



Your Benefits

Effective January - December 2024



GETTING STARTED

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least **30 hours** per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.

Your Children

Dependent children are eligible:

- Medical, dental and vision: until age 26 regardless of student or marital status
- Child life insurance: until age 21, or 26 if a full-time student

Enroll now

Enrolling in coverage

Your benefit plans are in effect January 1 – December 31 each year. In general, there are **three times** you can make benefit selections:



When you're first eligible

Your benefits begin on the first day of the month following your date of hire; this is your **effective date**. Be sure to submit your selections within your first 30 days of employment.

Your benefit selections will be in effect through December 31.



At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from January – December of the following year unless you have a qualifying life event.



If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption.
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.



You must request a change to your benefits within 30 days of your life event (60 days for changes involving Medicaid eligibility).

Documentation may be required.



GETTING STARTED

Helpful terms & resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays. **Medical**: balance billing is in addition to – and does not count towards – your out-of-pocket maximum.

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Referral/pre-authorization

Some specialty medical providers and services require a referral from a primary doctor. These may include - but are not limited to - cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).



Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Summit Medical Consultants.

You can request a paper copy at no charge from:

Carolyn Lontin

clontin@summitmc.org

Download now



How to handle medical bills (4:46)





GETTING STARTED

Contact information



Benefits contacts

| Medical insurance | UnitedHealthcare (UHC) Group: | 866-801-4409 www.myuhc.com |
|-----------------------------------|------------------------------------|---|
| Virtual Visits (Medical) | HealthiestYou | 866-703-1259 www.healthiestyou.com |
| Health Savings Account (HSA) | WEX | 866-451-3399 www.wexinc.com |
| Flexible Spending Accounts (FSAs) | WEX | 866-451-3399 www.wexinc.com |
| Employee Assistance Program (EAP) | Mutual of Omaha | 800-316-2796 www.mutualofomaha.com/eap |
| Dental insurance | Principal Group: 1087247 | 800-986-3343 www.principal.com |
| Vision insurance | Principal Group: 1087247 | 800-986-3343 www.principal.com |
| Life and AD&D insurance | Mutual of Omaha Group: G000BN24 | 800-775-6000 www.mutualofomaha.com |
| Disability insurance | Mutual of Omaha Group: G000BN24 | 800-775-6000 www.mutualofomaha.com |
| Accident and Critical Illness | Mutual of Omaha Group: G000BN24 | 800-775-6000 www.mutualofomaha.com |
| Identity Theft Protection | Norton LifeLock | 800-607-9174 www.Norton.com/EssentialPremierPlus |
| Pet benefits | Nationwide | 855-874-4944 www.petinsurance.com |
| | | |



Medical insurance

Select from three medical options

through Unitedhealthcare (UHC).

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you get care,
- how out-of-network care is covered, and
- your annual maximum cost for care (out-of-pocket maximum).

Earn up to \$1,000 with the Rewards Program!

See plan details



| | PPO 1000 | PPO 3000 | HDHP |
|--|---|---|---|
| In-network care | See plan details | <u>See plan details</u> | <u>See plan details</u> |
| Network name: | Choice Plus PPO | Choice Plus PPO | Choice Plus PPO |
| Annual Deductible (DED) | \$1,000 per person \$2,000 family max | \$3,000 single coverage \$6,000 family max | \$6,300 per person \$12,600 family max |
| Out-of-pocket maximum | \$3,500 per person \$7,000 family max | \$7,350 per person \$14,700 family max | \$6,300 per person \$12,600 family max |
| Pre-tax account availability | Health Care FSA | Health Care FSA | Health Savings Account (HSA) |
| Preventive care Primary care visit Specialist visit Virtual visit | 100% covered \$30 copay \$60 copay \$0 copay | 100% covered \$30 copay \$60 copay \$0 copay | 100% covered DED then you pay 0% DED then you pay 0% \$0 copay |
| Urgent care Emergency room Inpatient hospital care | \$100 copay \$300 + DED then you pay 20% DED then you pay 20% | \$100 copay \$300 + DED then you pay 20% DED then you pay 20% | DED then you pay 0% DED then you pay 0% DED then you pay 0% |
| Prescription drugs Tier 1 Tier 2 Tier 3 Tier 4 | 30 days \$15 copay \$35 copay \$75 copay \$250 copay | 30 days \$15 copay \$35 copay \$75 copay \$250 copay | 30 days DED then you pay 0% DED then you pay 0% DED then you pay 0% DED then you pay 0% |
| Out-of-network care Annual deductible Out-of-pocket maximum | Balance billing applies \$2,000 / \$4,000 \$7,000 / \$14,000 | Balance billing applies \$6,000 / \$12,000 \$14,700 / \$29,400 | Balance billing applies \$12,600 / \$25,200 \$25,200 / \$50,400 |
| Your cost for coverage Employee only Employee + Spouse Employee + Child(ren) Employee + Family | Per month \$284.64 \$1,069.84 \$891.39 \$1,712.28 | Per month \$161.12 \$810.42 \$662.86 \$1,341.69 | Per month \$0 \$472.07 \$364.79 \$858.31 |

See your plan documents for out-of-network benefits.

Health Savings Account (HSA)

An HSA through WEX is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – or retirement!

Contributions

You may contribute tax-free funds to save for current and future health expenses:

If you cover yourself only

If you cover any dependents

2024 IRS maximum contribution

\$4,150*

\$8,300*

55 or older? You can contribute an extra \$1,000 per year in catch-up contributions.

*Plan accordingly if you are participating in UHC Rewards program; IRS max includes these contributions.

HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is **always yours** and available for qualified health care expenses - even if you change jobs or health plans. Before retirement, any funds used for non-health care expenses are subject to tax penalties. **Keep your receipts!**

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties.

Eligibility

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- be **enrolled** in a qualified High Deductible Health Plan (HDHP),
- **not** be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- not be anyone else's tax dependent, and
- not be eligible for or enrolled in Medicare A or B, Tricare, or VA benefits.





See how an HSA can help you save for today and tomorrow.





Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through WEX.

Health care and dependent care expenses can add up. Paying with tax-free funds can help. Enroll in one or more flexible spending accounts (FSAs) depending on your needs.

Eligible expenses

Health care

Health care FSA

Pay for eligible medical, prescription, dental, and vision expenses.

2024 maximum contribution \$3,200

Annual rollover amount \$640 (use-it or lose-it)

Limited purpose FSA

Enrolled in an **HDHP plan** and eligible for HSA contributions? You're not eligible for a health care FSA; you can contribute to a **limited purpose FSA** instead.

Pay for eligible dental and vision expenses when you're also contributing to an HSA.

2024 maximum contribution \$3,200

Annual rollover amount \$640 (use-it or lose-it)

Dependent care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2024 maximum contribution \$5,000

Married filing separately: contribute up to \$2,500 per person.

Only the amount you've **actually contributed** is available for use at any one time. **Estimate carefully**! Unused funds will be forfeited at the end of the year per IRS regulations.





Total wellbeing: caring for all of you

Support for your health, finances, and life.



The recipe to living well

There are **five** ingredients to wellbeing — each is just as important as the others:



Social & Emotional

Healthy, supportive relationships with family, friends, and most importantly, yourself. Effectively managing feelings and emotions and practicing healthy ways to manage stress and adapt to challenges.



Physical

Having good health and the energy to perform your job life outside of work, such as spending time with family, friends, or participating in activities you enjoy. Think of physical wellbeing as nutrition, staying hydrated, getting rest, avoiding illness through vaccines, preventive screenings, and following doctors' orders!



Financial

The ability to effectively understand and plan for day-to-day expenses, short-term, and long-term goals, like paying back student loans, saving for a house, sending children to college, retirement, or caring for aging family members.



Purpose

Connection to your passion, the reason you get out of bed every day.



Community

Feeling connected to where you live, work and play through activities such as volunteering and mentoring.

Telehealth: virtual health care that fits your schedule

See plan details

Access quality care in the convenience of your own home, on your lunch break, or on the way to your child's soccer game!

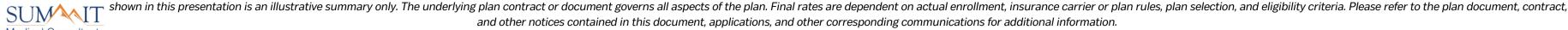
Whether it's a nagging cough, middle-of-the-night fever, or a suspicious-looking mole or rash — telehealth through HealthistYou is here when you need it. Connect with a board-certified physician 24 hours a day, 7 days a week.

Your cost per visit depends on your medical plan:

| PPO 1000 | PPO 3000 | HDHP |
|------------------|------------------|------------------|
| \$0 copay | \$0 copay | \$0 copay |

Mental health care is essential health care.

Managing work, family, relationships, and finances can be tough. Our Employee Assistance Program (EAP) provides you and your family with no-cost, confidential assistance with all things related to your life. **24/7/365**.



Employee Assistance Program (EAP)

Care for your mind - and your life - with support through Mutual of Omaha.

Everyone needs support sometimes (even superheroes).

Our Employee Assistance Program (EAP) is a confidential service with access to guidance and resources at no cost for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support online, through live chat, or over the phone. 24/7/365.

EAP features:

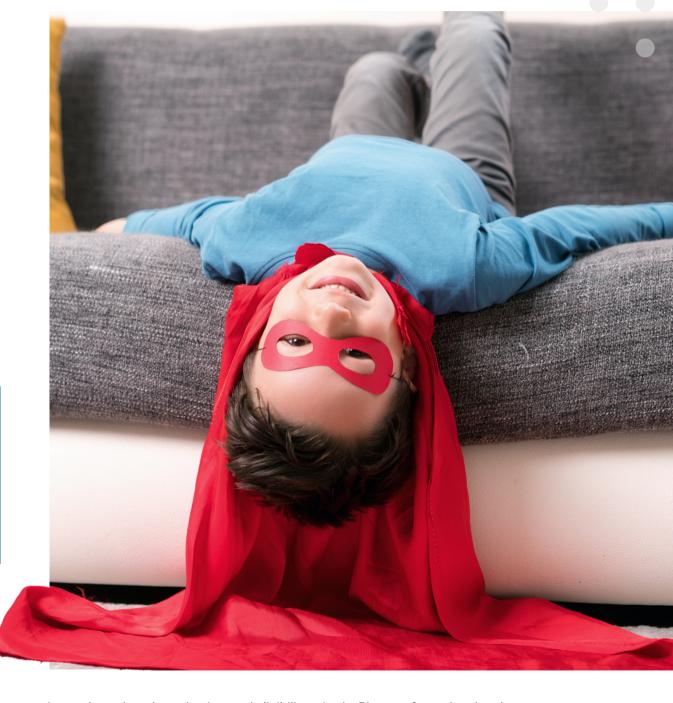
- **Confidential**. No one at Summit Medical Consultants will ever know you called or what was discussed.
- Available 24/7/365. Life doesn't happen during office hours. The EAP is here when you need them.
- Family care is included. Anyone living in your home is eligible for EAP services at no cost.
- Face-to-face visits. When needed, each person can receive up to 3 face-to-face (or virtual) visits with a licensed counselor per issue per year. At no cost. Additional visits if needed will go through your health insurance.

See plan details

24/7/365 access to care.

800-316-2796

mutualofomaha.com/eap





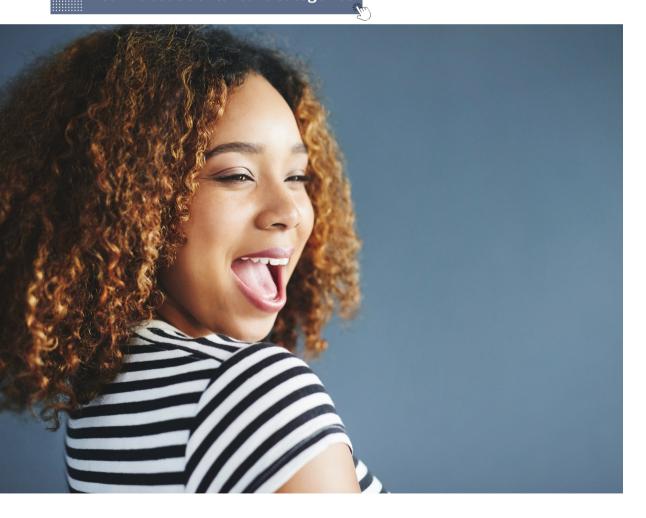


Dental coverage is through Principal.

You'll get in-network preventive care at 100% along with coverage for basic and major dental services.

Orthodontic care is covered.

Learn about dental care categories



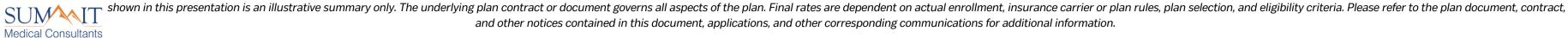
Dental plan

See plan details

| Network name: | National PPO | |
|--|--|-------------------------------------|
| | In-network | Out-of-network |
| Annual Deductible (DED) | \$50 per person \$150 family max | \$50 per person \$150 family max |
| Annual maximum benefit (Combined in and out of network maximum) | \$2,000 per person | \$2,000 per person |
| Preventive care | 100% covered | 100% covered |
| Basic care | DED then you pay 20% | DED then you pay 20 % |
| Major care | DED then you pay 50 % | DED then you pay 50 % |
| Orthodontic care Coverage Lifetime max benefit | 50 % covered (child to age 19) \$1,000 lifetime max benefit | |
| Your cost for coverage Employee only Employee + Spouse Employee + Child(ren) Employee + Family | Per month \$0 \$33.90 \$50.03 \$89.93 | |



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).



Vision insurance

Your vision coverage is through Principal.

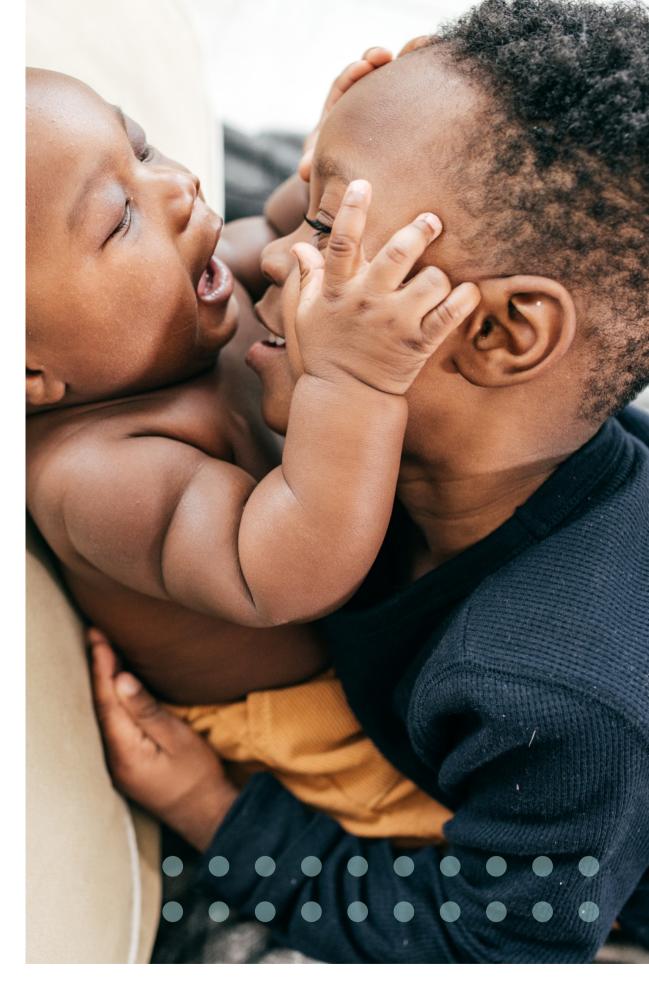
You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.

Vision plan

See plan details

| Network name: | National PPO | |
|--------------------------------------|---|---|
| | In-network | Out-of-network |
| Annual eye exam (every 12 months) | \$10 copay | Up to \$45 reimbursement |
| Materials copay (lenses & frames) | \$25 copay | N/A |
| Lenses (every 12 months) | Included in materials copay | Up to \$30 / \$50 / \$65 reimbursement |
| Frames (every 12 months) | \$150 allowance | Up to \$70 reimbursement |
| Contact lenses (every 12 months) | Elective: \$150 allowance Medically necessary: 100% covered | Up to \$105 / \$210 reimbursement |
| Your cost for coverage | Per month | |
| Employee only | \$0 | |
| Employee + Spouse | \$7.30 | |
| Employee + Child(ren) | \$8.23 | |
| Employee + Family | \$17.16 | |

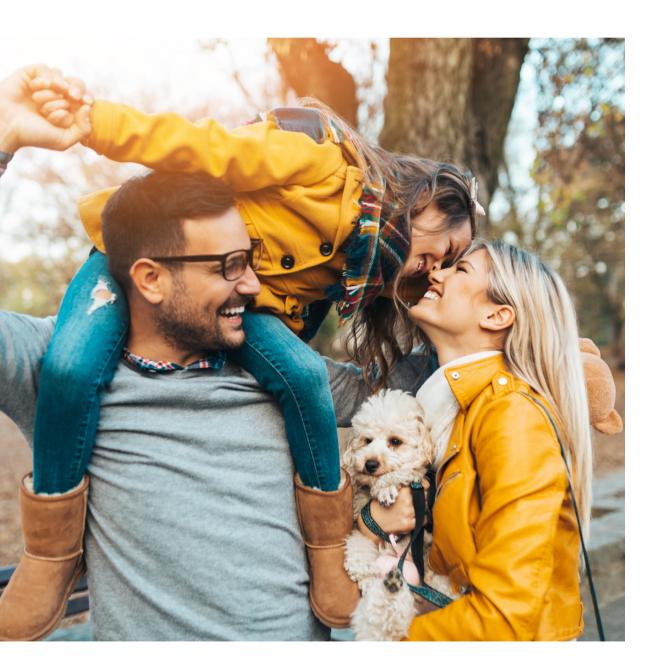
Your vision plan covers either glasses (lenses and frames) or contact lenses each year. If you receive contact lenses, they will be instead of your glasses benefit.



Life and AD&D insurance

Financial peace of mind through Mutual of Omaha.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.



Basic life and AD&D insurance

See plan details

Summit Medical Consultants provides life and AD&D insurance at no cost to you.

| | Basic life | Basic AD&D |
|-------------------------------------|------------|------------|
| Summit Medical Consultants provides | \$25,000 | \$25,000 |

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.



What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- your beneficiary if you pass away due to an accident
- you a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Additional life and AD&D insurance

See plan details

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

| | For you | For your spouse | For your child(ren) |
|------------------------|--------------------------------------|--|---------------------|
| Coverage increments | \$10,000 | \$5,000 | \$10,000 |
| Coverage maximum | 5x your annual earnings to \$300,000 | 100% of employee amount, up to \$100,000 | \$10,000 |
| Medical question limit | \$100,000 | \$25,000 | Does not apply |









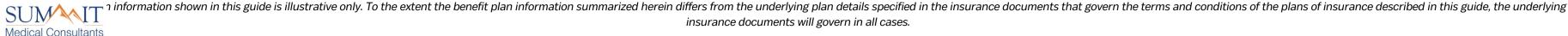




Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.



Disability insurance

Protect your paycheck with disability insurance through Mutual of Omaha.

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

Long-term disability

See plan details

Long-term disability coverage can provide lasting income protection if you remain unable to work. Summit Medical Consultants covers this benefit premium at 50%.

| Benefits begin | After 90 days of inability to work (once short-term disability ends) |
|-----------------------|---|
| Coverage amount | 60% of your income up to \$5,000 per month |
| Payments may continue | Until your <u>Social Security Normal Retirement Age</u> if you remain unable to work. |

Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.

Extras included from Mutual of Omaha

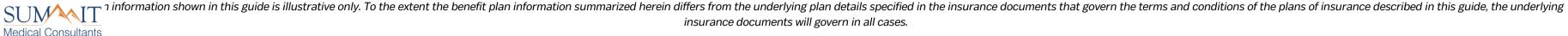
Will Prep and Travel Assistance programs are available to you free of charge.



<u>See plan details</u>







Additional benefit options

Additional voluntary benefit plans are a great way to customize your benefits package.

Accident coverage

See plan details

Accident coverage through Mutual of Omaha pays you a cash benefit to help with your expenses –your deductible or copays, transportation, groceries and more – if you or a covered family member is injured due to an accident. The money is yours to use as you choose.

Monthly Cost:

EE \$5.52 / EESP \$8.98 / EECH \$12.53 / FAM \$16.55

Critical illness

See plan details

Critical illness coverage through Mutual of Omaha pays you a cash benefit to help with your expenses—your deductible or copays, transportation, groceries and more—if you or a covered family member is diagnosed with a covered critical illness. The money is yours to use as you choose. This coverage offers a \$50 wellness benefit.





Identity theft

See plan details

Identity theft protection through Norton LifeLock helps monitor your credit and personal information online. You can buy coverage for yourself, your spouse and/or your child(ren). Two plans to choose from.

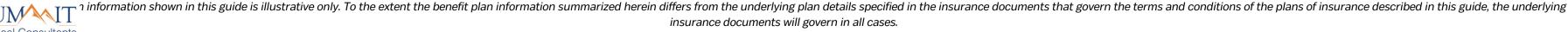
Monthly Cost:

Essential: EE \$8.99 / FAM \$17.98 Premier Plus: EE \$17.99 / FAM \$32.98

Pet insurance

See plan details

Protect your furry best friend with Nationwide Pet Insurance. You'll get access to licensed veterinarians for routine care, emergencies, lab tests and wellness visits. Rates vary.



Accident coverage



(For Illustration Purposes Only)



Accident Coverage

This insurance pays a benefit for each injury, treatment or service included in the policy that occurs as the result of a covered accident.

For example, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any facial or head injuries and a shoulder X-ray.

Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well.

In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was \$556. He's a pretty healthy kid, so a health insurance deductible of \$1,500 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay.

Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

| BENEFITS | AMOUNT |
|-------------------|--------------|
| Ambulance | \$200 |
| ER Visit | \$150 |
| CT Scan | \$200 |
| X-ray | \$50 |
| Concussion | \$150 |
| Broken Collarbone | \$300 |
| Follow-Up Visit 1 | \$ 75 |
| Follow-Up Visit 2 | \$ 75 |
| Total Benefit | \$1,200 |

Note: The benefits shown in this example are for a sample design and may vary from the benefits that are available to you.



> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 24 hours per week and be under age 80
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital / care facility) and any child(ren) must be under age 26

Can I insure my domestic partner or civil union partner?

Any reference to "spouse" includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable federal law, state law, or law of the country, city or local government in your jurisdiction of residence.

What is the "Express Benefit"?

This benefit is payable upon notification of an accident in which an insured person is injured. It can be paid in a short time frame with minimal information (compared to a typical claim).

When does this insurance end?

Insurance will end on the last day of the month in which an insured person no longer satisfies the applicable eligibility conditions, or when you reach the age of 80. Additional circumstances under which insurance will end are described in the certificate.

Are there any exclusions or limitations?

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy. The exclusions and limitations are summarized in the outline of coverage and detailed in the certificate. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Accident insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010. This policy provides accident insurance only. It does not provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. The insurance is designed to pay you a fixed dollar amount regardless of the amount any provider charges.



Critical illness



United of Omaha Life Insurance Company A Mutual of Omaha Company

Voluntary Critical Illness Insurance



An unexpected critical illness can have a lasting impact on you and your family – physically, emotionally and financially.

As an active employee of Summit Medical Consultants, PLLC, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through United of Omaha Life Insurance Company.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

How much insurance is enough?

Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.

Coverage guidelines and benefits are outlined in the chart below



| ELIGIBILITY - ALL ELIGIB | LE EMPLOYEES | |
|--------------------------------------|--|--------------------------|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per wee coverage. | k to be eligible for |
| Dependent Eligibility Requirement | To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself | |
| Premium Payment | The premiums for this insurance are paid in full by you. Child insurance is automatic. A separate premium is not required. | |
| BENEFIT CATEGORY | CONDITION | % OF CI PRINCIPAL SUM |
| Heart/Circulatory/Motor Function | Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's | 100% |
| | Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery | 25% |



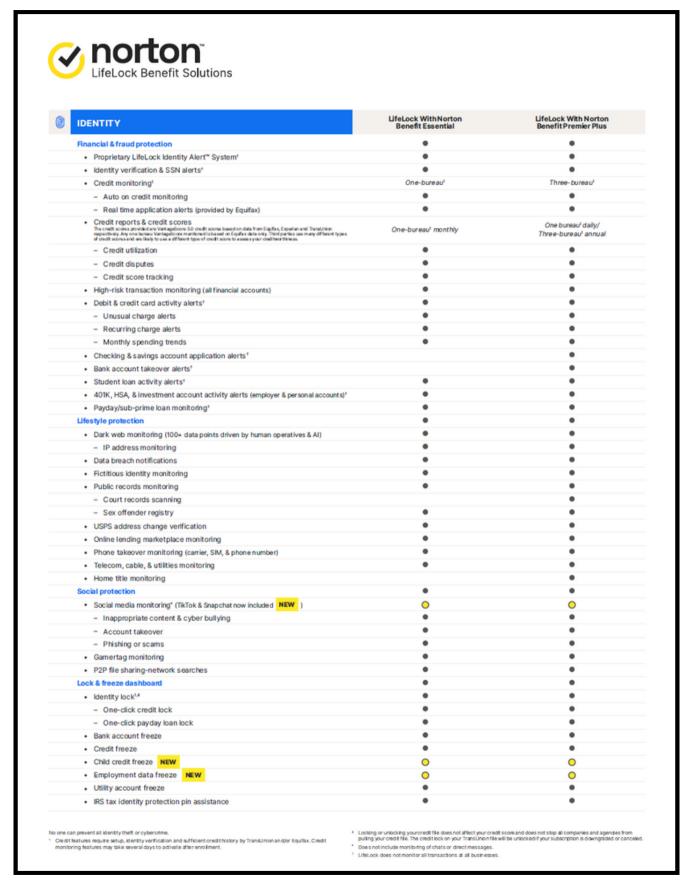
| Organ | Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure | | 100% | |
|--|--|---|--|--|
| | Acute Respiratory | Distress Syndrome (ARDS) | | 25% |
| Childhood/Developmental *benefits only available to children | | | 100% | |
| Cancer | Cancer (Invasive) | marinemeene Diserseis, Type I | 21 | 100% |
| | Bone Marrow Tran | splant | | 50% |
| | | Benign Brain Tumor | | 25% |
| COVERAGE GUIDELINES ² | , | | | |
| | MINIMUM | MAXIMUM | GUARA | NTEE ISSUE ³ |
| For You Elect in \$5,000 increments | \$5,000 | \$50,000 | \$ | 15,000 |
| Spouse Elect in \$5,000 increments | \$5,000 | 50% of employee's CI Principal Sum, up to \$25,000 | : | \$8,000 |
| Child(ren) *benefit for each child | 25% of employe | e's CI Principal Sum, up to \$5,000 | , | \$5,000 |
| ADDITIONAL BENEFITS | | | | |
| | insured person. If the policy benefit maximum is reached for an insured person the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy. | | | • |
| Health Screening Benefit | | benefit of \$50 for a health screen | ing test. | |
| Additional Occurrence Benefit | Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person. | | | |
| | msurea person. | ier Critical filliess in the same bei | nefit catego | |
| Reoccurrence Benefit | - | | | ry, for each |
| Reoccurrence Benefit CONDITIONS & LIMITATIO | The reoccurrence b | penefit is equal to 100% of the Cr | | ry, for each |
| CONDITIONS & LIMITATIO | The reoccurrence b | penefit is equal to 100% of the Cr 70, the original amount of insura | itical Illness | ry, for each s principal sum. |
| CONDITIONS & LIMITATIO | The reoccurrence b NS When you turn age both you and your | enefit is equal to 100% of the Cr 70, the original amount of insura | itical Illness | ry, for each s principal sum. |
| CONDITIONS & LIMITATIO Age Reductions | The reoccurrence b | enefit is equal to 100% of the Cr 70, the original amount of insura | itical Illness | ry, for each s principal sum. |
| CONDITIONS & LIMITATIO Age Reductions Benefit Waiting Period | The reoccurrence b NS When you turn age both you and your There is no benefit The Hearing Discorproducts, including | enefit is equal to 100% of the Cr 70, the original amount of insura | ance will red our family d 1-888-534-1 | ry, for each sprincipal sum. duce to 50% for |

¹Payment of a partial benefit reduces the remaining amount payable in a category.

²The amount of insurance for your spouse and child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

³Subject to any reductions, Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

Identity theft





| SECURITY | LifeLock WithNorton | LifeLock With Norton |
|--|--|---|
| SECORITY | Benefit Essential | Benefit Premier Plus Up to 10 devices |
| Norton Device Security - PC, Mac, & mobile | Up to 3 devices (Family gets 6 devices) | (Family gets unlimited) |
| Antivirus, malware, ransomware, & hacking protection | • | • |
| Safe browsing (Norton Safe Web) | • | • |
| SMS security | • | • |
| Secure calendar (iOS) | • | • |
| Network security (Smart Firewall) | • | • |
| Cloud backup ² | 10 GB | 500 GB |
| Online threat protection (including emerging threats: stalkerware, fake e-stores) | • | • |
| Password Manager | • | • |
| Child online safety tools (Parental Control) ³ | • | • |
| Online activity monitoring (search term & video supervision) | • | |
| Content controls & restrictions Serven time management | • | • |
| Screen time management Geolocation tracking & alerts | • | - |
| Instant device lock/unlock | | |
| Instant covice lock/unlock Instant school time device management | • | |
| _ | | - |
| PRIVACY | | |
| Secure VPN - PC, Mac, & mobile | • | • |
| Data broker monitoring & data removal assistance (Privacy Monitor) | • | • |
| Solicitation reduction | • | • |
| Ad blocker | • | • |
| Reduced pre-approved credit card offers | • | • |
| Webcam protection (SafeCam) ² | • | • |
| Private Email COMING SOON" | | 0 |
| Tracker & cookie blocking, anti-fingerprinting (Norton AntiTrack) | | • |
| SERVICE & SUPPORT | | |
| Restoration & remediation services | • | |
| 24/7 live member support (tap-to-call from mobile app) | | • |
| U.Sbased identity restoration agents | • | • |
| Spyware/virus removal (SRV) specialists | • | • |
| Unemployment fraud support | • | • |
| Prior identity theft remediation * (pre-existing conditions) | • | • |
| Integrated restoration tracker | • | • |
| Dedicated employee benefits phone line & email support | • | • |
| Mobile app (IOS & Android) | • | • |
| Million Dollar Protection Package **** | • | • |
| Stolen funds reimbursement | Up to \$1 million each | Up to \$1 million each |
| Personal expense reimbursement (including loss of income, child/elder care) | Up to \$1 million each | Up to \$1 million each |
| Coverage for lawyers & experts (no hourly max) | Up to \$1 million each | Up to \$1 million each |
| Replacement of stolen cash | Up to \$500 | Up to \$500 |
| Cyber Crime Coverage ¹¹¹¹ NEW | | Employee Only Plan: \$50,000 Employee + Family Plan: \$50,000 Shared |
| Cyber extortion | | 0 |
| Social engineering | | 0 |
| Data recovery & system restoration | | 0 |
| Cyber bullying | | • |
| Digital currency crime | | • |
| | | |
| o one can prevent all identity theft or cybercrime. Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in 5 mode, and Windows running on ARM processor). Norton Pamily and Norton Parental Control can only be installed and used on a child's Windows PC, DS and Android devices but not all features are available on all platforms. Parents commonitor and manage their child's activities from any device—Windows PC, Mac IDS and Android — Was one mobile apps, or by signing into the face account all my horton, com and | coverage for lawyers and experts, if needed for all plan up to \$50,000 for related expenses for the Primary Mer in the \$50,000 limit. All be nefts under the Master Polic (State National Insurance Company, Inc. for NY State in | hillmits of up to \$1 million for LifeLock with Norton Renefit or with Norton Benefit Premier Plus, and up to \$1 million in in laddition, if Oyeer Chime Coverage is provided with your plan, more, Secondary and Minor Members of a Family Plan, who share ya be issued and covered by Linted Specialty insarance Company nembers, Al benefits for Oyeer Crime Coverage are issued and is not available to redident for Oher York. Policy terms, condisons, |

Pet insurance



Adding Nationwide pet insurance to your voluntary benefits package offers valuable support to pet-owning employees—which improves workplace attraction, retention and engagement.

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) so employees can find coverage that fits their budget. All plans have a \$250 annual deductible and \$7,500 annual benefit.

Coverage include1:

- Accidents
- Illnesses
- · Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- · Rx therapeutic diets and supplements
- And more

My Pet Protection includes these additional benefits for cats and dogs:

- · Lost pet advertising and reward expense
- Emergency boarding
- · Loss due to theft
- Mortality benefit

What makes My Pet Protection different?

My Pet Protection is available only through your voluntary benefits package, which includes preferred pricing and is guaranteed issuance. It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.



Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

Nationwide offers more than great coverage

vethelpline°

- · 24/7 access to veterinary experts
- · Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

Nationwide

PetRxExpress*

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- · Rx claims submitted directly to Nationwide
- · More than 4,700 pharmacy locations



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¹These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

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