LifeServe BLOOD CENTER

Your Blood. Your Hospital. Your Neighbors.

Employee Benefit Summary
January 1 – December 31, 2024

CHIP NOTICE

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from LifeServe Blood Center, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, dial **1-877-KIDS NOW**, or visit **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, ext. 61565

State	Website/E-mail	Phone
Alabama (Medicaid)	**http://www.myalhipp.com/**	1-855-692-5447
Alaska (Medicaid)	*Premium Payment Program:* **http://myakhipp.com/** *Medicaid Eligibility:* **https://health.alaska.gov/dpa/Pages/default.aspx** *E-mail:* **CustomerService@MyAKHIPP.com**	1-866-251-4861
Arkansas (Medicaid)	**http://myarhipp.com/**	1-855-692-7447
California (Medicaid)	**http://dhcs.ca.gov/hipp** **hipp@dhcs.ca.gov**	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	*Medicaid:* **https://www.healthfirstcolorado.com/** *CHIP:* **https://hcpf.colorado.gov/child-health-plan-plus** *HIBI:* **https://www.mycohibi.com/**	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711
Florida (Medicaid)	**https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html**	1-877-357-3268

State	Website/E-mail	Phone
Georgia (Medicaid)	*HIPP:* **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp** *CHIPRA:* **https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	*Healthy Indiana Plan for low-income adults 19-64:* **http://www.in.gov/fssa/hip/** *All other Medicaid:* **https://www.in.gov/medicaid**	1-877-438-4479 1-800-457-4584
Iowa (Medicaid and CHIP)	*Medicaid:* **https://dhs.iowa.gov/ime/members** *CHIP:* **http://dhs.iowa.gov/Hawki** *HIPP:* **https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp**	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	**https://www.kancare.ks.gov/**	1-800-792-4884
Kentucky (Medicaid and CHIP)	*Medicaid:* **https://chfs.ky.gov** *KI-HIPP:* **https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.apsx** *KI-HIPP E-mail:* **KIHIPP.PROGRAM@ky.gov** *KCHIP:* **https://kidshealth.ky.gov/Pages/index.aspx**	 1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	**www.medicaid.la.gov** **www.ldh.la.gov/lahipp**	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	**https://www.maine.gov/dhhs/ofi/applications-forms** **https://www.mymaineconnection.gov/benefits/s/?language=e n_US**	*Enroll:* 1-800-442-6003 *Private HIP:* 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	**https://www.mass.gov/masshealth/pa**	1-800-862-4840 TTY: 617-886-8102
Minnesota (Medicaid)	**https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp**	1-800-657-3739
Missouri (Medicaid)	**http://www.dss.mo.gov/mhd/participants/pages/hipp.htm**	573-751-2005
Montana (Medicaid)	**http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP** **HHSHIPPProgram@mt.gov**	1-800-694-3084
Nebraska (Medicaid)	**http://www.ACCESSNebraska.ne.gov**	1-855-632-7633 *Lincoln:* 402-473-7000 *Omaha:* 402-595-1178
Nevada (Medicaid)	**http://dhcfp.nv.gov/**	1-800-992-0900
New Hampshire (Medicaid)	**https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program**	603-271-5218 or 1-800-852-3345, ext. 5218
New Jersey (Medicaid and CHIP)	*Medicaid:* **http://www.state.nj.us/humanservices/dmahs/clients/medicaid/** *CHIP:* **http://www.njfamilycare.org/index.html**	*Medicaid:* 609-631-2392 *CHIP:* 1-800-701-0710
New York (Medicaid)	**https://www.health.ny.gov/health_care/medicaid/**	1-800-541-2831
North Carolina (Medicaid)	**https://medicaid.ncdhhs.gov/**	919-855-4100
North Dakota (Medicaid)	**http://www.nd.gov/dhs/services/medicalserv/medicaid/**	1-844-854-4825
Oklahoma (Medicaid and CHIP)	**http://www.insureoklahoma.org**	1-888-365-3742
Oregon (Medicaid)	**http://healthcare.oregon.gov/Pages/index.aspx** **http://www.oregonhealthcare.gov/index-es.html**	1-800-699-9075
Pennsylvania (Medicaid and CHIP)	Medicaid: **https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx** *CHIP:* **Children's Health Insurance Program (CHIP) (pa.gov)**	*Medicaid:* 1-800-692-7462 *CHIP:* 1-800-986-KIDS (5437)
Rhode Island (Medicaid and CHIP)	**http://www.eohhs.ri.gov/**	1-855-697-4347 or 401-462-0311 (Direct RIte)
South Carolina (Medicaid)	**https://www.scdhhs.gov**	1-888-549-0820
South Dakota (Medicaid)	**http://dss.sd.gov**	1-888-828-0059
Texas (Medicaid)	**http://gethipptexas.com/**	1-800-440-0493
Utah (Medicaid and CHIP)	*Medicaid:* **https://medicaid.utah.gov/** *CHIP:* **http://health.utah.gov/chip**	1-877-543-7669
Vermont (Medicaid)	**https://dvha.vermont.gov/members/medicaid/hipp-program**	1-800-250-8427
Virginia (Medicaid and CHIP)	**https://www.coverva.org/en/famis-select** **https://www.coverva.org/en/hipp**	1-800-432-5924
Washington (Medicaid)	**https://www.hca.wa.gov/**	1-800-562-3022
West Virginia (Medicaid)	**https://dhhr.wv.gov/bms/** **http://mywvhipp.com/**	*Medicaid:* 304-558-1700 *CHIP:* 1-855-699-8447
Wisconsin (Medicaid and CHIP)	**https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm**	1-800-362-3002
Wyoming (Medicaid)	**https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/**	1-800-251-1269

DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. The information has been compiled into summary form to outline the benefits offered by your company.

If this benefit summary does not address your specific benefit questions, please refer to the Customer Service Contact page of this booklet. This page will provide you with the information you need to contact the specific insurance carriers and/or your Human Resources Department for additional assistance.

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

Contained within this document is your annual Medicare Part D notice as required by the Centers for Medicare & Medicaid. Please see the table of contents for page number.

Created by Holmes Murphy & Associates for LifeServe Blood Center.

HOLMES MURPHY

TABLE OF CONTENTS

CUSTOMER SERVICE CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL:
Gravie Care Team (Aetna Network)
800-501-2920
www.gravie.com

HSA & FSA:
Optum
1-800-243-5543
www.optumhealthfinancial.com

DENTAL:
Delta Dental of Iowa
800-544-0718
www.deltadentalia.com

VISION:
Avesis
800-828-9341
www.avesis.com

LIFE/AD&D/SUPPLEMENTAL LIFE:
The Hartford
1-888-563-1124
www.thehartford.com

SHORT TERM/LONG TERM DISABILITY:
UNUM
866-679-3054
www.unum.com

EMPLOYEE ASSISTANCE PROGRAM:
Employee & Family Resources EAP
515-244-6090
800-327-4692
www.efr.org/myeap

LIFESERVE RETIREMENT PLAN:
VOYA – Account Access and Forms
800-584-6001
https://voyaretirement.voyaplans.com/eportal/welcome.do

Captrust Financial Advisors – Jim Pierce
You can schedule an investment advice phone appointment thru the online scheduler at www.captrustadvice.com or by calling CAPTRUST directly at 800-967-9948.

SUPPLEMENTAL INSURANCE SERVICES:
563-652-6813
Accident and Critical Illness: www.allstate.com

HOLMES MURPHY CONTACTS

Nataliya Boychenko Stone
Client Executive
515-223-6904
nbstone@holmesmurphy.com

Melissa Wittrock
Sr. Client Service Consultant
515-381-7447
mwittrock@holmesmurphy.com

Nate Kouangvan
Account Manager
515-381-7450
nkouangvan@holmesmurphy.com

WHO IS ELIGIBLE?

If you are a full-time employee (working 32 or more hours per week) you are eligible to enroll in the benefits described in this guide. Part-time employee benefits include PTO, Supplemental Medical Plan, Vision, Employee Assistance Program (EAP), use of the Flex Spending Account, and may include 403 B savings plan. Please see employment status definitions below.

- **Full-time –** Team members routinely working 32 or more hours per week (≥64hr/per pay period). If you are classified as full-time, you may participate in all of LifeServe's benefit programs subject to satisfying the eligibility requirements of those plans.
- **Part-time Plus –** Team members averaging 30+ hours during a 12-month rolling period. Part-Time Plus benefits include PTO, medical & vision insurance, EAP, use of the Flex Spending Account and may include 403b Savings Plan. Team members are not hired into the Part-Time Plus status. Part-Time team members will be notified, if and when, qualifying for this designation based on Affordable Care Act regulations (effective 11-1-2015).
- **Part-time –** Team members routinely working 0 to less than 30 hours per week (>0 to <60 hr/per pay period). Part-time benefits include PTO, vision insurance, EAP, use of the Flex Spending Account and may include 403b Savings Plan.
- **Temporary –** Team members hired for a position with a predetermined end of employment date. Compensation is on an hourly basis and this status means team members are not eligible to participate in LifeServe's benefits. Temporary team members have access to the EAP benefit as needed.
- **PRN –** Team members who fill these positions are when necessary or needed. PRN positions are considered non-exempt and paid hourly for the work performed. There is no average number of hours worked by PRN team members per week, as this is a position that is utilized when necessary or needed. Team members in this status are not eligible to participate in LifeServe benefits. PRN team members have access to the EAP benefit as needed.

HOW TO ENROLL

The first step is to access your enrollment website through Kronos Self Service. Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next annual enrollment period unless you have a qualified change in status.

WHEN TO ENROLL

The annual enrollment period runs from November 13, 2023, through November 27, 2023. The benefits you elect during annual enrollment will be effective from January 1, 2024, through December 31, 2024.

HOW TO MAKE CHANGES

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next annual enrollment period. Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partners benefits or employment status, reduction in hours, or marketplace annual enrollment. See HIPAA Special Enrollment Rights later in this packet for notification requirements.

MEDICAL INSURANCE

Gravie – $5,000 Comfort Plan (Aetna Network)

Medical - This chart gives a side-by-side look at the amounts you pay when you use in-network and out-of-network providers.

Plan Feature	In-Network	Out-of-Network
Deductible (January 1 – December 31)	$5,000 single $10,000 family	$10,000 single $20,000 family
Coinsurance	Does not apply	50%
Out-of-Pocket Maximum	$5,000 single $10,000 family	Unlimited Unlimited
Lifetime Maximum	Unlimited	
Office Visit	No Cost	Deductible / 50% Coinsurance
Specialist Visit	No Cost	Deductible / 50% Coinsurance
Urgent Care	No Cost	Deductible / 50% Coinsurance
Preventive Care	Covered at 100%	Deductible / 50% Coinsurance
Emergency Services	$250 Copayment	
Facility Services	No Charge after Deductible has been met	Deductible / 50% Coinsurance
Outpatient Services	No Charge after Deductible has been met	Deductible / 50% Coinsurance
Prescription Drug Coverage	Generic - Tier 1 = No Cost Preferred Brand - Tier 2 = $75 Copayment Non-Preferred Brand - Tier 3 = $100 Copayment Specialty = $125 Copayment Mail order: 90-day supply typically paid with 2 copays (Does not apply to Specialty)	

EMPLOYEE COST	Per Pay Period (26)
Employee	$21.61
Employee/Spouse	$198.76
Employee/Child	$183.86
Family	$296.16

MEDICAL INSURANCE

Gravie – $5,000 HSA (Health Savings Account) (Aetna Network)

Medical - This chart gives a side-by-side look at the amounts you pay when you use in-network and out-of-network providers.

Plan Feature	In-Network	Out-of-Network
Deductible (January 1 – December 31)	$5,000 single $10,000 family	$10,000 single $20,000 family
Coinsurance	Does not apply	Does not apply
Out-of-Pocket Maximum	$5,000 single $10,000 family	Unlimited Unlimited
Lifetime Maximum	Unlimited	
Office Visit	Deductible	Deductible
Preventive Care	Covered at 100%	Deductible
Emergency Services	Deductible	Deductible
Facility Services	Deductible	Deductible
Outpatient Services	Deductible	Deductible
Mental Health & Substance Abuse Services	Deductible	Deductible
Retail Prescription Drug Coverage	Deductible	
EMPLOYEE COST	**Per Pay Period (26)**	
Employee	$18.08	
Employee/Spouse	$125.09	
Employee/Child	$112.86	
Family	$183.35	

*Based on your enrollment tier, LifeServe will make per pay period HSA contributions for annual totals of:

- $750 for Employee Only
- $1,000 for Employee + Spouse
- $1,000 for Employee + Children
- $2,000 for Family

You must enroll in the Health Savings Account to receive these contributions.

comfort®

Health benefits you can actually use

Your employer partners with Gravie to bring you Comfort, the first-of-its-kind health plan that eliminates cost barriers and provides **100% coverage on most common healthcare services**. With Comfort, there's zero confusion. You know exactly what's covered, making it easy to use your benefits.

No-cost services

These non-hospital services are available at no cost to members:

- Preventive care
- Specialist visit
- Urgent care visit
- Generic prescriptions
- Online care
- Mental health care
- Physical therapy
- Occupational therapy
- Speech therapy
- And more

OTHER SERVICES

(Costs vary by plan type)

- Emergency room
- Brand name prescriptions
- Labs & imaging
- Non-preferred brand name prescriptions
- Specialty prescriptions
- Hospital surgery/procedure

How it works

You choose the plan with the out-of-pocket maximum that works for you, and get care when you need it. With Comfort, most common healthcare services are covered at no cost, and we're here to support you in getting the most out of your plan. Comfort helps you prioritize your health, so you can focus on maintenance, prevention, and getting diagnosed earlier.

$0

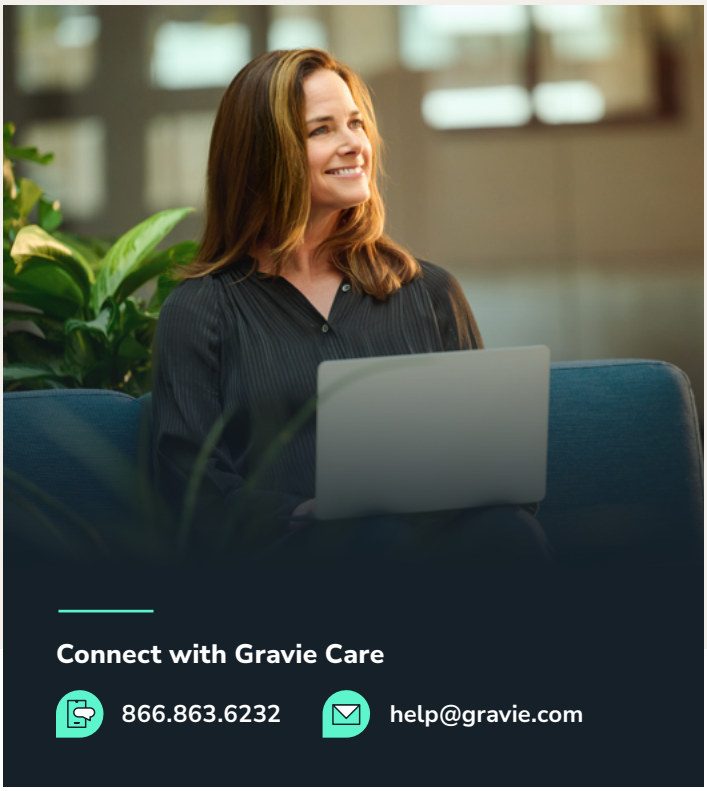
Taylor hurts his ankle on a run. He visits an orthopedic specialist for a checkup.

GRAVIE care

Because we really do care

Every member gets Gravie Care®, support from a dedicated team of experts available to help you navigate the complexities of health benefits and make the most of your plan year-round. Need help understanding your coverage options? Finding a new doctor or specialist? Reading claims & EOBs? Gravie Care has you covered.

Once you've enrolled, access your plan resources at member.gravie.com.



Connect with Gravie Care

866.863.6232 help@gravie.com

Frequently asked questions

What are my plan options?

Your employer may offer additional Gravie health plans alongside Comfort. Check out the Plan Options flyer for a detailed breakdown of your coverage options. If you have questions about which plan to choose, Gravie Care can help you compare them.

When can I enroll?

Your employer will establish an **annual open enrollment period** when eligible employees can enroll in coverage or make changes. Employees who become eligible mid-year will have an opportunity to enroll during onboarding. Employees can also enroll in coverage or make changes within 30 days of experiencing a qualifying life event. Common examples of life events include losing other group coverage, exhausting COBRA, marriage, birth, or adoption of a child. If you have questions about qualifying life events, contact Gravie Care.

How do I pay for my health plan?

Any premium responsibility after your employer's contribution will be deducted via payroll.

How do I check if my provider is in-network?

You'll have access to provider search links during the enrollment process to confirm that your providers are in-network.

Do I have to enroll in a plan through Gravie?

It's up to you! If you have access to health benefits through a spouse, parent, or other means, you can waive coverage. Your employer or Gravie Care can provide you with the waiver form.

Am I eligible for government tax credits?

If you are eligible for this group plan option, you are not eligible for tax credits toward the cost of a marketplace health plan.

Can my spouse and/or family be covered?

Yes! You can add your spouse and/or dependents under the age of 26 to your health plan.

Ready to get started?

1. Your employer will communicate your enrollment period
2. During that time, choose your health plan and complete enrollment
3. Access your plan resources at member.gravie.com

GRAVIE pay

Introducing Gravie Pay

If you have a medical expense, Gravie Pay allows you to split the bill into predictable monthly payments. **No interest, no fees, and no hassle.** Gravie Pay is powered by Paytient, a company that specializes in helping employees pay for care. Paytient is the lender behind Gravie Pay.

How does it work?

Gravie Pay is a virtual card. When paying a bill, either online or over the phone, simply provide your Gravie Pay card information the same way you would any debit or credit card. The provider or pharmacy is paid in full, and you set up repayment through easy payroll deductions, bank account withdrawals, or credit card payments.

Gravie Pay can be used to cover any out-of-pocket medical expense for yourself or dependents enrolled in your Gravie health plan. Merchant codes are used to verify that expenses are healthcare related.

How do I sign up?

Once you're enrolled in a Gravie health plan, activate Gravie Pay by completing a short enrollment process at member.gravie.com. You'll get immediate access to your virtual card, and can start using it as soon as your coverage begins. Easily view transactions and manage your payments at any time from your Gravie account.

What financial considerations should I be aware of?

Your spending limit is equal to the individual out-of-pocket maximum (OOPM) of your Gravie health plan. There are no fees and no interest. Your credit is never checked, impacted, or reported. Your financial health is important to us. When enrolling in Gravie Pay, you may be subject to a couple questions that will assess your ability to repay.

What happens if I miss or can't make a payment?

If you need more time to pay, you can increase the repayment duration to up to 12 months. You can also change your payment method at any time. Gravie Pay is meant to provide you with flexibility.

When it comes to big purchases, today's consumers expect flexible payment options.

Why should healthcare expenses be any different?

Have questions?

Call Gravie Care™:
866.863.6232

Secure message:
member.gravie.com/contact

Your Gravie Account

To get started, visit member.gravie.com and create your Gravie Account.

Easily find care

Our search tool makes it easy to find the in-network care you need — you can filter by location, specialty, and more. Need to check if a prescription is covered? You can search for that too!

Access your digital ID card

Forgot your ID card? No problem. All you need to do is log in to your Gravie account to view your digital ID card. If you ever need a replacement, you can easily print out a new copy.

Track your out-of-pocket max

It's important to know where you stand. Log in to your Gravie account to keep track of individual and family progress towards your out-of-pocket max.

Review your claims

To see what costs are being counted towards your totals, view your medical and pharmacy claims and download EOBs all in one place.

Log in to your account to access these features:

member.gravie.com

Talking about your health plan with providers

When you start using your benefits, your provider may not be familiar with Gravie yet — and that's okay! **Here are some tips for talking about your new health plan and navigating your ID card.**

Who is Gravie?

We process and pay your medical claims. Gravie Administrative Services LLC is a licensed Third Party Administrator (TPA) that manages self-funded health plans for employers across the U.S.

The network

To ensure access to care wherever you may be, we lease **Aetna's Signature Administrator Network**. This is one of the nation's top-ranking Preferred Provider Organizations (PPO), and is the primary network for your health plan.

> If your provider accepts Aetna's Signature Administrator network, then you can go ahead and use your Gravie benefits!

Have a provider with coverage questions?

Check out the QR code on your ID card.

For a breakdown of your exact plan benefits and network logos, point your smartphone camera at the QR code on the back of your ID card. This is a great resource to share with a curious provider.

Providers should call Gravie Provider Services to verify eligibility or coverage details for specific procedures.

833.486.3239

Navigating your ID card

Your provider will use your ID card to verify benefits and submit claims for processing. **Have it on hand when you access care.**

Forget your card? No problem. You can easily view or download a digital version from your Gravie account or the Gravie mobile app at any time.

1. **Plan information**
   This section identifies some basic details, like who sponsors your health plan (your employer), and when it starts.

2. **Who's covered**
   As the subscriber (employee), your name and unique 9-digit member ID number appear first, ending in 00. Any enrolled dependents appear below

3. **Network logos**
   Your primary and secondary network logos appear here.

4. **Pharmacy information**
   CVS Caremark is the Pharmacy Benefits Manager (PBM) for your health plan. The Rx numbers are used by pharmacists to verify your prescription coverage and submit pharmacy claims.

Unlock your Gravie account to discover more plan resources.

Log in at member.gravie.com or through the Gravie mobile app.

- Search for in-network providers
- Confirm how medications are classified
- Find quick-reference materials or detailed plan documents
- Review claims & EOBs to see how your benefits are being applied
- And more!

GRAVIE care

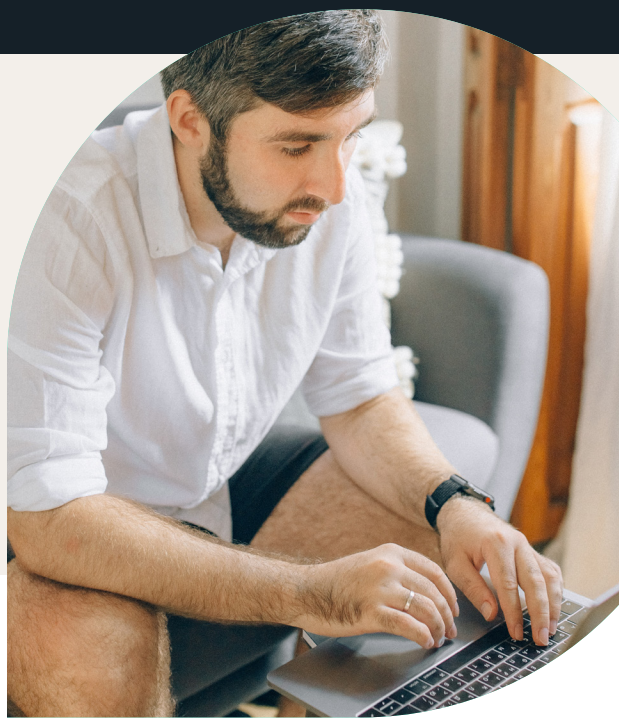
Have questions?

Gravie Care has you covered! The Gravie Care Team is available Monday-Friday from 7am-6pm CT

Call:
866.863.6232

Secure message:
member.gravie.com/contact

Teladoc HEALTH



Gravie health plan members have access to virtual care — including general medical, dermatology, and mental health — through Teladoc Health, the world leader in whole person virtual care.

For many Gravie health plan members, these services are included at no additional cost. Check your benefits summary for more information.

General Medical

24/7 access to virtual care for a broad range of everyday health issues. With access to board-certified doctors anytime, anywhere, you can avoid unnecessary trips to the doctor's office and costly visits to the ER. Schedule an appointment or choose to talk to a provider right away.

Treatment for a wide range of everyday conditions:

- Flu
- Sinus problems
- Upper respiratory infection
- Pink eye
- Bronchitis
- Nasal congestion
- Sore throat
- Seasonal allergies
- Cold
- Arthritis
- Rash/poison ivy

Plus more!

24/7
access to care by web, phone, or mobile app

90%
satisfaction rate

92%
resolution rate on first visit

How it works:

01 | Initiate
Initiate contact through Teladoc's app, website or by phone

02 | Request
Request an immediate visit or schedule a visit at a preferred time

03 | Visit
Visit with the physician via phone or video

04 | Resolve
Physician posts a visit summary to your file and sends RX to your pharmacy if necessary

Dermatology

Convenient access to virtual care for a wide range of acute and ongoing skin conditions, including acne, psoriasis, skin infection, rosacea, and more — without the wait. Dermatology through Teladoc Health makes skin care easy.

How it works:

01 | **Initiate**
Provide basic information about your skin issue through web or mobile app

02 | **Upload images**
Upload a minimum of 3 pictures of your skin issue for the dermatologist to review

03 | **View online results**
Within 2 business days, the licensed dermatologist responds through the online message center with a diagnosis, treatment, or prescription if necessary

04 | **Follow up**
Follow up with the doctor through the message center within 7 days of the initial visit

2 Days
to diagnosis versus 32.3 days (avg. wait time in major metropolitan areas)

Approved medication
can be prescribed right through the app or web

Mental health

Convenient access to virtual care for a variety of mental health conditions. Members 18+ can speak with board certified psychiatrists, and licensed psychologists and therapists by phone, video, or in-app messaging from wherever they feel most comfortable.

How it works:

01 | **Initiate**
Provide basic information, including eligibility, through Teladoc's website, mobile app, or by phone

03 | **Consult**
Speak with selected provider and build ongoing relationship

02 | **Request**
Select a preferred mental health provider and schedule a visit.

04 | **Support**
Ongoing mental health management support is provided

Common conditions treated:

- Anxiety
- Depression
- Post-traumatic stress disorder (PTSD)
- Obsessive-compulsive disorder (OCD)
- Grief
- Eating disorders
- Stress
- Trauma
- Attention deficit hyperactivity disorder (ADHD)

Plus more!

A full spectrum of mental health support

In addition to clinical mental health benefits, Teladoc gives you access to non-clinical mental health services in a single, comprehensive experience. Teladoc combines app-based tools and coaching expertise with therapists and psychiatrists, ensuring you get the level of mental health support you need. **Coaching is available at no additional cost to all members.**

Coaching

Expanded access, managed costs, and similar outcomes to therapy.

Digital access + human interaction
Maximized impact with a unique blend of video coaching and digital homework delivered in 7 sessions

Rigorous approach
Led by certified experts who are Teladoc Health employees trained in structured, evidence-based protocols and supervised to ensure quality

Replaces therapy visits
Manages costs for members needing milder levels of care alleviates over-extended therapy networks

Clinical assessments measure your symptoms, but the system also considers your priorities, self-reported needs, stressors and goals, as well as passive behavior, such as which information you access within the app.

Effective results
More than 75% of members with depression or anxiety reported improvement after their third or fourth virtual care visit.

High ratings
Mental health support seekers give nearly identical high ratings to their virtual and in-person care experience.

"My experience was seamless — I scheduled an appointment through the Teladoc app, the therapist was right on time, and I was able to have my session without ever leaving work! What I loved most was that I was able to see the same therapist throughout my care. What a great service!"

Emma S
Health plan member

Powerful personalization to advance your care

A wide breadth of care steps provides a clear path to optimal care.

01

Assess
Reveals life context and underlying motivations beyond clinical measures

02

Personalize
Removes the burden of navigating the behavioral health landscape while enabling choice and customization

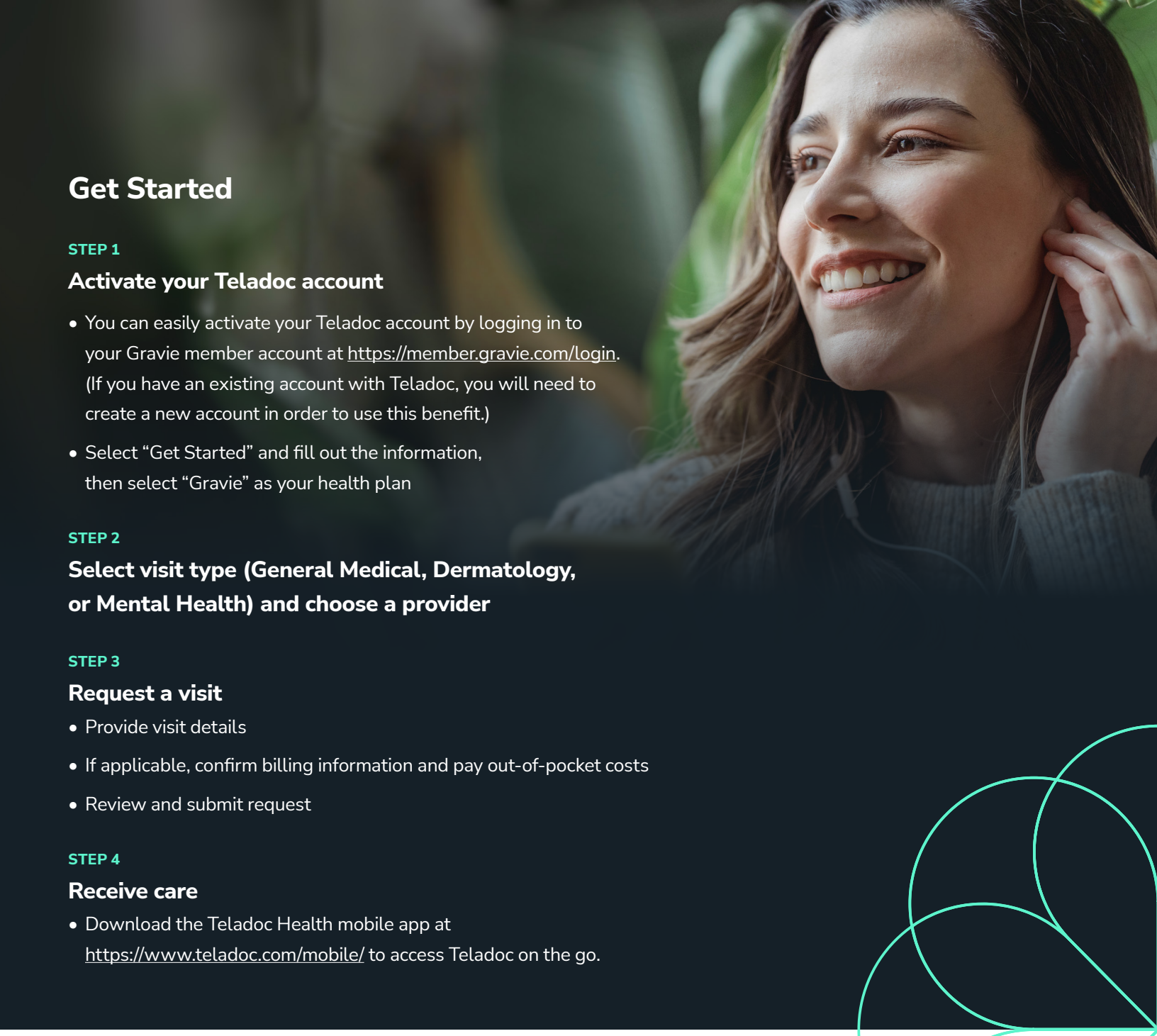
03

Support
Contributes to your journey with progress measures and new materials

All Gravie health plan members get up to **seven virtual mental health coaching sessions included at no additional cost each plan year.**

Gravie health plan members get access to virtual general medical, dermatology, and mental health care through Teladoc Health at no additional cost depending on plan type. Members should check their benefits summary for more information.

Sign up by logging in to your Gravie account at **member.gravie.com** or by logging in with Gravie's mobile app.



Get Started

STEP 1

Activate your Teladoc account

- You can easily activate your Teladoc account by logging in to your Gravie member account at https://member.gravie.com/login. (If you have an existing account with Teladoc, you will need to create a new account in order to use this benefit.)
- Select "Get Started" and fill out the information, then select "Gravie" as your health plan

STEP 2

Select visit type (General Medical, Dermatology, or Mental Health) and choose a provider

STEP 3

Request a visit

- Provide visit details
- If applicable, confirm billing information and pay out-of-pocket costs
- Review and submit request

STEP 4

Receive care

- Download the Teladoc Health mobile app at https://www.teladoc.com/mobile/ to access Teladoc on the go.

Have questions?

Give us a call at **866.863.6232** or send a secure message at **member.gravie.com/contact.**

FITON HEALTH

With more than 10+ million registered users and 3+ million monthly active users, FitOn is one of the world's largest health and fitness platforms.

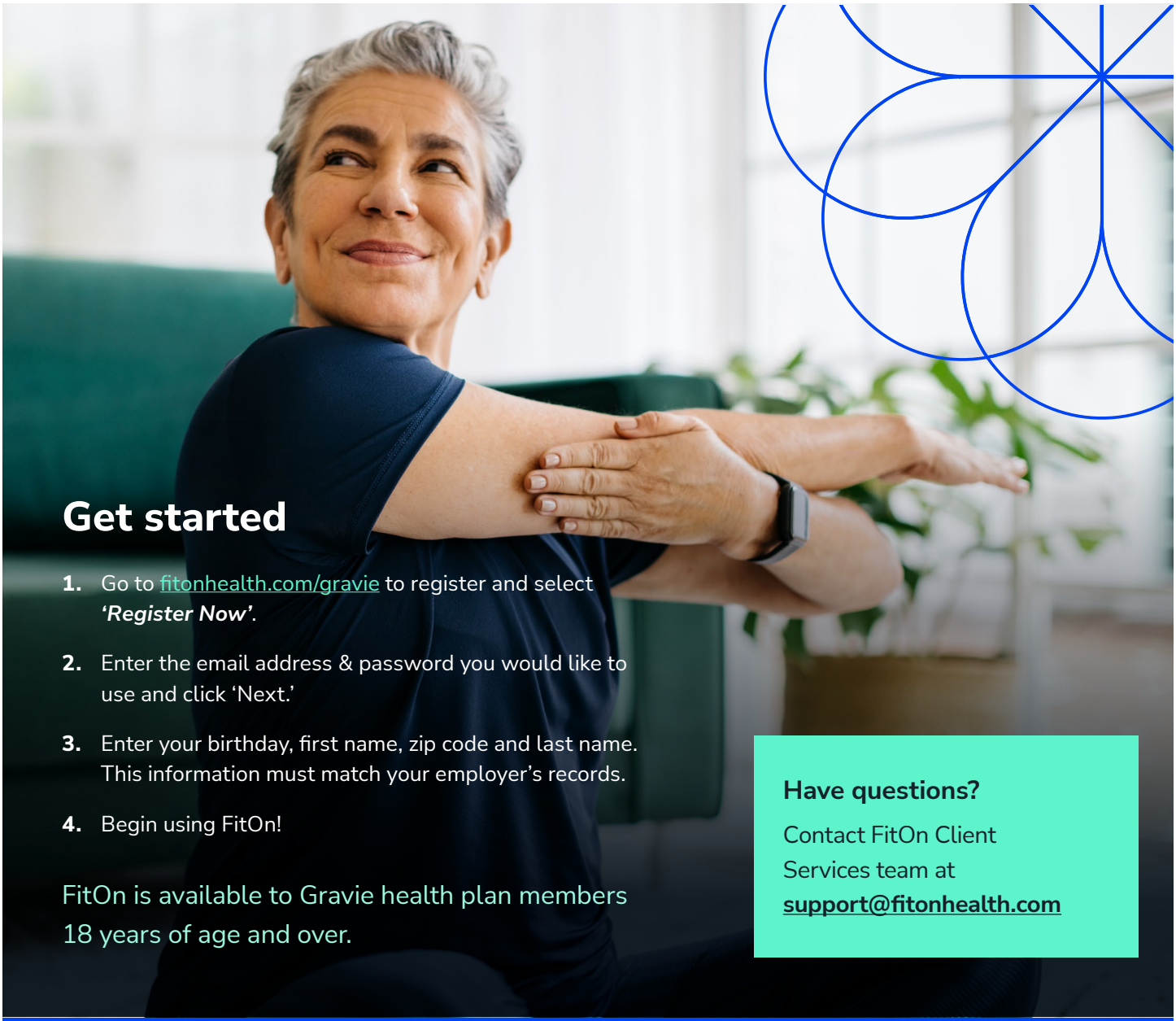
And now, FitOn is included with Gravie health plans!

Through Gravie's partnership with FitOn Health, all members have unlimited access to FitOn's library of 30,000+ virtual classes including cardio, HIIT, yoga, pilates, meditation, dance, barre, and more — all available to you at no additional cost.

Fitness is more accessible than ever before with FitOn, an industry-leading fitness app that not only brings workouts to you wherever and whenever you choose, but also offers nutrition guides, meal plans, and fitness courses and challenges. You can even work out with some of your favorite celebrities and fitness brands including Halle Berry, Jonathan Van Ness, Orangetheory Fitness® Zumba® and more!

FitOn Features

- 30,000+ live and on-demand virtual fitness and wellbeing classes
- Nutrition recipes and meal plans
- Courses and challenges
- Ability to invite and work out with friends and co-workers



Get started

1. Go to fitonhealth.com/gravie to register and select ***'Register Now'***.
2. Enter the email address & password you would like to use and click 'Next.'
3. Enter your birthday, first name, zip code and last name. This information must match your employer's records.
4. Begin using FitOn!

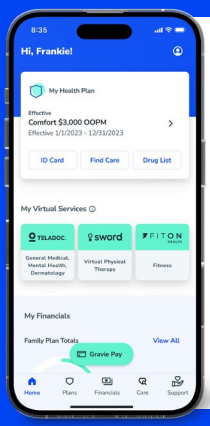
FitOn is available to Gravie health plan members 18 years of age and over.

Have questions?

Contact FitOn Client Services team at **support@fitonhealth.com**

After your Gravie health plan begins, you can access FitOn and other best-in-class virtual services on member.gravie.com or within the Gravie mobile app.

Download the app by visiting the App Store or Google Play.



Download on the App Store

GET IT ON Google Play

Use the camera on your phone to scan the QR codes to visit either the App Store or Google Play store.

sword

As a Gravie health plan member, you have access to industry-leading virtual treatment for back, joint, and muscle pain through Sword at no additional cost.

Combining personalized care from licensed physical therapists with innovative, sensor-based technology, Sword makes it easy to access physical therapy wherever and whenever it's convenient for you.

Sword's clinically validated treatment program **works for all major back, joint and muscle issues, at any point in your journey:** prevention, acute conditions, chronic pain, and post-surgical recovery.

Why Sword?

Superior program quality
Receive care from a Doctor of Physical Therapy 100% of the time.

Easy-to-use technology
Receive a tablet and sensors ready to use at home.

Convenient access to care
Unlike traditional physical therapy, access treatment anytime, anywhere.

Joints covered include:

- Neck
- Shoulder
- Elbow
- Low back
- Hip
- Wrist/ hand
- Ankle

You can select and access the following resources depending on your needs:

01 Digital Physical Therapy
Remote care offering

Best-in-class care for acute, chronic, and pre- and post-surgical major back, joint, and muscle issues

02 The Academy
Primary prevention

Form healthy habits by developing the skills and techniques needed to avoid major back, joint, and muscle injuries

03 Sword On-Call
On-demand help

Instant, on-demand access to a physical health specialist to guide you when care is needed

Whether you are looking to **resolve pain you're currently experiencing, or for tools and resources to prevent future pain and live a healthier lifestyle,** Sword has solutions for you.

Digital Physical Therapy changes lives

On average, Sword patients experience less pain, avoid surgery, reduce medication use, reduce depression and anxiety, and improve productivity.

62% ↓ Reduction in pain

60% ↓ Reduction surgery intent

52% ↓ Reduction in anxiety

53% ↓ Reduction in depression

49% ↓ Reduction in medication and opioid use

42% ↑ Increase in productivity

Get Started

Create your Sword account
You can easily activate your Sword account by logging in to your Gravie member account at https://member.gravie.com/login or through the Gravie mobile app.

Digital Physical Therapy
Remote care offering

If you need help recovering from pain, an injury, or a recent surgery, enroll in digital physical therapy through Sword.

Once enrolled, you're ready to begin your journey to a pain-free life.

Enrollment process for Digital Physical Therapy (PT)

1. Enroll
2. Receive digital therapy kit
3. Video call with Sword
   In the first PT session, you will be asked to turn on the video to assess you posture and movement, so be prepared.
4. Exercise sessions
5. Ongoing PT support

How it works:

Your dedicated physical therapist designs a personalized exercise program.

Sword will ship you a tablet and motion sensors to guide you and provide real-time feedback.

Complete your exercise sessions wherever and whenever it is convenient for you.

Your physical therapist is there to support you virtually and is available to you at any time.

The Academy (prevention tools) and Sword On-Call (on-demand help) *Enrollment not required*

If a full digital physical therapy program is more care than you need, you could benefit from on-demand access to a clinical pain specialist and premium educational content to help prevent future pain and live a healthier lifestyle, by downloading the Sword mobile app.

The Academy

Primary Prevention

Form healthy habits to help prevent and manage back, joint and muscle pain by developing skills and techniques through app-based exercise videos and articles, with this program based on clinical research and guidance from doctors of physical therapy.

Sword On-Call

On-demand help

Instant on-demand access to clinically trained Doctors of Physical Therapy via text message, to ask questions and receive instant responses for back, joint and muscle concerns (8:00 a.m. - 10:00 p.m. ET, 7 days/week). doctors of physical therapy.

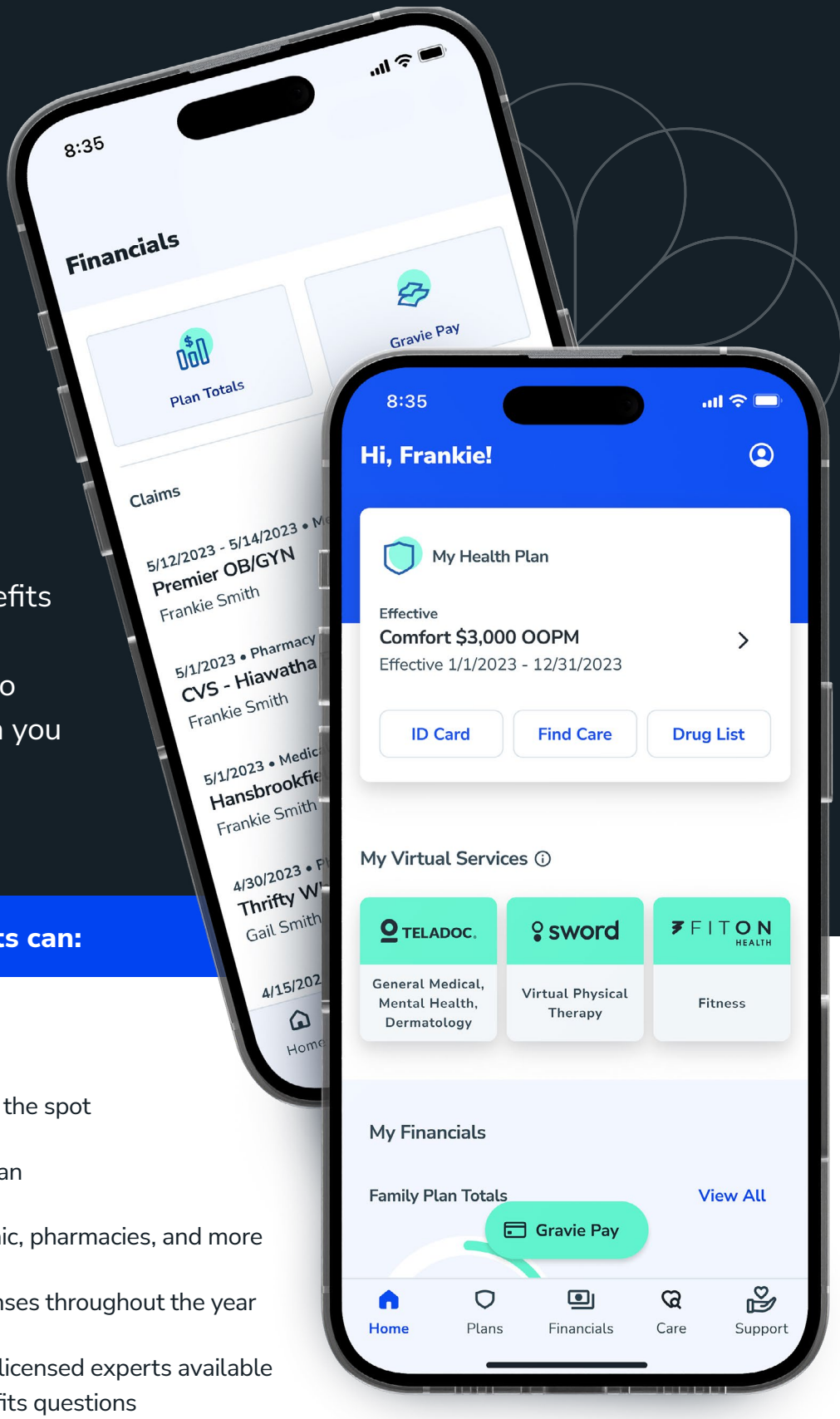
Sword is available to Gravie health plan members 13 years of age and over.

Have questions?

Gravie Care™ has you covered. Give us a call at **866.863.6232** or send a secure message to **member.gravie.com/contact**

The Gravie Mobile App

All your favorite Gravie benefits in one simple place. Use the Gravie app from anywhere to get the care you need, when you need it.

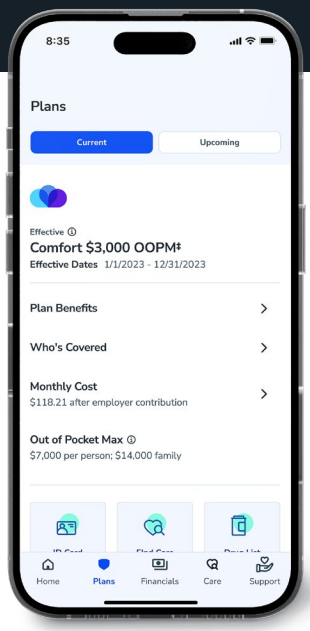


You and your dependents can:

- **Access your digital ID card** on the spot
- **See what's covered** by your plan
- **Find in-network** providers, clinic, pharmacies, and more
- **Review claims** and track expenses throughout the year
- **Connect with Gravie Care®** — licensed experts available to answer all your health benefits questions

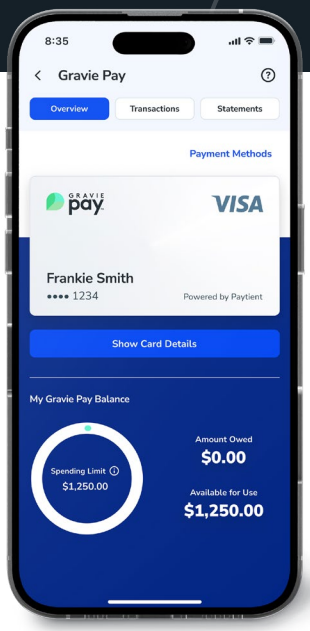
What you'll find in the Gravie app

App features may vary based on a variety of eligibility and enrollment factors.



comfort

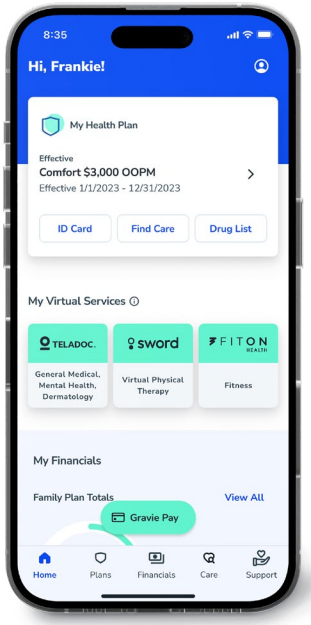
Members and their dependents enrolled in Comfort® can view the list of no-cost services — including primary care, mental health care, specialist visits, labs & imaging, generic drugs, and more.



GRAVIE pay

Members and their dependents can:

- Access their Gravie Pay® card
- See their Gravie Pay account overview
- View their transactions and payment schedule
- Get answers to frequently asked questions



Best-in-class virtual care and fitness perks

- General medical, dermatology and mental health care through Teladoc
- Clinical-grade digital physical therapy for treatment of back, joint, and muscle pain through Sword
- Fitness perks through FitOn, including virtual classes, nutrition guides, meal plans, fitness challenges, and more; in-person fitness experiences are available to qualifying members and their dependents.

Teladoc HEALTH sword FITON HEALTH

Download the app by visiting the App Store or Google Play. You will be prompted to login using your member.gravie.com credentials, or create your account if you haven't logged into Gravie before.

Download on the App Store GET IT ON Google Play

Use the QR codes to visit either the App Store or Google Play store.

If you need help:

Call: 866.863.6232

CVS caremark™

Your new meter is waiting for you.

If you have diabetes, you know how important it is to check your blood glucose levels regularly. We want to help – with a new, **no-cost Accu-Chek or OneTouch blood glucose meter**. It's part of your prescription plan and ordering is easy.

Order your new meter today

1. Visit **Caremark.com/ManagingDiabetes**
2. Select *Request a Meter*
3. Follow the instructions on the screen

While you're there, you can learn more about your new meter.

You'll need to get a new prescription for the appropriate test strips from your doctor. If you need help, don't worry we can contact your doctor and request one for you.

Have questions?
Visit **Caremark.com/ManagingDiabetes** for more information.

Accu-Chek blood glucose meters are provided by Roche Diabetes Care, Inc. One Touch blood glucose meters are provided by LifeScan Diabetes Care, Inc. Choice of meters is subject to change. Additional requirements or limitations may apply. This document contains references to brand-name prescription medical products that are trademarks or registered trademarks of pharmaceutical companies not affiliated with CVS Caremark.
 106-53289A 050523

CVS caremark™

Rx Delivery by Mail

Convenience, savings and safety

Why get your Rx delivered by mail? Not only is delivery by mail a safe and secure way to get the medications you take regularly (like medication for asthma or high blood pressure) — you'll probably save money, too.

Convenience

CVS Caremark Mail Service Pharmacy can deliver 90-day supplies of medications you take regularly to your door. For even more convenience, start automatic refills, too.

Savings

Filling your Rx in 90-day supplies usually comes with savings. Plus, there's no extra cost for shipping.

Safety

Our secure, nondescript packaging protects your privacy.

90-day supplies typically cost less than 30-day supplies.

Learn more at **Caremark.com/Rxdelivery** or scan the code.

To scan the QR code:
Open the camera on your smart phone
Focus on the QR code
Tap the link that appears

HEALTH SAVINGS ACCOUNT (HSA) ADMINISTRATION

Optum

HSA Overview

Who is eligible?

1) Anyone covered under a qualified High Deductible Health Plan (HDHP) on the first day of the month, but not covered under any other medical plan.
2) Anyone not enrolled in Medicare. **Note**: an actively at-work employee who is older than 65 may not enroll in an HSA unless he/she has waived Medicare.
3) When enrolled in an HSA, member, and spouse (if applicable) may only participate in a "limited-purpose" flexible spending account. Meaning that only dental and vision qualified expenses will be reimbursed.
4) Anyone not claimed as a dependent on another person's tax return.

Is there a limit on the amount that can be contributed per year?

$4,150 for an individual plan, $8,300 for a family plan for 2024. These numbers are indexed annually by the Treasury Department. In addition, there are catch-up contributions allowed for individuals 55 and older: $1,000 in 2024 and beyond. These maximums are a combination of both employee and employer contributions to the account.

What are the advantages of enrolling in a HSA?

1) Monies go in tax-free.
2) Monies grow tax-free.
3) Monies come out tax-free if spent on qualified medical expenses.
4) Unspent monies roll over year to year, grow, and earn interest.
5) The account owner decides whether to use the HSA dollars for current expenses, or to save them for future expenses.
6) The account is portable.

What expenses are eligible for reimbursement?

Internal Revenue Code Section 213(d) medical expenses for the employee and qualified dependents (even if the dependents are not on the employee's HDHP); COBRA premiums; qualified long-term care expenses; retiree medical premiums to employer-sponsored medical coverage (if age 65 or older); Medicare Parts B & D premiums, but not Medicare supplement premiums.

What if funds are used for non-qualified expenses?

Distributions for an account owner under age 65 are subject to income tax plus a 20% penalty. Distributions for an account owner 65 and older are subject to income tax only.

For more details:

Check out www.irs.gov for more details.

Depending on your enrollment tier, LifeServe will make per pay period HSA contributions for annual totals of:

- $750 for Employee Only
- $1,000 for Employee + Spouse
- $1,000 for Employee + Children
- $2,000 for Family

You must enroll in the Health Savings Account to receive these contributions.

How to save the most with your health savings account (HSA)

Welcome to your Optum Financial health savings account (HSA). Explore all the ways we're making it easy for you to get the most out of your HSA. Here, you'll find out how to use your account. Plus, you can get information about our helpful online tools and resources.

Table of contents

Getting started with Optum Financial

Considering an HSA? It can be a great part of planning ahead for the future. If you're enrolled in a qualifying high-deductible health plan (HDHP), your HSA can help you and your family plan, save and pay for health care. Becoming familiar with how your HSA works is key to getting the most out of it.

If you're a new account holder, you may want to explore this guide to help familiarize yourself with your HSA. Then, file this guide with your banking information and return to it when you need, like during benefits enrollment period or tax season

Manage your HSA online

- Make deposits
- Download account forms
- Check monthly statements
- Manage your investment activity
- Update your email address or change your mailing address
- Pay bills to physicians, dentists or other health care providers
- Reimburse yourself for qualified medical expenses that you paid for out of pocket
- Use the contribution tracker to see how much you've contributed to your HSA year-to-date and how much more can be contributed according to your plan coverage (individual or family)

Explore online resources to help you maximize your HSA benefits

- Find information on taxes
- Check out HSA calculators
- Explore information on managing your account
- Get information about qualifying high-deductible health plans
- Use the Health Savings Checkup to help plan for retirement

Are you prepared for your future?

If you haven't thought about what health care will cost when you retire, take a few minutes today to find out. Use the Health Savings Checkup tool online to see your estimated health care costs during retirement.

It's just four easy steps

New account holder checklist

Use this list to make sure you've taken all the first steps to opening and funding your HSA.

_____ Open your account

_____ Record your account number and file it in a safe place

_____ Register your account online to manage your HSA. Add your banking information to deposit funds into your HSA or to get distributions out of your HSA.

_____ Designate a beneficiary for your account. Sign in to your account and choose "Manage your profile" to do this.

_____ Sign up for payroll deduction into your HSA, if it's available at your place of work

_____ Start saving so you can pay for, or be reimbursed for, qualified medical expenses

_____ Activate your payment card

_____ Review your account fee schedule and privacy notice included in your welcome kit

_____ Become familiar with qualified medical expenses

_____ Save all receipts for qualified medical expenses

_____ Download the mobile app

Questions?

Call customer service at the phone number located on the back of your payment card. Assistance for most foreign-language speakers is also available.

Our phone service includes many automated options, including:

- Information about managing investments
- Account balance and the last five transactions
- Directions to activate your payment card, or report a lost or stolen card

Please note that customer service representatives do not have access to information or data about your HSA-qualifying health plan or claims. Please contact your health plan administrator for that information.

Benefits of HSAs

HSAs offer income-tax savings*:

- The money you put in is tax deductible, up to the IRS established limits
- Your savings may grow income tax-free
- Any money you take out to pay for qualified medical expenses is income tax-free

An HSA is like no other savings vehicle now available to taxpayers.

The money in your HSA is always yours

There is no "use-it-or-lose-it" rule. All amounts in your HSA are fully vested, and unspent balances in accounts remain there until spent. Your account is portable, too, meaning your money stays put even if you:

- Change jobs
- Change medical coverage
- Become unemployed
- Move to another state
- Get married or divorced

With an HSA, you are in charge. You decide:

- How much you will contribute to your account, up to the allowable annual IRS limit
- When you want to use your savings to pay for, or be reimbursed for, qualified medical expenses
- What bank will administer your account
- Whether or not to invest some of your savings in mutual funds for greater potential long-term growth

Investments are not FDIC insured, are not bank issued or guaranteed by Optum Financial or its subsidiaries, including Optum Bank, and are subject to risk including fluctuations in value and the possible loss of the principal amount invested.

Remember:

- Keep all medical receipts. You can save paper copies or store them online. You can upload receipts through the mobile app, or you can upload images of receipts to your account online.
- Retain all tax documents you receive from Optum Financial for filing your tax returns and maintaining your records.

*State tax treatment of HSAs varies. Consult your state's department of revenue to find out more.

Eligibility

If you have a qualifying high-deductible health plan (HDHP) on the first day of any month, you may be eligible to contribute to an HSA if:

- You are not covered by any other non-HDHP health plan, such as a spouse's plan, that provides any benefits covered by your HDHP plan. Exceptions may include permissible coverage, such as specific injury insurance or accident, disability, dental, vision or long-term care insurance.
- You are not enrolled in Medicare
- You do not receive health benefits under TRICARE
- You have not received Veterans Administration (VA) benefits within the past three months, except for preventive care or if the care is for a service-related injury
- You cannot be claimed as a dependent on another person's tax return
- You are not covered by a general purpose health care flexible spending arrangement (FSA) or health reimbursement arrangement (HRA). Alternative plan designs, such as a limited-purpose FSA or HRA, might be permitted.

If your circumstances change and you are no longer eligible to contribute to an HSA, you can keep the account as long as you like and use it to pay for qualified medical expenses income-tax-free. Other IRS restrictions and exceptions may also apply. We recommend that you consult a tax, legal or financial advisor to discuss your personal circumstances.

High-deductible health plans

In order to open and contribute to an HSA, you must have an IRS qualifying high-deductible health plan.

The HSA is designed to work with your health plan to protect you and your family. Here's how a high-deductible plan works:

You are responsible for paying your covered medical expenses up to the deductible(s) stated in your health plan. Your deductible is the maximum amount that you must pay toward your health care before benefits are paid by your plan. Most plans will have different coinsurance levels for expenses incurred in-network and out-of-network.

You can, if you choose, use HSA funds to pay for your out-of-pocket expenses. Or, you can reimburse yourself for those expenses sometime later. Be sure to save all receipts. You are responsible for being able to prove, if questioned by the IRS, that you used your HSA only for qualified medical expenses.

After you meet your annual deductible, you are responsible only for a portion of your medical expenses as outlined in your medical plan. Remember: Premiums for high-deductible health plans are often lower than premiums for other types of non-high-deductible health plans. Many HSA account holders choose to put their premium savings directly into their HSAs to save for the future.

Opening and funding your HSA

To start saving with an HSA, you must first enroll in a qualifying high-deductible health plan (HDHP) and open an HSA with Optum Financial. The best way to save is to make a plan — and stick to it.

Funding your account

Once your account is established, you will be able to sign in to your HSA online and arrange to make a deposit to your HSA from another bank account, such as a savings or checking account, one time or on a recurring basis. You can mail a check with a contribution/deposit form available online. Follow the instructions on the form.

Note: Funds are not available until they are posted to your HSA.

IRA and HSA rollovers

You can make a one-time distribution from your traditional IRA or Roth IRA to your HSA. You must direct your IRA trustee to make the distribution directly into your HSA. The amount cannot exceed how much you are eligible to contribute to an HSA for the tax year.

Note: The distribution from your IRA is not included in your income, is not deductible and reduces the amount that can be contributed to your HSA.

You can roll over amounts from Archer medical savings accounts (MSAs) and other HSAs into an HSA. You must roll over the amount within 60 days after the date of receipt. You can make only one rollover contribution to an HSA during a one-year period. Rollovers are not subject to the annual contribution limits.

You can also direct an HSA custodian/administrator to transfer funds directly into another HSA. Such a transfer is not considered a rollover, and there is no limit on the number of such transfers. You do not include the amount transferred in your income for tax purposes, deduct it as a contribution or include it as a distribution from the account.

Employer contributions

If your employer contributes to your HSA, find out when they will make the first deposit and what schedule it will follow. If your employer offers payroll deduction, you may elect to have an amount deducted pre-tax from your paycheck and deposited directly into your HSA. This contribution will be made before Social Security, federal and most state income taxes are deducted.

Who can contribute

You. When you contribute money to your HSA, it's generally not taxable. You can contribute by having a certain amount deducted regularly from your paycheck, if your employer offers this convenience. Or, you can make your own deposits and write off your allowable HSA contribution on your personal income tax return as an "above-the-line" deduction.

Your employer

Your employer can also contribute to your HSA, and those funds belong to you as soon as they are posted, even if you change jobs or are laid off. Be sure to subtract your employer's contribution from the annual contribution limits to figure out how much you or others can deposit.

Keep in mind that if your employer contributes to your account, your employer determines how often to contribute – yearly, monthly or weekly. Check to see what your employer's contribution schedule will be.

Other people

Friends, family members or anyone can contribute to your HSA, on your behalf. If a family member or friend makes a contribution to your HSA, you may deduct the contribution amount when filing your annual income taxes, just as if you had deposited the post-tax contribution on your own.

The contributor should write a check payable to you, the HSA account holder. Simply fill out a Contribution/Deposit form online. Then, attach the check to the form and mail it according to instructions on the form.

Contribution limits

There are limits, set by law and adjusted annually, for how much you can contribute tax-free to an HSA in a calendar year.

Contribution limits:

Year	Individual coverage	Family coverage
2023	$3,850	$7,750

Note: The tax-free contribution limits include any employer contributions to your HSA.

If you are 55 or older, you can make "catch-up" contributions, meaning you can deposit an additional $1,000. If your spouse is also 55 or older, they may establish a separate HSA and make a "catch-up" contribution to that account.

Keep in mind that you can contribute up to the maximum allowed for the year at any time up until the tax-filing deadline (generally April 15) of the following year.

Contribution tracker

Even though anyone can contribute to your HSA, it's up to you to make sure that you don't exceed the IRS HSA contribution limits. Optum Financial's HSA contribution tracker is a handy online tool that can help you do just that. The contribution tracker shows how much you have contributed to your HSA year-to-date, and calculates how much more could be contributed according to your plan coverage (individual or family). You can find the contribution tracker readily accessible on the "HSA Dashboard" once you sign in to your account.

Pro-rated contributions

A job change or other life event may lead you to end your coverage in an HSA-qualifying health plan at some time during a normal 12-month benefits period. In that case, you would need to calculate a pro-rated contribution amount based on your actual months of high-deductible plan coverage.

If your contributions exceed that amount, you can have excess contributions returned to you. You can download an Excess Contribution and Deposit Request form online.

For example:

- Your employer's plan year is Jan. 1 to Dec. 31 (12 months)
- You maintain high-deductible health plan coverage for your family for six months (January through June)
- The IRS maximum contribution limit for family coverage in 2022 is $7,300
- Your maximum contribution would be $3,650 [$7,300/12 = $608.33 (maximum monthly contribution); $608.33 x 6 = $3,650]

Mid-year plan enrollment

If you enroll in an HSA-qualifying health plan before the first day of December of any year, you're eligible to make the entire year's tax-free contribution to your HSA. To do so, you must also continue to participate in a high-deductible health plan for the rest of the year and the entire following year. During this time, you cannot have other health care coverage that would make you ineligible to contribute to an HSA.

Designating a beneficiary

When you set up an HSA, it's important that you also select a beneficiary. This will ensure that your HSA money is immediately available to your beneficiary upon your death. You may select more than one beneficiary and assign the portion of your account that would go to each.

What if you don't select a beneficiary?

If you do not specify a beneficiary and you are married, your HSA becomes your spouse's HSA. If you are not married at the time of your death, the funds will go to your estate and the funds may be subject to taxation.

How do you designate your beneficiary?

Sign in to your HSA and select "Manage Beneficiaries" from the "I want to …" section.

What if my total HSA contribution for the year exceeds the IRS limits?

Your excess contributions are subject to standard income tax rates plus a 6% penalty. You can complete and mail or fax a withdrawal/distribution form, available online. If you request a refund, there is no penalty as long as the distribution is made before the tax-filing deadline, generally April 15. Earnings on the excess amount are taxable, but the 6% excise tax will not apply as long as the excess contributions and earnings are paid out before the tax-filing deadline.

What if I have more than one HSA?

You may contribute to all of them, but the total contributions to your accounts cannot exceed the annual maximum contribution limit. Contributions from your employer, family members or any other person must be included in the total.

What if I contributed the maximum annual amount, but I was not covered by an HSA-qualifying health plan for an entire year?

You are only eligible to contribute to your HSA for the time you were covered by a high-deductible health plan. You can figure that out by pro-rating your maximum contribution — for individual or family coverage — for the part of the year you were covered by a high-deductible plan. You can arrange to withdraw your excess contribution, as described above.

What if my spouse and I are covered by different health plans?

Your contribution limits are generally determined by the type of high-deductible health plan you have — single or family. Consult a tax advisor regarding your personal situation. You can find out more by visiting IRS.gov.

Using your HSA

Your HSA dollars are available not only to you but also to your spouse and eligible dependents, even if they're not covered by your high-deductible health plan. You can use your HSA funds to pay for qualified medical expenses. Learn more in this section about what qualifies, how much you should contribute as well as how to reimburse yourself for out-of-pocket expenses and more.

Qualified medical expenses

Expenses that qualify for payment or reimbursement from your HSA tax-free are defined by federal regulation. The following is a short list of some products and services in this category:

Doctor office visits

Dental care, including extractions and braces

Chiropractic and acupuncture services

Vision care, including contact lenses, prescription sunglasses, even laser eye surgery

Prescription medications, as well as certain over-the-counter drugs and medications

Hearing aids (and the batteries, too)

Other HSA-qualified expenses

Generally, you cannot use your HSA to pay for health insurance premiums, but there are exceptions. You may use your HSA to pay for:

- Any health plan coverage while receiving federal or state unemployment benefits
- COBRA continuation coverage after leaving employment with a company that offers health insurance coverage
- Eligible long-term care insurance
- Medicare premiums and out-of-pocket expenses, including deductibles, copays and coinsurance for:
  - Part A (hospital and inpatient services)
  - Part D (prescription drugs)

Note: This does not include premiums for a Medicare supplemental policy, such as Medigap.

The list of qualified medical expenses is defined by the IRS, and it includes a wide range of dental, vision and medical expenses. You can use the qualified medical expense tool online to get up to speed on what qualifies. With the search tool, you can filter by account type and expense type to find out what is considered a qualified medical expense by the IRS. You can also find a full list at irs.gov.

Spouse, domestic partner and dependent health care

Spouse and domestic partners may be covered by different health plans. If you have children, they may be covered under your plan or your spouse or domestic partner's plan. You may have adult children who are covered by your health plan, as is now allowed until those children reach age 26.

Family situations can vary. Generally, contribution limits to an HSA are determined by the type of coverage – individual or family. Even if your spouse, domestic partner or dependents are not covered by your high-deductible health plan, you may use your HSA dollars to pay for qualified medical expenses for them.

If you have adult children covered under your health plan, you may not use your HSA to pay or reimburse yourself for their qualified medical expenses if they are not your tax dependents. However, those children may be able to open their own HSAs and contribute up to the limit according to the type of health plan they are covered under – individual or family.

HSA contribution guidance for domestic partners is different, too. Generally, if domestic partners are both covered by a family health plan and one is a tax dependent of the other, the partner carrying the coverage can open and fund an HSA up to the family contribution limit and pay the partner's qualified medical expenses from the account income tax-free.

In another scenario, domestic partners may be covered under a family plan, but neither is a tax dependent of the other. In that case, each partner may open an HSA, and each may deposit up to the family contribution limit.

Visit IRS.gov or treasury.gov for answers to frequently asked questions on these topics. Consult your tax advisor for guidance on your specific situation.

FAQs

What if I use the money in my HSA for non-qualified expenses?

Any amounts you use for purposes other than to pay for qualified medical expenses are taxable as income and subject to an additional 20% IRS tax penalty. This applies to:

- Medical expenses that are not considered "qualified" under federal law, like elective cosmetic surgery
- Other types of health insurance
- Medicare supplement premiums
- Expenses that are not medical- or health-related

To redeposit funds that have been used in error for non-qualified expenses, complete a withdrawal correction form, available online.

Limited-purpose flexible spending account (LPFSA)

You are not eligible to deposit money into an HSA if you are depositing money into a health care FSA in a tax year. You may, however, be able to open what's called a limited-purpose FSA through your employer's benefits plan.

A limited-purpose FSA can be used to pay for eligible dental and vision expenses that you may have. The "use-it-or-lose-it" rule also applies to limited-purpose FSAs, so you should estimate your expenses carefully before electing how much to save in such an account.

HSA payment card

Be sure to activate your HSA payment card so you can start using it for your qualified medical expenses. You may also be able to add your card to your phone's digital wallet – availability varies by plan type.

You can use your payment card for direct payment at a doctor's office, pharmacy or any health care facility that accepts payment cards. In most cases, the card can also be used to pay a bill from a doctor's office or health care facility, provided they accept payment cards.

Remember that your payment card acts like any other debit card. Protect yourself against fraudulent charges by routinely checking your HSA statement.

What if my doctor's office isn't familiar with HSAs and high-deductible health plans?

What if my doctor's office isn't familiar with HSAs and high-deductible health plans?

When you visit your doctor, be prepared to share information about your insurance plan with the person who verifies your insurance information and with your doctor.

Most importantly, let them know you don't have to pay a copayment. It's also important to talk to your doctor about your plan and let them know that you're thinking wisely about the care you receive and how much you spend on it.

Lost or stolen payment card

If your card is lost or stolen, you can call Optum Financial any time of the day or night. Our phone system is set up to take this information even after business hours. We will reissue you a new card free of charge. It should arrive by mail within 10 business days of reporting a lost or stolen card.

Online banking and bill payment

You can view recent account activity, link to your investment account, if you have one, and view and download your monthly statements. You can also pay bills for qualified medical expenses directly to your doctor or other health care providers. With online bill payment, you can set up the names and addresses of your providers to make future payments a snap.

Additionally, with your HSA, you will receive regular account statements. You can avoid potential fees for mailed statements by changing your preferences to e-statement in your online account.

Paying with checks

You my also request HSA checks to use when paying your qualified medical expenses. You can order them online when you sign in to your account.

Mobile experience

You can easily access your Optum Financial HSA with your smart phone or tablet and manage your account on the go. Download the Optum Bank mobile app from your app store. The easy to read screen allows you to:

- View account balances and transactions
- Make a contribution to your HSA
- Pay a bill
- Upload receipts
- Reimburse yourself and more

Apple, the Apple logo, Apple Pay, Apple Watch, iPad, iPhone, iTunes, Mac, Safari, and Touch ID are trademarks of Apple Inc., registered in the U.S. and other countries. iPad Pro is a trademark of Apple Inc. Android, Google Play and the Google Play logo are trademarks of Google LLC. Data rates may apply.

Things to keep in mind when paying your medical bills:

- If paying a bill with your payment card, with online bill payment or by check, you must have sufficient funds available in your account to cover the cost.
- You can wait until your balance grows and reimburse yourself for costs you paid out of pocket. (Remember to save your receipts.)
- The true cost of your medical expense may be discounted if your doctor is in your health plan's network. It's best to wait until after the claim is filed and the insurance company notifies you of how much you are responsible for before using your HSA funds to pay your health plan for that information.

Reimbursing yourself

If choosing to pay for some or all of your eligible medical expenses out of pocket, be sure to save receipts to track your spending. When you're ready to pay yourself back, there are a few ways you can do it.

- Set up an electronic funds transfer (EFT) from Optum Financial to your savings or checking account at another bank
- Request a check by mail

When you reimburse yourself is completely up to you. It can be weeks, months or even years after you've paid for your qualified medical expenses. You must, however, have retained the receipts for the qualified medical expenses in the event the IRS inquires, and the expenses must have been incurred after the date when you established your HSA.

Managing your HSA

Good news. With an HSA, you're in charge of your account — not your employer, not your health insurance company, not your bank. That means you get benefits like tax-savings and no "use it or lose it" rule. The money is yours to keep. In this section, get tips for managing your HSA, so you can get the most out of it.

Reporting to the IRS

You are responsible for saving receipts and keeping track of all expenses paid from your HSA funds, in case you need to prove to the IRS that distributions from the HSA were for qualified medical expenses.

You can download an expense tracking worksheet online to help you maintain your records. Or use your own money management software.

If you use your HSA funds to pay for goods or services that aren't qualified medical expenses, you are responsible for reporting that to the IRS, paying income taxes on the amount and possibly an additional 20% tax penalty. You will need to consult your tax advisor.

For detailed information about tax reporting with your HSA, visit the U.S. Internal Revenue Service website at IRS.gov.

Strengthen your savings even more

Your health savings account (HSA) helps guard you from out-of-pocket costs. But you have to stay smart with your savings to get the most out of your money. Explore our online tools and resources that can help you maximize your HSA.

Important forms

For tax purposes, there are three important forms. You can sign in to your account and find your tax forms in the "Statements" section of our website.

IRS Form 1099-SA

This form provides you with the total distributions that were made from your HSA. You will receive a separate 1099-SA for each type of distribution you had in that tax year. The five types of distributions are: normal, excess contribution removal, death, disability and prohibited transaction. If you did not have distributions during the tax year, you will not receive a 1099.

IRS Form 5498-SA

This form provides you with the contributions that you made to your HSA in a particular tax year. Account holders have the right to make contributions to their HSA for a tax year. Typically until April 15, however years may vary.

IRS Form 8889

This is the HSA contribution form for you to complete and attach to your IRS 1040 Form to report year-to-date contributions and distributions from your HSA.

State tax information

While HSAs were created by the federal government, states can choose to follow the federal tax treatment guidelines or establish their own. Eligible HSA contributions are not taxed by most states, but they are taxed in California and New Jersey. Please consult your tax advisor or state department of revenue for more information.

Withdrawals after age 65 or upon becoming disabled

After you turn 65 or become entitled to Medicare, you may withdraw money from your HSA for nonmedical purposes without penalty. The withdrawal is treated as retirement income and is subject to normal income tax. The same holds true if you become disabled before age 65: you are not liable for the 20% penalty and the withdrawals are treated as income.

FAQs

What if I am no longer covered by an HSA-qualifying high deductible health plan?

Then you cannot continue to contribute to your HSA, but you can use your income tax-free HSA funds to pay for qualified medical expenses for as long as there is money in the account.

In short, the money in your HSA is yours to keep.

Optimizing your HSA

There are time-tested principles of saving money: start early, make regular deposits and set a goal for every year. The same wisdom applies to HSAs. Not only will your deposits grow, but your tax savings will, too. Your HSA can be a smart long-term investment vehicle that can play an important role in your overall wealth and retirement strategy.

Earnings and fees

Your HSA may earn interest at tiered rates. Interest rates and annual percentage yields (APYs) vary and are subject to change at any time. Fees may reduce earnings on your account. To find out your current interest rate, sign in to your account online. Your interest rate can be found on your monthly statement.

Accounts are subject to a monthly maintenance fee to cover use of the Optum Financial payment card and online bill payment. If you have a health plan and an HSA through work, your employer may cover the cost of monthly fees; check with your employer to find out its policy. You may also refer to the fee schedule that is included with your HSA welcome kit.

Investment opportunities

Once your HSA reaches a certain designated balance, you may choose to invest a portion of your HSA dollars. Optum Financial makes investing easy and more accessible for you by offering two investment opportunities.

You have two smart investment options

Option 1:

Optum Financial self-directed mutual funds: You can choose from a wide variety of mutual funds, all with very high Morningstar ratings and representing some of the lowest expense ratios in the industry, including life-stage funds. The Asset Allocation Calculator can help you decide which funds are right for you.

Option 2:

Betterment digitally managed investments: Betterment helps take the guesswork out of investing your HSA. Based on your HSA investment goals, Betterment will recommend a personalized portfolio of low-cost exchange traded funds (ETFs) and help keep your HSA investment on track through auto-deposits and automated rebalancing. If you're saving your HSA for retirement, Betterment can also help you manage your investments alongside your other retirement accounts to help you maximize your after-tax retirement income.

Investments are not FDIC insured, are not bank issued or guaranteed by Optum Financial or its subsidiaries, including Optum Bank, and are subject to risk including fluctuations in value and the possible loss of the principal amount invested.

Investing 101

You must retain at least the minimum investment threshold* balance in your HSA deposit account at the time of a transfer.

- Funds must be invested in increments of $100 or more. You will need at least $100 over your investment threshold to begin investing.
- Any investment earnings such as interest or dividends are income tax-free.

What if you have unexpected medical costs?

No problem – if you're investing in the Optum Financial mutual funds, you can easily transfer your investment funds back into your HSA.

OR

If you're investing with Betterment, they will make it easy by automatically selling the right funds for you.

Investments are not FDIC insured, are not bank issued or guaranteed by Optum Financial or its subsidiaries, including Optum Bank, and are subject to risk including fluctuations in value and the possible loss of the principal amount invested.

Thank you for choosing Optum Financial

Scan the QR code, or go to **optumbank.com**, to sign in to your HSA account.

Go to optumbank.com to learn more.

Investments are not FDIC insured, are not bank issued or guaranteed by Optum Financial or its subsidiaries, including Optum Bank, and are subject to risk including fluctuations in value and the possible loss of the principal amount invested.

Optum

*Investment threshold amounts may vary, check with your employer or sign in to your account for more information.

Self-directed mutual fund investment options are made available through the services of an independent investment advisor, or your plan sponsor. Discretionary advisory services are provided by Betterment LLC, an SEC-registered investment adviser, with associated brokerage transactions provided by Betterment Securities, Member FINRA/SIPC. For details and disclosures visit betterment.com. The Schwab Health Savings Brokerage Account is offered through Charles Schwab & Co., Inc., Member FINRA/SIPC. For details and disclosures, visit schwab.com.

Orders are accepted to effect transactions in securities only as an accommodation to HSA owners. Optum Financial and its subsidiaries are not broker-dealers or registered investment advisors and do not provide investment advice or research concerning securities, make recommendations concerning securities, or otherwise solicit securities transactions.

Health savings accounts (HSAs) are individual accounts offered through Optum Bank®, Member FDIC, or ConnectYourCare, LLC, an IRSDesignated Non-Bank Custodian of HSAs, each a subsidiary of Optum Financial, Inc. Neither Optum Financial, Inc. nor ConnectYourCare, LLC is a bank or an FDIC insured institution.

HSAs are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Federal and state laws and regulations are subject to change.

IMPORTANT NOTICE FROM LIFESERVE BLOOD CENTER ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with LifeServe Blood Center and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. LifeServe Blood Center has determined that the prescription drug coverage offered by the medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current LifeServe Blood Center coverage will be affected. You are NOT eligible for the Health Savings Account program if you have first dollar prescription drug coverage under the Medicare Drug Plan.

If you decide to join a Medicare drug plan, your current LifeServe Blood Center coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current LifeServe Blood Center coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with LifeServe Blood Center and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information. **NOTE**: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through LifeServe Blood Center changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	1/1/2024
Name of Entity/Sender:	LifeServe Blood Center
Contact--Position/Office:	Kelsi Gonzalez
Address:	431 E Locust Des Moines, IA 50309
Phone Number:	(515) 309-8603

DENTAL INSURANCE

Delta Dental

This chart shows how the plan works and how each type of service is covered.

Type of Service	PPO	Premier / Non-Participating
Deductible: Single Family	$25 $75	$50 $150
Preventive Services (Deductible does not apply)	Paid at 100%	Paid at 100%
Basic Restorative	Plan pays 90%	Plan pays 80%
Oral Surgery	Plan pays 90%	Plan pays 80%
Endodontics	Plan pays 50%	Plan pays 50%
Periodontics	Plan pays 50%	Plan pays 50%
Major Restorative	Plan pays 50%	Plan pays 50%
Prosthodontics	Plan pays 50%	Plan pays 50%
Orthodontics (Covers children only, up to the age of 19)	Plan pays 50%	Plan pays 50%
Annual Maximum	$1,250	
Orthodontics Lifetime Maximum	$1,250	
EMPLOYEE COST	**Per Pay Period (26)**	
Employee	$3.64	
Employee/Spouse	$20.90	
Employee/Child	$16.47	
Family	$41.06	

VISION INSURANCE

Avesis

Vision

You have the option of enrolling in our vision benefits. You must utilize services of a provider that participates in the provider network to receive benefits.

Type of Service	Amount You Pay	
Benefit Frequency	(January 1 – December 31)	
Exams	Once per benefit year	
Standard Lenses (pair)	Once per benefit year	
Frame	Once every other benefit year	
Contact Lenses	Once per benefit year	
	In-Network	**Out-of-Network**
Exams	100% after $10 Copayment	Reimbursed up to $35
Lenses		
Single Vision	100% after $15 Copayment	Reimbursed up to $25
Bifocal	100% after $15 Copayment	Reimbursed up to $40
Trifocal	100% after $15 Copayment	Reimbursed up to $50
Lenticular	100% after $15 Copayment	Reimbursed up to $80
Contacts	Reimbursed up to $130	Reimbursed up to $130
Frames	100% after applicable copayment, up to $50 (wholesale)	Reimbursed up to $45
Non-Standard Lenses	20% off retail	NA
Tints, Scratch Coating, etc.	20% off retail	NA

EMPLOYEE COST	Per Pay Period (26)
Employee	$4.71
Employee/Spouse	$9.05
Employee/Child	$9.86
Family	$12.68

LifeServe Blood Center

Group ID: 60790-1426
Effective Date: 01/01/2024
Plan ID: 050130FZL3

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction)	Covered in full after $10 copay	Up to $35
MATERIALS*	$15 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a $50 wholesale allowance up to $150 retail value	Up to $45
Standard Spectacle Lenses		
Single Vision	Covered in full after $15 copay	Up to $25
Bifocal	Covered in full after $15 copay	Up to $40
Trifocal	Covered in full after $15 copay	Up to $50
Lenticular	Covered in full after $15 copay	Up to $80
Prefered Pricing Options **Level 3 Lens Option Package**		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to $10
Standard Scratch-Resistant Coating	Covered in Full	Up to $5
Ultra-Violet Screening	Covered in Full	Up to $6
Solid or Gradient Tint	Covered in Full	Up to $4
Standard Anti-Reflective Coating	Covered in Full	Up to $24
Level 1 Progressives	$75	Up to $40
Level 2 Progressives	$110	Up to $40
All Other Progressives	$50 allowance + up to 20% discount	Up to $40
Transitions® (Single Vision/Multi-Focal)	$70/$80	N/A
Polarized	$75	N/A
PGX/PBX	$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	$130 allowance	Up to $110
Medically Necessary	Covered in full	Up to $250
Refractive Laser Surgery	Onetime/lifetime $150 allowance Provider discount up to 25%	Onetime/lifetime $150 allowance
PLAN DETAILS		
Contribution	Voluntary	

Frequency		Rates
Eye Exam	Once every 12 months	EO $10.21
Lenses	Once every 12 month	ES $19.60
Frame	Once every 24 month	EC $21.37
Contact Lenses	Once every 12 month	EF $27.48

Discounts are not insured benefits.
*At participating Walmart/Sam's locations, retail pricing for your plan is $68. At participating Costco locations, retail pricing is $54.99.
†Prior Authorization is required for medically necessary contacts.

RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value

Policies and rates are guaranteed for 2 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Policy #: VC-16, Form M-9059

EO = Employee Only
ES = Employee + Spouse
EC = Employee + Child(ren)
EF = Employee + FAM

How can we help you?
Avēsis Website:
www.avesis.com
Customer Service:
855-214-6777
7:00 a.m. to 8:00 p.m. EST
LASIK Provider:
877-712-2010

avēsis

FLEXIBLE SPENDING ACCOUNTS (FSA)

Optum

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Plan Overview

Flexible Medical Spending Accounts

This plan allows you to defer pre-tax dollars into a Health Care Flex Spending Account to pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. Some examples include:

- Deductible, coinsurance, and copayments
- Over the counter medications – with prescription
- Dental services and orthodontia
- Vision services, including contact lenses, contact lens solution, eye exams and eyeglasses
- Hearing services, including hearing aids and batteries

Medical Care Maximum: $2,000

Dependent Care Spending Accounts

This plan allows you to defer pre-tax dollars into a Dependent Care Spending Account. You may request reimbursement as you incur expenses to provide day care for qualified dependents: children under age 13, or an older disabled dependent child, or a disabled adult.

Dependent Care Maximums: $5,000 if married filing jointly or head of household; $2,500 if married filing single.

Note: If you are enrolled in the HDHP, you have the option of enrolling in a limited purpose flexible spending account, allowing only reimbursement for dental and vision expenses.

FLEXIBLE SPENDING ACCOUNTS

How do Flexible Spending Accounts Work?

Flexible Spending Accounts (FSAs) are like personal bank accounts. They allow you to set aside money for healthcare and/or dependent care expenses on a pre-tax basis. You can enroll in a Healthcare FSA and/or a Dependent Day Care FSA. Your election will cover you from your enrollment date through the end of the plan year unless you have a change in family status.

You can elect to have a portion of your salary withheld on a pre-tax basis for health or dependent care expenses you incur during the plan year. The funds will be placed into an account to be used during the year. If you contribute to both FSAs, you cannot use amounts contributed to one account to pay expenses eligible for payment from another account. For example, you cannot pay medical expenses from your Dependent Day Care FSA.

Health Care FSA

During annual enrollment you may elect to contribute monies into the Health Care FSA during the coming plan year. The amount you elect to set aside will be deducted from your paycheck in equal installments during the plan year.

Eligible health care expenses include copayments, deductibles, coinsurance, certain orthodontic procedures and other health-related expenses incurred by you or a family member. In addition, over-the-counter medicines are eligible for reimbursement with a prescription.

Dependent Care FSA

You can contribute up to $5,000 each year to the Dependent Day Care FSA to pay for dependent care expenses. The amount you elect to set aside will be deducted from your paycheck in equal installments during the coming year.

Eligible expenses are only those incurred for the care of a child under 13 years of age (or a disabled child older than age 13) who qualifies as your dependent for tax purposes; or, anyone you can claim as a dependent, such as an elderly parent or disabled spouse.

Use It Or Lose It

It is very important that you estimate accurately when determining how much to contribute to either FSA. FSAs can provide significant tax advantages for employees when the contributions are made on a pre-tax basis. For this reason, the IRS requires that you use all of the money in your account(s) during the plan year. Any money remaining in your account(s) at the end of the plan year will be forfeited.

FSA TAX SAVINGS WORKSHEETS

What will you do with the money you save by participating in the Flex Plan?

Use this worksheet to help determine your potential tax savings.

FSA Reimbursement Account Expenses							
Medical		**Vision**		**Dental**		**Dependent Care**	
Deductibles	$	Exams	$	Routine Exam	$	Children	$
Copays	$	Eye Surgery	$	Fillings/ Crowns	$	Adults	$
Prescriptions	$	Lenses/ Frames	$	Orthodontics	$		
Other	$	Contacts	$	Other			
Total	$	Total	$	Total	$	Total	$

Estimated Annual Expenses & Tax Savings		
Total Medical + Vision + Dental Expenses		$
Total Dependent Care Expenses	+	$
Total Expenses		$
Tax Bracket Percentage (see below)	X	
Annual Tax Savings		$
Number of Pay Periods	/	
Estimated Savings Per Paycheck		$

Tax Estimate Table	
Annual Household Earnings	**Estimated Tax Rate**
$0 - $19,050	10%
$19,051 - $77,400	12%
$77,401 - $165,000	22%
$165,001 - $315,000	24%
$315,001 - $400,000	32%
$400,001 - $600,000	35%
> $600,000	37%

Keep your savings rolling through through the year

An FSA gives you tax-advantaged money up front for your health care needs.

A flexible spending account (FSA) has 'flexible' in the name for a reason. It helps you maximize your budget, giving you the ability to use pre-tax dollars to pay for qualified eligible expenses.

Check out these highlights:

Access your dollars on day one

Your FSA funds are available as soon as your plan year begins, even before you contribute.

Spend tax-advantaged money

That means your dollars are added pre-tax through payroll contributions, so an FSA puts more money in your pocket for:

- Money added to your account
- Funds used for eligible medical expenses

Save on out-of-pocket costs head to toe

Eligible expenses include deductibles, copays, dental, vision, prescriptions, and your family's medical care–regardless of their health care coverage. Here are a few examples of eligible expenses:

- Childbirth classes
- Diabetic supplies
- Fertility treatment
- Psychotherapy
- Chiropractic services
- Acupuncture
- Physical therapy
- Over-the-counter treatments like pain relievers, bandages and orthopedic inserts
- And more

For an interactive list of eligible expenses, visit **optumbank.com/qualifiedexpenses**

Use it or you (might) lose it

FSAs can differ by employer. FSAs generally do not allow you to use your funds after a specified date. Your employer may offer grace periods that extend the time you may use your account, and some offer rollovers of unused funds. Check your plan documents to see what your FSA allows.

See how the Frazier family benefits from an FSA

The Fraziers have a full house with a growing family. Here's how much they can save per year with as FSA that covers the children:

Annual pay: $45,000

Yearly contribution	Taxable income	Combined federal, state and Social Security taxes	Spendable income
-$2,000	**$43,000**	**-$12,750**	**$30,251**

Total tax savings: $593*

How can you save? Your your taxable income is reduced by the amounts you deposit into your FSA accounts, up to IRS limits.

The 2022 contribution limit for health FSAs is $2,850, though your plan may differ. Check your plan's materials for details.

Manage your FSA on the app

As soon as you're enrolled, you can use the Optum Bank mobile app to see your balance, pay bills, view transactions, upload receipts and more.

Ready to enroll?

Enrolling in an FSA is quick and easy because it's built into your employer's benefits enrollment. Review your enrollment materials so you don't miss your chance to sign up.

Scan the QR code, or go to **optumbank.com/FSAvideo**, to see how you can save.

Go to optumbank.com to learn more.

Optum

*Assuming 22% federal income tax and 7.65% FICA. Results and amount will vary depending on your particular circumstances.

Flexible spending accounts (FSAs) ("Employer-Sponsored Plans") are administered on behalf of your plan sponsor by Optum Financial, Inc. ("Optum Financial") and are subject to eligibility and restrictions. Employer-Sponsored Plans are not individually owned and amounts available under the Employer-Sponsored Plan are not FDIC insured.

This communication is not intended as legal or tax advice. Federal and state laws and regulations are subject to change. Please contact a legal or tax professional for advice on eligibility, tax treatment, and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions.

Boost the tax savings — contacts to grins

An LPFSA helps you save even more

A limited purpose flexible savings account (LPFSA) is especially for eligible dental and eye expenses and is designed to pair with a health savings account (HSA).

Check out these highlights:

Keep even more money in your pocket

Having two accounts allows you to maximize your tax savings by contributing pre-tax funds to both accounts, up to the maximum limits.

Preserve your HSA balance

By using your LPFSA for dental and vision, you're able to save your HSA balance. Since your HSA has interest and investment options and is your account to use forever, you can save and grow your money for the future.

Stretch your dental and vision savings

Eligible expenses include deductibles, copays, dental, vision, prescriptions, and your family's medical care — regardless of their health care coverage. Additional eligible expenses include:

- Dental visits/treatment
- Teeth cleaning
- Fillings
- Eye exams
- Contact lenses
- Eyeglasses
- LASIK eye surgery
- And more

For a full list of qualified medical expenses, visit **optumbank.com/qualifiedexpenses.**

Manage your LPFSA on the app

Once you're enrolled, the Optum Bank mobile app makes your account even easier to manage.

Ready to enroll?

Enrolling in an LPFSA is quick and easy because it's built into your employer's benefits enrollment. Review your enrollment materials so you don't miss your chance to sign up.

Scan the QR code, or go to **optumbank.com/qualifiedexpenses**, to see more ways you can save.

Go to optumbank.com to learn more.

Investments are not FDIC insured, are not bank issued or guaranteed by Optum Financial or its subsidiaries, including Optum Bank, and are subject to risk including fluctuations in value and the possible loss of the principal amount invested.

Optum

Health savings accounts (HSAs) are individual accounts offered through Optum Bank®, Member FDIC. HSAs are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account.

Flexible spending accounts (FSAs) ("Employer-Sponsored Plans") are administered on behalf of your plan sponsor by Optum Financial, Inc. ("Optum Financial") and are subject to eligibility and restrictions. Employer-Sponsored Plans are not individually owned and amounts available under the Employer-Sponsored Plan are not FDIC insured.

This communication is not intended as legal or tax advice. Federal and state laws and regulations are subject to change. Please contact a legal or tax professional for advice on eligibility, tax treatment, and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions.

More savings equals more family fun

A dependent care FSA helps you cover care for your loved ones

If you need to pay for care for your children, a disabled spouse, or legally dependent parent during your working hours, a dependent care flexible spending account (DCFSA) provides tax savings for all eligible family members, even if they're not covered under your health plan.

Spend tax-advantaged money

Since the dollars you put into your account are pre-tax, you save through tax advantages on:

- Money added to your account
- Funds used for eligible expenses

Cover care while you work

The cost of day care for children, or supervision for an aging parent, is a significant expense for many families. A DCFSA allows you to pay for these services while reducing your taxes. For dependents under the age of 13, you can pay for:

- Before- and after-school care
- Nursery school
- Day care and preschool
- Summer and holiday day camps
- Babysitter, nanny or au pair
- Sick childcare
- And more

You can also use your account for adult dependents who need care, such as a spouse or live-in parent. This includes:

- Senior daycare
- Care of an incapacitated adult who lives with you
- Expenses for an in-home caregiver
- Transportation to and from eligible care (provided by your care provider)
- Eldercare (in your home or someone else's)
- And more

For an interactive list of eligible expenses, visit **optumbank.com/qualifiedexpenses.**

See how much Emily saves while covering her family

Emily knows that her children, and her mom, are in good hands while she is at work. And her DCFSA helps her save on these care costs. Check out how much money she's saving per year:

Annual pay: $45,000

Yearly contribution	Taxable income	Combined federal, state and Social Security taxes	Spendable income
-$5,000	**$40,000**	**-$11,860**	**$28,140**

Total tax savings: $1,482*

How exactly does a DCFSA save me money? Your taxable income is reduced by the amounts you deposit into your account, up to IRS limits. The 2022 DCFSA limit is $5,000 per household or $2,500 if married, filing separately.

Manage your DCFSA on the app

Once you're enrolled, the Optum Bank mobile app makes your account even easier to manage. Check your balance, pay your provider, or upload documentation with a few taps.

Ready to enroll?

Enrolling in a DCFSA is quick and easy because it's built into your employer's benefits enrollment. Review your enrollment materials so you don't miss your chance to sign up.

Scan the QR code, or go to **optumbank.com/DCFSAvideo**, to see how you can save.

Go to optumbank.com to learn more.

Optum

*Assuming 22% federal income tax and 7.65% FICA. Results and amount will vary depending on your particular circumstances.

Dependent care assistance programs (DCAPs) ("Employer-Sponsored Plans") are administered on behalf of your plan sponsor by Optum Financial, Inc. ("Optum Financial") and are subject to eligibility and restrictions. Employer-Sponsored Plans are not individually owned and amounts available under the Employer-Sponsored Plan are not FDIC insured.

This communication is not intended as legal or tax advice. Federal and state laws and regulations are subject to change. Please contact a legal or tax professional for advice on eligibility, tax treatment, and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions.

Tap into your HSA — anytime, anywhere

Online and mobile tools to help you maximize your savings

Once you've opened a health savings account (HSA), you have access to a number of tools and resources at **optumbank.com**, making it easy to manage your account online. They can help you use your HSA today and help plan for your future.

Optumbank.com

Sign in to your account anywhere, anytime to:

- Pay bills to physicians, dentists or other health care providers
- Make deposits
- Reimburse yourself
- Set up and manage account alerts
- Upload and store receipts
- Check monthly statements
- Manage investment activity

Optum Bank mobile app

Sign in to your account anywhere, anytime to:

- Track your balance, recent transactions and annual contribution limits
- Capture and submit receipts, and add receipts to specific expenses
- Pay bills, track payments and reimburse yourself
- Search for qualified medical expenses
- Make an HSA contribution through mobile check deposit or a bank transfer
- Get a quick account snapshot anytime and sign in using fingerprint or facial recognition

Qualified medical expense tool

Visit **optumbank.com/qualifiedexpenses** to get up to speed on qualified medical expenses. With the search tool, you can filter by account type and expense type to find out what is considered a qualified medical expense by the IRS.

Health savings checkup

Wondering how much money you will need for health care expenses in retirement? Take the Optum Financial health savings checkup at **optumbank.com**. Answer a few questions about your health, your HSA activity and retirement goals, and you will receive a personalized snapshot of your potential health care expenses in retirement. It will show you how much Medicare will cover, what your predicted HSA balance will cover and how much more you might need to plan on saving. You'll also get ideas to help you stay healthy, spend less and save more.

HSA calculators

Visit **optumbank.com** for calculators that can help you manage your HSA now and in the future.

- Find out your maximum contribution limit based on your plan type (individual or family), your age and amount that your employer contributes to your account
- Calculate your yearly tax savings based on how much you plan to contribute to your HSA
- See the potential future value of your HSA and how much it may potentially grow over time

Contribution tracker

Sign in to your account at **optumbank.com** to find out what your contribution limits are. See how much you have contributed to your HSA year-to-date, and how much more could be contributed according to your plan coverage (individual or family) with the contribution tracker.

Asset allocation calculator

If you choose to invest some of the money in your HSA, the HSA asset allocation calculator in your online account can help you decide which mutual funds to select, based on asset class. Simply answer a few questions, and the calculator will show you a suggested distribution of how to spread out your investment dollars. Be sure to discuss with your financial advisor if investing the money in your HSA is right for you.

Go to optumbank.com to learn more.

Investments are not FDIC insured, are not bank issued or guaranteed by Optum Financial or its subsidiaries, including Optum Bank, and are subject to risk including fluctuations in value and the possible loss of the principal amount invested.

Optum

Health savings accounts (HSAs) are individual accounts offered through Optum Bank®, Member FDIC, a subsidiary of Optum Financial, Inc. Optum Financial, Inc. is not a bank or an FDIC insured institution bank or an FDIC insured institution. HSAs are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Federal and state laws and regulations are subject to change.

BASIC LIFE / ACCIDENTAL DEATH & DISMEMBERMENT

LifeServe Blood Center provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance equal to 1 ½ times your annual salary (up to $500,000) and pays the full cost of this benefit. Please see below for the Age Reduction Schedule.

Effective Date	Reduction Amount
January first following age 65	35% of original amount or $5,000
January first following age 70	60% of original amount or $5,000
January first following age 75	75% of original amount or $5,000

Contact your Benefits Department to update your beneficiary information.

DISABILITY INSURANCE

Disability Income Benefits

LifeServe Blood Center provides full-time employees with short and long-term disability income benefits and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Plan Overview	Short-term Disability	Long-term Disability
Benefits Payable Following	7 Day Waiting Period	90 Days
Benefits Payable	Maximum of 10 weeks	Length of time is based on age at disability
Percentage of Income Replaced	60% of Weekly Earnings	60% of Monthly Earnings
Maximum Benefit	$1,600 per week	$10,000 per month

VOLUNTARY GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS

THE HARTFORD

More than half of Americans (53%) expressed a heightened need for life insurance because of COVID-19.[1]

LIFESERVE BLOOD CENTER

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.

To learn more about Life and AD&D insurance, visit **thehartford.com/employee-benefits/employees**

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit[2]: Increments of $10,000 Maximum: the lesser of 5x earnings or $300,000	AD&D: Included
Spouse	Benefit[2]: Increments of $5,000. Maximum: the lesser of 50% of your supplemental coverage or $150,000	AD&D: Included
Child(ren)	Benefit: $10,000	AD&D: Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT	
Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.	
LOSS FROM ACCIDENT	**COVERAGE**
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

[2]Your benefit will be reduced by 35% at age 65, 70 and 75, and 25% at age 80, 85, 90 and 95. Reductions will be applied to the current amount (after all previous reductions).

PREMIUMS

See the Life Premium Worksheet.[3]

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 32 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of $100,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of $30,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

This insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

AD&D is available without having to provide information about your or your family's health.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Life Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s).

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate.Conversion and portability are not available for AD&D coverage.

[1]LIMRA, Facts About Life 2020: https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf, as viewed on October 14, 2020.
[3]Rates and/or benefits may be changed on a class basis. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

The Buck's Got Your Back ®

5962a and 5962b NS 07/21

LIMITATIONS & EXCLUSIONS

This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your basic life benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- Your supplemental/voluntary life benefit will be reduced by 35% at age 65, 70 and 75, and 25% at age 80, 85, 90 and 95. Reductions will be applied to the current amount (after all previous reductions).
- A supplemental or voluntary life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

5962a NS 05/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your basic AD&D benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- Your supplemental/voluntary AD&D benefit will be reduced by 35% at age 65, 70 and 75, and 25% at age 80, 85, 90 and 95. Reductions will be applied to the current amount (after all previous reductions).
- Exclusions: (Applicable to all benefits except the Life Insurance Benefit and the Accelerated Benefit) What is not covered under The Policy?
- The Policy does not cover any loss caused or contributed to by:
    - anaphylactic shock;
    - any form of auto-erotic asphyxiation;
    - failure to wear a Seat Belt while driving or riding as a passenger in a Motor Vehicle;
    - intentionally self-inflicted Injury;
    - stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis or aneurysm;
    - suicide or attempted suicide, whether sane or insane;
    - war or act of war, whether declared or not;
    - injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve or National Guard Service;
    - injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
    - injury sustained while On any aircraft:
        - as a pilot, crewmember or student pilot;
        - as a flight instructor or examiner;
        - if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization whose eligible persons are covered under The Policy; or
        - being used for tests, experimental purposes, stunt flying, racing or endurance tests;
    - injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician
    - injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
    - injury sustained while committing or attempting to commit a felony;
    - injury sustained while Intoxicated;
    - injury sustained while driving while Intoxicated;
    - injury sustained by illegal fireworks or the use of any legal fireworks when not following the manufacturer's lighting instructions;
    - driving and violating any applicable cellular device use or distracted driving laws; or
    - failure to wear a helmet while On or riding as a passenger On a motorcycle, bicycle, all-terrain vehicle (ATV) or any other type of motor bike.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Child(ren) may only be covered as a dependent of one employee.

DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you or your dependent(s) have coverage.

5962c NS 05/21 Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.

The Buck's Got Your Back ®

Premium Worksheet

Rates and/or benefits may be changed on a class basis. Rates are based on the employee's age and increase as you enter each new age category.

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Monthly Premium Amount (Cost per Pay Period – 12/Year)

Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	$0.81	$0.75	$0.89	$1.23	$1.68	$2.56	$3.77	$5.17	$6.12	$8.75	$15.60	$44.61
$20,000	$1.62	$1.50	$1.78	$2.46	$3.36	$5.12	$7.54	$10.34	$12.24	$17.50	$31.20	$89.22
$30,000	$2.43	$2.25	$2.67	$3.69	$5.04	$7.68	$11.31	$15.51	$18.36	$26.25	$46.80	$133.83
$40,000	$3.24	$3.00	$3.56	$4.92	$6.72	$10.24	$15.08	$20.68	$24.48	$35.00	$62.40	$178.44
$50,000	$4.05	$3.75	$4.45	$6.15	$8.40	$12.80	$18.85	$25.85	$30.60	$43.75	$78.00	$223.05
$60,000	$4.86	$4.50	$5.34	$7.38	$10.08	$15.36	$22.62	$31.02	$36.72	$52.50	$93.60	$267.66
$70,000	$5.67	$5.25	$6.23	$8.61	$11.76	$17.92	$26.39	$36.19	$42.84	$61.25	$109.20	$312.27
$80,000	$6.48	$6.00	$7.12	$9.84	$13.44	$20.48	$30.16	$41.36	$48.96	$70.00	$124.80	$356.88
$90,000	$7.29	$6.75	$8.01	$11.07	$15.12	$23.04	$33.93	$46.53	$55.08	$78.75	$140.40	$401.49
$100,000	$8.10	$7.50	$8.90	$12.30	$16.80	$25.60	$37.70	$51.70	$61.20	$87.50	$156.00	$446.10
$110,000	$8.91	$8.25	$9.79	$13.53	$18.48	$28.16	$41.47	$56.87	$67.32	$96.25	$171.60	$490.71
$120,000	$9.72	$9.00	$10.68	$14.76	$20.16	$30.72	$45.24	$62.04	$73.44	$105.00	$187.20	$535.32
$130,000	$10.53	$9.75	$11.57	$15.99	$21.84	$33.28	$49.01	$67.21	$79.56	$113.75	$202.80	$579.93
$140,000	$11.34	$10.50	$12.46	$17.22	$23.52	$35.84	$52.78	$72.38	$85.68	$122.50	$218.40	$624.54
$150,000	$12.15	$11.25	$13.35	$18.45	$25.20	$38.40	$56.55	$77.55	$91.80	$131.25	$234.00	$669.15
$160,000	$12.96	$12.00	$14.24	$19.68	$26.88	$40.96	$60.32	$82.72	$97.92	$140.00	$249.60	$713.76
$170,000	$13.77	$12.75	$15.13	$20.91	$28.56	$43.52	$64.09	$87.89	$104.04	$148.75	$265.20	$758.37
$180,000	$14.58	$13.50	$16.02	$22.14	$30.24	$46.08	$67.86	$93.06	$110.16	$157.50	$280.80	$802.98
$190,000	$15.39	$14.25	$16.91	$23.37	$31.92	$48.64	$71.63	$98.23	$116.28	$166.25	$296.40	$847.59
$200,000	$16.20	$15.00	$17.80	$24.60	$33.60	$51.20	$75.40	$103.40	$122.40	$175.00	$312.00	$892.20
$210,000	$17.01	$15.75	$18.69	$25.83	$35.28	$53.76	$79.17	$108.57	$128.52	$183.75	$327.60	$936.81
$220,000	$17.82	$16.50	$19.58	$27.06	$36.96	$56.32	$82.94	$113.74	$134.64	$192.50	$343.20	$981.42
$230,000	$18.63	$17.25	$20.47	$28.29	$38.64	$58.88	$86.71	$118.91	$140.76	$201.25	$358.80	$1,026.03
$240,000	$19.44	$18.00	$21.36	$29.52	$40.32	$61.44	$90.48	$124.08	$146.88	$210.00	$374.40	$1,070.64
$250,000	$20.25	$18.75	$22.25	$30.75	$42.00	$64.00	$94.25	$129.25	$153.00	$218.75	$390.00	$1,115.25
$260,000	$21.06	$19.50	$23.14	$31.98	$43.68	$66.56	$98.02	$134.42	$159.12	$227.50	$405.60	$1,159.86
$270,000	$21.87	$20.25	$24.03	$33.21	$45.36	$69.12	$101.79	$139.59	$165.24	$236.25	$421.20	$1,204.47
$280,000	$22.68	$21.00	$24.92	$34.44	$47.04	$71.68	$105.56	$144.76	$171.36	$245.00	$436.80	$1,249.08
$290,000	$23.49	$21.75	$25.81	$35.67	$48.72	$74.24	$109.33	$149.93	$177.48	$253.75	$452.40	$1,293.69
$300,000	$24.30	$22.50	$26.70	$36.90	$50.40	$76.80	$113.10	$155.10	$183.60	$262.50	$468.00	$1,338.30

SPOUSE/PARTNER SUPPLEMENTAL TERM LIFE LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Monthly Premium Amount (Cost per Pay Period – 12/Year)

Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$5,000	$0.45	$0.42	$0.49	$0.70	$0.96	$1.47	$2.18	$3.00	$3.55	$5.09	$9.09	$26.05
$10,000	$0.89	$0.83	$0.98	$1.39	$1.92	$2.93	$4.35	$6.00	$7.10	$10.18	$18.18	$52.10
$15,000	$1.34	$1.25	$1.47	$2.09	$2.88	$4.40	$6.53	$9.00	$10.65	$15.27	$27.27	$78.15
$20,000	$1.78	$1.66	$1.96	$2.78	$3.84	$5.86	$8.70	$12.00	$14.20	$20.36	$36.36	$104.20
$25,000	$2.23	$2.08	$2.45	$3.48	$4.80	$7.33	$10.88	$15.00	$17.75	$25.45	$45.45	$130.25
$30,000	$2.67	$2.49	$2.94	$4.17	$5.76	$8.79	$13.05	$18.00	$21.30	$30.54	$54.54	$156.30
$35,000	$3.12	$2.91	$3.43	$4.87	$6.72	$10.26	$15.23	$21.00	$24.85	$35.63	$63.63	$182.35
$40,000	$3.56	$3.32	$3.92	$5.56	$7.68	$11.72	$17.40	$24.00	$28.40	$40.72	$72.72	$208.40

$45,000	$4.01	$3.74	$4.41	$6.26	$8.64	$13.19	$19.58	$27.00	$31.95	$45.81	$81.81	$234.45
$50,000	$4.45	$4.15	$4.90	$6.95	$9.60	$14.65	$21.75	$30.00	$35.50	$50.90	$90.90	$260.50
$55,000	$4.90	$4.57	$5.39	$7.65	$10.56	$16.12	$23.93	$33.00	$39.05	$55.99	$99.99	$286.55
$60,000	$5.34	$4.98	$5.88	$8.34	$11.52	$17.58	$26.10	$36.00	$42.60	$61.08	$109.08	$312.60
$65,000	$5.79	$5.40	$6.37	$9.04	$12.48	$19.05	$28.28	$39.00	$46.15	$66.17	$118.17	$338.65
$70,000	$6.23	$5.81	$6.86	$9.73	$13.44	$20.51	$30.45	$42.00	$49.70	$71.26	$127.26	$364.70
$75,000	$6.68	$6.23	$7.35	$10.43	$14.40	$21.98	$32.63	$45.00	$53.25	$76.35	$136.35	$390.75
$80,000	$7.12	$6.64	$7.84	$11.12	$15.36	$23.44	$34.80	$48.00	$56.80	$81.44	$145.44	$416.80
$85,000	$7.57	$7.06	$8.33	$11.82	$16.32	$24.91	$36.98	$51.00	$60.35	$86.53	$154.53	$442.85
$90,000	$8.01	$7.47	$8.82	$12.51	$17.28	$26.37	$39.15	$54.00	$63.90	$91.62	$163.62	$468.90
$95,000	$8.46	$7.89	$9.31	$13.21	$18.24	$27.84	$41.33	$57.00	$67.45	$96.71	$172.71	$494.95
$100,000	$8.90	$8.30	$9.80	$13.90	$19.20	$29.30	$43.50	$60.00	$71.00	$101.80	$181.80	$521.00
$105,000	$9.35	$8.72	$10.29	$14.60	$20.16	$30.77	$45.68	$63.00	$74.55	$106.89	$190.89	$547.05
$110,000	$9.79	$9.13	$10.78	$15.29	$21.12	$32.23	$47.85	$66.00	$78.10	$111.98	$199.98	$573.10
$115,000	$10.24	$9.55	$11.27	$15.99	$22.08	$33.70	$50.03	$69.00	$81.65	$117.07	$209.07	$599.15
$120,000	$10.68	$9.96	$11.76	$16.68	$23.04	$35.16	$52.20	$72.00	$85.20	$122.16	$218.16	$625.20
$125,000	$11.13	$10.38	$12.25	$17.38	$24.00	$36.63	$54.38	$75.00	$88.75	$127.25	$227.25	$651.25
$130,000	$11.57	$10.79	$12.74	$18.07	$24.96	$38.09	$56.55	$78.00	$92.30	$132.34	$236.34	$677.30
$135,000	$12.02	$11.21	$13.23	$18.77	$25.92	$39.56	$58.73	$81.00	$95.85	$137.43	$245.43	$703.35
$140,000	$12.46	$11.62	$13.72	$19.46	$26.88	$41.02	$60.90	$84.00	$99.40	$142.52	$254.52	$729.40
$145,000	$12.91	$12.04	$14.21	$20.16	$27.84	$42.49	$63.08	$87.00	$102.95	$147.61	$263.61	$755.45
$150,000	$13.35	$12.45	$14.70	$20.85	$28.80	$43.95	$65.25	$90.00	$106.50	$152.70	$272.70	$781.50

CHILD(REN) SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Monthly Premium Amount (Cost per Pay Period – 12/Year)

Benefit Amount	Cost For Each Child	x	Number of Covered Children	=	Cost For All Children
$10,000	$0.70	x		=	

5962a NS 07/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

The Buck's Got Your Back ®

Allstate®
BENEFITS

Protection for accidental injuries on- and off-the-job, 24 hours a day

Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.
Practical benefits for everyday living.®

*Please refer to the Exclusions and Limitations section of this brochure. [1]National Safety Council, Injury Facts®, 2019 Edition

DID YOU KNOW?

The number of injuries sustained by workers in one year, both on- and off-the-job, includes:[1]

ON-THE-JOB (in millions)

Work **4.4**

OFF-THE-JOB (in millions)

Home **25.0**

Non-Auto **12.6**

Auto **4.3**

Offered to the employees of:

Lifeserve Blood Center

Meet Daniel & Sandy

Daniel and Sandy are like most active couples: they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- **Major medical will only pay a portion of the expenses associated with injury treatments**
- **They have copays they are responsible for until they meet their deductible**
- **If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education**
- **If they need to seek treatment not available locally, they will have to pay for it**

Daniel's story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.

CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.

USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Was visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Was seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.

CLAIM

Daniel's Accident claim paid cash benefits for the following:

Ambulance Services
Medicine
Medical Expenses (Emergency Room and X-rays)
Initial Hospital Confinement
Hospital Confinement
Tendon Surgery
General Anesthesia
Accident Follow-Up Treatment
Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits
Cash benefits provide you with options, because you decide how to use them.

Finances
Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.

Travel
Can help pay for expenses while receiving treatment in another city.

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.

Expenses
Can help pay your family's living expenses such as bills, electricity, and gas.

MyBenefits: 24/7 Access
allstatebenefits.com/mybenefits
An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Dependent Eligibility
Coverage may include you, your spouse and your children.

[1]Multiple dismemberments, dislocations or fractures are limited to the amount shown in the rate insert. [2]Up to three times per covered person, per accident. [3]Two or more surgeries done at the same time are considered one operation. [4]Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. [5]Two treatments per covered person, per accident. *Must begin or be received within 180 days of the accident. **Within 3 days after the accident.

Benefits (subject to maximums as listed on the attached rate insert)

BASE POLICY BENEFITS

Accidental Death*

Common Carrier Accidental Death - riding as a fare-paying passenger on a scheduled common-carrier

Dismemberment[1]* - amount paid depends on type of dismemberment. See Injury Benefit Schedule in rate insert

Dislocation or Fracture[1] - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert

Initial Hospitalization Confinement - initial hospitalization after the effective date

Hospital Confinement - up to 90 days for any one injury

Intensive Care - up to 90 days for each period of continuous confinement

Ambulance Services - transfer to or from hospital by ambulance service

Medical Expenses - expenses incurred for medical or surgical treatment. Expenses are limited to physician fees, X-rays and emergency room services. Includes treatment for dental repair to sound natural teeth if repair is diagnosed by a dentist as necessary and as a result of injury

Outpatient Physician's Treatment - treatment outside the hospital for any cause. Payable up to 2 visits per covered person, per calendar year and a maximum of 4 visits per calendar year if dependents are covered

BENEFIT ENHANCEMENT RIDER

Hospital Admission -** first hospital confinement occurring during a calendar year, and 12 months after rider effective date. Payable when a benefit has been paid under the Hospital Confinement Benefit in the base policy

Lacerations -** treatment for one or more lacerations (cuts)

Burns -** treatment for one or more burns, other than sunburns

Skin Graft - receiving a skin graft for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis -** first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within three days of an accident. Must be diagnosed within 30 days after the accident by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)* - must first be treated by a physician within 30 days after the accident

Paralysis -** spinal cord injury resulting in complete/permanent loss of use of two or more limbs for at least 90 days

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery[3], **

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery[3], * - surgery received for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery

Ruptured Disc Surgery[3], * - diagnosis and surgical repair to a ruptured disc of the spine by a physician

Eye Surgery - surgery or removal of a foreign object by a physician

General Anesthesia* - payable only if the policy Surgery benefit is paid

Blood and Plasma -** transfusion after an accident

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Medical Supplies - purchased over-the-counter medical supplies. Payable only if the policy Medical Expenses benefit is paid

Medicine - purchased prescription or over-the-counter medicines. Payable only if the policy Medical Expenses benefit is paid

Prosthesis* - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident. Payable only if a benefit is paid for loss of arm, leg, hand, foot or eye under the Dismemberment benefit

Physical Therapy - one treatment per day; maximum of 6 treatments per accident. Chiropractic services are excluded. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid. Must take place no longer than 6 months after accident

Rehabilitation Unit[4] - must be hospital-confined due to an injury immediately prior to being transferred to rehab. Not payable for the days on which the Hospital Confinement benefit is paid

Non-Local Transportation[2] - treatment obtained at a non-local hospital or freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment

Family Member Lodging - one adult family member to be with you while you are confined in a non-local hospital or freestanding treatment center. Not payable if family member lives within 100 miles one-way of the treatment facility. Up to 30 days per accident. Only payable if the Non-Local Transportation benefit is paid

Post-Accident Transportation - after a three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if a benefit is paid for Hospital Confinement

Accident Follow-Up Treatment[5] - must take place no longer than 6 months after the accident. Payable only if the policy Medical Expenses benefit is paid. Not payable for the same visit for which the Physical Therapy benefit is paid

Group Voluntary Accident (GVAP1)

On- and Off-the-Job Accident Insurance from Allstate Benefits

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFITS		PLAN 1	PLAN 2
Accidental Death	Employee	$40,000	$60,000
	Spouse	$20,000	$30,000
	Children	$10,000	$15,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	$200,000	$300,000
	Spouse	$100,000	$150,000
	Children	$50,000	$75,000
Dismemberment[1]	Employee	$40,000	$60,000
	Spouse	$20,000	$30,000
	Children	$10,000	$15,000
Dislocation or Fracture[1]	Employee	$4,000	$6,000
	Spouse	$2,000	$3,000
	Children	$1,000	$1,500
Initial Hospitalization Confinement (pays once)		$1,000	$1,500
Hospital Confinement (pays daily)		$200	$300
Intensive Care (pays daily)		$400	$600
Ambulance Services	Ground	$200	$300
	Air	$600	$900
Medical Expenses (pays up to amount shown)		$500	$750
Outpatient Physician's Treatment (pays per visit)		$50.00	$75.00
BENEFIT ENHANCEMENT RIDER		**PLAN 1**	**PLAN 2**
Hospital Admission (pays once/year)		$500	$500
Lacerations (pays once/year)		$50	$50
Burns	< 15% body surface	$100	$100
	15% or more	$500	$500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis (pays once)		$150	$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		$50	$50
Paralysis (pays once)	Paraplegia	$7,500	$7,500
	Quadriplegia	$15,000	$15,000
Coma with Respiratory Assistance (pays once)		$10,000	$10,000
Open Abdominal or Thoracic Surgery		$1,000	$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	$500	$500
	Exploratory	$150	$150
Ruptured Disc Surgery		$500	$500
Eye Surgery		$100	$100
General Anesthesia		$100	$100
Blood and Plasma		$300	$300
Appliance		$125	$125
Medical Supplies		$5	$5
Medicine		$5	$5
Prosthesis	1 device	$500	$500
	2 or more devices	$1,000	$1,000
Physical Therapy (pays daily)		$30	$30
Rehabilitation Unit (pays daily)		$100	$100
Non-Local Transportation		$400	$400
Family Member Lodging (pays daily)		$100	$100
Post-Accident Transportation (pays once/year)		$200	$200
Accident Follow-Up Treatment (pays daily)		$50	$50

[1]Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same in pay only up to amount shown above.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	$8.32	$15.64	$17.02	$20.72

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	$11.40	$21.80	$23.86	$29.30

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family

Injury Benefit Schedule is on reverse

FOR HOME OFFICE USE ONLY – GVAP1
Opt 1 - 2.0U Base; 1.0U BER
Opt 2 - 3.0U Base; 1.0U BER
ABQ V02.25.2021 Rate Insert Creation Date: 9/9/2021

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.
Covered spouse gets 50% of the amount shown and children 25%.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	$4,000	$6,000
Knee or ankle joint[3], bone or bones of the foot[3]	$1,600	$2,400
Wrist joint	$1,400	$2,100
Elbow joint	$1,200	$1,800
Shoulder joint	$800	$1,200
Bone or bones of the hand[3], collarbone	$600	$900
Two or more fingers or toes	$280	$420
One finger or toe	$120	$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	**PLAN 1**	**PLAN 2**
Hip, thigh (femur), pelvis[4]	$4,000	$6,000
Skull[4]	$3,800	$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	$2,200	$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	$1,600	$2,400
Foot[4], hand or wrist[4]	$1,400	$2,100
Lower jaw[4]	$800	$1,200
Two or more ribs, fingers or toes, bones of face or nose	$600	$900
One rib, finger or toe, coccyx	$280	$420
LOSS	**PLAN 1**	**PLAN 2**
Life or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	$40,000	$60,000
One eye, hand, arm, foot, or leg	$20,000	$30,000
One or more entire toes or fingers	$4,000	$6,000

[3]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). [4]Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

ABJ29977 - Insert - 48843

CERTIFICATE SPECIFICATIONS

Conditions and Limits
When an injury results in a covered loss within 90 days (unless otherwise stated on the Benefits page) from the date of an accident and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

Eligibility
Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination
Coverage may include you, your spouse and your children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death.

When Coverage Ends
Coverage under the policy and riders (if included) ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the Temporarily Not Working provision; the date you are no longer in an eligible class; or the date your class is no longer eligible.

Continuing Your Coverage
You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for the Base Policy and Benefit Enhancement Rider: Benefits are not paid for: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; injury while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; any bacterial infection (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments sitused in IA and is incomplete without the accompanying rate insert. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than September 9, 2024.

Group Accident benefits are provided under policy form GVAP1, or state variations thereof. Benefit Enhancement Rider benefits are provided under rider form GVAPBER, or state variations thereof.

The coverage provided is limited benefit supplemental accident insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Allstate BENEFITS

Allstate®
BENEFITS

Protection when faced with a critical illness diagnosis and you need treatment

Critical Illness Insurance

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation*
- Coverage available for individual and child(ren) or family
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 100% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.®**

DID YOU KNOW ?

Every 40 seconds, an American will have a heart attack[1]

Every 40 seconds, someone in the U.S. has a stroke[2]

Offered to the employees of:

Lifeserve Blood Center

*Please refer to the Exclusions and Limitations section of this brochure.
[1]https://www.cdc.gov/heartdisease/heart_attack.htm [2]https://www.cdc.gov/stroke/facts.htm

POD106644

Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's worried about her future, her children and how they will cope with her treatments. Most importantly, she worries about how she will pay for it all.

Here is what weighs heavily on her mind:

- **Major medical only pays a portion of the expenses associated with my treatment**
- **I have copays I am responsible for until I meet my deductible**
- **If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education**
- **If the right treatment is not available locally, I will have to travel to get the treatment I need**

Ashley's story of diagnosis and treatment turned into a happy ending, because she had supplemental Critical Illness Insurance to help with expenses.

CHOOSE

Ashley chooses Critical Illness and rider benefits to help protect herself and her children, if they are diagnosed with a critical illness.

USE

During Ashley's annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

Here's Ashley's treatment path:

- Ashley has her annual wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons and an anesthesiologist, Ashley undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released
- Ashley followed her doctor required treatment during a 2-month recovery period, and had regular doctor office visits

Ashley is doing well and is on the road to recovery.

CLAIM

Ashley's Critical Illness claim paid her cash benefits for the following:

Fixed Wellness

Coronary Artery Bypass Surgery

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits
Cash benefits provide you with options, because you decide how to use them.

Finances
Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.

Travel
Can help pay for expenses while receiving treatment in another city.

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.

Expenses
Can help pay your family's living expenses such as bills, electricity, and gas.

MyBenefits: 24/7 Access
allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Specified Chronic Illness Rider - Adrenal Hypofunction (Addison's Disease); Lou Gehrig's Disease (ALS); Arthritis; Huntington's Chorea; Multiple Sclerosis; Muscular Dystrophy; Osteomyelitis; Osteoporosis.

Fixed Wellness Rider - Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Sampling of blood or tissue for genetic testing for cancer risk; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms.

Benefits (subject to maximums as listed on the attached rate insert)

Benefit paid upon diagnosis of one of the following conditions

INITIAL CRITICAL ILLNESS BENEFITS*

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

Stroke - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

Major Organ Transplant - pays either Candidate Benefit if placed on National Transplant List, or Surgery Benefit for transplant of heart, lungs, liver, pancreas or kidneys. Lungs and kidneys are each considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Surgery Benefit not paid if Candidate Benefit paid; also not paid for mechanical or non-human organs

Coronary Artery Bypass Surgery - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness or specified disease

CANCER CRITICAL ILLNESS BENEFITS*

Carcinoma In Situ - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

REOCCURRENCE OF CRITICAL ILLNESS BENEFITS*

Initial Critical Illness - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

Cancer Critical Illness - second diagnosis more than 6 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid

RIDER BENEFITS

Skin Cancer Rider - includes diagnosis of basal cell carcinoma and squamous cell carcinoma. Must not have been paid within 365 days. Malignant melanoma and pre-cancerous conditions such as leukoplakia; actinic keratosis; carcinoid; hyperplasia; polycythemia; non-malignant melanoma; moles; and similar diseases or lesions are not covered

Cardiopulmonary Enhancement Rider - once per illness per covered person

- **Sudden Cardiac Arrest -** payable if it is the primary diagnosis. Myocardial infarction (heart attack) is not covered
- **Pulmonary Embolism**
- **Pulmonary Fibrosis**

Lifestyle Enhancement Rider - program completion of: tobacco or alcohol cessation; weight or stress management; walking challenge; running, rowing, cycling, swimming or combination event; or online health assessment. One day per covered person per year for Individual and Child(ren) coverage, two days per covered person per year for Family coverage

Second Evaluation, Transportation and Lodging Rider -

- **Second Evaluation -** must be obtained prior to surgery or treatment and by a physician other than your current physician. One second evaluation per surgery or treatment
- **Non-Local Transportation -** traveling to receive outpatient treatment for a covered critical illness more than 75 miles from home
- **Outpatient Lodging -** while receiving outpatient treatment for a covered critical illness more than 75 miles from home
- **Family Member Lodging and Transportation -** for one adult family member to accompany and care for an incapacitated covered person during non-local hospital stays (more than 75 miles from family member's home) for specialized treatment. Transportation benefit not paid if Non-Local Transportation benefit paid

Specified Chronic Illness Rider* - must be certified by a physician as having one of the chronic illnesses listed to the left. Must be unable to perform at least two daily activities[1] for at least 90 days

Supplemental Critical Illness Rider*-

- **Advanced Alzheimer's Disease -** must exhibit impaired memory and judgment and be certified unable to perform at least two daily activities[1] without adult assistance
- **Advanced Parkinson's Disease -** must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesis (slowness in physical and mental responses); and be certified unable to perform at least two daily activities[1] without adult assistance
- **Benign Brain Tumor -** a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Tumors of the skull, pituitary adenomas less than 10mm, and germinomas are not covered
- **Coma -** unconscious and not responsive to external stimulation or responsive to internal needs. Medically-induced coma, coma resulting from alcohol or drug use, and diagnosis of brain death are not covered
- **Complete Loss of Hearing -** permanent loss of hearing in both ears
- **Complete Loss of Sight -** permanent loss of vision in both eyes
- **Complete Loss of Speech -** permanent loss of speech or verbal communication
- **Paralysis -** permanent loss of muscle function in two or more limbs, due to disease or injury. Does not include loss of muscle function limited to fingers or toes

Fixed Wellness Rider - 24 exams. Once per person per calendar year; see left for list of wellness services and tests

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. [1]Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

Group Critical Illness (GVCIP4)

Critical Illness Insurance from Allstate Benefits

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of $10,000(Plan 1) or $20,000(Plan 2) chosen by your employer.

†Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS†		PLAN 1	PLAN 2
Heart Attack (100%)		$10,000	$20,000
Stroke (100%)		$10,000	$20,000
End Stage Renal Failure (100%)		$10,000	$20,000
Major Organ Transplant (100%)		$10,000	$20,000
Coronary Artery Bypass Surgery (25%)		$2,500	$5,000
Waiver of Premium (employee only)		Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS†		**PLAN 1**	**PLAN 2**
Invasive Cancer (100%)		$10,000	$20,000
Carcinoma In Situ (25%)		$2,500	$5,000
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS†		**PLAN 1**	**PLAN 2**
Initial Critical Illness (same amount as Initial Critical Illness Benefit)		Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)		Yes	Yes
RIDER BENEFITS		**PLAN 1**	**PLAN 2**
Skin Cancer Rider		$250	$250
Cardiopulmonary Enhancement Rider†			
Sudden Cardiac Arrest (25%)		$2,500	$5,000
Pulmonary Embolism (25%)		$2,500	$5,000
Pulmonary Fibrosis (25%)		$2,500	$5,000
Lifestyle Enhancement Rider		$25	$25
Second Evaluation, Transportation and Lodging Rider			
Second Evaluation		$1,000	$1,000
Non-Local Transportation[1] (per trip or mile♦)	Air Fare	$500	$500
	Personal Vehicle	$0.50/mi.	$0.50/mi.
Outpatient Lodging[2] (daily)		$100	$100
Family Member Lodging[2] (daily)		$100	$100
and Transportation[1] (per trip or mile♦)	Air Fare	$500	$500
	Personal Vehicle	$0.50/mi.	$0.50/mi.
Specified Chronic Illness Rider† (50%)		$5,000	$10,000
Specified Chronic Illness or Injury Rider†	Illness (50%)	$5,000	$10,000
	Injury (100%)	$10,000	$20,000
Supplemental Critical Illness Rider†			
Advanced Alzheimer's Disease (100%)		$10,000	$20,000
Advanced Parkinson's Disease (100%)		$10,000	$20,000
Benign Brain Tumor (100%)		$10,000	$20,000
Coma (100%)		$10,000	$20,000
Complete Loss of Hearing (100%)		$10,000	$20,000
Complete Loss of Sight (100%)		$10,000	$20,000
Complete Loss of Speech (100%)		$10,000	$20,000
Paralysis (100%)		$10,000	$20,000
Fixed Wellness Rider (per year)		$100	$100

[1]Limit of $5,000 in a calendar year. [2]Limit of $1,000 in a calendar year. ♦Maximum of 1,000 miles.

	PLAN 1 BI-WEEKLY ISSUE AGE PREMIUMS				PLAN 2 BI-WEEKLY ISSUE AGE PREMIUMS			
AGE	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
18-29	$4.34	$7.80	$5.02	$8.82	$6.06	$10.38	$7.42	$12.42
30-39	$6.58	$11.28	$8.34	$13.90	$10.36	$16.92	$13.88	$22.20
40-49	$10.88	$17.90	$15.20	$24.36	$18.60	$29.46	$27.24	$42.42
50-59	$17.40	$27.92	$25.42	$39.92	$31.18	$48.58	$47.18	$72.60
60-64	$22.84	$36.22	$33.52	$52.26	$41.76	$64.58	$63.12	$96.64
65+	$35.10	$54.84	$51.42	$79.32	$65.86	$100.96	$98.48	$149.90

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family

FOR HOME OFFICE USE ONLY - GVCIP4
Opt 1 - Pre-Ex; 1.0U Base; CCILB: RCIB; RCCIB; SCI W/O; SCR; CER; SCIR90; SCIR365; 4U FWR; LER; 2ndETL
Opt 2 - Pre-Ex; 2.0U Base; CCILB: RCIB; RCCIB; SCI W/O; SCR; CER; SCIR90; SCIR365; 4U FWR; LER; 2ndETL

ABQ V 06.15.2021 Proposal Creation Date: 9/9/2021

For use in enrollments situsued in: IA. This rate insert is part of the approved brochure for LIFESERVE BLOOD CENTER and is not to be used on its own.

CERTIFICATE SPECIFICATIONS

Eligibility
Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination
Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When Coverage Ends
Coverage under the policy ends on the earliest of: the date the certificate is canceled; the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; a false claim is filed; or when all benefits have been paid under the policy and riders, if applicable.

Continuing Your Coverage
You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Conditions and Limits
A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to the Pre-Existing Condition Limitation, if applicable, as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

Pre-Existing Condition Limitation
Benefits are not paid for: a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. A pre-existing condition is a sickness, injury or other condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

Exclusions
Benefits are not paid for: intentionally self-inflicted injury or action; illegal activities or occupations; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of non-prescribed drugs or narcotics; or being under the influence of alcohol, drugs or narcotics, unless administered and taken as prescribed by a physician.

This brochure is for use in enrollments sitused in IA and is incomplete without the accompanying rate insert.

This material is valid as long as information remains current, but in no event later than September 9, 2024.
Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Skin Cancer Rider GCIP4SCR; Cardiopulmonary Enhancement Rider GCIP4CER; Lifestyle Enhancement Rider GCIP4LER; Second Evaluation, Transportation and Lodging Rider GCIP4SER; Specified Chronic Illness Rider GCIP4SC1R; Supplemental Critical Illness Rider GCIP4SR2; and Fixed Wellness Rider GCIP4FWR.

The coverage provided is limited benefit supplemental critical illness insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Allstate BENEFITS

LIFESERVE RETIREMENT PLAN

Retirement Benefits

You are eligible to enroll in LifeServe's retirement plan. For more information, please refer to the LifeServe Retirement Plan summary benefit description provided on the intranet and in the VOYA enrollment booklet.

Introducing CAPTRUST Financial Advisors

Expert Advice to Help You Retire with Confidence

If you're like most retirement plan participants, you may struggle with feeling confident about making financial decisions regarding how much to save, or how to invest. LifeServe Blood Center believes in helping you make the most of your benefits in order to help you build a solid financial future. That's why we've hired CAPTRUST as a resource for investment advice and help you with these important decisions.

Who Are they? CAPTRUST is an independent investment advisory firm that provides investment advice to LifeServe Blood Center employees who need help navigating their retirement benefits. CAPTRUST has been helping individual participants for over 25 years, by providing personalized investment advice. To learn more about the firm, visit www.captrustadvice.com.

Is this investment advice part of my benefits package? Yes, CAPTRUST is here to provide you with access to professional, unbiased investment advice. CAPTRUST will not sell you any products – their services are made available to you as part of the LifeServe Blood Center retirement plan benefits package.

How do I make an investment advice appointment with CAPTRUST? The easiest way to make an investment advice phone appointment is to schedule it online at www.captrustadvice.com. You can also call CAPTRUST directly at 800.967.9948.

EFR EMPLOYEE & FAMILY RESOURCES

Employee Assistance Program
Benefit Summary for LifeServe Blood Center

Maintaining work-life balance is more stressful than it's ever been. An Employee Assistance Plan (EAP) provides a variety of counseling, consultations, resources, and coaching benefits for you and your family members to help with small concerns, big problems, and everything in between. **Your EAP benefits are cost free to you, confidential, and available 24/7/365**. Let us help you get the services and resources you need. Here are some of issues and concerns we can help with:

• Managing Stress • Relationship Concerns • Personal Growth & Development • Coping with Anxiety or Depression	• Personal Family or Legal Issues • Caring for elderly family members • Credit Concerns and Reports • Identity Theft Resolution	• Resources for Elder Care • Managing Budgets and Debts • Legal Questions & Concerns • Tax-Related Questions

(800) 327-4692 • Call us anytime 24/7/365 • www.efr.org

Service provided	Per person	Services provided are confidential and at no cost to the covered person
Phone-Based Support	Unlimited	Call us anytime you have an issue, concern, or question. Calls are answered by masters-leveled clinicians.
In-person Counseling	**3** Sessions per issue, per year	Confidential, free in-person, face-to-face assessment and counseling sessions with a licensed mental health therapist near your home or work location. Each person in your family/household is eligible for **3** in-person counseling sessions per year for each separate issue/concern/problem at no cost.
Telephonic Life Coaching	**3** Sessions per year	Confidential scheduled telephonic sessions with a life coach for matters such as improving time management skills, work-life integration, goal setting, communication skills, and other areas of personal growth. Sessions renew annually.
Telephonic Financial Consultation	1 session per issue	For each separate issue/concern a 30 minute telephonic consultation with a financial professional with expertise in the area of concern. Access to a free financial check-up, financial library and a large variety of financial tools & calculators at http://efr.clcmembers.com/. (Additional services can be purchased at the discretion of the member, at a discounted cost.)
In-Person or Telephonic Legal Consultation	1 session per issue	For each separate issue/concern a 30 minute telephonic or in-person consultation with a licensed attorney with expertise in the area of need. If the member choses to retain the attorney for ongoing legal representation, it will be provided at 25% discount off the attorney's usual rate. Access to over 5000 free self-help (& fill-in) legal documents and a variety of other legal information is available at http://efr.clcmembers.com/. *All legal issues are covered except employment related, which are specifically excluded.*
Eldercare Resources	As needed	Information, referral resources and support for those caring for an aging parent or other family member, including connections to local resources for in-home care, alternative living arrangements, legal and financial issues and more.
Childcare Resources	As needed	Childcare resource referrals where locally available. Referrals are only to state licensed/ certified childcare providers.
Additional Benefits & Resources:		*Real Life Solutions* (monthly newsletter), monthly topical live webinars, a library of previously recorded webinars and recorded benefit orientation webinars and other information is available via your HR manager or on our website www.efr.org

HIPAA SPECIAL ENROLLMENT NOTICE

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage (including Medicaid and State Child Health Coverage)
If you are declining coverage for yourself or your dependents (including spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage. Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

> Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this health plan.

Marriage, Birth or Adoption
If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption. Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

> Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or State Child Health Coverage
If you or your dependents lose eligibility for coverage under Medicaid or State Child Health Coverage Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP or the determination of eligibility for a premium assistance subsidy.

> Example: When you are hired, your children received health coverage under CHIP and you did not enroll them in this health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan.

NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Beginning in 2014, there is a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Each year, the annual enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent (as adjusted each year after 2014) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your Human Resources Department with questions.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records
You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records
You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications
You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share
You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information
You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
You can complain if you feel we have violated your rights by contacting us using the information on page 1.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**

We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
In these cases, we *never* share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan, so we can arrange additional services.

Run our organization
We can use and disclose your information to run our organization and contact you when necessary.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
Example: We use health information about you to develop better services for you.

Pay for your health services
We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we

can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.