

Bluegrass

Health Partners

2026 EMPLOYEE BENEFITS GUIDE



WELCOME

EMPLOYEE BENEFITS ENROLLMENT GUIDE

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

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

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

To make the interview process as easy as possible, we have a dedicated enrollment firm with counselors who are available to help you understand how each benefit can work for you. During the month prior to your benefit eligibility, you must find a time to call the enrollment center at **(855) 639-9109**. The call center is open 9 AM through 6 PM Eastern Time. You can have your benefit interview at that time if a counselor is available, or schedule an appointment for a future time. It's that simple.

Again, welcome aboard! Wishing you much success!

Sincerely,

Valerie Pate
Director of Human Resources

**In this Guide, we use the term company to refer to Bluegrass Health Partners. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.*

CONTENTS

It's time to enroll in your benefits!

This guide will walk you through your choices, and help you to decide which plans are best for you and your family.

Benefits Overview

| | |
|-----------------------------------|---|
| Eligibility & Enrollment | 4 |
| Employee Perks Program | 5 |
| Carrier Contact Page | 6 |
| Employee Assistance Program (EAP) | 7 |

Health Benefits

| | |
|-------------------|----|
| Medical Insurance | 8 |
| Pharmacy Benefit | 11 |
| Dental Insurance | 12 |
| Vision Insurance | 13 |

Supplemental Benefits

| | |
|-------------------------------|----|
| Group Accident | 14 |
| Critical Illness | 15 |
| Hospital Indemnity | 16 |
| Lifetime Benefit Term | 17 |
| Short-Term Disability | 18 |
| Long-Term Disability | 19 |
| Employer Paid Life and AD&D | 20 |
| Supplemental & Dependent Life | 21 |
| Legal Services | 22 |
| Identity Theft Protection | 23 |
| Home & Auto Insurance | 24 |
| Pet Insurance | 25 |
| Key Terms | 26 |

Eligibility & Enrollment

ELIGIBILITY

Employees are eligible on 1st of the month following 60 days of full time employment. Your employer reserves the right to request proof of marriage and birth certificates in order to add dependents.

HOW TO ENROLL OR UPDATE YOUR BENEFITS AND BENEFICIARIES

Online: [Metlife.benselect.com/bluegrass](https://www.metlife.com/benselect.com/bluegrass)

Your user name is your social security number with no dashes, and your pin is the last 4 digits of your social plus the last 2 digits of the year you were born.

EXAMPLE: If the last 4 of your SSN is 9876 and you were born in 1954, your pin would be 987654.

Phone: Speak to a benefit enrollment counselor at 855-639-9109 9am-6pm EST M - F

QUALIFYING LIFE EVENTS (QLE) THINGS TO CONSIDER

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”.

QLE include, but not limited to:

Changes in employment status, legal marital status or number of dependents, taking an unpaid leave of absence, Dependent satisfies or ceases to satisfy eligibility requirement, a COBRA-qualifying event, Entitlement to Medicare or Medicaid, or a change in the place of residence of the employee, resulting in the current carrier not being available.

Consider your personal situation and the difference between the plan options and their costs when making your decision. You may also elect to waive coverage.

Ask yourself the following questions

- Will your current doctor be in or out-of-network?
- Do you have any planned surgeries this year?
- How many family members will you cover?
- How often do you visit the doctor?
- Are you planning to have a baby this year?

By reading this guide cover to cover, you will become familiar with your benefits options. After enrolling, verify that your payroll deductions are correct. If not, please contact your payroll representative.

This enrollment booklet is a summary description of your benefits. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment. These plans are provided by your employer and employer’s insurance broker. Although every effort has been made to provide complete and accurate information, we make no warranties, express or implied, or representations as to the accuracy of content on this booklet. We assume no liability or responsibility for any error or omissions in the information contained in the booklet.

More perks. More savings. More of what makes you happy.

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need and love.



START SAVING ON

**Electronics • Appliances • Apparel • Cars • Flowers • Fitness Memberships
Gift Cards • Groceries • Hotels • Movie Tickets • Rental Cars • Special Events
Subscriptions • Flights • Cruises • Theme Parks and More!**



New to Working Advantage? Getting Started is Easy.

Call the enrollment center at (855) 639-9109 to complete your enrollment and receive the company code

Carrier Contact Information

Medical

MultiPlan through APA
1-888-624-6300
online.apatpa.com

Pharmacy

ProactRx
1-877-635-9545
proactrx.com

Hospital Indemnity

CHUBB
1-866-445-8874
chubb.com/workplacebenefitsclaims

Long-Term Disability

Reliance Matrix
1-800-351-7500
reliancematrix.com

Legal Services

MetLife
800-821-6400
members.legalplans.com

Pet Insurance

MetLife
1-800-438-6388
metlifepetinsurance.com

Enrollment Center

BenManage
1-855-639-9109
metlife.benselect.com/bluegrass

Dental

Delta Dental
1-800-955-2030
deltadentalky.com

Group Accident

CHUBB
1-866-445-8874
chubb.com/workplacebenefitsclaims

Lifetime Benefit Term

CHUBB
1-855-241-9891
chubb.com

Employer Paid Life and AD&D

Reliance Matrix
1-800-351-7500
reliancematrix.com

Identity Protection

MetLife
833-552-2131
support@aura.com

Vision

Anthem
1-866-723-0515
anthem.com

Critical Illness

CHUBB
1-866-445-8874
chubb.com/workplacebenefitsclaims

Short-Term Disability

CHUBB
1-866-445-8874
chubb.com/workplacebenefitsclaims

Supplemental & Dependent Life

Reliance Matrix
1-800-351-7500
reliancematrix.com

Home & Auto Insurance

Farmer's
800-438-6381
farmers.com/groupselect

Life comes with challenges.

Reach out to your Assistance Program for short-term counseling, financial coaching, caregiving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier.

The following services are free to use, 100% confidential, and available 24/7 to you and your family members:

Mental Health Sessions

Up to 3 telephonic sessions to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues.

Life Coaching

To help reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

Financial Consultation

To help build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identify theft, and saving for retirement or tuition.

Legal Consultation

To help with a variety of personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Life Management

To provide information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

To help manage everyday tasks and give back time by providing information and referrals for home services, repairs, travel, entertainment, dining and personal services.

Medical Advocacy

To help navigate insurance, obtain doctor referrals, secure medical equipment or transportation, and plan for transitional care and discharge.

Member Portal and App

Access benefits 24/7/365 with online requests, chat options, & explore thousands of articles, webinars, podcasts and tools covering total well-being.



Help is always at your fingertips.

Contact AllOne Health:
Call 855-RSL-HELP (855-775-4357)
or visit allonehealth.com/reliance-matrix.
Code: RSLI859

Medical Benefits



| Plan Details | CORE PLAN | ENHANCED PLAN |
|---|--|--|
| Deductible Individual / Family | \$1,750 / \$5,250 | \$1,000 / \$2,000 |
| Max Out-of-Pocket Individual / Family | \$6,000 / \$12,000 | \$5,000 / \$10,000 |
| All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. | | |
| Doctor's Office Visit | | |
| Primary care visit to treat injury or illness | \$30 Copay/visit* | \$20 Copay/visit* |
| Specialist visit | \$50 Copay/visit* | \$40 Copay/visit* |
| Preventive care/screening/immunization | No Charge | No Charge |
| Imaging and Testing | | |
| Lab Test | No Charge Office Based 20% Coinsurance Facility Based | No Charge Office Based 20% Coinsurance Facility Based |
| X-Ray | \$30 Copay | \$20 Copay |
| Imaging (CT/PET scans, MRIs) | \$75 Copay | \$75 copay Deductible does not apply |
| Outpatient Surgery | | |
| Facility fee | 20% Coinsurance | 20% Coinsurance |
| Physician/surgeon fees | 20% Coinsurance | 20% Coinsurance |
| Prescription Coverage <small>Covers up to a 30-day supply (retail subscription); 31-90 day supply (mail order prescription).</small> | | |
| Generic Drugs retail / mail order | \$10 / \$10 | \$10 / \$10 |
| Preferred Brand retail / mail order | \$30 / \$75 | \$30 / \$75 |
| Non-Preferred Brand retail / mail order | \$60 / \$180 | \$60 / \$180 |
| Specialty Drugs | Not Covered | Not Covered |
| More information about prescription drug coverage is available at www.proactrx.com | | |
| Immediate Medical Attention | | |
| Emergency room care <small>Copay Waived if admitted Coverage is limited to Urgent Emergency Room visits only</small> | \$250 Copay / 20% Coinsurance* | \$200 Copay / 20% Coinsurance* |
| Emergency Medical Transportation | 20% Coinsurance | 20% Coinsurance |
| Urgent care | \$75 copay / visit | \$75 Copay / visit |
| Hospital Stay | | |
| Facility fee (e.g., hospital room) | 20% Coinsurance | 20% Coinsurance |
| Physician/surgeon fees | 20% Coinsurance | 20% Coinsurance |

* Deductible does not apply

| Plan Details Continued | CORE PLAN | ENHANCED PLAN |
|--|----------------------------------|---|
| Pregnancy | | |
| Office visits | \$30 Copay / initial visit only* | \$20 Copay / initial visit only* |
| Childbirth/delivery professional & facility services | 20% Coinsurance | 20% Coinsurance |
| Mental Health Care | | |
| Outpatient services | \$30 Copay / visit | \$20 Copay / visit Deductible does not apply |
| Inpatient services | 20% Coinsurance | 20% Coinsurance |
| Recovery Assistance | | |
| Home health care | 20% Coinsurance | 20% Coinsurance |
| Rehabilitation services | \$30 Copay / visit* | \$20 Copay / visit* |
| Habilitation services | Not covered | Not Covered |
| Skilled nursing care | 20% Coinsurance | 20% Coinsurance |
| Durable medical equipment | 20% Coinsurance | 20% Coinsurance |
| Hospice services | 20% Coinsurance | 20% Coinsurance |
| Out-of-Network Coverage | | |
| Deductible Individual / Family | \$3,500 / \$10,500 | \$2,000 / \$4,000 |
| Co-Insurance | 40% Coinsurance | 40% Coinsurance |
| Max Out-of-Pocket Individual / Family | \$12,000 / \$24,000 | \$10,000 / \$20,000 |

* Deductible does not apply

Have Questions or Need Assistance?

If you're currently enrolled in health insurance through your employer and believe you may be eligible for an alternative plan, contact a member of the BAI team. Our team can provide additional guidance and even assist with enrollment in a more suitable plan.



Carole Winchester
513.373.4344

cwinchester@benefitsallin.com



Jake Gonzalez
801.692.0864

Jake.gonzalez@benefitsallin.com



Blayne Abts
239.379.8264

blayne.abts@benefitsallin.com

Medical Benefits



Dear Member,

We would like to introduce ourselves as the Administrators of your Health Benefit Plan. We are committed to providing you with the best possible service, and we ask that you call us at any time should you have any questions about your coverage.

Additionally, we encourage you to review the next page about ProAct Pharmacy, the Pharmacy Plan, so that you familiarize yourself with all the benefits that are available.

Should you need to verify whether a specific physician and ancillary provider are participating in the Network, please call Multiplan at: **(877) 952-7427** or visit multiplan.com/phcspracanc

If you have any questions or concerns please do not hesitate to call us at: **(888) 624-6300**, our staff is ready to assist you.

Yours truly,



After you enroll don't forget to create a member account on apatpa.com to help you take full advantage of your American Plan member benefits.

Mail Order

ProAct's mail order program is a reliable, cost effective way to securely receive maintenance medications at the convenience of your doorstep.

Enroll in two easy steps:

1. Setup your Mail Order profile online at proactrx.com/mailorder/1/#register or by calling **866-287-9885**.
2. Submit your prescription(s) request here: proactrx.com/programs/rtm/enroll/

ProAct will coordinate with your physician(s) to gather your prescription(s) on your behalf.

Prior Authorization

Some medications, due to cost, type of medication, or plan benefit will require prior authorization. ProAct is committed to helping you avoid any delays in getting your medications.

Here's what you should know:

If you need a prior authorization to continue filling your prescription, don't worry! In order to provide a smooth transition and prevent members from experiencing a lapse in therapy, ProAct has a **one-time override*** policy for claims the may require prior authorization.

Upon receiving notification of rejection at a local or mail order pharmacy, due to prior authorization, call the ProAct Help Desk.

Call the Help Desk: **877-635-9545**

ONE-TIME OVERRIDE

Contact your provider to initiate the Prior Authorization Process

**This process does not apply to any excluded medications. If a drug is not included within your formulary, it is not a covered benefit.*

Online Resources

ProAct's member portal at www.proactrx.com contains a variety of resources to support your pharmacy benefit needs, such as:

- Dashboard
- Benefit Overview
- View Claims History
- Transfer Prescriptions to Mail Order
- Manage Mail Order Prescriptions
- View and Print Temporary ID Cards
- Drug Pricing Tool
- Pharmacy Finder
- Formulary Look Up
- ProAct Messenger



| PPO Plan Details | PPO Dentist | Premium Dentist & Out-of-Network Dentist |
|--|---|--|
| Deductible: | \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth). | |
| Maximum Payment | \$1,500 per person total per Benefit Year on all services, except cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth). \$2,000 per person total per lifetime on cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth). | |
| Diagnostic and Preventive | 100% | 100% |
| Examinations & Cleanings | Emergency Palliative Care | Fluoride & Sealants |
| Space Maintainers | Brush Biopsy | Radiographs (x-rays) |
| Basic Services | 80% | 50% |
| Minor Restorative Services & Denture Repair | Endodontic Services | Occlusal Guard / Adjustments |
| Major Services | 50% | 50% |
| Periodontic Services* | Oral Surgery | Major Restorative Services* |
| Other Basic Services | Relines and Rebase* | Fixed Prosthodontic Repair* |
| Implant Repair | Adjustments to Dentures | Prosthodontic Services* |
| Orthodontic Services* No Age Limit | 50% | 50% |
| | Braces | |

***Benefit Waiting Period**

There is a 12-month waiting period for certain services. Periodontic Services, Major Restorative Services, Relines and Adjustments, Fixed Prosthodontic Repair, Prosthodontic services, and Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

Vision Benefits



Plan Details

| Benefits | In-Network | Out-of-Network this plan pays: |
|--|--|--------------------------------|
| Eye Exam Once every calendar year | \$10 copay | Up to \$42 reimbursement |
| Retinal Imaging | Up to \$39 | |
| Materials / Eye-Wear | | |
| Frames Once every 2 calendar years | \$130 allowance 20% off remaining balance | Up to \$45 reimbursement |
| Single Lenses | \$10 Copay | Up to \$40 reimbursement |
| Bifocal Lenses | \$10 Copay | Up to \$60 reimbursement |
| Trifocal Lenses | \$10 Copay | Up to \$80 reimbursement |
| Polycarbonate Lenses dependent children under age 19 | \$0 Copay | No Allowance |
| Transition Lenses dependent children under age 19 | \$0 Copay | No Allowance |
| Factory Scratch Coating | \$0 Copay | No Allowance |
| Contact Lenses (instead of eyeglasses) | | |
| Elective Conventional Contacts Once every calendar year | \$130 allowance 15% off remaining balance | Up to \$105 reimbursement |
| Elective Disposable Contacts Once every calendar year | \$130 allowance | Up to \$105 reimbursement |
| Necessary Contacts Once every calendar year | Covered in Full | Up to \$210 reimbursement |
| Optional In-Network Savings from Blue View Vision | | In-Network Member Cost |
| Transitions Lenses (adults) | | \$75 |
| Polycarbonate Lenses (adults) | | \$40 |
| Tint (solid and gradient) | | \$15 |
| UV Coating | | \$15 |
| Progressive Lenses¹ | | Up to \$110 |
| Anti-Reflective Coating² | | Up to \$68 |
| Other Add-Ons | | 20% off retail price |
| Complete Pair of Additional Eyeglasses | | 40% off retail price |
| Eyeglasses Materials Purchased Separately | | 20% off retail price |
| Eyewear Accessories non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. | | 20% off retail price |
| Standard Contact Lens Fitting | | Up to \$55 |
| Premium Contact Lens Fitting³ | | 10% off retail price |
| Conventional Contact Lenses⁴ (materials only) | | 15% off retail price |

¹ Please ask your provider for their recommendation as well as the available progressive brands by tier.

² Please ask your provider for their recommendation as well as the available coating brands by tier.

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric & multifocal.

Accidents can be costly expenditures, and not everyone has a rainy-day fund ready for use. Accident insurance is worth it if you are looking for extra financial support when an unexpected event happens.

Benefit Amounts

\$50 Wellness Benefit payable when certain preventive services are performed

Initial Care

| | |
|----------------------|-------|
| Emergency Room | \$200 |
| Urgent Care | \$125 |
| Initial Doctor Visit | \$125 |

Hospital / Facility

| | |
|---|---------|
| Standard Hospital Admission | \$1,000 |
| ICU Hospital Admission | \$2,000 |
| Hospital Confinement per day up to 365 days | \$200 |
| ICU Confinement per day up to 30 days | \$400 |
| Rehab Confinement per day up to 30 days | \$75 |

Additional Benefits

| | | |
|--|---|-----------------|
| Accidental Death | | |
| Employee | | \$50,000 |
| Spouse as % of Employee | | \$50,000 |
| Child as % of Employee | | \$25,000 |
| Common Carrier | | 2X |
| Ambulance Air / Ground | | \$1,000 / \$200 |
| Appliance | | \$100 |
| Blood / Plasma / Platelets | | \$100 |
| Burns | Second Degree at least 36% of body | \$1,000 |
| | Third Degree (9 - 34 square inches) | \$7,500 |
| | Third Degree (35 or more square inches) | \$20,000 |
| | Skin Graft 25% | 25% |
| Coma | | \$10,000 |
| Dislocations (up to) | | \$6,000 |
| Emergency Dental | Crown | \$150 |
| | Extraction | \$50 |
| | Dentures | \$150 |
| | Implants | \$150 |
| Eye Injury | | \$250 |
| Follow-Up Treatment (per visit) 3 visit max | | \$30 |
| Fractures (up to) | | \$8,000 |
| Herniated Disc Surgery | | \$400 |
| Knee Cartilage - Torn | | \$400 |
| Lacerations | | \$25 - \$400 |
| Lodging per night, 100 or more miles, 30 mile max | | \$100 |
| Loss of Hands, Feet, Sight | | \$25,000 |
| Loss of Fingers or Toes | | \$1,250 |
| Major Diagnostic Exam CT, MRI, etc. | | \$200 |

Benefit Features

- **Conditional Renewability** - Coverage is automatically renewed.
- **Portability** - Employees can keep their coverage if they change jobs or retire while the Policy is in force.
- **HSA Compliant** - Accident benefits do not disqualify employees from having a Health Savings account.
- **Wellness Benefit** - Receive a \$50 wellness benefit payable when certain preventive services are performed.

Eligibility

- **Employee** - Working at least 30 hours per week, age 18 and older, waiting period of 60 days
- **Spouse** - Includes legally married spouse, domestic partner and civil union partner. Age 18 and older.
- **Children** - Ages 0 through 26, no student status required.



| | | |
|---|--------------------------------------|----------|
| Organ Loss | | |
| Paralysis | Two Limbs (paraplegia or hemiplegia) | \$5,000 |
| | Four Limbs (quadriplegia) | \$10,000 |
| Post-Traumatic Stress Disorder 6 visit max | | \$200 |
| Prosthetics | | \$500 |
| Tendon, Ligament, Rotator Cuff Repair | | \$400 |
| Therapy - Physical, Occupational, Speech 6 visit max | | \$30 |
| Transportation per trip, 100 or more miles, 3 trip max | | \$300 |
| Traumatic Brain Injury | | \$200 |
| X-Ray | | \$125 |

Critical Illness

CHUBB®

Critical illness insurance is a valuable investment for anyone who wants to protect themselves and their finances from the unexpected. While nobody likes to think about the possibility of being diagnosed with a serious illness, critical illness insurance provides a sense of security and peace of mind.



Plan Benefits

Face Amount: \$10,000 or \$30,000
50% Face Amount for Dependents

Critical Illness

| | |
|---|------|
| Benign Brain Tumor Breast Cancer Carcinoma In Situ Cancer (except skin cancer) End Stage Renal Failure Heart Attack Major Organ Failure Stroke Sudden Cardiac Arrest | 100% |
|---|------|

| | |
|--|-----|
| Carcinoma In Situ Coronary Artery Obstruction | 25% |
|--|-----|

| | |
|--|-------|
| Skin Cancer Benefit once per person per year | \$250 |
|--|-------|

Recurrence Benefit

| | |
|--|------|
| Benefits are payable for a subsequent diagnosis of Benign Brain Tumor, Cancer, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Stroke, or Sudden Cardiac Arrest. | 100% |
|--|------|

Advocacy Package

| | |
|--|-----|
| Best Doctors, Physician Referrals. Ask the Expert Hotline provides 24 hour advice from experts about a particular medical condition. In-Depth Medical Review offers a full review of diagnosis and treatment plan. | Yes |
|--|-----|

Additional Benefits

| | |
|---|------|
| Waiver of Premium Waives Premium while insured is totally disabled | Yes |
| Wellness Benefits once per person per year | \$50 |

Benefit Limitations

| | |
|-----------------------------------|------|
| Continuity of Coverage (Takeover) | Yes |
| Pre-Existing Condition Limitation | None |

Benefit Features

Wellness Benefit

This policy pays a \$50 wellness benefit when certain preventive services are performed.

No Lifetime Maximum

When someone is diagnosed with a covered condition and makes a claim, we send out a check. It's that simple. If they get sick again, they're still covered.

Recurrence

Once Chubb pays a Critical Illness benefit, if the condition recurs, Chubb will pay a recurrence benefit as long as the insured was treatment free for 6 months. For a recurrence of Cancer, Chubb will pay the recurrence benefit as long as the insured was treatment free for 12 months and is in Complete Remission.

Advocacy

Because money isn't always enough – Chubb offers personal and confidential assistance from professionals. Finding the best medical care gives employees ongoing support throughout their recovery.

Eligibility

Spouse and Child Coverage is available.

Portability

Employees can keep their coverage if they change jobs or retire while the Policy is in force.

Employee

Working at least 30 hours per week, age 18 and older, waiting period of 60 days

Spouse

Includes legally married spouse, domestic partner and civil union partner. Age 18 and older.

Children

Ages 0 through 26, no student status required.

Chubb Hospital Indemnity is designed to help you deal with the cost of a hospitalization by providing benefits that can be used to offset out-of-pocket costs associated with hospital admission and confinement.

Benefit Features

- Continuity of Coverage - Included
- No Pre-Existing Condition Limitation
- No Childbirth Limitation
- Mental, Nervous and Substance Abuse included in most benefits
- Spouse and Child Coverage available

Hospital Indemnity Benefits

| Benefits | Coverage & Limitations |
|--|---|
| Emergency Room | \$75 per day 3 days per calendar year |
| Hospital Admission This benefit is for admission to a hospital or hospital sub-acute intensive care unit. | \$500 Max 1 benefit per calendar year |
| Hospital Confinement This benefit is for admission to a hospital or hospital sub-acute intensive care unit. | \$100 / day 31 day max per confinement 31 day max per calendar year |
| Hospital Confinement ICU The benefit for confinement in a hospital intensive care unit. | \$200 / day 10 day max per confinement 10 day max per calendar year |
| Observation Unit This benefit is for treatment in a hospital observation unit for a period of less than 20 hours. | \$50 Max 1 benefit for calendar year |
| Rehabilitation Unit Confinement This benefit is for confinement in a rehabilitation unit. | \$50 Per Day Payable / day for days 2 through 16 15 day max per confinement 15 day max per calendar year |
| Diagnostic Test Rider This benefit is for a diagnostic test. | \$100 / day 1 day max per calendar year |
| Chiropractic / Osteopathic Services This benefit is for chiropractic/osteopathic care services following a confinement. | \$10 / day 2 day max per confinement 2 day max per calendar year |
| Doctor's Office Visit / Telemedicine This benefit is for a treatment by a physician in an office or via telemedicine services following a confinement or treatment in an emergency room or observation room. | \$25 / day 3 day max per confinement 3 day max per calendar year |
| Prescription Drug The benefit is for filling a prescription for medication following a confinement. | \$20 / day 5 day max per confinement 5 day max per calendar year |

Lifetime Benefit Term Life

CHUBB®

| Term Life Benefit Amounts | |
|---------------------------|--|
| Covered Individual | Coverage Limits |
| Employee | Up to \$250,000 |
| Spouse | Up to 50% of Employee's election |
| Child(ren) | Up to \$25,000 as long as the Employee has equal or greater coverage |
| Guaranteed Issue | |
| Employee | Guaranteed Issue (GI) up to \$100,000 Conditional Guaranteed Issue (CGI) of \$150,000 |
| Spouse | GI: \$50,000 CGI: \$75,000 |

Conditional Guaranteed Issue

Conditional Guaranteed Issue requires a few extra qualifications over guaranteed issue limits such as questions regarding recent work history, hospitalizations, and diagnoses.

Restoration Rider

When the Lifetime Benefit Term Death Benefit is reduced below the Restoration Face Amount by the Accelerated Death Benefit for Long Term Care Rider, this Rider restores the Lifetime Benefit Term Death Benefit up to the Restoration Face Amount while this Rider is in force.

Accelerated Death Benefit for Long Term Care Rider

Death benefits will be reduced if an Accelerated Death Benefit is paid. The Accelerated Death Benefit or lien, if applicable, and the balance of the death benefit provided by the Certificate shall constitute full settlement on death of the Insured as provided under the Certificate.

This Rider provides that you may elect to receive a portion of the Death Benefit provided by the Certificate and shown on the Certificate Schedule. You can make this election when the Insured becomes eligible for benefits. The Insured must be certified as Chronically Ill and be confined to a Nursing or Assisted Living Facility or be receiving Home health or Adult Day Care. All other conditions of this Rider must also be met. Benefits are not payable under this Rider once the Insured has died.

- An Initial Guaranteed Death Benefit until the latter of 25 years after the Coverage Date or age 70, but not beyond age 100. After this initial Period, a Reduced Guaranteed Death Benefits of 50% of the Initial Guaranteed Death Benefit is provided until age 121.
- Guaranteed Paid-Up Term benefits upon termination of payments after premiums have been paid for 10 full Coverage Years.
- Non-Guaranteed Paid-Up Term Benefits that may increase the Guaranteed Paid-Up Term benefit upon termination of premium payments after premiums have been paid for 10 full Coverage Years.
- After the Initial Guaranteed Death Benefit period, non-guaranteed One Year term Insurance which may increase the Reduced Guaranteed Death Benefit up to the Initial Guaranteed Death Benefit.
- Level Guaranteed Premiums payable to age 100.
- The Policy is non-participating and provides no cash surrender values or loan values.

Chubb Disability Income (DI) was developed to craft solutions to protect employees from the physical and financial consequences of a disability that keeps them from earning a paycheck.

- Portable
- Premium Rates based on age at time of issue without increasing due to age
- HSA Compliant
- Coverage is renewable until age 72
- Integration with other sources of income
- Disabilities caused by organ donation are covered as sickness with no elimination period

Short Term Disability Benefits

| | |
|--|--|
| Benefit Period | 6 months |
| Elimination Period | 14 days |
| Minimum Benefit Amount | \$300 per month |
| Maximum Benefit Amount | 60% of income up to \$5,000 per month |
| Waiver of Premium | Disabled for 90 or more consecutive days |
| Partial Disability Benefit | Up to 50% of Max Benefit Amount |
| Pre-Existing Condition Limitation | 3 / 12 |

Plan Features

Partial Disability

Up to 50% of Maximum Benefit Amount. Disability earnings must be less than 50% of the employee's monthly earnings. The sum of the Partial Disability benefit, the salary earned while receiving Partial Disability benefits, and income from all other sources may not exceed 60% of the employee's pre-disability earnings.

Total Disability

An employee is considered totally disabled if unable to perform the material duties of their own occupation for the first 24 months and any occupation after 24 months. Recurrent disabilities resulting from the same or related causes within 6 months will be considered one period of total disability.

Elimination Period

Refers to the time period between an injury and you start receiving benefit payments.

Pre-Existing Condition Limitation

Benefits will not be paid for any Disability caused by, contributed to by, or the result of a Pre-Existing Condition which begins within the first 12 months following Your Certificate Effective Date.

Pre-Existing Condition Limited Benefit

Designed to cover conditions excluded by the pre-existing conditions limitation. It pays a reduced disability benefit after satisfying the elimination period. Payable for up to 3 months.

Integration

Benefits may be reduced by the following sources of income: Deduction of Social Security Disability Benefit, State Disability, Individual Disability, Auto, Military, Government, Group Insurance, 3rd Party, Salary Continuation, Federal Government (tied to social security), Employee Retirement, Employment, Unemployment, Worker's Compensation. The total of all benefits received from this disability plan and above sources of income may not exceed 80% of income prior to disability.

Long-Term Disability



Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

- Own Occupation Coverage
- Rehabilitation Provision
- Residual & Partial Disability
- Specific Indemnity Benefit
- Survivor Benefit - 3 months
- Transfer of Coverage
- Work Incentive & Childcare Provision
- Worksite Modification Benefit

Long-Term Disability Benefits

| | |
|--|--|
| Benefit Period | 24 months |
| Elimination Period | 180 days of consecutive disability |
| Benefit Amount | 60% of income up to \$5,000 per month |
| Partial Disability Benefit | Up to 50% of Max Benefit Amount |
| Pre-Existing Condition Limitation | 3 / 12 |
| Interruption & Recurrence Provision | 30 trial work days, 6 month recurrence |

Plan Features

Offsets

Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

Elimination Period

Refers to the time period between an injury and you start receiving benefit payments.

Pre-Existing Condition Limitation

Benefits will not be paid for any Disability caused by, contributed to by, or the result of a Pre-Existing Condition which begins within the first 12 months following Your Certificate Effective Date.

| Maximum Benefit Duration | |
|--------------------------|----------------------|
| Age at Disablement | Duration of Benefits |
| 61 or younger | to age 65 |
| 62 | 3 1/2 years |
| 63 | 3 years |
| 64 | 2 1/2 years |
| 65 | 2 years |
| 66 | 1 3/4 years |
| 67 | 1 1/2 years |
| 68 | 1 1/4 years |
| 69 or older | 1 year |

Employer Paid Basic Coverage

Basic Life and Accidental, Death, & Disability protection is provided to you by Bluegrass Healthcare Partners.

Employer Paid Accidental Death & Dismemberment

Benefit Amount

Starting at \$10,000, see plan document for more details

Employer Paid AD&D

| Accidental Loss of | Amount Payable |
|-------------------------------|----------------|
| Life | 100% |
| Both Hands | 100% |
| Both Feet | 100% |
| Sight of Both Eyes | 100% |
| One Hand and One Foot | 100% |
| One Hand and Sight of One Eye | 100% |
| One Foot and Sight of One Eye | 100% |
| Speech and Hearing | 100% |
| One Hand | 50% |
| One Foot | 50% |
| Sight of One Eye | 50% |
| Speech | 50% |
| Hearing | 50% |

Benefit Reduction Due to Age

| Age | Benefit Reduced To |
|-----|--------------------|
| 65 | 65% |
| 70 | 45% |
| 75 | 30% |
| 80 | 20% |

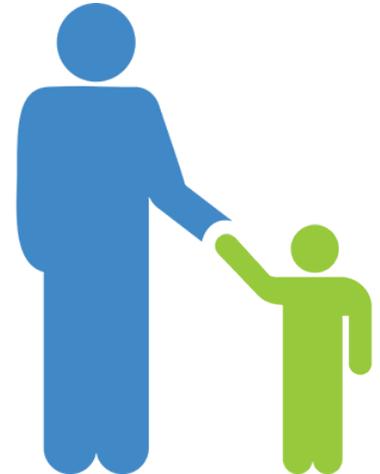


Supplemental & Dependent Life



Additional Coverage

Guaranteed issue of up to \$150,000 additional life and Accident, Death, & Disability coverage for you and additional coverage for your spouse and your dependent children. This benefit is portable and can convert into an individual policy allowing you to keep it with you to protect you and your family.



Supplemental Life Benefit Amounts

| | |
|--|--|
| Employee | \$10,000 to \$500,000 in increments of \$10,000. Not to exceed 5x earnings for amount over \$250,000 |
| Spouse | \$5,000 to \$250,000 in increments of \$5,000. Not to exceed 50% of employee amount |
| Child(ren) <small>birth to age 26</small> | \$5,000 to \$10,000 in increments of \$5,000. Not to exceed employee amount |

Guaranteed Issue Initial eligibility period only

| | |
|-------------------|-----------------------------|
| Employee | Age 70 and under: \$150,000 |
| Spouse | Age 70 and under: \$50,000 |
| Child(ren) | \$5,000 or \$10,000 |

Supplemental AD&D

| Accidental Loss of | Amount Payable |
|-------------------------------------|----------------|
| Life | 100% |
| Two or More Members | 100% |
| Speech and Hearing | 100% |
| One Member | 50% |
| Speech or Hearing | 50% |
| Thumb and Index of Same Hand | 25% |

*Member refers to foot, hand or eye

Plan Features

- Living Benefit
- Conversion Privilege
- FMLA / MSLA Extension
- Portability
- Waiver of Premium

The more an you uses a Legal Plan, the more you benefit. Like it or not, laws permeate every aspect of our lives. So, it's helpful to have an advocate in your corner dealing with expensive legal issues like identity theft or debt.

To learn more about your coverages and see our attorney network, create an account at members.legalplans.com or call 800.821.6400 Monday – Friday 8:00 am to 8:00 pm (ET).

Plan features

| | | | |
|------------------------------------|--|---|---|
| Money Matters | <ul style="list-style-type: none"> •Debt Collection Defense •Financial Wellness Programs¹ •Identity Theft Defense | <ul style="list-style-type: none"> •Identity Restoration² •Negotiations with Creditors •Personal Bankruptcy | <ul style="list-style-type: none"> •Promissory Notes •Tax Audit Representation •Tax Collection Defense |
| Home & Real Estate | <ul style="list-style-type: none"> •Boundary or Title Disputes •Deeds •Eviction Defense •Foreclosure | <ul style="list-style-type: none"> •Mortgages •Property Tax Assessments •Refinancing of Home •Sale or Purchase of Home | <ul style="list-style-type: none"> •Security Deposit Assistance •Tenant Negotiations •Zoning Applications |
| Estate Planning | <ul style="list-style-type: none"> •Codicils •Complex Wills •Healthcare Proxies •Living Wills | <ul style="list-style-type: none"> •Powers of Attorney (Healthcare, Financial, Childcare, Immigration) | <ul style="list-style-type: none"> •Revocable Trusts •Irrevocable Trusts •Simple Wills |
| Family & Personal | <ul style="list-style-type: none"> •Adoption •Affidavits •Conservatorship •Demand Letters •Garnishment Defense •Guardianship | <ul style="list-style-type: none"> •Immigration Assistance •Juvenile Court Defense, Including Criminal Matters •Name Change •Parental Responsibility •Personal Property Protection | <ul style="list-style-type: none"> •Prenuptial Agreement •Protection from Domestic Violence •Review of ANY Personal Legal Document •School Hearings |
| Civil Lawsuits | <ul style="list-style-type: none"> •Administrative Hearings •Civil Litigation Defense | <ul style="list-style-type: none"> •Disputes Over Consumer Goods & Services •Incompetency Defense | <ul style="list-style-type: none"> •Pet Liabilities •Small Claims Assistance |
| Elder-care Issues | Consultation & Document Review for your parents: <ul style="list-style-type: none"> •Deeds •Leases | <ul style="list-style-type: none"> •Medicaid •Medicare •Notes •Nursing Home Agreements | <ul style="list-style-type: none"> •Powers of Attorney •Prescription Plans •Wills |
| Traffic & Other Matters | <ul style="list-style-type: none"> •Defense of Traffic Tickets³ •Driving Privilege Restoration | <ul style="list-style-type: none"> •Habeas Corpus | <ul style="list-style-type: none"> •Repossession |

1. MetLife administers PlanSmart's Retirewise program and has arranged for specially-trained third-party financial professionals to offer financial education and, upon request, provide personal guidance to employees and former employees of companies providing PlanSmart's Retirewise through MetLife.

2. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

3. Does not cover DUI.

Identity Theft Protection



Meet Aura

An all-in-one, easy to use online security solution designed to protect the entire family

Identity Theft Protection

Aura monitors your personal information and alerts you if any threats are detected.

Financial Fraud Protection

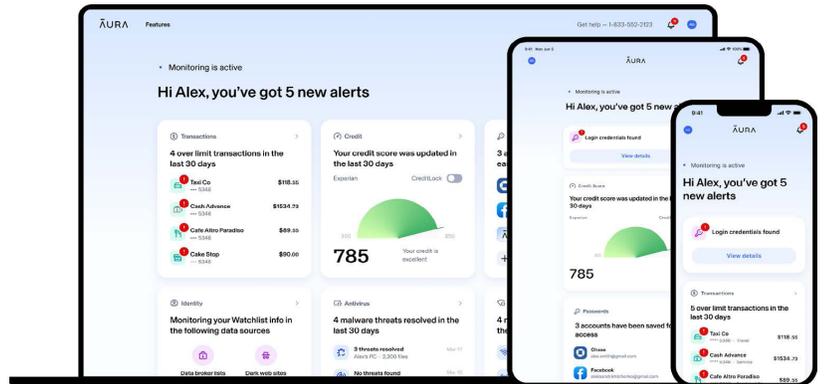
Aura monitors your credit, financial accounts, and property titles and alerts you to any suspicious activity.

Privacy and Device Security

Get intelligent safety tools— like VPN, antivirus, password manager, and more – to protect your online privacy.

Family Safety

Loved ones with integrated parental controls, elder fraud prevention tools, and more.



In today's digital world, employees are spending more time online than ever which could put their personal information in the hands of cyber criminals.

Aura protects you and your families from fraud by helping to ensure your private information is not anywhere it shouldn't be.

**24/7/365
Customer Support**

Aura's 100% US-based Customer Support team is available 24/7/365.

**White Glove
Fraud Resolution**

Aura's White Glove Resolution Specialists guide fraud victims through every step of the remediation process.

**\$5,000,000 Insurance
Policy**

Each enrolled adult is backed by a generous \$5M insurance policy* to cover eligible losses and expenses.

**Features at your
fingertips**

With Aura's easy to use mobile app, members enjoy a consistent experience across devices.

Protection Plan

- 1 Bureau credit monitoring & alerts
- 2 Device limit: Anti-virus, Wifi Scanning & VPN

Individual \$ 6.45 per pay period
Family \$12.45 per pay period

Protection Plus Plan

- 3 Bureau credit monitoring & alerts
- Up to 10 Devices: Anti-virus, Wifi Scanning & VPN
- Social Media Monitoring & Takeover Alerts
- Experian Credit Lock

Individual \$9.95 per pay period
Family \$16.55 per pay period



FARMERS
INSURANCE

Home & Auto Insurance

Insure what's important while enjoying saving

- **Automated payment options and discounts**
- **Claim-free driving rewards**
- **Multi-policy savings**
- **Roadside assistance**
- **24/7 claim reporting**

Access to quality insurance to protect your valuables, to help protect against personal liability, and that can help feel financially secure with 24/7 professional support they need to bounce back, if the unexpected happened. This program helps choose policies to fit your needs and that fit your budget with special savings based on where you work, among other discounts.

Auto Insurance

Comprehensive coverage? Collision coverage? Deductibles? Medical Payments? Where to begin? Your local Farmers agent can take the mystery out of selecting the right Car insurance coverage for your needs and budget. Get started with an online Auto insurance quote and learn about our insurance discounts that can help you save money.

Home Insurance

Your home is perhaps your most valuable possession, so you'll want to make sure your insurer has withstood the test of time. Farmers® has been providing insurance products for over 80 years, and will be there in the event disaster strikes and your home is damaged in a fire or due to another covered cause of loss. Plus, get competitive rates with our multi-line insurance discounts. Get a Home insurance quote now.

Renters Insurance

Your landlord may have an insurance policy, but if there's a fire in your building, that policy may not cover your possessions. That's why there's Renters insurance. Get a Renters insurance quote to see how affordable it is to protect your personal belongings: about the price of a movie and popcorn once a month.

Umbrella Insurance

You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings

MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by providing them the confidence to care for their pet. Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members. This will help to give you the confidence that you can pay for treatment for your pets if they become sick or have an accidental injury.

Freedom of Comprehensive coverage

Flexibility to select various levels of coverage with no breed exclusions or upper age limits; ability to include multiple pets on one policy through our innovative family plans

- Optional wellness coverage (preventive care) included in annual limit
- Competitive rates with discounts, healthy pet incentive and the only provider offering family plans (i.e., multiple pets covered by one policy)
- Coverage of pre-existing conditions when switching providers, no initial exam or previous vet records to apply

Simple and delightful experience

Your home is perhaps your most valuable possession, so you'll want to make sure your in New mobile app experience that allows for easy claim submission & track claims with most claims processed within 10 days

- Team of pet advocates to assist with enrollment and service, access to telehealth concierge service.
- No waiting period for orthopedic coverage and among the industry's shortest wait period for accident and illness coverage.

Backed by MetLife's unmatched track record

Simple set up with no additional costs to you and a seamless integration across MetLife benefits. Ongoing support with customizable employee communications & tools.

Umbrella Insurance

You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings

Key Terms & Definitions

COINSURANCE

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

COPAYMENT

A flat fee that you pay toward the cost of covered medical services.

DEDUCTIBLE

A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and maximum out-of-pocket.

MAXIMUM OUT-OF-POCKET

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

PREAUTHORIZATION

A decision by your health plan that a service, plan, prescription drug or durable medical equipment is medically necessary and if it will be approved to be paid. Provider Care Ticket assists in making sure your preauthorization goes through smoothly with the insurance company, please refer to the page titled “How to Use Your Health Plan” for details.

PLAN YEAR

A plan year is the 12-month period your benefits coverage lasts, at the end one plan year and start of another deductibles, max out of pocket, and allowances reset. All benefits in this guide run in a plan year that coincides with the calendar year except as noted. If you start midway through the year such as a new employee or through a qualifying event your plan year will still end with the group’s plan year.

GUARANTEED ISSUE

For many benefits listed in this guide, the first time a benefit is available to you, to the amounts listed, you and your family automatically qualifies benefit without having to answer health questions. You will continue to carry this for as long as you maintain the policy.

PORTABILITY OF COVERAGE

Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company in the event you no longer qualify for the benefit such as due to retirement (age limitations may apply).