assistance, including affidavit assistance, credit bureau, and fraud department notification, help to file a police report and creditor follow up.



Request the guidebook.

Get assistance or request your complimentary guidebook by calling toll-free 1-866-643-4241.

Amplifon (provided if enrolled in Delta Dental of Arkansas)

Delta Dental of Arkansas members are eligible for this free hearing health care discount program. Amplifon partners with leading national brands including Phonak, ReSound, Starkey, Siemens and more to bring you and your family best-in-class solutions for hearing health. Features of the Amplifon program include:

- **Free access:** There are no enrollment fees and access to the Amplifon hearing health care discount program is completely free.
- **Significant savings:** Receive up to 40% off hearing testing and diagnostic service.
- **Best price guarantee:** If you find the same hearing aid at a lower price, Amplifon will beat it by 5%.
- **Free batteries:** Receive a two-year complimentary supply of batteries — a maximum 160 cells per hearing aid (a \$150 retail value).
- **Complete satisfaction:** Amplifon offers a risk-free 60-day trial with a 100% money-back guarantee.
- **Committed service:** One year free follow-up care and a three-year warranty.
- **Convenient locations:** The Amplifon hearing health care network includes hearing clinics throughout Arkansas and across the country.

For more details and to find a hearing care provider location near you, please visit amplifonusa.com/deltadentalar.

Accessing your FREE hearing health care discount program is as easy as...

1. Call Amplifon 1-888-265-7108

A Patient Care Advocate will help you find a hearing care provider near you.

2. Talk to the Patient Care Advocate

The Patient Care Advocate will explain the Amplifon program, help identify a local hearing care provider and assist you with making an appointment.

3. Activate your Amplifon discounts

Amplifon will send you and your hearing care provider the necessary information to activate your Amplifon discounts.

Cost of Benefits

Your contributions toward the cost of medical, dental and vision benefits are automatically deducted from your pay check before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. Deductions for Voluntary Benefits are taken from your paycheck after taxes. Rates are available during enrollment.

Important Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	United Healthcare	800-782-3740	www.myuhc.com
Pharmacy (Home Delivery)	United Healthcare—OptumRx	800-797-9791	www.myuhc.com
Dental	Delta Dental of Arkansas	800-462-5410	www.deltadental.com
Vision	Delta Dental of Arkansas Superior Vision	800-462-5410 844-549-2603	www.deltadental.com www.superiorvision.com
Life/AD&D	United Healthcare	888-299-2070	www.myuhc.com
Disability (Short-Term and Long-Term)	United Healthcare	888-299-2070	www.myuhc.com
Employee Assistance Program (EAP)	United Healthcare	877-660-3806 TTY 711	www.liveandworkwell.com Access Code: LTDEAP
Accident and Critical Illness	Assurity	800-276-7619 x 4210 Service 800-869-0355 x 4484 Claims	www.assurity.com
Will & Legal Document Center	United Healthcare	866-302-4480	www.liveandworkwell.com Access Code: LIFESENSVS
Travel Assistance	United Healthcare Global	410-453-6330 800-527-0218	www.UHCglobal.com Visit Global Intelligence Center ID No. 358231

Registered Domestic Partner (RDP) Contributions: Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that the company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

Questions?

If you have additional questions, you may also contact:

Bri Liles
Director of Administration and
Human Resources
Office (479) 443-7812



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.