

Employee Benefits Guide

Prepared By
BenManage

h2356780

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WELCOME

As an employee of our company, we're pleased to have you as part of our team and hope this guide helps you make the most of your benefits and career with us. We strive to provide exceptional care for our residents and are equally committed to helping you achieve excellence in your career with us.

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

Please note, participation in any of the benefits offered is entirely your choice. However, it is mandatory to complete a benefits enrollment session to learn about your available options. During your enrollment session, you may choose to enroll in or decline any of the offerings. If you decline coverage, you will not have another opportunity to enroll until the next annual open enrollment period, unless you experience a qualifying life event.

To make the process as easy as possible, we partner with a dedicated enrollment firm whose benefits counselors are available to help you understand how each plan works for you. During the month prior to your benefit eligibility, please contact the enrollment center at (540) 585-4148 between 9:00 a.m. and 6:00 p.m. Eastern Time. You can complete your enrollment session at that time if a counselor is available or schedule an appointment for a later date. It's that simple!

Again, welcome aboard—and best wishes for your continued success.

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ELIGIBILITY

Employees are eligible 1st of the month following 60 days of full time employment. Terminations due to end of employment are effective as of the last day of the month of the last month the employee worked. You can elect medical, dental, and vision coverage for your spouse and dependent/adult children up to 26 years old.

WHEN COVERAGE BEGINS AND ENDS

Your benefits become effective the 1st of the month following 60 days of hire provided you've submitted a completed enrollment with a benefit counselor within 30 days of your benefits effective date. Any applicable waiting periods or additional exceptions are covered under each benefit description.

Your coverage under the benefits plans will end on the last day of the last month you worked, the day you no longer meet the plan's eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

QUALIFYING EVENTS

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

These may include, but not limited to: Changes in employment status, legal marital status or number of dependents, dependent satisfies or ceases to satisfy eligibility requirement, a COBRA-qualifying event, Entitlement to Medicare or Medicaid or a change in the place of residence of the employee resulting in the current carrier not being available.

THINGS TO CONSIDER

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

Ask yourself the following questions

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

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

KEY TERMS TO REMEMBER



COINSURANCE

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

DEDUCTIBLE

Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

COPAY & COINSURANCE

A copay is a flat fee that you pay toward the cost of covered medical services. Coinsurance is a percentage that you pay for covered services while your insurance picks up the rest of the bill.

BALANCE BILLING

Provider bills for the difference between the provider's charge and the allowed amount. Do not agree to balanced billing and immediately reach out to APA for physician claims and ELAP for hospital claims if you receive a balanced bill.

PREAUTHORIZATION

A decision by your health plan that a service, plan, prescription drug or durable medical equipment is medically necessary and if it will be approved to be paid. Your physician should request the preauthorization for you.

PLAN YEAR

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

GUARANTEES-ISSUE

Guaranteed-issue coverage is offered during your initial enrollment in a plan either when the plan is started or when you are a new hire. You automatically qualify for the guaranteed-issue amount without having to answer any health question, go through underwriting, or submit a physical.

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



Deductibles:

All benefits and amounts shown are after your deductible has been met unless otherwise noted. You must pay all of the costs from providers up to the deductible amount before your plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Plan Details	HVA 8M MEC	HVA 9M HEALTHY PLAN	HVA 7E - 7F HSA GOLD
Medical Deductible Individual / Family	\$0/\$0	\$0/\$0	\$3,400/\$6,000
Max Out-of-Pocket Individual / Family	\$1,850/\$3,700	\$7,350/\$14,700	EE Only: \$6,900 \$8,150 / \$13,800
Doctor's Office Visit			
Primary care visit	\$15 copay*	\$25 copay* Limit 8 per plan year	30% coinsurance
Specialist visit	\$15 copay*	\$50 copay* Limit 8 per plan year	30% coinsurance
Preventive care/screening/ immunization	No charge	No charge*	No charge*
Imaging and Testing			
Diagnostic test (x-ray, blood work)	\$50 copay*	\$50 copay* Limit 3 per plan year	30% coinsurance
Imaging (CT/PET scans, MRIs)	Not Covered	\$350 copay* Limit 1 per plan year	30% coinsurance
Immediate Medical Attention			
Emergency Room	Not Covered	\$350 copay* Limit 1 per plan year	30% coinsurance
Urgent Care	\$50 copay*	\$50 copay* Limit 2 per plan year	30% coinsurance
Emergency Transportation	Not Covered	\$250 copay* Limit 1 per plan year	30% coinsurance
Prescriptions 30 day retail / 90 day mail order			
Prescription Deductible	No Deductible	No Deductible	Medical Deductible
Generic Drugs	\$0 for Preventive Retail: \$15 Copay	\$0 for Preventive Retail: 20% coinsurance	\$10 / \$25
Preferred Brand	Not Covered	20% coinsurance	35% coinsurance
Non-Preferred Brand	Not Covered	Not Covered	50% coinsurance
Specialty Drugs	Not Covered	Not Covered	Not Covered All Specialty Drugs are Excluded: Contact Payer Matrix for assistance at 1-877-305-6202 9am - 8pm EST M-F

Prescription cost limitation of \$2,000 per drug/per fill applies. Member responsible for all cost above benefit limit.

* Deductible does not apply

Plan Details	HVA 8M MEC	HVA 9M HEALTHY PLAN	HVA 7E - 7F HSA GOLD
Outpatient Surgery			
Facility Fee <small>e.g., ambulatory surgery center)</small>	Not Covered	\$350 copay* Limit 1 per plan year	30% coinsurance
Physician/Surgeon Fees	Not Covered		30% coinsurance
Hospital Stay			
Facility fee <small>(e.g., hospital room)</small>	Not Covered	\$350 copay* Limit 5 per plan year	30% coinsurance
Physician/surgeon fees	Not Covered		30% coinsurance
Mental Health, Behavioral Health, or Substance Abuse			
Outpatient Services	Not Covered	\$25 copay* Limit 5 per plan year	30% coinsurance
Inpatient Services	Not Covered	\$250 copay* Limit 5 per plan year	30% coinsurance
Pregnancy			
Office visits	\$15 copay*	Not Covered	30% coinsurance
Childbirth/delivery professional services	Not Covered	Not Covered	30% coinsurance
Childbirth/delivery facility services	Not Covered	Not Covered	30% coinsurance
Rehabilitation and Hospice Care			
Home health care	Not Covered	\$25 copay*	30% coinsurance
Rehabilitation services	Not Covered	Not Covered	30% coinsurance
Habilitation services	Not Covered	Not Covered	30% coinsurance
Skilled nursing care	Not Covered	Not Covered	30% coinsurance
Durable medical equipment	Not Covered	Not Covered	30% coinsurance
Hospice services	Not Covered	Not Covered	30% coinsurance
Preauthorization			

For some benefits, preauthorization is required. If you don't get preauthorization, those services will not be covered. Refer to your plan documents and speak to your provider to make sure preauthorization is handled before a procedure that requires it is conducted.



Deductibles:

All benefits and amounts shown are after your deductible has been met unless otherwise noted. You must pay all of the costs from providers up to the deductible amount before your plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Plan Details	HVA 5A - HSA PLAN	HVA 10 EPO \$6000	HVA 6A ADVANTAGE
Medical Deductible Individual / Family	\$5,500/\$11,000	\$6,000/\$12,000	\$6,550/\$13,100
Max Out-of-Pocket Individual / Family	\$7,050/\$14,100	\$7,600/\$15,200	\$8,150/\$16,300
Doctor's Office Visit			
Primary care visit	20% coinsurance	\$25 copay*	\$35 copay*
Specialist visit	20% coinsurance	No charge	\$50 copay*
Preventive care/screening/ immunization	No charge*	No charge*	No charge*
Imaging and Testing			
Diagnostic test (x-ray, blood work)	20% coinsurance	10% coinsurance *	Lab Office-\$25*/ Radiology-\$50* Lab facility-\$50*/ Radiology-\$100*
Imaging (CT/PET scans, MRIs)	20% coinsurance	No charge	Office-\$100 copay* Facility-\$200 copay*
Immediate Medical Attention			
Emergency Room	20% coinsurance	10% co insurance	\$500 copay*
Urgent Care	20% coinsurance	\$85 copay/visit	\$50 copay*
Emergency Transportation	30% coinsurance	10% co insurance	No Charge
Prescriptions			
Prescription Deductible	Medical Deductible	Medical Deductible	No Deductible
Generic Drugs	20% coinsurance	\$10 / \$20*	\$10 / \$25
Preferred Brand	20% coinsurance	\$55 / \$110	\$30-\$65 / \$65-\$125
Non-Preferred Brand	20% coinsurance	\$110 / \$220	\$45-\$85 / \$90-\$160
Specialty Drugs	Not Covered All Specialty Drugs are Excluded: Contact Payer Matrix for assistance at 1-877-305-6202 9am - 8pm EST M-F		

Prescription cost limitation of \$2,000 per drug/per fill applies. Member responsible for all cost above benefit limit.

* Deductible does not apply

Plan Details	HVA 5A - HSA PLAN	HVA 10 EPO \$6000	HVA 6A ADVANTAGE
Outpatient Surgery			
Facility Fee <small>e.g., ambulatory surgery center)</small>	20% coinsurance	No Charge	No Charge
Physician/Surgeon Fees	20% coinsurance	No Charge	No Charge
Hospital Stay			
Facility fee <small>(e.g., hospital room)</small>	20% coinsurance	No Charge	No Charge
Physician/surgeon fees	20% coinsurance	No Charge	No Charge
Mental Health, Behavioral Health, or Substance Abuse			
Outpatient Services	20% coinsurance	\$25 copay	\$35 copay*
Inpatient Services	20% coinsurance	No Charge	No Charge
Pregnancy			
Office visits	20% coinsurance	No Charge*	No Charge
Childbirth/delivery professional services	20% coinsurance	No Charge	No Charge
Childbirth/delivery facility services	20% coinsurance	No Charge	No Charge
Rehabilitation and Hospice Care			
Home health care	20% coinsurance	No Charge	No Charge
Rehabilitation services	20% coinsurance	Visits 1-30:\$25 copay 31-60: No Charge	Visits 1-30:\$25 copay* 31-60: \$50 copay*
Habilitation services	20% coinsurance	Visits 1-30:\$25 copay 31-60: No Charge	Visits 1-30:\$25 copay* 31-60: \$50 copay*
Skilled nursing care	20% coinsurance	No Charge	No Charge
Durable medical equipment	20% coinsurance	10% coinsurance	No Charge
Hospice services	20% coinsurance	No Charge	No Charge
Preauthorization			

For some benefits, preauthorization is required. If you don't get preauthorization, those services will not be covered. Refer to your plan documents and speak to your provider to make sure preauthorization is handled before a procedure that requires it is conducted.

Your GuidanceResources® Employee Assistance Program (EAP)

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small

Services

Confidential Emotional Support

3 face-to-face or virtual sessions per person, per issue, per year

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

Online Will Preparation

- Quickly and easily complete a will on your computer with EstateGuidance®
- Specify guardians, trustees and property division
- Provide funeral and burial instructions

Wellness Support

Flexible 3-5 coaching session model

- Make positive lifestyle changes with health coaching
- Improve your nutrition, exercise habits, weight loss efforts
- Get help with smoking cessation, back care, resiliency & more.

Life is challenging.
We can help

**Confidential
24/7 Support.**

24/7 Live Assistance:

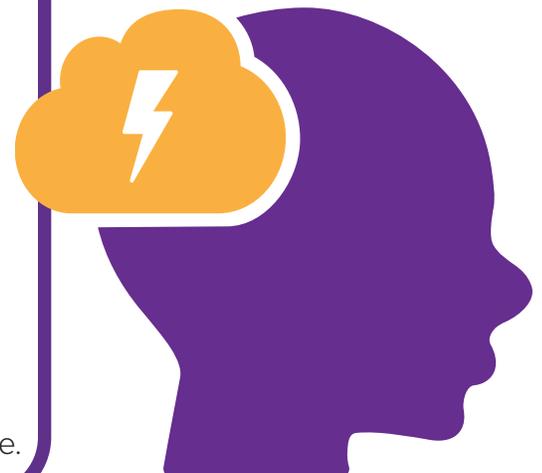
Call: (855) 239.0743

TRS: Dial 711

Online: guidanceresources.com

App: GuidanceNowSM

Web ID: Guardian



Dental Benefits			
	Low	Medium	High
Deductible: excludes orthodontia services Individual / Family	\$50 / \$150	\$50 / \$150	\$25 / \$75
Annual Maximum Benefit (Basic & Major only) Per Person	\$1,000	\$1,250	\$1,500
In-Network			
Diagnostic/Preventative Services (Deductible waived)	100%	100%	100%
Basic Services (Fillings, Extractions, etc)	50%	80%	80%
Major Services (Crowns, Bridges, Periodontal etc)	50%	50%	50%
Out-of-Network			
Diagnostic/Preventative Services (Deductible waived)	100%	100%	80%
Basic Services (Fillings, Extractions, etc)	50%	80%	70%
Major Services (Crowns, Bridges, Periodontal etc)	50%	50%	40%
Orthodontia			
Child up to age 19	Not Covered	50%	Not Covered
Orthodontia lifetime max	Not Covered	\$1000	Not Covered

Vision Benefits		
	In Network	Out of Network
Vision exam (one per 12 months)	\$10	Amount over \$39
Frames (one per 12 months)	\$150 Allowance, 20% discount on amount over \$150	Amount over \$46
Lenses (one per 12 months)	\$20 Copay	Single Vision - Amount over \$23 Lined Bifocal - Amount over \$37 Lined Trifocal - Amount over \$49
Contacts In lieu of lenses and frames (one per 12 months)		
Contact Lenses (medically necessary)	\$0	Amount over \$210

Register your account with Guardian to help stay in-network and save money.



1. Go to guardianlife.com and click "Log in"
2. Choose "Register Now" and select "Guardian Anytime"
3. Select "employee" for yourself or "child, spouse, or partner" for your dependents
4. Complete the registration process, click "Submit" & you're done.

1-888-Guardian (1-888-482-7342) | www.GuardianAnytime.com

Health Savings Accounts (HSA)

A Health Savings Account (HSA) is an easy way to pay for medical, dental & vision expenses that you have today and save for expenses you may have in the future. All contributions are tax-free and can be adjusted as needed through out the year.

Individuals may contribute up to \$4,300 per year. Families may contribute up to \$8,550 per year. Employees 55 and older may contribute an additional \$1,000 per year

Are You Eligible?

The HSA is not for everyone. You're eligible only if you are:

1. Enroll in an HSA Plan.
2. Not enrolled in non-HDHP medical coverage, including Medicare, Medicaid, Tricare, a spouse's or parent's plan.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account.

Four reasons to love an HSA?

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare, dental & vision expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but without penalties.

Healthcare Flexible Spending Accounts (FSA)

A healthcare FSA allows you to set aside up to \$3,400 tax-free to pay for healthcare expenses you expect to have over the current plan year. Your contributions are fixed for the year (unless you have a qualifying event), the benefit must be re-elected each year, and any leftover balance in your account is forfeited at the end of the year or if you leave your current employer.

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. If you or your spouse are enrolled in a high deductible health plan, you would not be eligible for an FSA:

Check flexfacts.com/eligible-expenses for a list of eligible HSA & FSA expenses.



Whole life insurance is a permanent life plan that provides coverage throughout your entire life. The premiums are determined by your age when you start the plan and will not increase unless you decide to increase your coverage in the future.

Whole Life Coverage	
Maximum Benefit Amount	
Employee	\$150,000
Spouse	\$25,000
Dependent Children	\$25,000
Guaranteed-Issue	
Employee	\$150,000
Spouse	\$25,000
Dependent Children*	\$10,000



* \$10,000 Child Term Rider is offered on a guaranteed issue basis.

Guaranteed-Issue

Guaranteed-issue coverage is offered during your initial enrollment in a plan either when the plan is started or when you are a new hire. You automatically qualify for the guaranteed-issue amount without having to answer any health question, go through underwriting, or submit a physical.

Portability

You may have an option to continue your coverage when eligibility or employment ends.

Conversion

If your plan would be terminated, you can instead convert it into an individual policy.

Waiver of Premium

This benefit waives the entire premium amount for employee coverage after the insured has been totally disabled due to bodily injury or disease for four consecutive months and continues throughout the duration of the disability.

GROUP Accident



Introducing added protection for life's unexpected moments. If you're like most people, you don't budget for life's unexpected moments. But at some point, you may make an unexpected trip to your local emergency room. And that could add a set of unexpected bills into the mix. That's the benefit of the Aflac group Accident Advantage Plus plan. In the event of a covered accident, the plan pays cash benefits fast to help with the costs associated with out-of-pocket expenses and bills—expenses major medical may not take care of, including:

- Ambulance Rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts



Benefit Amounts*		
Hospital Benefits	Low	High
Hospital Admission Max 1 per year	\$750	\$1,000
Hospital Confinement 365 days max per accident	\$225	\$300
Hospital ICU Confinement (per day) 30 days Maximum per accident	\$450	\$600
ER or Urgent Care Treatment	\$175	\$225
Doctor's Office	\$100	\$100
Accidents and Injuries		
Burns	\$10,000	\$15,000
Dislocation	\$4,000	\$5,000
Paralysis	\$7,500	\$10,000
Laceration	\$300	\$400
Major Diagnostic Testing	\$150	\$200
Pain Management	\$75	\$100
Blood/Plasma/Platelets	\$200	\$200
Concussion	\$350	\$500
Coma	\$5,000	\$ 7,500
Emergency Dental Work	\$120	\$200
Eye Injuries	\$175	\$250
Outpatient Surgery	\$300	\$400
Inpatient Surgery	\$750	\$1,000
Transportation		
Ambulance - Air	\$300	\$400
Ambulance - Ground or Water	\$900	\$1,200
Transportation	\$350	\$500

Benefit Amounts*			
Treatment and Follow-Up Care			
Accident Follow-Up Doctor Visit Maximum 6	\$35	\$50	
Rehabilitation Unit (per day)	\$75	\$100	
Therapy	\$35	\$50	
Chiropractic or Alternative Therapy	\$10	\$10	
Prosthesis	\$1,000	\$1,500	
Prosthesis Repair/Replacement	\$1,000	\$1,500	
Residence/Vehicle Modification	\$1,000	\$1,500	
Appliances	\$50	\$100	
Lodging for Family 30 days per accident within 100 miles	\$150	\$200	
Accidental Death & Dismemberment			
Accidental Death	Employee	\$50,000	\$50,000
	Spouse	\$25,000	\$25,000
	Child	\$5,000	\$5,000
Accidental Death Common Carrier	Employee	\$100,000	\$100,000
	Spouse	\$50,000	\$50,000
	Child	\$15,000	\$15,000
Accidental Dismemberment	Employee	\$15,000	\$20,000
	Spouse	\$6,000	\$8,000
	Child	\$3,000	\$4,000

* Benefit dollar amounts shown are maximum amounts payable. Amount paid may vary based on severity of injury. Benefits subject to limitations on a per accident basis. See plan design for more details.

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

Plan Benefits

Guaranteed Issue:	Employee	\$40,000
	Spouse	\$20,000

Basic Benefits

Heart Attack	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	100%
Major Organ Transplant	100%
Bone Marrow Transplant	100%
Kidney Failure	100%
Stroke (Ischemic or Hemorrhagic)	100%
Type I Diabetes	100%

Cancer Benefits

Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer per calendar year	\$1,000
Metastatic Cancer	25%

Health Screening Benefits

Health Screening	\$50
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Health Screening Benefit

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

See Master Policy for the full list of covered health screening tests.

Initial Diagnosis

An insured may receive up to 100% of their face amount upon the diagnosis of a covered critical illness.

Additional Diagnosis

Once benefits have been paid for a covered critical illness, Aflac will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence

Once benefits have been paid for a covered illness, benefits are payable for that same illness when the date of diagnosis is separated by at least 6 consecutive months.

Waiver of Premium

After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate.

Guaranteed Issue

The first time this benefit is available to you, you may elect the guaranteed amount without worry of being denied due to health status or underwriting.



HOSPITAL INDEMNITY Insurance



Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement and medical procedures and/or visits, which mean costly out-of-pocket expenses.

Hospital Indemnity Benefits	Low	High
Hospital Admission (per confinement) Once per covered sickness or accident per calendar year	\$1,000	\$2,000
Hospital Confinement (per day) 31 days per covered sickness or covered accident	\$150	\$200
Hospital Intensive Care (per day) 10 days per covered sickness or covered accident	\$150	\$200
Intermediate Intensive Care Step-Down Unit (per day) 10 days per covered sickness or covered accident	\$75	\$100

Hospital Admission

The benefit is paid when a Covered Person is admitted to a hospital and confined as a resident bed patient because of Injuries received in a Covered Accident or because of a Covered Sickness. In order to receive this benefit for Injuries received in a Covered Accident, the Covered Person must be admitted to a hospital within six months of the date of the Covered Accident.

Hospital Confinement

This benefit is paid when a covered person is confined to a hospital as a resident bed patient because of a covered sickness or as the result of injuries received in a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be confined to a hospital within six months of the date of the covered accident.

Hospital Intensive Care

This benefit is paid when a covered person is confined in a hospital intensive care unit because of a covered sickness or due to an injury received from a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be admitted to a hospital intensive care unit within six months of the date of the covered accident.

Intermediate Intensive Care Step-Down Unit

Payable for each day that an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury or because of a covered sickness. This benefit is payable in addition to the Hospital Confinement Benefit.



The Aflac Group Disability Advantage Insurance Plan provides for payment of a monthly disability benefit when a covered employee is disabled and unable to work due to an injury or sickness. Benefit payments begin after the 14 day elimination period is satisfied and continue during disability, up to the disability benefit period.

Why enroll in Group Disability Advantage Insurance? Group Disability Advantage is like insurance for your paycheck. The plan insures a portion of your monthly salary in the event you become disabled and are unable to work due to injury or sickness.

Short Term Disability Benefits	
Disability Monthly Benefit	\$300 - \$4,000 Up to 60% of base annual pay
Benefit Period	3 or 6 Months
Elimination Period	Injury 0 days / Sickness 7 days
Partial Disability Benefit	50% of Total Disability Benefit
Pre-Existing Conditions	None



Total Disability

This convenient, affordable disability income plan will help provide needed income if you become Totally Disabled and are unable to work due to a covered injury or illness. Total disability benefits will be payable monthly once the elimination period has been satisfied

Partial Disability

The Partial Disability Benefit helps you transition back into full-time work after suffering a disability. If you remain partially disabled and are only able to work earning less than 80 percent of your pre-disability income at any job, this plan will still pay you 50 percent of your selected monthly benefit for up to the maximum partial disability benefit period of 3 months after the elimination period. You do not have to have received the Total Disability benefit to receive the Partial Disability benefit.

Benefit Period

Your benefits last until you are able to return to work up to 3 or 6 months depending on which option you elect. Your benefit period starts the day after your elimination period ends.

Elimination Period

Period of time you must wait before you can start taking advantage of your disability benefit. If you become disabled, benefits begin immediately following your elimination period. This plan has separate elimination periods for injury and sickness.

Portability

You may have an option to continue your coverage when eligibility or employment ends. Coverage will end on the date the group plan is terminated.

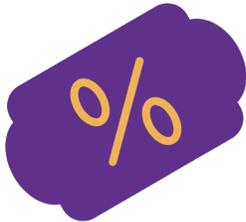
A Benefit That Will Save You Money!

Sign up for the BenefitHub Employee Perk Program

You now have exclusive access to amazing discounts and Cash Back offers on thousands of the brands you love.

Save Big, Every Day.

Take advantage of savings in a variety of categories including:



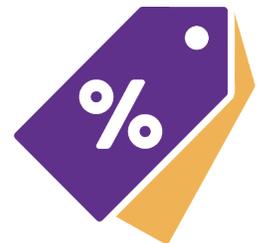
- Travel
- Auto
- Electronics
- Apparel
- Education
- Entertainment
- Restaurants
- Health & Wellness
- Beauty & Spa
- Sports & Outdoors



Keep More Of What You Earn.

The average employee can save **\$4,900*** a year.

Maybe you can beat that.



Take advantage of savings in a variety of categories including:



It's easy to sign up and save.

Log in at: myworkperks.benefithub.com

Need to Register?

1. Go to: myworkperks.benefithub.com
2. Enter your name and any email address
3. Start saving today

Questions?

Call Us: 1-866-664-4621

Or email: customercare@benefithub.com

* Based on a normal household annual expenditure of \$26,680 on health, finance, and consumer purchases.

For assistance understanding and enrolling your benefits, reach the enrollment call center at **(540) 585-4148** Monday-Friday 9am-6pm ET

Below is contact information for each of the carriers of the specific benefits available to you for when you need to make a claim or have questions relating to a specific condition, coverage, or loss.

Carrier Contact Information			
Medical	Leading Edge Administrators	mesa.leadingedgeadmin.com	(877) 899-2560
Pharmacy Member Services	Carelonrx	carelonrx.com/	(833) 271-2374
Employee Assistance Program	ComPsych	guidanceresources.com	(855) 239.0743
Health Savings Account (HSA) & Flexible Spending Account (FSA)	Flexfacts	flexfacts.com	(877) 943-2287
Dental	Guardian	GuardianAnytime.com	(888) 482-7342
Vision	Guardian	GuardianAnytime.com	(888) 482-7342
Whole Life Insurance	Aflac	aflacgroupinsurance.com	(800) 992-3522
Accident	Aflac	aflacgroupinsurance.com	(800) 433-3036
Critical Illness	Aflac	aflacgroupinsurance.com	(800) 433-3036
Hospital Indemnity	Aflac	aflacgroupinsurance.com	(800) 433-3036
Short Term Disability	Aflac	aflacgroupinsurance.com	(800) 433-3036
Employee Perks Program	BenefitHub	customercare@benefithub.com	(866) 664-4621