

# 2026 Open Enrollment Packet

**To all Full-time, Regular, Benefit Qualified SCS Team Members,**

This Annual Benefits Open Enrollment Packet contains all the resource information you need for 2026 Open Enrollment.

**This Packet contains:**

- Open Enrollment Announcement,
- 2026 Benefit Guide,
- 2026 HSA form (**Only use if enrolling or changing for 2026**)
- Voluntary Benefits Enrollment Sheet,
- Assurity Voluntary Benefits Sheet (Critical Illness & Accident),
- Equitable Voluntary Benefits Sheet
  - Remember, SCS is now providing up to 1x your annual salary, (up to \$50k) for Employee term life coverage. SCS is also providing Short Term Disability coverage, based on your salary (up to \$1k weekly).

**Open Enrollment Dates: December 3<sup>rd</sup> – December 9<sup>th</sup>, 2025**

Open Enrollment Meeting (Teams): December 1<sup>st</sup>, at 10:30 am

Please reach out to your SCS HR Generalist (Katie or Melissa) with any specific questions you may have.

By signing below, I acknowledge receipt of these documents via Paylocity and commit to completing my 2026 enrollments by December 9<sup>th</sup>, 2025. I understand that these resources are available to me on the SCS HR portal or Bswift, anytime.

# S.C. Swiderski

## 2026 Benefit Guide



**SCS**  
S.C. SWIDERSKI

# Benefits Enrollment Checklist

This guide will help you get to know your benefits and your choices for the 2026 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

**Current Employees:** Open Enrollment is December 3<sup>rd</sup> – December 9<sup>th</sup>, 2025

**New Hires:** Enroll or waive within 30 Days; enrollment will be effective the first of the month following your date of hire.

- Health Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Account
- 401(k)



## At Any Time During the Year

Enroll in:

- Health Savings Account (Health Plans 1B or 1C) – Bring in your banking information for payroll deductions

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



## Benefit Basics

**What if I want to change my benefits?** To protect the tax advantages of your benefits, you cannot make changes to your benefits during the plan year unless you have a qualifying event. Qualified changes include:

- Marriage
- Divorce or Legal Separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of spouse, child or other qualified dependent
- Commencement or termination of adoption proceedings
- Change in employment status of your spouse or dependent
- Change in coverage under another employer-sponsored plan for your spouse or dependent
- Commencement of return from an unpaid leave of absence

Notification **MUST** be made within 30 days of the event.

## Primary Contact

Marc Boucher

715.693.7831

[marc.boucher@scswiderski.com](mailto:marc.boucher@scswiderski.com)

## Carrier Contacts

| Coverage                | Carrier                            | Contact                                                                                                                                                                             |
|-------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical                 | Anthem                             | 855.690.7800<br><a href="http://www.anthem.com">www.anthem.com</a>                                                                                                                  |
| Dental                  | Delta Dental of WI                 | 800.236.3712<br><a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>                                                                                                    |
| Flexible Spending (FSA) | Diversified Benefit Services (DBS) | 800.234.1229<br><a href="https://www.dbsbenefits.com/">https://www.dbsbenefits.com/</a>                                                                                             |
| Vision                  | Delta Vision<br>EyeMed Network     | 844.848.7090<br><a href="http://www.deltadentalwi.com/vision">www.deltadentalwi.com/vision</a>                                                                                      |
| 401(k)                  | Edward Jones<br>Ron Shnowske       | 715.693.2245<br><a href="mailto:Ronald.Shnowske@edwardjones.com">Ronald.Shnowske@edwardjones.com</a>                                                                                |
| 401(k) Funds            | American Funds                     | 877.833.9322<br>Important to create online account at<br><a href="http://www.americanfunds.com/retire">www.americanfunds.com/retire</a><br>Mobile App: American Funds RKDirect 401k |

# Medical Plans

## Medical Plans

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. SC Swiderski provides eligible employees the choice of 3 **medical plans** with Anthem Blue Cross Blue Shield.

- Plan 1A is a Traditional Copay Plan. This plan type offers a lower deductible, but has higher premiums compared to the High Deductible Health Plan offerings.
- Plans 1B and 1C are High Deductible Health Plans. This type of plan offers lower premiums, but you'll have a higher deductible to meet before the plan starts to cover some of your costs. These are qualified plans so you may be eligible to open a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses.

All plans use the **Blue Preferred POS Network**. With this network, you can receive care from any licensed provider. However, you will pay less out-of-pocket when you receive care from providers that participate in the Blue Preferred network. If traveling or for out of state dependents, you can use any Blue Cross Blue Shield providers nationally.

Find a participating health care provider in your area by going to [www.anthem.com](http://www.anthem.com) and clicking on the "Find Care" in the top right. Input your member ID number from your ID card. You can also select "Basic Search as a Guest" and select the following: Medical Plan or Network, Wisconsin, Medical (Employer-Sponsored) and Blue Preferred POS (POS/Employer Group).

Refer to the plan certificate, benefit summaries and Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

## Terms To Know

### Deductible

The amount you pay out of your pocket each year before the plan begins sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

**Copay:** The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but **not** toward your deductible.

### Out-of-Pocket Maximum

The most you'll have to pay out of your pocket in a calendar year for covered services.

### Coinsurance

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

## Eligibility

- All full-time employees working 30+ hours/week

## And Your...

- Spouse
- Your biological children, stepchildren and legally adopted children (effective from the date placed for adoption), all up to age 26
- Your physically or mentally disabled children beyond age 26 if meeting specific criteria established by the insurance company

## Coverage Starts...

- First of the month following date of hire

## Medical Plan Highlights – 3 Plan Design Choices

| Anthem Blue<br>Cross Blue Shield | Plan 1A<br>POS<br>Traditional Copay Plan |             | Plan 1B<br>POS<br>HDHP - HSA Eligible |             | Plan 1C<br>POS<br>HDHP - HSA Eligible |             |
|----------------------------------|------------------------------------------|-------------|---------------------------------------|-------------|---------------------------------------|-------------|
|                                  | In-Network                               | Non-Network | In-Network                            | Non-Network | In-Network                            | Non-Network |
|                                  | Deductible - Embedded                    |             |                                       |             |                                       |             |
| Single                           | \$3,000                                  | \$6,000     | \$4,000                               | \$8,000     | \$6,000                               | \$12,000    |
| Family                           | \$6,000                                  | \$12,000    | \$8,000                               | \$16,000    | \$12,000                              | \$24,000    |
| Coinsurance                      | 80%                                      | 60%         | 100%                                  | 70%         | 80%                                   | 60%         |
| OOP Max                          |                                          |             |                                       |             |                                       |             |
| Single                           | \$7,350                                  | \$14,700    | \$5,500                               | \$11,000    | \$7,500                               | \$15,000    |
| Family                           | \$14,700                                 | \$29,400    | \$11,000                              | \$22,000    | \$15,000                              | \$30,000    |

| Physician Services                |                     |                      |                     |                      |                      |                      |
|-----------------------------------|---------------------|----------------------|---------------------|----------------------|----------------------|----------------------|
| Office Visit – Primary            | \$20 Copay          | 60% after Deductible | Ded then \$35 Copay | 70% after Deductible | 80% after Deductible | 60% after Deductible |
| Office Visit – Specialty          | \$60 Copay          | 60% after Deductible | Ded then \$70 Copay | 70% after Deductible | 80% after Deductible | 60% after Deductible |
| Preventive Care – Select Services | <b>Paid in Full</b> | 60% after Deductible | <b>Paid in Full</b> | 70% after Deductible | <b>Paid in Full</b>  | 60% after Deductible |

| Hospital Services |                      |                      |                       |                      |                      |                      |
|-------------------|----------------------|----------------------|-----------------------|----------------------|----------------------|----------------------|
| Inpatient         | 80% after Deductible | 60% after Deductible | 100% after Deductible | 70% after Deductible | 80% after Deductible | 60% after Deductible |
| Outpatient        | 80% after Deductible | 60% after Deductible | 100% after Deductible | 70% after Deductible | 80% after Deductible | 60% after Deductible |

| Emergency / Urgent |                                   |                      |                              |                      |                      |                      |
|--------------------|-----------------------------------|----------------------|------------------------------|----------------------|----------------------|----------------------|
| Emergency Room     | \$500 Copay, then 80% coinsurance |                      | Deductible, then \$500 Copay |                      | 80% after Deductible |                      |
| Urgent Care        | \$100 Copay                       | 60% after Deductible | Ded then \$100 Copay         | 70% after Deductible | 80% after Deductible | 60% after Deductible |

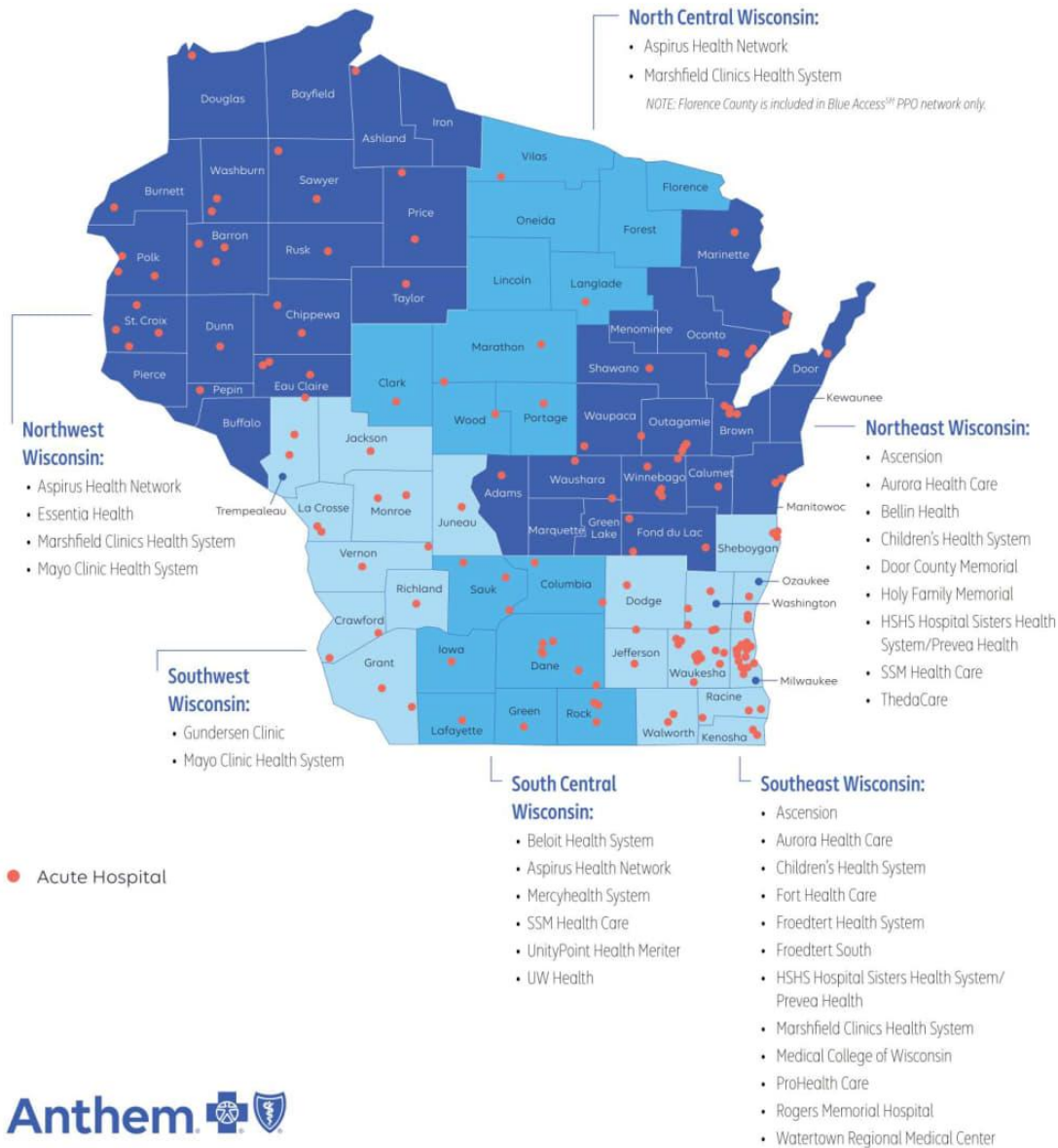
| Plans 1A and 1B                                                                                                                                                                                                                                                                                                                                                                                                                          | Plan 1C                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Plan 1A: Copays apply right away; Plan 1B: Deductible applies then the following copays apply:</b></p> <p>\$10 / \$50 / \$80 / \$400 at Preferred Pharmacies (Tier 1)<br/>Or \$20 / \$60 / \$90 / \$500 at other In-network Pharmacies</p> <p><b>Preventive RX: Preferred &amp; In Network: Paid in full</b><br/>Preventive Prescriptions Out of Network: Anthem pays 50%<br/>Out of Network: Deductible, then Anthem pays 50%</p> | <p><b>Deductible applies then the following coinsurance applies:</b></p> <p>80% at Preferred Pharmacies (Tier 1)<br/>70% at In Network Pharmacies</p> <p><b>Preventive: Preferred &amp; In Network: Paid in full</b><br/>Out of Network: Anthem pays 60%</p> |

| Monthly Premiums | Plan 1A  | Plan 1B  | Plan 1C  |
|------------------|----------|----------|----------|
| Employee         | \$249.45 | \$219.79 | \$201.74 |
| Limited Family   | \$432.79 | \$381.34 | \$350.02 |
| Family           | \$690.72 | \$608.60 | \$558.61 |

# Wisconsin

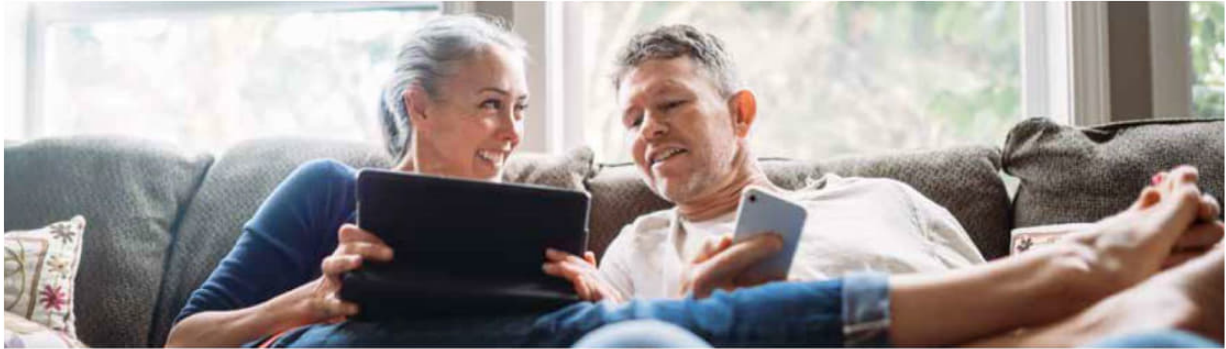
## State-wide network service area

Effective May 1, 2024



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## Save money and time with Rx Choice pharmacy network

Your Anthem health plan gives you choices about how and where to fill your prescriptions. With the Rx Choice pharmacy network, you can choose a pharmacy with lower prescription costs or a greater number of locations. You can also have prescriptions delivered right to your door. Choose CarelonRx Mail home delivery, if available, to save time and money when filling medicines you take daily. It even comes with automatic refills.

The Rx Choice network offers two levels of coverage:

### Level 1

These are preferred pharmacies, where your copay or share of the prescription cost is lower. There are more than 20,000\* Level 1 pharmacies nationwide, including these well-known chains:

- CVS
- Walmart
- Kroger
- Giant Eagle
- Albertsons/Safeway
- Hannaford/Ahold

### Level 2

You'll pay more out of pocket when you fill your prescription at one of these 47,000\* pharmacies, including these well-known chains:

- Walgreens
- Rite Aid
- Sam's Club
- Costco
- Meijer

Note: CarelonRx Mail home delivery is also available as a preferred pharmacy option.

### How to find a pharmacy in the Rx Choice pharmacy network

- Log on to [anthem.com](https://www.anthem.com) or the Sydney<sup>SM</sup> Health mobile app, and choose **Order and Manage Prescriptions**.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code and how far you want to search to find pharmacies near you.

### Choose CarelonRx Mail home delivery

You may be eligible to request a new home-delivery prescription on [anthem.com](https://www.anthem.com) or the Sydney Health mobile app.

### We're here to help

If you have questions about the network or your pharmacy benefits, call the Pharmacy Member Services number on your plan ID card.

\* IngenioRx data, 2022.

Services provided by CarelonRx, Inc.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022

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# Wellbeing Solutions

can help you achieve better health

Your whole health matters. That's why your plan includes Wellbeing Solutions. This suite of programs helps you with everyday health and covers all areas of your well-being.

It's easy to participate in Wellbeing Solutions programs using Sydney<sup>SM</sup> Health, our fully integrated mobile app, and **anthem.com**. Access these resources anytime to find Wellbeing Solutions programs that match your healthcare needs.

### Connect with Sydney Health

Use Sydney Health for a convenient way to find information about your medical, pharmacy, dental, vision, and Wellbeing Solutions benefits.

1. Download, open, register, and/or sign into the Sydney Health mobile app.
2. Scroll down to *Programs* from the homepage and choose **View All**.
3. Browse the wellness programs included in your plan.



Scan this QR code with your smartphone to download the Sydney Health app.



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# Making your well-being a priority

Explore Wellbeing Solutions programs at Sydney Health > My Health Dashboard > Programs



## Mental health resources

**Behavioral Health Advantage (BHA).** If you're trying to manage a behavioral health condition or cope with substance use disorder, you don't have to face it alone. Our behavioral health case managers are licensed mental health professionals. They offer caring support for you and your family, including 24/7 drug and alcohol assistance, to improve your quality of life. Tap into our knowledge hub, featuring tools, articles, and webinars on topics like suicide awareness and support, autism, attention deficit hyperactivity disorder (ADHD), and post-traumatic stress disorder (PTSD). We're here to help guide you on the path to better mental health and well-being.

**Emotional Wellbeing Resources.** Learn effective ways to develop resilience, reduce stress, and practice mindfulness. Digital tools help you identify thoughts and behavior patterns that affect your emotional well-being. Through online programs and personalized coaching, you'll learn effective ways to manage stress, anxiety, depression, substance use, and sleep issues.

**Autism Spectrum Disorder Program.** Receive support for a covered family member with an autism spectrum disorder. Our licensed behavior analysts can help you navigate the healthcare system and address any unique family challenges. We focus on the whole family and work with all of you to understand and access available care.



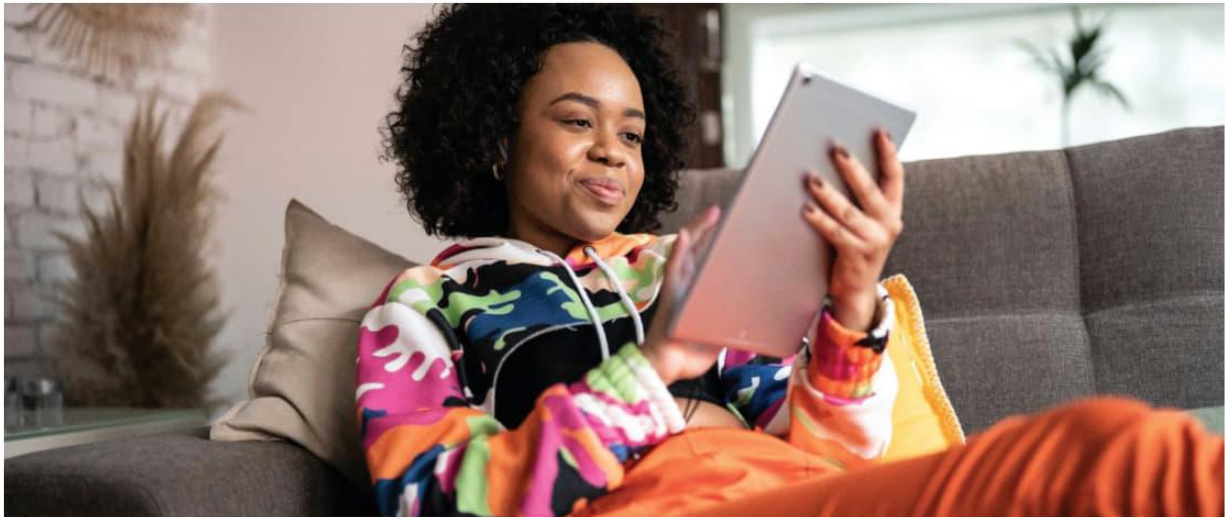
## Personalized support

**Case Management.** After an illness or hospitalization, you can receive one-on-one support and care coordination from our team of medical professionals. They partner with you and your family to help guide you through the healthcare system and make the most of your benefits. Their goal is to understand your needs from all angles and help you get the best care possible.

**ConditionCare.** Receive personalized support from a healthcare professional for a chronic condition, like asthma or diabetes, to help you reach your health goals. We may call you to find out if ConditionCare could help you manage your condition and reach your health goals.

**Health Assessment.** Complete your health assessment to receive your personalized report. Know what's going well and if there are any at-risk areas you could work on to improve your health.

**MyHealth Advantage.** We provide you with a confidential health summary that includes reminders for checkups, tests, and exams; lists of claims and prescriptions; and general health tips.



# Employee Assistance Program Service Summary Large Group - Wisconsin



Available 24/7, 365 days a year  
Everything you share is confidential\*

Life can be full of challenges. Your Anthem Employee Assistance Program (EAP) is here to help you and your household members. EAP offers a wide range of **no-cost** support services and resources, including:



### Counseling

- Up to 3 visits per issue
- In-person or online visits
- Call EAP or use the online Member Center to initiate services



### Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Free legal resources, forms, and seminars online



### Financial consultation

- Phone meeting with financial professionals
- Regular business hours; no appointment required
- Free financial resources and budgeting tools online



### ID recovery

- Help reporting to consumer credit agencies
- Assistance with paperwork and creditor negotiations



### Emotional Well-being Resources

- Digital tools to improve emotional well-being
- Team up with an experienced clinical coach
- Practice mindfulness on the go



### Dependent care and daily living resources

- Online information about child care, adoption, elder care, and assisted living
- Phone consultation with a work-life specialist
- Help with pet sitting, moving, and other common needs



### Other anthemEAP.com resources

- Well-being articles, podcasts, and monthly webinars
- Self-assessment tools for emotional health issues



### Crisis consultation

- Toll-free emergency number; 24/7 support
- Online critical event support during crises

## We are ready to support you

You can call us at 800-999-7222, or go to [anthemEAP.com](http://anthemEAP.com) and enter your company code: Wisconsin EAP

When something unexpected happens, EAP can help you figure out your next steps. Contact us today.

\* In accordance with federal and state law, and professional ethical standards.  
This document is for general informational purposes. Check with your employer for specific information on the services available to you.

Language Access Services – (TTY/TDD: 711)

Spanish - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.  
Chinese - 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。

Anthem complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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## Engagement Package 200

Give your employees extra support to reach their personal health goals

### Everyone has their own approach to achieving health goals.

Engagement Package 200 rewards employees up to \$200 in retail gift cards when they take part in a wide variety of preventive care, condition management, and wellness activities that help them to meet those goals.

Employees can follow their progress and rewards earned through **anthem.com** or the **Sydney<sup>SM</sup> Health** app.<sup>1</sup> Sydney Health is integrated and personalized, making it easier for employees to get — and stay — in their best health.

Your employees can earn a maximum of \$200 by participating in or completing certain activities, such as:

### Ways to earn rewards<sup>2</sup>

|                                                                                                |      |
|------------------------------------------------------------------------------------------------|------|
| Adult wellness annual exam or well-woman exam in first 90 days of the plan year (one per year) | \$25 |
| Flu shot (one per year)                                                                        | \$20 |
| Screening mammogram (one per year)                                                             | \$25 |
| Colorectal cancer screening (one per year)                                                     | \$25 |
| Eye exam (one per year)                                                                        | \$25 |
| Cholesterol exam (one per year)                                                                | \$20 |
| Health assessment (one per year)                                                               | \$70 |
| Update contact information (one per year)                                                      | \$10 |
| Login — web or mobile (one per year)                                                           | \$5  |
| Connecting tracking device (one per year)                                                      | \$5  |
| Steps tracking (\$2 for every 50,000; \$60 maximum)                                            | \$60 |
| Action plans (\$5 each; five a year maximum)                                                   | \$25 |
| ConditionCare <sup>3</sup>                                                                     | \$50 |
| Building Healthy Families <sup>4</sup>                                                         | \$40 |
| Well-being Coach Digital <sup>5</sup>                                                          | \$20 |
| Well-being Coach Telephonic — achieve weight goal (one per year)                               | \$25 |
| Well-being Coach Telephonic — achieve tobacco cessation (one per year)                         | \$25 |

<sup>1</sup> Rewards digitally only apply to employees and their spouse or domestic partner who do not use a device on the plan, owned by you, to capture digital health data.

<sup>2</sup> Rewards are provided after employee participation at [anthem.com](http://anthem.com) and [anthem.com](http://anthem.com) and awards submit claims to Anthem.

<sup>3</sup> ConditionCare rewards \$20 for program participation and \$30 for program completion.

<sup>4</sup> Building Healthy Families rewards \$20 for public computer, \$20 for pregnancy screening, \$20 for completing at least 1 of 4 risk assessments, and \$20 for postpartum assessment.

<sup>5</sup> Daily check-in rewards \$4 each for 5 days in the quarter, \$4, 25 check-ins during second half of the quarter, \$4 each quarter.

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Our health rewards program gives rewards to an employee and their covered partner when they participate in wellness programs that help them create healthy habits.

## Flexible Spending Account (FSA) – For Plan 1A

With an FSA, you can set aside *tax-free money* to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (Jan. 1 through Dec. 31). The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by year-end or lose the balance.

S.C Swiderski offers an FSA plan administered by Diversified Benefit Services (DBS).



### Traditional Health Care FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental and vision care. **You're not eligible for the Traditional Health Care FSA if you're making HSA contributions or if you plan to make HSA contributions in 2026. Also, if your spouse contributes to an HSA plan, you should NOT enroll for this account.**

### Traditional FSA Contribution Limits

S.C Swiderski follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for the Health Care FSA are FSA work on an individual basis. The individual maximum is \$3,400. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$3,400 cap.

## REMEMBER...

### Flexible Spending Account Rollover Provision

S.C Swiderski's Medical Flexible Spending plan has a "carryover" provision that allows you to carryover up to \$680 (annual limit set by the IRS) of unused funds to be used anytime in the following plan year. Anything above \$680 will not carryover.



# Health Savings Account (HSA) – For Plans 1B and 1C

A Health Savings Account (HSA) allows you to pay for qualified medical expenses tax-free. For all health care-related accounts, eligibility is determined in part by which medical plan you choose.

## Health Savings Account

S.C. Swiderski offers two High Deductible Health Plans that are HSA-eligible – [Plans 1B and 1C](#)

An HSA is an investment tool available where the money you save goes in tax-free, earns interest tax free and can be spent on qualified health care expenses tax-free.

*If you are enrolled in either Plan 1B or 1C, you can open an HSA with the bank or institution of your choice. An HSA is a bank account in your name, so it is yours to keep, even if you leave SC Swiderski.* When you check with your bank, be sure to let them know you would like a **Health Savings Account** – there is reporting that the bank needs to do for an HSA, so it must be designated as such. **Please bring your HSA banking information to Human Resources so that we can send your pre-tax HSA deductions to your HSA account.**

## How The HSA Works

|                                        |                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Money Goes In</b>                   | Pretax contributions* from you, up to a total of: <ul style="list-style-type: none"><li>○ \$4,400 for individual coverage</li><li>○ \$8,750 if you enroll your spouse and/or child(ren)</li><li>○ An additional \$1,000 if you are age 55 or older</li></ul>                                                                         |
| <b>Money Goes Out</b>                  | When you have an eligible health care expense, **you decide whether to use your HSA if you've accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans' deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free. |
| <b>Have Money Left? It Rolls Over!</b> | Any money left in your account is yours to pay for health care in the future. There's no deadline and no limit on how large your account can grow. If you leave S.C. Swiderski, you can take it with you.                                                                                                                            |

\* If you're enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.

\*\* The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

## Eligibility

- You must be enrolled in a qualified HDHP
- You cannot be currently enrolled in Medicare
- You cannot be claimed as a dependent on another person's tax return
- You cannot have any other "impermissible coverage." If your spouse has a General Purpose FSA, you are not eligible to contribute to an HSA.

# Dental Plan Highlights

Healthy teeth and gums are an important part of maintaining your overall health. That's why S.C. Swiderski offers a dental plan administered by Delta Dental of Wisconsin

| <b>Delta Dental – Prestige Plan</b>                                                                                                                             | <b>PPO Provider</b>                                                                                                  | <b>Premier Provider</b>                                                                                              | <b>Non-Contracted Provider</b>                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Individual Annual Maximum</b><br>(Calendar Year)                                                                                                             | <b>Unlimited</b>                                                                                                     | <b>\$1,500</b>                                                                                                       | <b>\$1,000</b>                                                                                                       |
| <b>Checkup Plus –</b><br>Preventive Paid In Addition to Annual Max                                                                                              | Included                                                                                                             | Included                                                                                                             | Included                                                                                                             |
| <b>Deductible</b><br>Employee Only<br>Family                                                                                                                    | \$50<br>\$150                                                                                                        | \$50<br>\$150                                                                                                        | \$50<br>\$150                                                                                                        |
| <b>Preventive Care Services</b><br>Exams<br>Cleanings<br>Fluoride Treatments (Up to Age 19)<br>X-Rays<br>Space Maintainers<br>Sealants (Up to Age 19)           | 100%<br>100%<br>100%<br>100%<br>100%<br>100%                                                                         | 100%<br>100%<br>100%<br>100%<br>100%<br>100%                                                                         | 100%<br>100%<br>100%<br>100%<br>100%<br>100%                                                                         |
| <b>Basic Restorative Services</b><br>Emergency Treatment to Relieve Pain<br>Fillings<br>Endodontics<br>Periodontics – Non-Surgical<br>Extractions –Non-Surgical | 90% after Deductible<br>90% after Deductible<br>90% after Deductible<br>90% after Deductible<br>90% after Deductible | 80% after Deductible<br>80% after Deductible<br>80% after Deductible<br>80% after Deductible<br>80% after Deductible | 70% after Deductible<br>70% after Deductible<br>70% after Deductible<br>70% after Deductible<br>70% after Deductible |
| <b>Major Restorative Services</b><br>Periodontics – Surgical<br>Extractions – Surgical & Oral Surgery<br>Crowns, Inlays, Onlays<br>Bridges and Dentures         | 60% after Deductible<br>60% after Deductible<br>60% after Deductible<br>60% after Deductible                         | 50% after Deductible<br>50% after Deductible<br>50% after Deductible<br>50% after Deductible                         | 50% after Deductible<br>50% after Deductible<br>50% after Deductible<br>50% after Deductible                         |
| <b>Orthodontic Services</b><br>Coinsurance<br>Individual Lifetime Maximum<br>Dependents Eligible to Age<br>Adult Ortho Coverage                                 | 60%<br>\$4,000<br>26<br>Yes                                                                                          | 50%<br>\$1,500<br>26<br>Yes                                                                                          | 50%<br>\$1,000<br>26<br>Yes                                                                                          |

## Dependent Eligibility

Dependents and full-time students are eligible to age 26; except as noted for orthodontics

| <b>Monthly Premiums</b> | <b>Employee Cost</b> |
|-------------------------|----------------------|
| Employee                | \$15.00              |
| Employee + Spouse       | \$29.97              |
| Employee + Child(ren)   | \$33.33              |
| Family                  | \$53.64              |



## Smarter Dental Plans

Enhanced dental benefits for those who need them most.

Your dental coverage includes Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP), which provides **additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions** that have oral health implications. Enhanced benefits can play an important role in the management of certain medical conditions.

If you or an individual on your plan have one or more of these conditions, you can enroll online. Once you enroll, you are immediately eligible for EBICP benefits.

### how to enroll

1. Go to [www.deltadentalwi.com](http://www.deltadentalwi.com).
2. Select the purple "Sign In" button and enter your Username & Password.
3. On your dashboard under "Preventive Care and Plan Features" there will be a section for Additional Benefits. Select "Enroll Now."\*
4. In the "Enroll in EBICP" section, select the member and their condition, verify the information, and hit "Select."
5. This member will then be listed under "Your Current EBICP Benefits."

| Condition                    | Additional cleaning(s) | Topical fluoride |
|------------------------------|------------------------|------------------|
| Cancer-related treatments    | ✓                      | ✓                |
| Weakened immune systems      | ✓                      | ✓                |
| Periodontal (gum) disease*   | ✓                      | ✓                |
| High-risk cardiac conditions | ✓                      |                  |
| Kidney failure or dialysis   | ✓                      |                  |
| Diabetes                     | ✓                      |                  |
| Pregnancy                    | ✓                      |                  |

*This chart provides a brief summary of additional benefits to persons enrolled in EBICP. Frequency limitations may apply. Refer to your handbook.*

*\*Periodontal cleanings may fall under basic services and may not be covered 100% by the EBICP plan. If you have questions regarding coverage for periodontal cleanings, please contact the Benefit Center at 800-236-3712 before services are performed.*

\*If your plan does not include EBICP, "Additional Benefits" will not show.

Connect With Us

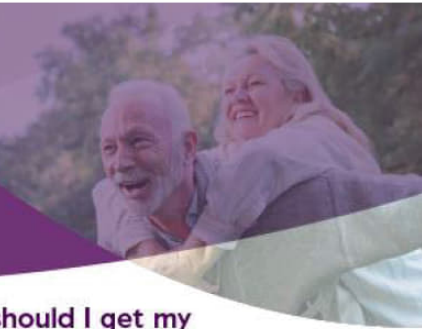


[www.deltadentalwi.com](http://www.deltadentalwi.com)

SS300H-1905

# Amplifon Hearing Aid Program (for those enrolled in Dental)

## Restore the sounds of your life



### Did you know?

**1 in 9** Americans have hearing loss  
 And by 2030, that number is expected to **DOUBLE**  
Source: nsta.org

### What causes hearing loss?

Common causes of hearing loss include exposure to noise, aging, other health conditions, and certain medications.

### When should I get my hearing checked?

Get your hearing checked if you are 55 or older, or are experiencing any of the following:

- **Consistent exposure** to loud noises
- **Difficulty understanding** in noisy environments or in groups
- **Hearing mumbling** or feeling as though people are not speaking clearly
- **Ringin**g in your ears

## Your hearing is covered

Delta Dental of Wisconsin has teamed up with Amplifon to offer you quality hearing health care.

|                                 | LEVEL 1                                                                                                                                                                                                                                                                                                                   | LEVEL 2                           | LEVEL 3                    | LEVEL 4                        | LEVEL 5                                |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|--------------------------------|----------------------------------------|
| <b>Hearing Aid Features</b>     | Standard features                                                                                                                                                                                                                                                                                                         | Additional, easy-to-use functions | Designed for work and play | Enhanced to keep you on the go | Leading technology keeps you connected |
| <b>One Simple Price</b>         | \$995                                                                                                                                                                                                                                                                                                                     | \$1,495                           | \$1,795                    | \$2,195                        | \$2,645                                |
| <b>Complimentary Aftercare*</b> | <b>Risk-free trial</b> – find your right fit by trying your hearing aids for 60 days<br><b>Follow-up care</b> – ensures a smooth transition to your new hearing aids<br><b>Battery support</b> – battery supply or charging station to keep you powered<br><b>Warranty</b> – 3 year coverage for loss, repairs, or damage |                                   |                            |                                |                                        |

To learn more, visit [www.amplifonusa.com/deltadentalwi](http://www.amplifonusa.com/deltadentalwi) or call 1-888-901-0132.



\*Risk-free trial - 100% money back guarantee if not completely satisfied, no return or restocking fees. Follow-up care - for one year following purchase. Batteries - two year supply of batteries (60 cells/ear/year) or one standard charger at no additional cost. Warranty - Exclusions and limitations may apply. Contact Client Services (1-844-267-5436) for details.

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Wisconsin and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

©2021 Amplifon Hearing Health Care, Corp. | 3308MEMR/Delta Dental of Wisconsin

# Vision Plan Highlights

Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That’s why S.C. Swiderski offers vision care insurance administered by Delta Vision.

| Delta Vision                            | EyeMed Insight Network Benefit        | Out of Network Reimbursement |
|-----------------------------------------|---------------------------------------|------------------------------|
| <b>Frequency</b>                        |                                       |                              |
| Vision Exam                             | Once per 12 months                    |                              |
| Frames                                  | Once per 12 months                    |                              |
| Lenses                                  | Once per 12 months                    |                              |
| Contacts (In Lieu of Glasses)           | Once per 12 months                    |                              |
| <b>Annual Vision Exam</b>               | Covered in Full                       | \$35                         |
| <b>Retinal Imaging</b>                  | Member pays up to \$39                | N/A                          |
| <b>Contact Lens (fit and follow-up)</b> |                                       |                              |
| Standard                                | Member pays up to \$40                | N/A                          |
| Premium                                 | 10% off retail                        |                              |
| <b>Allowance Summary</b>                |                                       |                              |
| Frames                                  | \$150 allowance, then 20% off balance | \$75                         |
| Lenses                                  |                                       |                              |
| Single Vision                           | Covered in Full                       | \$25                         |
| Bifocal                                 | Covered in Full                       | \$40                         |
| Trifocal                                | Covered in Full                       | \$55                         |
| Standard Progressive                    | \$65 Copay                            | \$40                         |
| Contact Lenses (In Lieu of Glasses)     |                                       |                              |
| Conventional                            | \$150 allowance, then 15% off balance | \$120                        |
| Disposable                              | \$150 allowance                       | \$120                        |
| Medically Necessary                     | Paid in Full                          | \$200                        |
| <b>Laser Vision Correction</b>          | 15% off retail or 5% off promotional  | N/A                          |

**Additional In-Network Discounts:**

- 40% off additional complete pair of prescription eyeglasses after your plan benefits have been fully used
- 20% off non-covered items at network providers
- 15% discount on conventional contact lenses after your plan benefits have been fully used
- Check summary of benefits for allowance/reimbursement on lens options
- See Network Providers for best level of benefits.

| Monthly Premiums      | Employee Cost |
|-----------------------|---------------|
| Employee              | \$2.28        |
| Employee + Spouse     | \$4.55        |
| Employee + Child(ren) | \$4.65        |
| Family                | \$6.92        |

# 401k Retirement Plans

Invest in your future by taking advantage of SC Swiderski's retirement plan options. Full-time employees, who are at least 21 years of age or older have access to 401(K) with Edward Jones retirement planning via Transamerica.

Employees can enroll in the plans on the 1<sup>st</sup> of the month following their hire date. New hires will be auto enrolled at 4% and will require the employee to remove this deduction to avoid contributions if desired. Those who wish to enroll in the 401(K) plan should contact Marc Bouwer at 715-693-9522 or [marc.bouwer@scswiderski.com](mailto:marc.bouwer@scswiderski.com) or their designated HR Representative.

SC Swiderski will continue to provide an employer match, dollar for dollar, up to 4%. Take advantage of the extra retirement savings by putting aside at least 4% of your earnings. With the employer match, your contribution will be at least 8% towards your retirement!

## Contributions To Your Retirement

The maximum amount you can contribute to your retirement in any specific year is governed by the IRS and will be provided to you in writing upon election to the 401(K) plan.

Special catch-up provisions may be available for employees age 50 and older. If you are, or will be, age 50 or older by the respective year-end, you may be eligible to contribute an additional catch-up election into the plan for that year. Some special restrictions may apply.

## Enrollments Or Changes

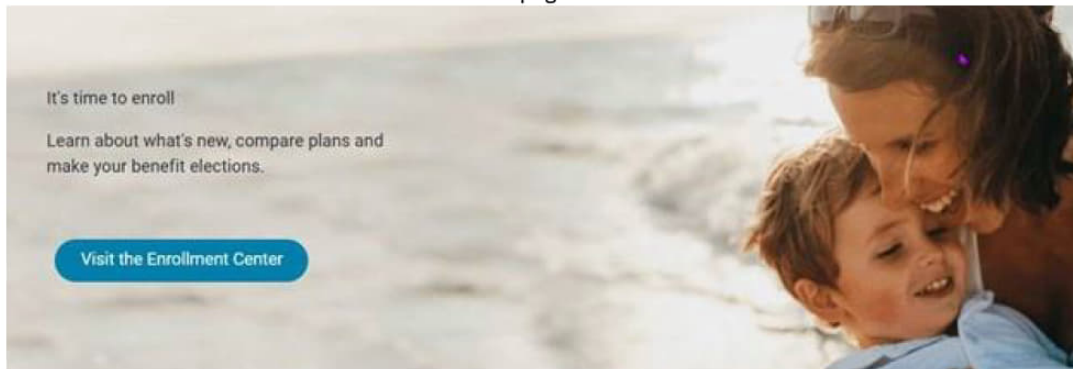
You may change your investment elections, your deferral percentage, obtain balance information and achieve a variety of other transactional activities by going online to Transamerica via Paylocity. You can reach out for individual financial advice questions by calling Thomas Knoedler at Edward Jones at (715) 693-2245 or [Thomas.Knoedler@edwardjones.com](mailto:Thomas.Knoedler@edwardjones.com).

It's a great idea to set up your own account through Transamerica. You will have immediate access and control of your account. Go to [transamerica.com/create-account](https://transamerica.com/create-account) to get started. You can also contact Transamerica by calling 800.755.5801 or by downloading the mobile app: Transamerica Retirement App.

*This guide summarizes the key features of the SC Swiderski benefit plans. This guide is not a plan document or summary plan description for any benefit plan, and it does not amend the plan documents or summary plan descriptions in any way. Please refer to the plan documents for exact terms and conditions of coverage. If any information in this guide conflicts with information in the official plan documents, the terms of the plan documents will govern in all cases. SC Swiderski and its affiliated entities reserve the right to change, modify or terminate the benefit plans at any time and for any reason. This guide does not constitute a contract of employment between SC Swiderski and any individual, or an obligation by SC Swiderski to maintain any particular benefit program, practice or policy or make any benefit payment.*

## Complete a bswift enrollment:

1. [Access bswift](#).
2. Select **Visit the Enrollment Center** from the homepage.



3. Select **Enroll Now**.



[View All Plans Side-by-Side](#)

|                                                                                   |                                                                                               |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <p>UHC HDHP</p> <p>United Healthcare</p> <p><a href="#">View plan details</a></p> | <p>Your Cost per pay period:</p> <p>\$392.00</p> <p>Tier: Employee + Spouse</p> <p>Select</p> |
| <p>UHC PPO</p> <p>United Healthcare</p> <p><a href="#">View plan details</a></p>  | <p>Your Cost per pay period:</p> <p>\$497.00</p> <p>Tier: Employee + Spouse</p> <p>Select</p> |
| <p>Waive Medical Plan</p> <p>Waive</p>                                            | <p>Your Cost per pay period:</p> <p>\$0.00</p> <p>Waive</p>                                   |

Complete the following steps for Health Savings Accounts (HSAs):

- Select **View Plan Options**.
- Enter the appropriate **Employee Contribution Amount**. The allowable contribution amount gets limited by any applicable employer contributions.
- Select **Calculate Costs** to see what the annual amount entered breaks down to on a per-pay basis.

Select Continue.

[Back to Benefits](#) | Health Savings Account

---

Health Savings Account Discovery

**Selected**

Employee Contribution Amount:

1 | 0 amount

Minimum Annual Contribution Amount: \$0.00  
Maximum Annual Contribution Amount: \$3,200.00

Continue

- Complete the following steps for Basic Life and Accidental Death and Dismemberment (AD&D) Plans:
  1. Employees do not need to make an election in these plans if the coverage is provided by the company. These benefits are typically provided by the employer at no cost to the employee.
  2. Select **View Information** to see more plan details.
- Complete the following steps for Voluntary Employee, Spouse, Domestic Partner, or Child Life and AD&D Plans:
  1. Select **View Plan Options**.
  2. Select **View plan details** to review any applicable plan information.
  3. Select appropriate **Plan** or **Waive** option.
  4. Select the appropriate **Coverage Amount** in the dropdown menu.

Select **Continue**.

[Back to Benefits](#) Voluntary Employee Life

---

**CURRENT PLAN**

Voluntary Employee Life & AD&D  
Cigna  
**Selected**  
[View plan details](#)

---

Coverage Amount:

| Cost Summary (per pay period) |         |
|-------------------------------|---------|
| Total Premium                 | \$15.15 |
| Employer Contribution         | \$0.00  |
| Your Cost (Pre-Tax)           |         |
| Your Cost (Post-Tax)          | \$15.15 |

Guaranteed Coverage Amount: \$150,000.00

**Continue**

---

Waive Voluntary Employee Life **Waive**

- Complete the following steps for Employer Provided Short Term Disability (STD) or Long Term Disability (LTD) Plans:
  1. Employees do not need to make an election in these plans. These benefits are typically provided by the employer at no cost to the employee.
  2. Select **View Information** to see additional plan details.
- Complete the following steps for Voluntary Short Term Disability (STD) or Long Term Disability (LTD) Plans:
  1. Select **View Plan Options**.
  2. Select **View plan details** to review any applicable plan information.
  3. Select the appropriate **Plan** or **Waive** option.

Select **Continue** to enroll in the plan.

[Back to Benefits](#) Voluntary STD

---

STD | Cigna  
**Selected**  
[View plan details](#)

---

Coverage Amount:  
0.6 X Salary \$1,000.00

| Cost Summary (per pay period) |         |
|-------------------------------|---------|
| Total Premium                 | \$21.50 |
| Employer Contribution         | \$0.00  |
| Your Cost (Pre-Tax)           |         |
| Your Cost (Post-Tax)          | \$21.50 |

Guaranteed Coverage Amount: \$0.00

**Continue**

---

Waive Voluntary STD **Waive**

- Complete the following steps for Flexible Spending Accounts (Healthcare, Dependent Care, Parking, & Transportation):
  1. Select **View Plan Options**.
  2. Select the appropriate **Plan** or **Waive** option.
  3. Enter the appropriate Employee Contribution Amount.
  4. Select **Calculate Costs** to see what the annual amount entered breaks down to on a per-pay basis.

**Select Continue.**

Back to Benefits | FSA Dependent Care

---

Dependent Care FSA Discovery

**Employee Contribution Amount**

\$  annually

Minimum Annual Contribution Amount: \$130.00

Maximum Annual Contribution Amount: \$5,000.00

Remaining Pay Periods: 1

**Continue**

---

Waive FSA Dependent Care

**Waive**

- Complete the following steps for Information Only Plans:
  1. Employees do not enroll in these plans in the bswift system.
  2. Select **View Information** for more information on how to enroll.
- 7. Select **Continue** in the right sidebar menu after making all selections.
- 8. Enter any necessary **Beneficiary** Information.

9. Select **Continue**.

"Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any benefits due after death of the employee/retiree. "Secondary Beneficiaries" represents the person or persons named to receive benefits if the Primary Beneficiary is not alive. Please review the options below and make changes as needed.

**Basic Employee Life**

Please choose your beneficiaries

Primary Beneficiaries **(required)**

| Name                 | Percentage             |
|----------------------|------------------------|
| My Estate (Employee) | <input type="text"/> % |

**Total: 0%** (must equal 100%)

[+ Add New Beneficiary](#)

[+ Add Secondary Beneficiaries](#) (optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Review and Confirm

4 Complete

Your Cost per pay period **\$188.31**

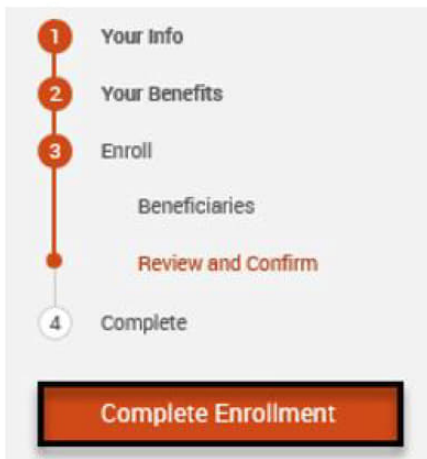
**Continue**

10. Review all selections.
11. Select **Edit Selection** to make changes to any elections.
12. Select **I agree, and I'm finished with my enrollment** and **Complete Enrollment** to submit the enrollment.

## Once You've Reviewed All Your Selections: Participation

I understand that the choices I've made are in effect for one full benefit plan year and cannot be changed until the next enrollment period unless I have a qualified status change. If I do have a qualified family status change, I have 30 days from the date of the life event to make changes to my benefit plans, and that I may be required to furnish proof of the event and/or be asked to furnish evidence of insurability for my eligible dependents or myself. Finally, I authorize payroll deductions, if required, for my contributions in the cost of the coverage I have selected.


I agree, and I'm finished with my enrollment.



13. Select **View** to view a Confirmation Statement outlining the benefits elected.
14. Select **Email** to receive an email containing a Confirmation Statement outlining the benefits elected.
15. Select **Print** to print out a Confirmation Statement outlining the benefits elected.



### Your enrollment is complete!

 You may make changes to your elections until: **January 19, 2019**

You have completed your enrollment. Click the picture of a printer to create a printer friendly copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, you are able to do so from returning to your home page. From your home page, while you are still within your enrollment window, you can click on the Enrollment Complete button to make any changes needed before your window closes.

#### Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

 VIEW

 EMAIL

 PRINT

# REQUIRED FEDERAL NOTICES

1. HIPAA Notice of Special Enrollment Rights (newly eligible / open enrollment)
2. WHCRA Notice (newly covered members / open enrollment)
3. HIPAA Notice of Privacy Practices (newly covered members of the FSA Plan)
4. Medicare Part D Creditable Coverage Notice - all health plans are creditable (newly eligible / prior to October 15<sup>th</sup> each year / becoming eligible for Medicare)
5. Marketplace Notice (all new hires)
6. CHIP Notice (newly hires / open enrollment)
7. Initial COBRA Notice (newly covered members)

## HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your 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 towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Marc Bouwer, Human Resource Manager, at (715) 693-7831.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your health insurance company at the number on the back of your ID card.

# HIPAA NOTICE OF PRIVACY PRACTICES

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.

**Effective Date of Notice:** January 1, 2026

## **Who will follow this notice:**

This notice describes the health information practices of SC Swiderski, as the plan sponsor of the Flexible Spending Account (FSA) plan (the "Plan") and that of any third party that assists in the administration of Plan claims.

## **Our pledge to you:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the "Rule"). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

## **We are required by law to:**

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## **HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to SC Swiderski ("Plan Sponsor") for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

*For example, the Plan may disclose to your provider that you are eligible for benefits.*

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

*For example, the Plan may use medical information about you to project future benefit costs.*

The Plan will disclose medical information about you when required by federal, state or local law.

## HIPAA NOTICE OF PRIVACY PRACTICES (Continued)

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

### **YOUR RIGHTS**

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

## HIPAA NOTICE OF PRIVACY PRACTICES (Continued)

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Human Resources Manager, SC Swiderski, 401 Ranger Street, Mosinee, WI 54455. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

You have the right to request an "accounting of disclosures," where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2004.

To request an accounting of disclosures, address your request to the following individual: Human Resources Manager, SC Swiderski, 401 Ranger Street, Mosinee, WI 54455.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Human Resources Manager, SC Swiderski, 401 Ranger Street, Mosinee, WI 54455. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan's use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Human Resources Manager, SC Swiderski, 401 Ranger Street, Mosinee, WI 54455.

## HIPAA NOTICE OF PRIVACY PRACTICES (Continued)

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact the following individual: Human Resources Manager, SC Swiderski, 401 Ranger Street, Mosinee, WI 54455.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Human Resources Manager, SC Swiderski, 401 Ranger Street, Mosinee, WI 54455. You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE

### Health Plan – All Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with SC Swiderski, LLO 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. S.C. Swiderski has determined that the prescription drug coverage offered by the S.C. Swiderski's health 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 15<sup>th</sup> to December 7<sup>th</sup>.

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.

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### 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 SC Swiderski coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current SC Swiderski coverage, be aware that you and your dependents will not be able to get this coverage back until open enrollment or a special enrollment event, provided that you are still an active employee. Also please note – all HSA contributions must stop once you are eligible for and enrolled in any type of Medicare, including Medicare Part D.

### 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 S.C. Swiderski 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 October 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 S.C. Swiderski changes. You also may request a copy of this notice at any time.

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### 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](http://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](http://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).

|                               |                                  |
|-------------------------------|----------------------------------|
| <b>Date:</b>                  | October 15, 2025                 |
| <b>Name of Entity/Sender:</b> | S.C. Swiderski                   |
| <b>Contact:</b>               | Human Resources Manager          |
| <b>Address:</b>               | 401 Ranger St, Mosinee, WI 54455 |
| <b>Phone Number:</b>          | (715) 693-7831                   |

## MARKETPLACE COVERAGE NOTICE

### GENERAL INFORMATION

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment-based coverage offered to you.

### WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find private 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. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

### 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 are eligible for depends on your household income.

### DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If we have offered you health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our 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 self-only coverage under our health plan is more than 9.83% of your household income for the year, or if our health plan does not meet the “minimum value”<sup>1</sup> standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – 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 ABOUT THE MARKETPLACE?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1

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.

## MARKETPLACE COVERAGE NOTICE (continued)

### INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

|                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employer Name:<br>SC Swiderski                                                                                                                                                                                                        |
| Employer Identification Number (EIN):<br>39-1938146 (Leasing);<br>47-2832735 (Construction);<br>47-2837847 (Management);<br>47-2832650 (Land Company)                                                                                 |
| Employer Address:<br>401 Ranger Street<br>Mosinee, WI 54455                                                                                                                                                                           |
| Employer Phone Number:<br>(715) 693-9522                                                                                                                                                                                              |
| Who can we contact about employee health coverage at this job? Phone Number (if different from above):<br>Marc Bouwer, Human Resource Manager<br>E-mail address: <a href="mailto:mbouwer@scswiderski.com">mbouwer@scswiderski.com</a> |

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

## 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 your employer, 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](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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 or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://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](http://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 July 31, 2023. Contact your State for more information on eligibility –**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ALABAMA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>ALASKA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                          |
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| <b>ARKANSAS – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CALIFORNIA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                      |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)                                                                                                                                                                                                                                                                                                                                                                                                                                            | Health Insurance Premium Payment (HIPP) Program Website:<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>                                                                                                                                            |
| <b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>FLORIDA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                         |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 | Website:<br><a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268                                                                                                                                                                    |

CHIP (continued)

| <b>GEORGIA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>INDIANA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/>           Phone: 678-564-1162, Press 1<br/>           GA CHIPRA Website:<br/> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/>           Phone: 678-564-1162, Press 2</p>                                                   | <p>Healthy Indiana Plan for low-income adults 19-64<br/>           Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br/>           Phone: 1-877-438-4479<br/>           All other Medicaid<br/>           Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/>           Phone: 1-800-457-4584</p> |
| <b>IOWA – Medicaid and CHIP (Hawki)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>KANSAS – Medicaid</b>                                                                                                                                                                                                                                                                                                                                          |
| <p>Medicaid Website:<br/> <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br/>           Medicaid Phone: 1-800-338-8366<br/>           Hawki Website:<br/> <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br/>           Hawki Phone: 1-800-257-8563<br/>           HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-act-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-act-to-z/hipp</a><br/>           HIPP Phone: 1-888-346-9562</p>                                                                                                                                         | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/>           Phone: 1-800-792-4884<br/>           HIPP Phone: 1-800-967-4660</p>                                                                                                                                                                                              |
| <b>KENTUCKY – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>LOUISIANA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                       |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/>           Phone: 1-855-459-6328<br/>           Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br/>           KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br/>           Phone: 1-877-524-4718<br/>           Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p> | <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/>           Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>                                                                                                                               |
| <b>MAINE – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>MASSACHUSETTS – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                          |
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/>           Phone: 1-800-442-6003<br/>           TTY: Maine relay 711<br/>           Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/>           Phone: 1-800-977-6740<br/>           TTY: Maine relay 711</p>                                                                                                                                                | <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/>           Phone: 1-800-862-4840<br/>           TTY: 711<br/>           Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>                                                                                     |
| <b>MINNESOTA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MISSOURI – Medicaid</b>                                                                                                                                                                                                                                                                                                                                        |
| <p>Website:<br/> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/>           Phone: 1-800-657-3739</p>                                                                                                                                                                                                                                                                                                          | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/>           Phone: 573-751-2005</p>                                                                                                                                                                                 |
| <b>MONTANA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>NEBRASKA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                        |
| <p>Website:<br/> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/>           Phone: 1-800-694-3084<br/>           Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>                                                                                                                                                                                                                                                                                                                                                                                       | <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/>           Phone: 1-855-632-7633<br/>           Lincoln: 402-473-7000<br/>           Omaha: 402-595-1178</p>                                                                                                                                                      |

CHIP (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a><br/>           Medicaid Phone: 1-800-992-0900</p>                                                                                                                                                                                                                                                                                                                 | <p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br/>           Phone: 603-271-5218<br/>           Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>                                                                                                                                                    |
| <p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:<br/> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br/>           Medicaid Phone: 609-631-2392<br/>           CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br/>           CHIP Phone: 1-800-701-0710</p>                                              | <p><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br/>           Phone: 1-800-541-2831</p>                                                                                                                                                                                                                                                                                                               |
| <p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br/>           Phone: 919-855-4100</p>                                                                                                                                                                                                                                                                                                             | <p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br/>           Phone: 1-844-854-4825</p>                                                                                                                                                                                                                                                                                                                                       |
| <p><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br/>           Phone: 1-888-365-3742</p>                                                                                                                                                                                                                                                                                                      | <p><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br/>           Phone: 1-800-699-9075</p>                                                                                                                                                                                                                                                                                                                     |
| <p><b>PENNSYLVANIA – Medicaid and CHIP</b></p> <p>Website:<br/> <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a><br/>           Phone: 1-800-692-7462<br/>           CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a><br/>           CHIP Phone: 1-800-986-KIDS (5437)</p> | <p><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br/>           Phone: 1-855-697-4347, or<br/>           401-462-0311 (Direct Rite Share Line)</p>                                                                                                                                                                                                                                                                                       |
| <p><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br/>           Phone: 1-888-549-0820</p>                                                                                                                                                                                                                                                                                                                       | <p><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br/>           Phone: 1-888-828-0059</p>                                                                                                                                                                                                                                                                                                                                                                       |
| <p><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br/>           Phone: 1-800-440-0493</p>                                                                                                                                                                                                                     | <p><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br/>           CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br/>           Phone: 1-877-543-7669</p>                                                                                                                                                                                                                                        |
| <p><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br/>           Phone: 1-800-250-8427</p>                                                                                                                                                                                                                  | <p><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br/> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br/>           Medicaid/CHIP Phone: 1-800-432-5924</p> |
| <p><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br/>           Phone: 1-800-562-3022</p>                                                                                                                                                                                                                                                                                                                         | <p><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br/> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br/>           Medicaid Phone: 304-558-1700<br/>           CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>                                                                                                                                                                                                      |

CHIP (continued)

| WISCONSIN – Medicaid and CHIP                                                                                                                                        | WYOMING – Medicaid                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002 | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 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](http://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](http://www.cms.hhs.gov)**  
 1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## COBRA Notice

### GENERAL NOTICE OF COBRA CONTINUATION COVERAGE AND CONVERSION RIGHTS

Federal and Wisconsin law require that some group health plans offer individuals who would otherwise lose their coverage: (1) the opportunity for a temporary extension of health coverage (called "**COBRA Continuation coverage**") at group rates, and/or (2) the opportunity to convert to individual health insurance coverage (called "**Conversion coverage**").

The information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. **You, your spouse and any dependents should take the time to read the entire notice carefully.**

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### COBRA CONTINUATION COVERAGE

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

### YOU MAY HAVE OTHER OPTIONS AVAILABLE TO YOUR WHEN YOU LOSE GROUP HEALTH COVERAGE

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### ELIGIBLE INDIVIDUALS

**Employees** - If you are an employee of SC Swiderski who is covered by its group health plan (which includes the medical, dental, vision, and prescription drug plans) you have the right to elect COBRA Continuation coverage for yourself (and your spouse and dependents to the extent that they would also lose coverage) if you lose this group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part), subject to the terms and conditions of the insurance contract. You may also have some additional rights if you lose this group health coverage while you are on a leave of absence to serve in the military – but any separate right(s) that you may have to receive COBRA Continuation coverage (e.g., under the Uniformed Services Employment and Reemployment Rights Act) will be run in conjunction with any rights under COBRA.

## COBRA Notice (Continued)

**Spouse** - If you are or were the spouse of an employee and you are covered by the group health plan(s), you have a separate right to elect COBRA Continuation coverage for yourself (and your dependents under age 18 if they would also lose coverage) if you lose group coverage for any of the following reasons:

- 1) Your spouse's death;
- 2) Your spouse's termination of employment (for reasons other than gross misconduct) or reduction in hours of employment;
- 3) divorce, legal separation or annulment from your spouse;
- 4) Your spouse's entitlement to Medicare benefits (Part A, Part B or Both); or
- 5) The bankruptcy of your spouse's employer, if your spouse is retired.

**Dependents** - If you are the dependent child of an employee and you are covered by the group health plan(s), you have a separate right to elect COBRA Continuation coverage for yourself if you lose group health coverage for any of the following reasons (if you are under age 18, your parent may exercise this right for you):

- 1) Your parent's death;
- 2) Your parent's termination of employment (for reasons other than gross misconduct) or reduction in hours of employment;
- 3) Your parents' divorce or legal separation;
- 4) Your parent's entitlement to Medicare benefits (Part A, Part B or Both);
- 5) Your ceasing to be a "dependent child" as defined by the group health plan; or
- 6) The bankruptcy of your parent's employer, if your parent is retired.

A child who is born to or adopted by a former employee, while such employee maintains COBRA Continuation coverage, is also entitled to elect COBRA Continuation coverage. Such coverage will be treated as though it started on the same date as the former employee's continuation coverage for purposes of determining the child's maximum period of coverage. The former employee must comply with the same enrollment rules that apply to active employees in order to obtain coverage for such a child.

**Please note**, if you lose group health plan coverage "in anticipation" of one of the previously described events, you may have the right to elect COBRA Continuation coverage even if you had lost coverage prior to the event.

### REQUIRED NOTICES

**When to Notify Us** - Under the law, the employee or a family member has the responsibility to inform the health plan administrator of a divorce, legal separation, or a child losing dependent status under the group health plan. This notice must be given to the administrator within 60 days after the later of the event or the date on which coverage is lost under the plan because of such event. You must provide notice to: **SC Swiderski's Human Resource Department**. Failure to notify SC Swiderski of the aforementioned events within 60 days, after the later of the event or the date on which coverage would end under the plan because of such event, will result in your group health plan coverage ending.

Under the law, SC Swiderski will notify the health plan administrator of the employee's death, termination of employment (for reasons other than gross misconduct), reduction in hours of employment, or Medicare entitlement so that the appropriate notices can be sent.

## COBRA Notice (Continued)

**Your Election Rights** - When the health plan administrator is notified that one of the events described in the Eligible Individuals Section of this notice has occurred, it will notify you that you have the right to choose COBRA continuation coverage. Under the law, you have 60 days from the later of the date you would lose coverage (because of one of the previously described events) or the date of this notice to you after the events previously mentioned to inform SC Swiderski that you want COBRA continuation coverage. ***If you do not choose COBRA continuation coverage or you do not respond within this time period, your group health plan coverage will end.***

### COBRA CONTINUATION COVERAGE

**Coverage Rights** - If you choose COBRA continuation coverage, the plan is required to give you coverage which is identical to the coverage provided currently under the plan to similarly situated employees or family members.

**Maximum Period of Coverage** - The law requires that you be afforded the opportunity to maintain COBRA continuation coverage for up to 36 months unless you lost group health coverage because of a termination of employment (other than for gross misconduct), a reduction in hours or a leave for military service. In such cases, the required COBRA continuation coverage period is 18 months. The 18 month period may, however, be extended by up to 11 additional months (29 months in total) if: (1) an individual (the employee, spouse or dependent) is determined to be disabled (for Social Security disability purposes) at the time of the termination of employment or the reduction in hours or at any time within the first 60 days after such an event; and (2) the plan administrator is notified of the determination of disability by the Social Security Administration within 60 days (but not after the end of the original 18 month period). Under the law, an individual must notify the plan administrator within 30 days of any final determination that the individual is no longer disabled (for Social Security disability purposes). The 18 month (and the 29 month) period may also be further extended to a maximum of 36 months from the date of termination of employment or the reduction in hours if another event (such as a death, divorce, or legal separation) occurs during that 18 month (or 29 month) period and while you maintain COBRA continuation coverage provided you have notified the plan administrator in the 60 day time frame. You must provide notice of this new event to **SC Swiderski's Human Resource Department**. You will be asked to provide a copy of your Social Security award letter.

You do not have to show that you are insurable to choose COBRA continuation coverage. However, COBRA continuation coverage is provided subject to your eligibility for coverage; the health plan administrator reserves the right to terminate your COBRA continuation coverage retroactively if you are subsequently determined to be ineligible.

**Expiration of Coverage** - Except under limited circumstances involving SC Swiderski bankruptcy, COBRA continuation coverage will never last beyond 36 months from the date of the event that originally made someone eligible to elect coverage. However, the law does provide that your COBRA continuation coverage period may be cut short for any of the following reasons:

- 1) SC Swiderski no longer provides group health coverage to any of its employees;
- 2) The premium for your COBRA continuation coverage is not paid on time;
- 3) You become covered by another group health plan under which the pre-existing condition limitation period does not limit or restrict your plan coverage (after consideration of any Creditable Coverage you may have);
- 4) You become entitled to Medicare; or
- 5) You extended your COBRA continuation coverage due to a disability and there has been a final determination that the individual is no longer disabled for purposes of Social Security disability benefits.

In addition, your COBRA continuation coverage under the insurance contract could end at the time you establish residence outside of the coverage area, this is particularly true of HMO Contracts.

## COBRA Notice (Continued)

**Health Insurance Premiums** - Under the law, you may have to pay all or part of the premium for your COBRA continuation coverage. You may also be required to pay an additional administrative fee. The administrative fee is generally equal to 2% of the monthly premium and must be paid at the same time as the premium. The administrative fee may, however, increase to 150% of the monthly premium for the 11 month extension on disability described previously, provided the disabled individual remains covered under COBRA continuation coverage, with the higher administrative fee continuing if you experience another event that allows you to extend continuation coverage from 29 months to 36 months. All premiums must be paid on or before the first day of the month to which the premium relates. There is, however, a 30-day grace period for all premiums, except the first premium, which must be paid within 45 days after you elect COBRA continuation coverage (together with all premiums that would ordinarily have been due during that period). ***Your COBRA continuation coverage will be terminated and you will not be permitted to reenroll for coverage if you fail to pay any premium (including the appropriate administrative fee) in a timely manner.*** All COBRA payments should be made to **SC Swiderski** and sent to the Human Resources Department.

### **CONVERSION COVERAGE (HEALTH INSURANCE ONLY)**

At the expiration of your COBRA coverage period or at any time while you maintain COBRA continuation coverage, you may convert to an individual medical insurance policy without having to prove your insurability. Conversion coverage is an individual policy of insurance, which is issued by an insurance company and is separate from the group health plan offered by SC Swiderski. This is an insured policy of health coverage and is subject to the terms and conditions of the insurer offering the coverage. To obtain this coverage, you must file a request with the insurance carrier. The insurance carrier will provide you with an explanation of the type of medical conversion coverage that is available, **if any**, the policy application, the monthly premium cost and the premium payment procedures.

### **ARE THERE OTHER COVERAGE OPTIONS AVAILABLE BESIDES COBRA CONTINUATION COVERAGE?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **ADDITIONAL INFORMATION**

If you have any questions about this notice or the law, please contact **Marc Bouwer, SC Swiderski, 401 Ranger Street, Mosinee, WI 54455 or (715) 693-7831**. Please also use this address to promptly notify SC Swiderski of your current address or of any event that may entitle you or another individual to elect continuation coverage under federal law.

**Health Savings Account (HSA)**  
Payroll Deduction Contribution Form  
**2026**

Employee Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Plan Coverage:**

- Single  Employee/Spouse  
 Family  Employee/Family

***Per IRS guidelines, the annual maximum employee contribution for 2026 is  
\$4,400.00 for Single and \$8,750.00 for Family.***

***Contribution Exception – If you are 55 years of age or older, you are allowed, per IRS regulations, to add an  
additional \$1,000.00 annually as a catch-up contribution to your HSA.***

- I meet the above requirement and would like to take advantage of the \$1,000.00 annual catch-up contribution.

**\*\*Important\*\***

Employees are responsible for ensuring contributions are not exceeded and should pay particular attention to where their spouse has a separate HSA they contribute to (to avoid exceeding the family cap) and where they have made contributions to another HSA other than through S.C. Swiderski, LLC's payroll.

**As an employee you must set up an HSA approved bank account. This is not the same as your personal bank accounts (checking/savings). This step must be completed prior to submitting this form.**

**These deductions will be made per payroll, with 26 deductions per calendar year:**

Per Paycheck Deduction \$ \_\_\_\_\_ Annual Deduction \$ \_\_\_\_\_

Paycheck Deduction Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

*Please note: Any changes to the company payroll schedule will change the number of deductions for the year. HR will notify you of any changes.*

***\*Attach a voided check to this form to ensure accuracy of account information\****

Please review the Health Savings Account Employee Guide for eligibility guidelines. If you are a new employee or for open enrollment, please contact the Human Resources Manager or Payroll Administrator to determine the appropriate amount to deduct from each payroll to obtain the desired annual deduction.

I authorize S.C. Swiderski Management Company, Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated above and to other accounts I identify in the future. I authorize the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# SC Swiderski Benefits

What would happen if an illness or injury caused you to miss work? Could you continue to pay your mortgage or rent? What about your car payment, utility bills, your cell phone, or even your groceries?

If your answer is **NO**, now is the time to take advantage of an opportunity to protect yourself and your family for as little as \$6.00 per paycheck!

These programs provide you and your family with a safety net by paying you cash directly, above and beyond what your health insurance or any other insurance will.

## You are now eligible for the following programs:

### EMPLOYER PAID:

- **Disability Insurance:** Pays up to 60% of your income (up to \$1000 per week) if you are sick or injured and unable to work up to 12 weeks.
- **Term Life:** Pays a lump sum benefit to your beneficiary in the event of your death. Policy is 1 X your annual earnings rounded to the next higher \$1000. 50,000 Maximum with guaranteed issue.

### EMPLOYEE PAID VOLUNTARY BENEFIT OPTIONS:

- **Long Term Disability:** Pays monthly up to 60% of your income (up to \$6000 per month) if you are sick or injured and unable to work after 90 days.
- **Accident Plan:** An accident plan will pay you and your family cash if anyone were to get hurt in an accident, including school sports. This plan also includes a yearly **\$100 wellness benefit**
- **Critical Illness with Cancer Plan:** This plan pays a lump sum of up to \$30,000 if someone in your family has a heart attack, stroke, or cancer. **\$50 wellness benefit.**
- **Voluntary Term Life:** Pays a lump sum benefit to your beneficiary in the event of your death.
  - Employee options: are the following \$10,000 increments up to lesser than five times annual earnings or \$500,000. The policy is guaranteed issue of \$100,000.
  - Spouse options \$5000 increments up to lesser than 100% of employee amount or \$100,000. Guaranteed issue 25,000.
  - Child options \$2000 increments up to \$10,000. Guaranteed issue \$10,000.

**Assurity**<sup>®</sup>

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# **Voluntary Benefit Options**

for S.C. Swiderski, LLC



Accident Expense  
Critical Illness

**Advantage Group**

238150



# Group Accident Expense Insurance

for S.C. Swiderski, LLC

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

**Group Accident Expense** insurance **pays a benefit directly to you** when you receive treatment from a physician for a covered accident.

## Key Features

- ☑ **Helps with out-of-pocket expenses** associated with covered accidents
- ☑ **No deductibles**, copays, coinsurance or networks - see any doctor
- ☑ **Guaranteed issue** - no medical exams or tests
- ☑ **Portable** - coverage continues if you retire or change jobs, as long as you pay the premiums

**Know you  
and your family  
are protected.**

It's easy –  
sign up today



Not available to residents of New York.

Tier 2 - 238150

## Group Accident Expense Benefits - Off-the-Job

### Forms G H1708/G H1708C (HSA Compatible)

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

### Emergency Care

Payable within 60 days of accident unless otherwise noted

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

### Supportive Care

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

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

238150

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

## Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

### Specific Injury Care

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

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GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

## Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

### Hospital Care

Daily benefit paid within 180 days of accident

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

### Surgical Care

Paid within 180 days of accident

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

### Wellness Benefit

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

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

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## Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

### Accidental Death and Dismemberment Rider

(Form R G1712C)

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

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## Group Accident Expense Semi-Monthly Premiums - Off-the-Job - Wisconsin

Forms G H1708/G H1708C (HSA Compatible)

|          | Employee | Employee & Spouse | Employee & Children | Family  |
|----------|----------|-------------------|---------------------|---------|
| All Ages | \$6.35   | \$11.05           | \$13.85             | \$20.32 |

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\*Premium rates shown are for the combined group Accident Expense policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

## Group Accident Expense - Wisconsin

Forms G H1708/G H1708C

### Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

#### Limitations

##### **GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.**

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

#### Coverage Conditions

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

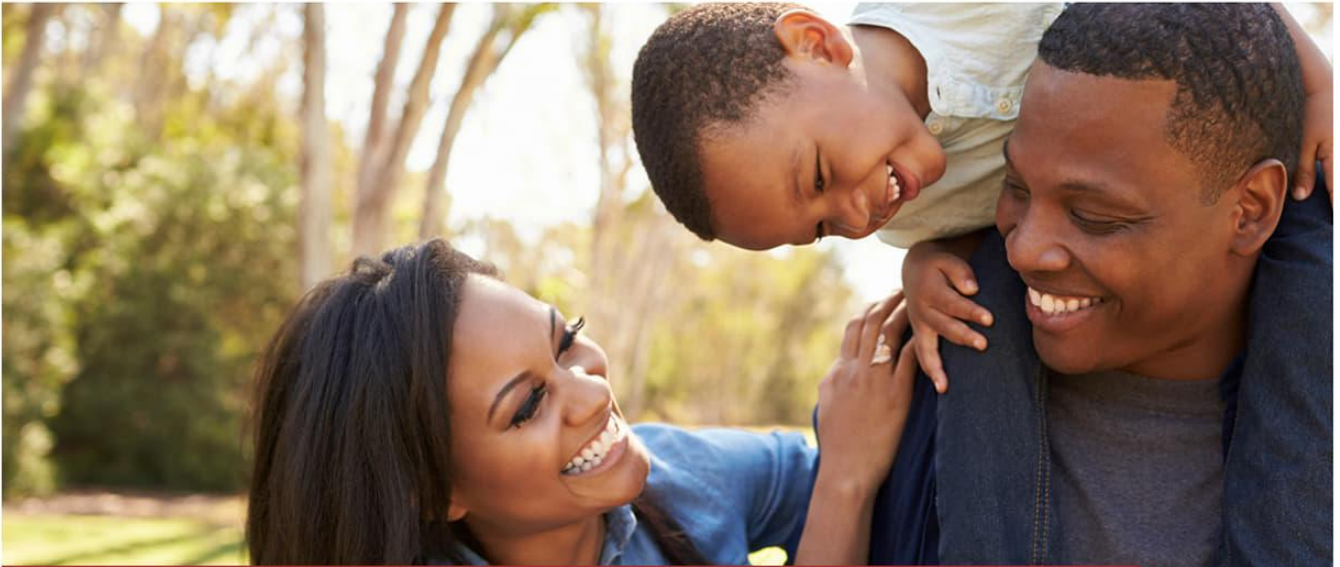
**Termination** – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

#### Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, inflection, disease or any other abnormal physical condition which is not caused by an Injury);
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental and Nervous Disorder (except for Post-Traumatic Stress Disorder as described in the policy/certificate);
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having a hernia, except as paid under the Hernia Surgery Benefit, if applicable;
- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- participating in a riot, insurrection or rebellion;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

No benefits, except the Initial Accident Treatment benefit, will be payable for services provided outside of the United States.



# Group Critical Illness Insurance

for S.C. Swiderski, LLC

More people are surviving life threatening illnesses than ever before. Unfortunately the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical illness insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

**Group Critical Illness** insurance **pays a lump-sum benefit directly to you** if you are diagnosed with stroke, heart attack or a number of other covered conditions.

## Key Features

- ☑ **Pays a lump sum directly to you**
- ☑ Includes a **health screening benefit which pays \$50 a year** for any number of common covered medical tests or procedures
- ☑ The **return of premium benefit** pays you back **100% of the premiums paid for the policy and riders** if you die from a cause other than a covered critical illness
- ☑ **Guaranteed issue** – no medical exams or tests
- ☑ **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

Not available to residents of New York.

**Know you  
and your family  
are protected.**

It's easy –  
sign up today



## Group Critical Illness Benefits - Wisconsin

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Group Critical Illness Policy and Additional Critical Illness Rider

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

|                                                    |                     |
|----------------------------------------------------|---------------------|
| Heart Attack                                       | 100%                |
| Coronary Artery Bypass Surgery                     | 25%                 |
| Sudden Cardiac Arrest                              | 25%                 |
| Angioplasty                                        | 10%                 |
| Stroke                                             | 100%                |
| Invasive Cancer (30-day waiting period)            | 100%                |
| Non-Invasive Cancer (30-day waiting period)        | 25%                 |
| Skin Cancer (30-day waiting period)                | \$250/calendar year |
| Kidney (Renal) Failure                             | 100%                |
| Major Organ Transplant                             | 100%                |
| Advanced Alzheimer's Disease                       | 100%                |
| Loss of Independent Living (30-day waiting period) | 25%                 |
| Coma                                               | 100%                |
| Paralysis                                          | 100%                |
| Loss of Sight                                      | 100%                |
| Loss of Speech                                     | 100%                |
| Loss of Hearing                                    | 100%                |
| Advanced Parkinson's Disease                       | 100%                |
| Benign Brain Tumor                                 | 100%                |
| Occupational HIV                                   | 100%                |
| Advanced ALS                                       | 100%                |
| Severe Burns                                       | 100%                |
| Bone Marrow Transplant                             | 100%                |
| Multiple Sclerosis                                 | 50%                 |
| Schizophrenia                                      | 10%                 |
| Transient Ischemic Attack (TIA)                    | 10%                 |

### Other Features

#### Additional Diagnosis Benefit

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

#### Reoccurrence Diagnosis Benefit

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

#### Waiver of Premium Benefit

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

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GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE, IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE, AND MAY NOT BE APPROPRIATE FOR MEDICAID RECIPIENTS. It may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

## Group Critical Illness Benefits - Wisconsin

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

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### Return of Premium for Non-CI Death

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

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### Health Screening Rider

(Form R G1720C)

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

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

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## Group Critical Illness Semi-Monthly Premiums - Wisconsin

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

**Employee or Employee & Children** (rates based on employee's age; benefit amounts over \$30,000 require underwriting of all covered persons)

Child benefit is equal to 25% of employee benefit.

| <b>Non-Tobacco</b> |         | <b>Employee Benefit Amount</b> |          |          |          |          |  |  |  |  |
|--------------------|---------|--------------------------------|----------|----------|----------|----------|--|--|--|--|
| Issue Age          | \$5,000 | \$10,000                       | \$15,000 | \$20,000 | \$25,000 | \$30,000 |  |  |  |  |
| 18-24              | \$1.55  | \$2.53                         | \$3.49   | \$4.46   | \$5.43   | \$6.41   |  |  |  |  |
| 25-29              | \$2.04  | \$3.33                         | \$4.63   | \$5.93   | \$7.22   | \$8.51   |  |  |  |  |
| 30-34              | \$2.58  | \$4.30                         | \$6.00   | \$7.73   | \$9.44   | \$11.16  |  |  |  |  |
| 35-39              | \$3.57  | \$5.97                         | \$8.37   | \$10.78  | \$13.19  | \$15.59  |  |  |  |  |
| 40-44              | \$4.67  | \$7.86                         | \$11.06  | \$14.25  | \$17.44  | \$20.63  |  |  |  |  |
| 45-49              | \$6.08  | \$10.52                        | \$14.98  | \$19.42  | \$23.86  | \$28.29  |  |  |  |  |
| 50-54              | \$8.27  | \$14.66                        | \$21.07  | \$27.47  | \$33.85  | \$40.25  |  |  |  |  |
| 55-59              | \$10.94 | \$19.93                        | \$28.90  | \$37.89  | \$46.86  | \$55.85  |  |  |  |  |
| 60-64              | \$13.84 | \$25.81                        | \$37.78  | \$49.75  | \$61.73  | \$73.70  |  |  |  |  |
| 65-69              | \$19.16 | \$36.44                        | \$53.74  | \$71.02  | \$88.29  | \$105.58 |  |  |  |  |
| 70+                | \$36.65 | \$70.95                        | \$105.23 | \$139.52 | \$173.82 | \$208.10 |  |  |  |  |

| <b>Tobacco</b> |         | <b>Employee Benefit Amount</b> |          |          |          |          |  |  |  |  |
|----------------|---------|--------------------------------|----------|----------|----------|----------|--|--|--|--|
| Issue Age      | \$5,000 | \$10,000                       | \$15,000 | \$20,000 | \$25,000 | \$30,000 |  |  |  |  |
| 18-24          | \$1.97  | \$3.35                         | \$4.73   | \$6.12   | \$7.49   | \$8.88   |  |  |  |  |
| 25-29          | \$2.65  | \$4.57                         | \$6.46   | \$8.36   | \$10.26  | \$12.16  |  |  |  |  |
| 30-34          | \$3.50  | \$6.13                         | \$8.74   | \$11.36  | \$13.98  | \$16.60  |  |  |  |  |
| 35-39          | \$4.99  | \$8.81                         | \$12.60  | \$16.41  | \$20.22  | \$24.02  |  |  |  |  |
| 40-44          | \$6.70  | \$11.88                        | \$17.05  | \$22.22  | \$27.40  | \$32.57  |  |  |  |  |
| 45-49          | \$9.08  | \$16.44                        | \$23.82  | \$31.18  | \$38.54  | \$45.91  |  |  |  |  |
| 50-54          | \$12.75 | \$23.52                        | \$34.30  | \$45.06  | \$55.85  | \$66.60  |  |  |  |  |
| 55-59          | \$17.41 | \$32.71                        | \$48.01  | \$63.30  | \$78.60  | \$93.89  |  |  |  |  |
| 60-64          | \$22.46 | \$42.88                        | \$63.33  | \$83.76  | \$104.20 | \$124.63 |  |  |  |  |
| 65-69          | \$31.40 | \$60.75                        | \$90.10  | \$119.44 | \$148.79 | \$178.14 |  |  |  |  |
| 70+            | \$57.48 | \$112.35                       | \$167.20 | \$222.06 | \$276.91 | \$331.78 |  |  |  |  |

**Employee & Spouse or Family** (rates based on employee's age; employee benefit amount over \$30,000 requires underwriting for all covered)

Spouse benefit is equal to 50% of employee benefit.

Child benefit is equal to 25% of employee benefit.

| <b>Non-Tobacco</b> |         | <b>Employee Benefit Amount</b> |          |          |          |          |  |  |  |  |
|--------------------|---------|--------------------------------|----------|----------|----------|----------|--|--|--|--|
| Issue Age          | \$5,000 | \$10,000                       | \$15,000 | \$20,000 | \$25,000 | \$30,000 |  |  |  |  |
| 18-24              | \$2.54  | \$3.96                         | \$5.39   | \$6.82   | \$8.27   | \$9.69   |  |  |  |  |
| 25-29              | \$3.28  | \$5.19                         | \$7.07   | \$8.98   | \$10.89  | \$12.77  |  |  |  |  |
| 30-34              | \$4.14  | \$6.69                         | \$9.20   | \$11.74  | \$14.27  | \$16.81  |  |  |  |  |
| 35-39              | \$5.77  | \$9.35                         | \$12.91  | \$16.47  | \$20.05  | \$23.62  |  |  |  |  |
| 40-44              | \$7.59  | \$12.33                        | \$17.09  | \$21.83  | \$26.58  | \$31.32  |  |  |  |  |
| 45-49              | \$9.84  | \$16.46                        | \$23.10  | \$29.72  | \$36.36  | \$42.98  |  |  |  |  |
| 50-54              | \$13.25 | \$22.82                        | \$32.40  | \$41.95  | \$51.53  | \$61.10  |  |  |  |  |
| 55-59              | \$17.37 | \$30.83                        | \$44.28  | \$57.74  | \$71.19  | \$84.65  |  |  |  |  |
| 60-64              | \$21.66 | \$39.62                        | \$57.57  | \$75.54  | \$93.49  | \$111.44 |  |  |  |  |
| 65-69              | \$29.68 | \$55.60                        | \$81.54  | \$107.46 | \$133.39 | \$159.31 |  |  |  |  |
| 70+                | \$56.15 | \$107.59                       | \$159.02 | \$210.46 | \$261.89 | \$313.33 |  |  |  |  |

| <b>Tobacco</b> |         | <b>Employee Benefit Amount</b> |          |          |          |          |  |  |  |  |
|----------------|---------|--------------------------------|----------|----------|----------|----------|--|--|--|--|
| Issue Age      | \$5,000 | \$10,000                       | \$15,000 | \$20,000 | \$25,000 | \$30,000 |  |  |  |  |
| 18-24          | \$3.16  | \$5.21                         | \$7.26   | \$9.30   | \$11.34  | \$13.38  |  |  |  |  |
| 25-29          | \$4.22  | \$7.02                         | \$9.84   | \$12.65  | \$15.45  | \$18.25  |  |  |  |  |
| 30-34          | \$5.54  | \$9.44                         | \$13.32  | \$17.20  | \$21.09  | \$24.98  |  |  |  |  |
| 35-39          | \$7.95  | \$13.62                        | \$19.27  | \$24.94  | \$30.61  | \$36.28  |  |  |  |  |
| 40-44          | \$10.66 | \$18.39                        | \$26.10  | \$33.82  | \$41.55  | \$49.26  |  |  |  |  |
| 45-49          | \$14.36 | \$25.38                        | \$36.39  | \$47.40  | \$58.42  | \$69.43  |  |  |  |  |
| 50-54          | \$20.03 | \$36.15                        | \$52.28  | \$68.42  | \$84.55  | \$100.68 |  |  |  |  |
| 55-59          | \$27.12 | \$50.06                        | \$72.99  | \$95.93  | \$118.86 | \$141.78 |  |  |  |  |
| 60-64          | \$34.66 | \$65.31                        | \$95.97  | \$126.61 | \$157.25 | \$187.90 |  |  |  |  |
| 65-69          | \$48.13 | \$92.14                        | \$136.18 | \$180.19 | \$224.22 | \$268.24 |  |  |  |  |
| 70+            | \$87.54 | \$169.81                       | \$252.11 | \$334.39 | \$416.70 | \$498.97 |  |  |  |  |

\*Premium rates shown are for the combined group Critical Illness policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

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## Group Critical Illness - Wisconsin

Forms G H1715/G H1715C

### Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

#### Limitations

##### **GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.**

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

**Pre-existing conditions:** Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 12 months before the issue date, the insured person had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment, or received medical consultation, advice or treatment from a physician or had taken prescribed medication.

**Waiting period:** The benefits payable for Loss of Independent Living, Invasive Cancer, Non-Invasive Cancer, and Skin Cancer have a waiting period. There is no coverage for Loss of Independent Living, Invasive Cancer, Non-Invasive Cancer, or Skin Cancer, if an insured person initially incurred or was diagnosed with any of these conditions before the end of the waiting period.

**Elimination period:** The benefit payable for Loss of Independent Living has an elimination period. Assurity will not pay benefits during the elimination period.

#### Special Endorsement

The pre-existing condition clause will be waived during the initial enrollment and for new hires. Late entrant employees enrolling during the annual re-enrollment will be subject to the normal pre-existing condition clause.

#### Coverage Conditions

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

**Termination** – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

#### Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being addicted to drugs or suffering from alcoholism;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

# We are never more than one call away.



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



Email  
[claimsinfo@assurity.com](mailto:claimsinfo@assurity.com)



Claims  
800-869-0355, Ext. 4484



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



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



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

## Helping people through difficult times


As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.



.....

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Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.



# Protection for you and your loved ones

## Life insurance benefit summary



**The importance of Life insurance**

The right life insurance coverage can help protect your loved ones and help provide financial stability when they need it most. They can use the benefit to fund a child's education, pay off a mortgage or pay for everyday expenses.



48%

Watch this quick video to learn more

**Did you know?**



More than 1/3 of households would feel the financial impact in less than 6 months if the primary wage earner died.<sup>1</sup>

Today, few have the coverage they need. And 48% of households (60 million) have an average life insurance coverage gap of

\$200,000



### Basic Life/AD&D Benefit plan and features

**Class definition:** Class 1 – All Active Full Time Employees

| Coverage Details        | Employee                 |
|-------------------------|--------------------------|
| Life Benefit Amount     | 1x Basic Annual Earnings |
| Life Maximum Benefit    | \$50,000                 |
| Guaranteed Issue Amount | \$50,000                 |
| Life Age Reduction      |                          |
| Age 65 but less than 70 | 65%                      |
| Age 70 or over          | 50%                      |

*Any reduction pursuant to this provision will take place on the next Policyholder anniversary date*

| Coverage Details                                       | Employee                       |
|--------------------------------------------------------|--------------------------------|
| Accelerated Death Benefit                              | 75% up to \$250,000            |
| Waiver of Premium                                      | Included                       |
| Conversion                                             | Included                       |
| Accidental Death & Dismemberment (AD&D) Benefit Amount | 100% of Life Insurance Benefit |
| AD&D Maximum Benefit                                   | Matches Life Insurance Maximum |
| AD&D Age Reduction                                     | Matches Life                   |

| AD&D Features                           | Employee |
|-----------------------------------------|----------|
| Common Carrier Benefit                  | Included |
| Day Care Benefit                        | Included |
| Child Education Benefit                 | Included |
| Exposure/Disappearance Benefit          | Included |
| Rehabilitation/Physical Therapy Benefit | Included |
| Repatriation Benefit                    | Included |
| Seatbelt and Airbag Benefits            | Included |
| Spouse Training Benefit                 | Included |

## Understanding your benefits


### Commonly Used Terms

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Guarantee Issue Amount</b>    | This is the amount of insurance available without having to provide evidence of insurability (also known as proof of good health).                                                                                                                                                                                                                                                                            |
| <b>Accelerated Death Benefit</b> | Allows you access to a portion of your Life insurance while you are alive if you have a qualifying condition, such as a terminal illness, cognitive impairment, or the inability to perform two or more activities of daily living without assistance.                                                                                                                                                        |
| <b>Basic Annual Earnings</b>     | Means your regular rate of pay from your employer in effect on the date immediately prior to the date the covered loss occurs. It includes any deductions made for pre-tax contributions to a qualified deferred compensation plans, section 125 plan, or flexible spending account. It does not include commissions, bonuses, tips, tokens, overtime pay or any other fringe benefits or extra compensation. |
| <b>Conversion</b>                | Allows you convert your group term Life insurance coverage to an individual, whole life policy if your coverage is reduced or ends.                                                                                                                                                                                                                                                                           |

### Frequently Asked Questions

|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Are my spouse and dependent children eligible for coverage?</b> | No, your employer's plan does not provide for coverage on your spouse or children.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Does the coverage decrease as I get older?</b>                  | Yes, the age reductions are shown in the "Benefit Plan & Features" section. The coverage will reduce on the next Policyholder anniversary date following your attainment of the ages shown. The percentages referenced are what the coverage reduces to and are all based on the original amount of coverage. For example, if you are covered for \$50,000 and the coverage reduces to 65% at age 65, your coverage will reduce to \$32,500 on the policy anniversary following your 65th birthday. |


|                                                                         |                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Is the accidental death benefit in addition to the life benefit?</b> | Yes, if the insured dies as a result of a covered accident, the beneficiary will receive both the life and accidental death benefits.                                                                                                                                                                       |
| <b>How do I convert my coverage?</b>                                    | Contact your employer's HR department for the applicable conversion forms. You can also call Equitable customer service at (866)274-9887 or access the forms at <a href="https://equitable.com/employee-benefits/customer-service/forms">https://equitable.com/employee-benefits/customer-service/forms</a> |
| <b>How do I name a beneficiary?</b>                                     | Your employer will provide you with a form that will allow you to name primary and contingent beneficiaries.                                                                                                                                                                                                |
| <b>Can I change my beneficiary?</b>                                     | Yes, you just need to complete a new beneficiary form and be sure to provide a copy to your employer.                                                                                                                                                                                                       |
| <b>What happens if I die and didn't name a beneficiary?</b>             | The insurance proceeds may be paid out to a specific family member or your estate, check your insurance certificate for the language applicable to your plan.                                                                                                                                               |



**Contact us at  
(866) 274-9887  
with any questions  
you may have.**

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.

**Email:** Customer Service at [EBCustomerService@equitable.com](mailto:EBCustomerService@equitable.com).



Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

**Visit [equitable.com/employeebenefits](https://equitable.com/employeebenefits)  
and log on to EB360<sup>®</sup> to view your account details.**

<sup>1</sup> 2022 Insurance Barometer Study, Life Happens and LIMRA.

<sup>2</sup> [limra.com/en/newsroom/news-releases/2021/industry-associations-unite-to-help-address-the-life-insurance-coverage-gap-in-the-united-states/](https://limra.com/en/newsroom/news-releases/2021/industry-associations-unite-to-help-address-the-life-insurance-coverage-gap-in-the-united-states/), accessed August 2022.

### Important Information

**Limitations and exclusions:** The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. AD&D Benefits may not be payable for injuries caused or contributed to by or incurred: physical or mental illness or disease or related medical treatment; infection not occurring as a direct result of accidental bodily injury, suicide or intentionally self-inflicted injury, war or act of war, while incarcerated, participating in a felony or illegal activity, intoxication, voluntary drug use unless administered by and used as instructed by a physician or for over-the-counter drugs in accordance with manufacturer's instructions, participation in certain activities involving an increased risk of injury as listed in the policy and certificate (ex: mountain climbing, sky diving).

**This policy provides limited benefits:** The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. For costs and complete details of the coverage, please see the actual policy or contact your benefits representative. Benefits payable are subject to all terms and conditions of the certificate. Plan documents are the final arbiter of coverage. Policy contract forms: ICC18 MOEBPLI; ICC18 AXEBPLI; MOEBP0618 LI; AXEBP0618 LI; and state variations.

**Legal disclosures:** Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY), Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with an administrative office located in Charlotte, NC, and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI and TN). All group insurance products are issued either by Equitable Financial or Equitable America, which have sole responsibility for their respective insurance and backed solely by their claims-paying obligations. Some products are not available in all states.

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EQUITABLE

# Protection for your income

**Protection to help replace income in challenging times. Pays a portion of your salary after you have been ill or injured for an extended period of time.**

When you need to recover from an extended illness or injury, this benefit will start paying a portion of your salary after a certain period of time, typically after short-term disability payments end.

Long-term disability insurance benefit summary



## Did you know?

According to a 2019 study, medically-related income loss contributed to 44% of bankruptcy filings.<sup>1</sup>



Only 28% of U.S. households have enough in liquid savings to cover at least 6 months of their recurring expenses.<sup>1</sup>



## Benefit plan and features

**Class definition:** Class 1 – All Active Full Time Employees

### Coverage details

|                         |                                          |
|-------------------------|------------------------------------------|
| Cost of Coverage        | You pay the full cost.                   |
| Monthly Benefit         | 60% of pre-disability earnings           |
| Maximum Monthly Benefit | \$6,000                                  |
| Minimum Monthly Benefit | Greater of \$100 or 10% of Gross benefit |

## Benefit plan and features

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Elimination Period                | 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |
| Maximum Benefit Period            | Age When Disabled                                                                                                                                                                                                                                                                                                                                                                                                          | Maximum Duration                                                                 |
|                                   | Prior to Age 63                                                                                                                                                                                                                                                                                                                                                                                                            | To your Social Security Normal Retirement Age or 48 months, whichever is greater |
|                                   | Age 63                                                                                                                                                                                                                                                                                                                                                                                                                     | To your Social Security Normal Retirement Age or 42 months, whichever is greater |
|                                   | Age 64                                                                                                                                                                                                                                                                                                                                                                                                                     | 36 months                                                                        |
|                                   | Age 65                                                                                                                                                                                                                                                                                                                                                                                                                     | 30 months                                                                        |
|                                   | Age 66                                                                                                                                                                                                                                                                                                                                                                                                                     | 27 months                                                                        |
|                                   | Age 67                                                                                                                                                                                                                                                                                                                                                                                                                     | 24 months                                                                        |
|                                   | Age 68                                                                                                                                                                                                                                                                                                                                                                                                                     | 21 months                                                                        |
|                                   | Age 69 and over                                                                                                                                                                                                                                                                                                                                                                                                            | 18 months                                                                        |
| Definition of Disability          | <p>You are prevented from performing one or more of the Essential Duties of:</p> <ol style="list-style-type: none"> <li>1) Your Occupation during the Elimination Period;</li> <li>2) Your Occupation, for the 24 months following the Elimination Period, and as a result Your Current Monthly Earnings are less than 80% of Your Indexed Pre-disability Earnings; and</li> <li>3) after that, Any Occupation.</li> </ol> |                                                                                  |
| Pre-Existing Condition Limitation | 3/12                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |
| Return to Work Incentive Benefit  | Included                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |
| Rehabilitation Services           | Included                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |
| Rehabilitation Bonus Benefit      | Included                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |
| Survivor Income Benefit           | Included                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |
| Family Care Deduction Benefit     | Included                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |
| Workplace Accommodation Benefit   | Included                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |

## Understanding your benefits

### Commonly Used Terms

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Elimination Period</b>      | Means the number of days you need to be disabled before Long-Term Disability benefits begin.                                                                                                                                                                                                                                                                                                                                            |
| <b>Maximum Benefit Period</b>  | Defines the maximum period of time benefits may be payable.                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Pre-Disability Earnings</b> | Means Your regular monthly rate of pay from Your Employer in effect on the date immediately prior to the date you became disabled. Pre-Disability Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation. |

**Pre-existing condition**

Means any condition for which you received medical care during the 3 consecutive months prior to your effective date of coverage or the effective date of any increase in coverage. The plan will not pay any benefit, or any increase in benefits, for any disability that results from, or is caused or contributed to by, a pre-existing condition, unless at the time you become disabled, you have been continuously insured for 12 consecutive months. Please see your insurance certificate for details.

## Frequently Asked Questions

|                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>When can I enroll for coverage?</b>                                                                                                                             | You can enroll when you are initially eligible, during any annual enrollment period, or within 31 days of a family status change. Evidence of insurability (also known as proof of good health) may be required. Please see your coverage certificate for details.                                                                                                                                                                               |
| <b>Can I work part-time and still satisfy the elimination period?</b>                                                                                              | Yes, you can work part-time and still satisfy the elimination period. Any days that you work full-time will not count towards satisfaction of the elimination period.                                                                                                                                                                                                                                                                            |
| <b>Can I work part-time and still be eligible for a benefit?</b>                                                                                                   | Yes, as long as you continue to meet the definition of disability you will be eligible for a partial benefit.                                                                                                                                                                                                                                                                                                                                    |
| <b>Are rehabilitation services included?</b>                                                                                                                       | Yes. We will work with you and your physician to plan, adapt, and put into place options and services to meet your return-to-work needs. This may include vocational testing and training, workplace modifications, job placement, transitional work, and other similar services.                                                                                                                                                                |
| <b>How much will I receive if I am working part-time and still disabled?</b>                                                                                       | During the return-to-work benefit period you can receive up to 100% of your pre-disability earnings from a combination of your part-time earnings and your Long-Term Disability benefit. Following the return-to-work benefit period, your Long-Term Disability benefit will be based on your percentage of earnings loss. For example, if you are losing 50% of your earnings, then your Long-Term Disability benefit would be reduced by half. |
| <b>How are my Long-Term Disability benefits impacted by any other benefits I may be eligible for, such as worker's compensation or social security disability?</b> | Generally speaking your Long-Term Disability benefits will be reduced by any benefits you receive as a result of your disability. Please see your coverage certificate for details.                                                                                                                                                                                                                                                              |
| <b>Are my Long-Term Disability benefits taxable?</b>                                                                                                               | It depends. If you are paying the full cost of the plan with post-tax dollars, then your Long-Term Disability benefits may be non-taxable; however if your employer is paying the full cost or your contributions are on a pre-tax basis, then your benefits are generally taxable. Please consult your HR department for further details on your specific plan.                                                                                 |
| <b>Are disabilities due to mental illness or substance abuse covered?</b>                                                                                          | Yes, however the maximum benefit period is limited to 24 months.                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>How do I submit a claim?</b>                                                                                                                                    | Contact your employer's HR department to obtain a claim form or go to <a href="https://equitable.com/employee-benefits/customer-service/forms/disability">https://equitable.com/employee-benefits/customer-service/forms/disability</a> and download a claim form.                                                                                                                                                                               |

## Cost Summary

### Monthly Rates Per \$100 of Monthly Covered Payroll

| Age          | Rate    |
|--------------|---------|
| Less than 25 | \$0.108 |
| 25-29        | \$0.127 |
| 30-34        | \$0.219 |
| 35-39        | \$0.422 |
| 40-44        | \$0.615 |
| 45-49        | \$0.849 |
| 50-54        | \$1.180 |
| 55-59        | \$1.293 |
| 60-64        | \$1.155 |
| 65 and over  | \$0.978 |

To calculate your cost follow these easy steps.

| Step                                                                                          | Example    | Your Data |
|-----------------------------------------------------------------------------------------------|------------|-----------|
| 1. Enter your rate based on your age using the above table:                                   | \$0.422    |           |
| 2. Take your annual pre-disability earnings and divide by 12:                                 | \$5,000.00 |           |
| 3. Enter the lesser of the result of step 2 or \$10,000.00:                                   | \$5,000.00 |           |
| 4. Multiply the rate in step 1 by the answer to step 3:                                       | \$2,110.00 |           |
| 5. Divide the answer to step 4 by 100:                                                        | \$21.10    |           |
| 6. Multiply the answer to step 5 by 12 and divide by 12.<br>This is your per pay period cost: | \$21.10    |           |



**Contact us at  
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with any questions  
you may have.**

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.

**Email:** Customer Service at  
EBCustomerService@equitable.com.



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**Visit [equitable.com/employeebenefits](https://equitable.com/employeebenefits)  
and log on to EB360® to view your account details.**

<sup>1</sup> [disabilitycanhappen.org/disability-statistic/](https://disabilitycanhappen.org/disability-statistic/). Accessed August 2022.

**Important Information**

**Limitations and exclusions:** The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. Exclusions may include disabilities caused or contributed to by: war or an act of war, intentionally self-inflicted injury, your commission of or attempt to commit a felony, or by your being engaged in an illegal occupation. Benefits will not be paid unless you are under the regular care of a physician. Benefits will not be paid if you are eligible for payment under a prior disability plan sponsored by your employer that was terminated before the effective date of the policy. Benefits may be offset by other benefit income you receive due to the loss of income from disability.

**This policy provides limited benefits:** This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance, and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act. THIS POLICY IS NOT A MEDICARE SUPPLEMENT PLAN. The certificate has exclusions and limitations for certain conditions that may affect any benefits payable. For costs and complete details of the coverage, please see the actual policy or contact your benefits representative. Benefits payable are subject to all terms and conditions of the certificate. Policy contract form#: AXEBP15DI; MOEBP15DI and state variations. Availability is subject to state approvals.

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# Protection by your side while you recover

Financial help to cover expenses if you're ill, injured or give birth  
 Short-term disability insurance benefit summary



Watch this quick video to learn more

## Did you know?

Only 40% of U.S. households have enough in liquid savings to cover at least 3 months of their recurring expenses.<sup>1</sup>



One in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age.<sup>2</sup>



## Benefit plan and features

**Class definition:** Class 1 – All Active Full Time Employees

### Coverage details

|                             |                                   |
|-----------------------------|-----------------------------------|
| Cost of Coverage            | Your employer pays the full cost. |
| Weekly Benefit              | 60% of pre-disability earnings    |
| Maximum Weekly Benefit      | \$1,000                           |
| Benefits Begin - Injuries   | 8 <sup>th</sup> Day               |
| Benefits Begin - Sicknesses | 8 <sup>th</sup> Day               |

## Benefit plan and features

|                                   |          |
|-----------------------------------|----------|
| Maximum Benefit Period            | 12 weeks |
| Pre-Existing Condition Limitation | None     |

## Understanding your benefits

### Commonly Used Terms

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Maximum Benefit Period</b>  | Means the maximum number of weeks for which benefits may be payable.                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Pre-Disability Earnings</b> | Means Your regular weekly rate of pay from Your Employer in effect on the date immediately prior to the date you became disabled. Pre-Disability Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation. |

### Frequently Asked Questions

|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Can I work part-time and still be eligible for a benefit?</b>                                                     | Yes, you can work part-time and still be eligible for a partial benefit as long as you continue to meet the definition of disability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>How much will I receive if I am working part-time and still disabled?</b>                                         | It depends on how much you are earning from your part-time work and whether or not the part-time work is part of an approved rehabilitation program. If the part-time work is part of an approved rehabilitation program, then we will reduce your Short-Term Disability benefit by one-half (1/2) of your part-time earnings. If the part-time work is not part of an approved rehabilitation program, then your Short-Term Disability benefit will be based on your percentage of earnings loss. For example, if you are losing 50% of your earnings, then the Short-Term Disability benefit would be reduced by half. |
| <b>How long will I receive Short-Term Disability benefits for?</b>                                                   | As long as you continue to meet the definition of disability, you can receive benefits for up to the maximum benefit period outlined in the "Coverage Details" section. For example, if your benefits commence on the 8th day of disability and you are disabled for 6 weeks, you would receive 5 weeks of benefit payments.                                                                                                                                                                                                                                                                                             |
| <b>How are my Short-Term Disability benefits impacted by any state medical leave benefits I may be eligible for?</b> | Your Short-Term Disability benefits will be reduced by any state medical leave benefits you may be eligible for.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>How are maternity claims treated?</b>                                                                             | Maternity claims are treated the same as any other illness.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Are my Short-Term Disability benefits taxable?</b>                                                                | It depends. If you are paying the full cost of the plan with post-tax dollars, then your Short-Term Disability benefits may be non-taxable; however if your employer is paying the full cost or your contributions are on a pre-tax basis, then your benefits are generally taxable. Please consult your HR department for further details on your specific plan.                                                                                                                                                                                                                                                        |
| <b>Am I eligible for Short-Term Disability benefits if I cannot work due to a pandemic?</b>                          | Maybe. If you meet the definition of disability, then you may be eligible for Short-Term Disability benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Are disabilities due to mental illness or substance abuse covered?</b>                                            | Yes, they are treated the same as any other illness.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>How do I submit a claim?</b>                                                                                      | The best way to submit your Short-Term Disability claim to Equitable is by calling our disability team at (866) 274-9887. You can also contact your employer's HR department to obtain a claim form or go to <a href="https://equitable.com/employee-benefits/customer-service/forms/disability">https://equitable.com/employee-benefits/customer-service/forms/disability</a> and download a claim form.                                                                                                                                                                                                                |



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<sup>1</sup> [disabilitycanhappen.org/disability-statistic/](https://disabilitycanhappen.org/disability-statistic/). Accessed August 2022.

<sup>2</sup> [ssa.gov/oact/NOTES/ran6/an2020-6.pdf](https://ssa.gov/oact/NOTES/ran6/an2020-6.pdf).

### Important Information

**Limitations and exclusions:** The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. Exclusions may include disabilities caused or contributed to by: war or an act of war, intentionally self-inflicted injury, your commission of or attempt to commit a felony, sustained as a result of work done for another employer (including self-employment), or for which Workers' Compensation benefits are paid, or may be paid, if duly claimed. Benefits will not be paid unless you are under the regular care of a physician. Benefits will not be paid if you are eligible for payment under a prior disability plan sponsored by your employer that was terminated before the effective date of the policy. Benefits may be offset by other benefit income you receive due to the loss of income from disability.

**This policy provides limited benefits:** This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance, and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act. THIS POLICY IS NOT A MEDICARE SUPPLEMENT PLAN. The certificate has exclusions and limitations for certain conditions that may affect any benefits payable. For costs and complete details of the coverage, please see the actual policy or contact your benefits representative. Benefits payable are subject to all terms and conditions of the certificate. Policy contract form#: AXEBP15DI; MOEBP15DI and state variations. Availability is subject to state approvals.

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# Protection for you and your loved ones

## Life insurance benefit summary



### The importance of Life insurance

The right life insurance coverage can help protect your loved ones and help provide financial stability when they need it most. They can use the benefit to fund a child's education, pay off a mortgage or pay for everyday expenses.



48%

Watch this quick video to learn more

**Did you know?**



More than 1/3 of households would feel the financial impact in less than 6 months if the primary wage earner died!

Today, few have the coverage they need. And 48% of households (60 million) have an average life insurance coverage gap of

## \$200,000



### Supplemental Life/AD&D Benefit plan and features

**Class definition:** Class 1 – All Active Full Time Employees

| Life Benefit            | Employee                                                 | Spouse                                                   | Children                                                                 |
|-------------------------|----------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|
| Life Benefit Amount     | Increments of \$10,000                                   | Increments of \$5,000                                    | Live birth to 14 days: \$500<br>15 days to age 26: Increments of \$1,000 |
| Life Maximum Benefit    | The lesser of 5 times Basic Annual Earnings or \$500,000 | \$100,000, not to exceed 50% of employee coverage amount | \$10,000                                                                 |
| Guaranteed Issue Amount | \$100,000                                                | \$25,000                                                 | \$10,000                                                                 |
| Life Age Reduction      |                                                          |                                                          |                                                                          |

| Life Benefit                                                                                              | Employee                       | Spouse              | Children       |
|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|----------------|
| Age 65 but less than 70                                                                                   | 65%                            | Matches Employee    | None           |
| Age 70 or over                                                                                            | 50%                            | Matches Employee    | None           |
| <i>Any reduction pursuant to this provision will take place on the next Policyholder anniversary date</i> |                                |                     |                |
| Accelerated Death Benefit                                                                                 | 75% up to \$250,000            | 75% up to \$250,000 | Not Applicable |
| Waiver of Premium                                                                                         | Included                       | Included            | Included       |
| Portability                                                                                               | Included                       | Included            | Included       |
| Conversion                                                                                                | Included                       | Included            | Included       |
| Accidental Death & Dismemberment (AD&D) Benefit Amount                                                    | 100% of Life Insurance Benefit | Not Applicable      | Not Applicable |
| AD&D Maximum Benefit                                                                                      | Matches Life Insurance Maximum | Not Applicable      | Not Applicable |
| AD&D Age Reduction                                                                                        | Matches Life                   | Not Applicable      | Not Applicable |
| AD&D Features                                                                                             | Employee                       | Spouse              | Children       |
| Common Carrier Benefit                                                                                    | Included                       | Not Applicable      | Not Applicable |
| Rehabilitation/Physical Therapy Benefit                                                                   | Included                       | Not Applicable      | Not Applicable |
| Seatbelt and Airbag Benefits                                                                              | Included                       | Not Applicable      | Not Applicable |

## Understanding your benefits

### Commonly Used Terms

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Guarantee Issue Amount</b>    | This is the amount of insurance available without having to provide evidence of insurability (also known as proof of good health).                                                                                                                                                                                                                                                                            |
| <b>Accelerated Death Benefit</b> | Allows you access to a portion of your Life insurance while you are alive if you have a qualifying condition, such as a terminal illness, cognitive impairment, or the inability to perform two or more activities of daily living without assistance.                                                                                                                                                        |
| <b>Waiver of Premium</b>         | Provides for the continuation of insurance without premium payment if you become disabled (details around ages).                                                                                                                                                                                                                                                                                              |
| <b>Basic Annual Earnings</b>     | Means your regular rate of pay from your employer in effect on the date immediately prior to the date the covered loss occurs. It includes any deductions made for pre-tax contributions to a qualified deferred compensation plans, section 125 plan, or flexible spending account. It does not include commissions, bonuses, tips, tokens, overtime pay or any other fringe benefits or extra compensation. |
| <b>Portability</b>               | Allows you to take your group term Life insurance coverage with you if you leave your employer.                                                                                                                                                                                                                                                                                                               |
| <b>Conversion</b>                | Allows you convert your group term Life insurance coverage to an individual, whole life policy if your coverage is reduced or ends.                                                                                                                                                                                                                                                                           |

### Frequently Asked Questions

|                                        |                                                                                                                                                                                                                                                                    |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>When can I enroll for coverage?</b> | You can enroll when you are initially eligible, during any annual enrollment period, or within 31 days of a family status change. Evidence of insurability (also known as proof of good health) may be required. Please see your coverage certificate for details. |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>When can I change my amount of coverage?</b>                         | You can change your amount of coverage during any annual enrollment period or within 31 days of a family status change. Evidence of insurability (also known as proof of good health) may be required. Please see your coverage certificate for details.                                                                                                                                                                                                                                                                   |
| <b>Are my spouse and dependent children eligible for coverage?</b>      | Yes, your spouse, domestic partner, or civil union partner and your dependent children are eligible for coverage. Your dependent children are eligible for coverage up to the date on which they turn 26 years old.                                                                                                                                                                                                                                                                                                        |
| <b>Does the coverage decrease as I get older?</b>                       | Yes, the age reductions are shown in the "Benefit Plan & Features" section. The coverage on you and your spouse will reduce on the next Policyholder anniversary date following your attainment of the ages shown. The percentages referenced are what the coverage reduces to and are all based on the original amount of coverage. For example, if you are covered for \$50,000 and the coverage reduces to 65% at age 65, your coverage will reduce to \$32,500 on the policy anniversary following your 65th birthday. |
| <b>Is the accidental death benefit in addition to the life benefit?</b> | Yes, if the insured dies as a result of a covered accident, the beneficiary will receive both the life and accidental death benefits.                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Can I elect AD&amp;D insurance only?</b>                             | No, you must elect Life insurance in order to be eligible to elect AD&D insurance.                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>How do I port or convert my coverage?</b>                            | Contact your employer's HR department for the applicable portability and/or conversion forms. You can also call Equitable customer service at (866)274-9887 or access the forms at <a href="https://equitable.com/employee-benefits/customer-service/forms">https://equitable.com/employee-benefits/customer-service/forms</a>                                                                                                                                                                                             |
| <b>How much does the portability coverage cost?</b>                     | The rate for portability coverage is the same as the rate under your employer's plan.                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>How do I name a beneficiary?</b>                                     | Your employer will provide you with a form that will allow you to name primary and contingent beneficiaries.                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Can I change my beneficiary?</b>                                     | Yes, you just need to complete a new beneficiary form and be sure to provide a copy to your employer.                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>What happens if I die and didn't name a beneficiary?</b>             | The insurance proceeds may be paid out to a specific family member or your estate, check your insurance certificate for the language applicable to your plan.                                                                                                                                                                                                                                                                                                                                                              |

## Cost Summary

| Monthly Sample Costs – Employee Life |                 |          |          |          |          |          |          |          |            |            |
|--------------------------------------|-----------------|----------|----------|----------|----------|----------|----------|----------|------------|------------|
| Age                                  | Coverage Amount |          |          |          |          |          |          |          |            |            |
|                                      | \$10,000        | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000   | \$100,000  |
| Less than 25                         | \$0.82          | \$1.64   | \$2.46   | \$3.28   | \$4.10   | \$4.92   | \$5.74   | \$6.56   | \$7.38     | \$8.20     |
| 25-29                                | \$0.67          | \$1.34   | \$2.01   | \$2.68   | \$3.35   | \$4.02   | \$4.69   | \$5.36   | \$6.03     | \$6.70     |
| 30-34                                | \$0.80          | \$1.60   | \$2.40   | \$3.20   | \$4.00   | \$4.80   | \$5.60   | \$6.40   | \$7.20     | \$8.00     |
| 35-39                                | \$1.01          | \$2.02   | \$3.03   | \$4.04   | \$5.05   | \$6.06   | \$7.07   | \$8.08   | \$9.09     | \$10.10    |
| 40-44                                | \$1.50          | \$3.00   | \$4.50   | \$6.00   | \$7.50   | \$9.00   | \$10.50  | \$12.00  | \$13.50    | \$15.00    |
| 45-49                                | \$2.34          | \$4.68   | \$7.02   | \$9.36   | \$11.70  | \$14.04  | \$16.38  | \$18.72  | \$21.06    | \$23.40    |
| 50-54                                | \$3.61          | \$7.22   | \$10.83  | \$14.44  | \$18.05  | \$21.66  | \$25.27  | \$28.88  | \$32.49    | \$36.10    |
| 55-59                                | \$5.64          | \$11.28  | \$16.92  | \$22.56  | \$28.20  | \$33.84  | \$39.48  | \$45.12  | \$50.76    | \$56.40    |
| 60-64                                | \$8.10          | \$16.20  | \$24.30  | \$32.40  | \$40.50  | \$48.60  | \$56.70  | \$64.80  | \$72.90    | \$81.00    |
| 65-69                                | \$12.90         | \$25.80  | \$38.70  | \$51.60  | \$64.50  | \$77.40  | \$90.30  | \$103.20 | \$116.10   | \$129.00   |
| 70-74                                | \$24.59         | \$49.18  | \$73.77  | \$98.36  | \$122.95 | \$147.54 | \$172.13 | \$196.72 | \$221.31   | \$245.90   |
| 75-79                                | \$52.61         | \$105.22 | \$157.83 | \$210.44 | \$263.05 | \$315.66 | \$368.27 | \$420.88 | \$473.49   | \$526.10   |
| 80 and over                          | \$116.98        | \$233.96 | \$350.94 | \$467.92 | \$584.90 | \$701.88 | \$818.86 | \$935.84 | \$1,052.82 | \$1,169.80 |

This chart is a summary and does not include all the coverage options available.

## Monthly Sample Costs – Employee AD&D

| Age | Coverage Amount |          |          |          |          |          |          |          |          |           |
|-----|-----------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
|     | \$10,000        | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 |
| All | \$0.62          | \$1.24   | \$1.86   | \$2.48   | \$3.10   | \$3.72   | \$4.34   | \$4.96   | \$5.58   | \$6.20    |

This chart is a summary and does not include all the coverage options available.

## Monthly Sample Costs – Spouse Life

| Age          | Coverage Amount |          |          |          |          |          |          |          |          |          |
|--------------|-----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
|              | \$5,000         | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
| Less than 25 | \$0.41          | \$0.82   | \$1.23   | \$1.64   | \$2.05   | \$2.46   | \$2.87   | \$3.28   | \$3.69   | \$4.10   |
| 25-29        | \$0.34          | \$0.67   | \$1.01   | \$1.34   | \$1.68   | \$2.01   | \$2.35   | \$2.68   | \$3.02   | \$3.35   |
| 30-34        | \$0.40          | \$0.80   | \$1.20   | \$1.60   | \$2.00   | \$2.40   | \$2.80   | \$3.20   | \$3.60   | \$4.00   |
| 35-39        | \$0.51          | \$1.01   | \$1.52   | \$2.02   | \$2.53   | \$3.03   | \$3.54   | \$4.04   | \$4.55   | \$5.05   |
| 40-44        | \$0.75          | \$1.50   | \$2.25   | \$3.00   | \$3.75   | \$4.50   | \$5.25   | \$6.00   | \$6.75   | \$7.50   |
| 45-49        | \$1.17          | \$2.34   | \$3.51   | \$4.68   | \$5.85   | \$7.02   | \$8.19   | \$9.36   | \$10.53  | \$11.70  |
| 50-54        | \$1.81          | \$3.61   | \$5.42   | \$7.22   | \$9.03   | \$10.83  | \$12.64  | \$14.44  | \$16.25  | \$18.05  |
| 55-59        | \$2.82          | \$5.64   | \$8.46   | \$11.28  | \$14.10  | \$16.92  | \$19.74  | \$22.56  | \$25.38  | \$28.20  |
| 60-64        | \$4.05          | \$8.10   | \$12.15  | \$16.20  | \$20.25  | \$24.30  | \$28.35  | \$32.40  | \$36.45  | \$40.50  |
| 65-69        | \$6.45          | \$12.90  | \$19.35  | \$25.80  | \$32.25  | \$38.70  | \$45.15  | \$51.60  | \$58.05  | \$64.50  |
| 70-74        | \$12.30         | \$24.59  | \$36.89  | \$49.18  | \$61.48  | \$73.77  | \$86.07  | \$98.36  | \$110.66 | \$122.95 |
| 75-79        | \$26.31         | \$52.61  | \$78.92  | \$105.22 | \$131.53 | \$157.83 | \$184.14 | \$210.44 | \$236.75 | \$263.05 |
| 80 and over  | \$58.49         | \$116.98 | \$175.47 | \$233.96 | \$292.45 | \$350.94 | \$409.43 | \$467.92 | \$526.41 | \$584.90 |

This chart is a summary and does not include all the coverage options available.

## Monthly Sample Costs – Children Life

|        | Coverage Amount |         |         |         |         |         |         |         |         |          |
|--------|-----------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|
|        | \$1,000         | \$2,000 | \$3,000 | \$4,000 | \$5,000 | \$6,000 | \$7,000 | \$8,000 | \$9,000 | \$10,000 |
| \$0.10 | \$0.20          | \$0.30  | \$0.40  | \$0.51  | \$0.61  | \$0.71  | \$0.81  | \$0.91  | \$1.01  |          |

\*Regardless of the number of children covered.



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<sup>1</sup> 2022 Insurance Barometer Study, Life Happens and LIMRA.

<sup>2</sup> [limra.com/en/newsroom/news-releases/2021/industry-associations-unite-to-help-address-the-life-insurance-coverage-gap-in-the-united-states/](https://limra.com/en/newsroom/news-releases/2021/industry-associations-unite-to-help-address-the-life-insurance-coverage-gap-in-the-united-states/), accessed August 2022.

### Important Information

**Limitations and exclusions:** The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. If an Insured Person dies by suicide within two years from their coverage issue date, we will only pay the amount of premiums paid. AD&D Benefits may not be payable for injuries caused or contributed to by or incurred: physical or mental illness or disease or related medical treatment, infection not occurring as a direct result of accidental bodily injury, suicide or intentionally self-inflicted injury, war or act of war, while incarcerated, participating in a felony or illegal activity, intoxication, voluntary drug use unless administered by and used as instructed by a physician or for over-the-counter drugs in accordance with manufacturer's instructions, participation in certain activities involving an increased risk of injury as listed in the policy and certificate (ex: mountain climbing, sky diving).

**This policy provides limited benefits:** The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. For costs and complete details of the coverage, please see the actual policy or contact your benefits representative. Benefits payable are subject to all terms and conditions of the certificate. Plan documents are the final arbiter of coverage. Policy contract forms: ICC18 MOEBPLI; ICC18 AXEBPLI; MOEBP0618 LI; AXEBP0618 LI; and state variations.

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