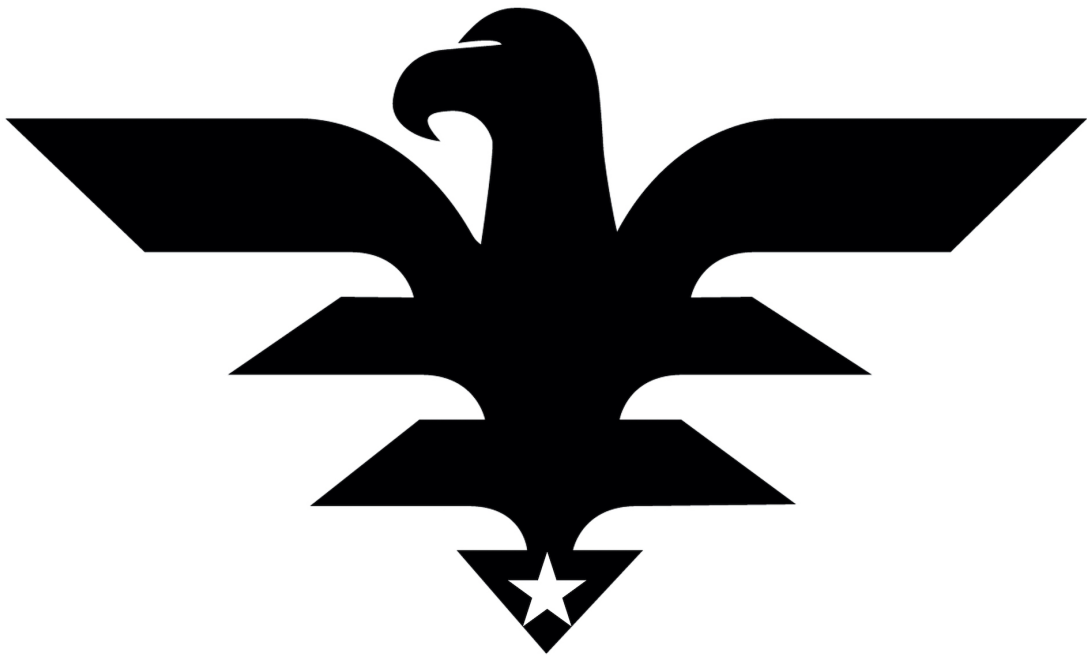


CADRE BENEFITS

2025



CADRE

www.cadre.us

UHC ChoicePlus 500 [Cadre Consulting]

Close plan details

Effective dates
Jan 1, 2025 – Dec 31, 2025

New hire waiting period
No waiting period

Termination policy
Last day of the month, on or after termination

Company contribution to monthly premium
50% of plan for employees
50% of plan for dependents

Monthly costs per employee

This plan uses a composite rate meaning each employee will cost the same. Costs are based on potential enrollment scenarios and are intended to help you evaluate the accuracy of Gusto’s implementation. The cost per pay period will depend on your payroll cycle.

Coverage	Premium	Company contribution	Employee deduction
Employee only	\$469.12	\$234.56	\$234.56
Employee and spouse	\$946.66	\$473.33	\$473.33
Employee and children	\$859.82	\$429.91	\$429.91
Employee and family	\$1,337.35	\$668.68	\$668.67

Medical

UnitedHealthcare

UHC ChoicePlus 1650 [Cadre Consulting]

Close plan details

Effective dates

Jan 1, 2025 – Dec 31, 2025

New hire waiting period

No waiting period

Termination policy

Last day of the month, on or after termination

Company contribution to monthly premium

50% of plan for employees

50% of plan for dependents

Monthly costs per employee

This plan uses a composite rate meaning each employee will cost the same. Costs are based on potential enrollment scenarios and are intended to help you evaluate the accuracy of Gusto’s implementation. The cost per pay period will depend on your payroll cycle.

Coverage	Premium	Company contribution	Employee deduction
Employee only	\$493.33	\$246.66	\$246.67
Employee and spouse	\$884.10	\$442.04	\$442.06
Employee and children	\$803.24	\$401.62	\$401.62
Employee and family	\$1,248.01	\$624.00	\$624.01

Dental

Unum

Dental [Cadre Consulting]

Close plan details

Effective dates

Jan 1, 2025 – Dec 31, 2025

New hire waiting period

No waiting period

Termination policy

Last day of the month, on or after termination

Company contribution to monthly premium

50% of plan for employees

50% of plan for dependents

Monthly costs per employee

This plan uses a composite rate meaning each employee will cost the same. Costs are based on potential enrollment scenarios and are intended to help you evaluate the accuracy of Gusto’s implementation. The cost per pay period will depend on your payroll cycle.

Coverage	Premium	Company contribution	Employee deduction
Employee only	\$41.20	\$20.60	\$20.60
Employee and spouse	\$81.50	\$40.75	\$40.75
Employee and children	\$108.31	\$54.16	\$54.15
Employee and family	\$161.06	\$80.53	\$80.53

Vision

Unum

Vision [Cadre Consulting]

Close plan details

Effective dates

Jan 1, 2025 – Dec 31, 2025

New hire waiting period

No waiting period

Termination policy

Last day of the month, on or after termination

Company contribution to monthly premium

50% of plan for employees

50% of plan for dependents









Monthly costs per employee

This plan uses a composite rate meaning each employee will cost the same. Costs are based on potential enrollment scenarios and are intended to help you evaluate the accuracy of Gusto’s implementation. The cost per pay period will depend on your payroll cycle.

Coverage	Premium	Company contribution	Employee deduction
Employee only	\$8.42	\$4.21	\$4.21
Employee and spouse	\$16.83	\$8.41	\$8.42
Employee and children	\$18.99	\$9.49	\$9.50
Employee and family	\$29.62	\$14.81	\$14.81

Choice Plus plan details, all in one place.

Use this benefit summary to learn more about this plan's benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what's included in the plan		Choice Plus
	Network coverage only You can usually save money when you receive care for covered health care services from network providers.	<input type="checkbox"/>
	Network and out-of-network benefits You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.	<input checked="" type="checkbox"/>
	Primary care physician (PCP) required With this plan, you need to select a PCP — the doctor who plays a key role in helping manage your care. Each enrolled person on your plan will need to choose a PCP.	<input type="checkbox"/>
	Referrals required You'll need referrals from your PCP before seeing a specialist or getting certain health care services.	<input type="checkbox"/>
	Preventive care covered at 100% There is no additional cost to you for seeing a network provider for preventive care.	<input checked="" type="checkbox"/>
	Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.	<input checked="" type="checkbox"/>
	Tier 1 providers Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.	<input type="checkbox"/>
	Freestanding centers You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.	<input type="checkbox"/>
	Health savings account (HSA) With an HSA, you've got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses.	<input checked="" type="checkbox"/>

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Summary Plan Description (SPD), that document governs. Review your SPD for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Choice Plus works.

Medical Benefits

	In Network	Out-of-Network
Annual Medical Deductible		
Single Coverage	\$1,650	\$3,300
Family Coverage	\$3,300	\$6,600

No one in the family is eligible for benefits until the family coverage deductible is met.

*After the Annual Medical Deductible has been met.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

Annual Out-of-Pocket Limit		
Single Coverage	\$3,300	\$6,600
Family Coverage	\$6,600	\$13,200

If more than one person in a family is covered under the Policy, the single coverage out-of-pocket limit does not apply.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Network	Out-of-Network
Preventive Care Services		
Preventive Care Services	No copay	50% *
Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.		
Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings.		
Office Services - Sickness & Injury		
Primary Care Physician	20% *	50% *
Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.		
Telehealth is covered at the same cost share as in the office.		
Specialist	20% *	50% *
Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.		
Telehealth is covered at the same cost share as in the office.		

*After the Annual Medical Deductible has been met.

*Prior Authorization may be Required. Refer to SPD.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Urgent Care Center Services

20% *

50% *

Additional copays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery and lab work.

Virtual Care Services

No copay *

Not covered

Network Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.

Emergency Care

Ambulance Services - Emergency Ambulance

Air Ambulance

20% *

20% *

Ground Ambulance

20% *

20% *

Ambulance Services - Non-Emergency Ambulance¹

Air Ambulance

20% *

20% *

Ground Ambulance

20% *

50% *

Dental Services - Accident Only

20% *

50% *

Emergency services by an Out-of-Network provider will be considered at the Network benefit Level.

Emergency Health Care Services - Outpatient¹

20% *

20% *

Notification is required if it results in confinement to an Out-of-Network Hospital.

Inpatient Care

Habilitative Services - Inpatient

The amount you pay is based on where the covered health care service is provided.

Hospital - Inpatient Stay¹

20% *

50% *

Skilled Nursing Facility/Inpatient Rehabilitation Facility Services¹

20% *

50% *

Limited to 60 days per year.

Outpatient Care

Acupuncture Services

20% *

50% *

Limited to 10 treatments per year.

*After the Annual Medical Deductible has been met.

¹Prior Authorization may be Required. Refer to SPD.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	Network	Out-of-Network
Habilitative Services - Outpatient		
Manipulative treatment services	20% *	50% *
Other habilitative services	20% *	50% *
<i>Limits will be the same as, and combined with those stated under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment.</i>		
Home Health Care ¹	20% *	50% *
<i>Limited to 30 visits per year.</i>		
<i>One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.</i>		
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing ¹	No copay *	50% *
<i>Limited to 18 Definitive Drug Tests per year.</i>		
<i>Limited to 18 Presumptive Drug Tests per year.</i>		
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing ¹	No copay *	50% *
Major Diagnostic and Imaging - Outpatient ¹	20% *	50% *
Physician Fees for Surgical and Medical Services	20% *	50% *
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment		
Manipulative treatment services	20% *	50% *
Other rehabilitation services	20% *	50% *
<i>Limited to 20 visits of Manipulative Treatments per year.</i>		
<i>Limited to 30 combined visits of physical therapy, occupational therapy, speech therapy, cardiac therapy, post cochlear therapy, cognitive therapy and pulmonary therapy per year.</i>		
<i>Limits are combined with Habilitative Services - Outpatient.</i>		
Surgery - Outpatient ¹	20% *	50% *
Therapeutic Treatments - Outpatient ¹	20% *	50% *
<i>Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.</i>		
Supplies and Services		
Diabetes Self-Management Items ¹	The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.	
Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care ¹	The amount you pay is based on where the covered health care service is provided.	
Durable Medical Equipment (DME), Orthotics and Supplies ¹	20% *	50% *

*After the Annual Medical Deductible has been met.

¹Prior Authorization may be Required. Refer to SPD.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Network	Out-of-Network
Enteral Nutrition	20% *	50% *
Hearing Aids	20% *	50% *
<i>Limited to \$5,000 every 36 months ages 18 and over.</i>		
<i>Limited to 1 Bone Anchored Hearing Aid per lifetime.</i>		
<i>Limited to 1 hearing aid per ear every 36 months under the age of 18.</i>		
<i>Limited to a single purchase per hearing impaired ear every 36 months.</i>		
Ostomy Supplies	20% *	50% *
Pharmaceutical Products - Outpatient	20% *	50% *
<i>Depending on the pharmaceutical product prior authorization may be required.</i>		
<i>This includes medications given at a doctor's office, or in a covered person's home.</i>		
Prosthetic Devices ¹	20% *	50% *
Pregnancy		
Pregnancy - Maternity Services ¹	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.	
Mental Health Care & Substance Related and Addictive Disorder Services		
Inpatient	20% *	50% *
Outpatient	20% *	50% *
Partial Hospitalization	20% *	50% *
<i>Limited to 60 days combined for residential treatment facility and skilled nursing facility per year.</i>		
Other Services		
Cellular and Gene Therapy	The amount you pay is based on where the covered health care service is provided.	
<i>For Network Benefits, Cellular or Gene Therapy services must be received from a Designated Provider.</i>		
Clinical Trials ¹	The amount you pay is based on where the covered health care service is provided.	
Gender Dysphoria ¹	The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.	
Hospice Care ¹	20% *	50% *
Reconstructive Procedures ¹	The amount you pay is based on where the covered health care service is provided.	
Transplantation Services	20% *	Not covered
<i>Coverage is only available when services are performed at a Centers of Excellence facility, except for cornea transplants.</i>		

*After the Annual Medical Deductible has been met.

¹Prior Authorization may be Required. Refer to SPD.

Pharmacy Benefits

Pharmacy Plan Details	
Pharmacy Network	Broad
Prescription Drug List	Advantage
In Network	
Annual Pharmacy Deductible	
Individual	See the Annual Medical Deductible section
Family	See the Annual Medical Deductible section
Annual Deductible - Network and Out-of-Network	
The Pharmacy Deductible is the amount you pay for pharmacy expenses per year before you begin to receive Pharmacy Benefits.	

Prescription Drug Product Tier Level	Up to a 31-day supply		Up to a 90-day supply
	In-Network Retail Pharmacy***	Out-of-Network Retail Pharmacy	In-Network Mail Order Pharmacy**
Tier 1 \$	20%*	20%*	20%*
Tier 2 \$\$	20%*	20%*	20%*
Tier 3 \$\$\$	20%*	20%*	20%*
Tier 4 \$\$\$\$	20%*	20%*	20%*
Specialty Prescription Drug Product Tier Level	In-Network Specialty Pharmacy	Out-of-Network Specialty Pharmacy	Specialty Mail Order**
Tier 1 \$	20%*	20%*	Not applicable
Tier 2 \$\$	20%*	20%*	Not applicable
Tier 3 \$\$\$	20%*	20%*	Not applicable
Tier 4 \$\$\$\$	20%*	20%*	Not applicable

** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

***Retail: up to a 90 day supply. You will be charged a retail Copayment and/or Coinsurance for 31 days, 2 times for 60 days, or 3 times for 90 days based on the number of days supply dispensed for any Prescription Order or Refills obtained at a retail pharmacy.

Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2, Tier 3 or Tier 4.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

Here's an example of how the plan's costs come into play.

1 At the start of your plan year...

You're responsible for paying 100% of your covered health services until you reach your **deductible**, which is the amount you pay before your health plan pays a portion.

YOU PAY 100%

2 Once you reach your deductible...

Your health plan starts to share a percentage of costs (the allowed amounts, excluding copays) for covered health care services with you—this is your **coinsurance**.*

YOU PAY 20%*

YOUR PLAN PAYS 80%

3 When you reach your out-of-pocket limit...

Your plan covers your costs (the allowed amount) at 100%. Your **out-of-pocket limit** is the most you'll pay for covered health services in a plan year—copays and coinsurance count toward this.

YOUR PLAN PAYS 100%

Along the way, you may also be required to pay a fixed amount (for example, \$15)—or **copay**—for covered health care services, such as seeing a provider or purchasing a prescription. You pay 100% of the copay, usually when you receive the service.

* Your coinsurance may vary by service. This example is for illustrative purposes only.

More ways to help manage your health plan and stay in the loop.



Search the network to find doctors.

You can go to providers in and out of our network — but when you stay in network, you'll likely pay less for care. To get started:

- Go to welcometouhc.com > **Benefits > Find a Doctor or Facility**.
- Choose **Search for a health plan**.
- Choose **Choice Plus** to view providers in the health plan's network.



Manage your meds.

Look up your prescriptions using the Prescription Drug List (PDL). It places medications in tiers that represent what you'll pay, which may make it easier for you and your doctor to find options to help you save money.

- Go to welcometouhc.com > **Benefits > Pharmacy Benefits**.
- Select **Advantage** to view the medications that are covered under your plan.



Access your plan online.

With myuhc.com®, you've got a personalized health hub to help you find a doctor, manage your claims, estimate costs and more.



Get on-the-go access.

When you're out and about, the UnitedHealthcare® app puts your health plan at your fingertips. Download to find nearby care, video chat with a doctor 24/7, access your health plan ID card and more.

Good stuff
that's good
to know.

I dig it!

Choice Plus plan details, all in one place.

Use this benefit summary to learn more about this plan's benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what's included in the plan		Choice Plus
	Network coverage only You can usually save money when you receive care for covered health care services from network providers.	<input type="checkbox"/>
	Network and out-of-network benefits You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.	<input checked="" type="checkbox"/>
	Primary care physician (PCP) required With this plan, you need to select a PCP — the doctor who plays a key role in helping manage your care. Each enrolled person on your plan will need to choose a PCP.	<input type="checkbox"/>
	Referrals required You'll need referrals from your PCP before seeing a specialist or getting certain health care services.	<input type="checkbox"/>
	Preventive care covered at 100% There is no additional cost to you for seeing a network provider for preventive care.	<input checked="" type="checkbox"/>
	Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.	<input checked="" type="checkbox"/>
	Tier 1 providers Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.	<input type="checkbox"/>
	Freestanding centers You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.	<input type="checkbox"/>
	Health savings account (HSA) With an HSA, you've got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses.	<input type="checkbox"/>

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Summary Plan Description (SPD), that document governs. Review your SPD for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Choice Plus works.

Medical Benefits

	In Network	Out-of-Network
Annual Medical Deductible		
Individual	\$500	\$3,000
Family	\$1,000	\$6,000

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

*After the Annual Medical Deductible has been met.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

Annual Out-of-Pocket Limit		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Network	Out-of-Network
Preventive Care Services		
Preventive Care Services	No copay	50% *
Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.		
Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings.		
Office Services - Sickness & Injury		
Primary Care Physician		
All other covered persons	\$25 copay	50% *
Covered persons less than age 19	No copay	50% *
Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.		
Telehealth is covered at the same cost share as in the office.		

*After the Annual Medical Deductible has been met.

*Prior Authorization may be Required. Refer to SPD.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Specialist

\$75 copay

50%*

Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.

Telehealth is covered at the same cost share as in the office.

Urgent Care Center Services

\$50 copay

50%*

Additional copays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery and lab work.

Virtual Care Services

No copay

Not covered

Network Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.

Emergency Care

Ambulance Services - Emergency Ambulance

Air Ambulance

10%*

10%*

Ground Ambulance

10%*

10%*

Ambulance Services - Non-Emergency Ambulance¹

Air Ambulance

10%*

10%*

Ground Ambulance

10%*

50%*

Dental Services - Accident Only

10%*

50%*

Emergency services by an Out-of-Network provider will be considered at the Network benefit Level.

Emergency Health Care Services - Outpatient¹

You pay a \$300 per occurrence copay per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 10%*

You pay a \$300 per occurrence copay per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 10%*

Notification is required if it results in confinement to an Out-of-Network Hospital.

Inpatient Care

Habilitative Services - Inpatient

The amount you pay is based on where the covered health care service is provided.

Hospital - Inpatient Stay¹

10%*

50%*

Skilled Nursing Facility/Inpatient Rehabilitation Facility Services¹

10%*

50%*

Limited to 60 days per year.

*After the Annual Medical Deductible has been met.

¹Prior Authorization may be Required. Refer to SPD.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Network	Out-of-Network
Outpatient Care		
Acupuncture Services	\$25 copay	50% *
<i>Limited to 10 treatments per year.</i>		
Habilitative Services - Outpatient		
Manipulative treatment services	\$25 copay	50% *
Other habilitative services	10% *	50% *
<i>Limits will be the same as, and combined with those stated under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment.</i>		
Home Health Care ¹	10% *	50% *
<i>Limited to 30 visits per year.</i>		
<i>One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.</i>		
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing ¹	10% *	50% *
<i>Limited to 18 Definitive Drug Tests per year.</i>		
<i>Limited to 18 Presumptive Drug Tests per year.</i>		
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing ¹	10% *	50% *
Major Diagnostic and Imaging - Outpatient ¹	10% *	50% *
Physician Fees for Surgical and Medical Services	10% *	50% *
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment		
Manipulative treatment services	\$25 copay	50% *
Other rehabilitation services	10% *	50% *
<i>Limited to 20 visits of Manipulative Treatments per year.</i>		
<i>Limited to 30 combined visits of physical therapy, occupational therapy, speech therapy, cardiac therapy, post cochlear therapy, cognitive therapy and pulmonary therapy per year.</i>		
<i>Limits are combined with Habilitative Services - Outpatient.</i>		
Surgery - Outpatient ¹	10% *	50% *
Therapeutic Treatments - Outpatient ¹	10% *	50% *
<i>Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.</i>		

*After the Annual Medical Deductible has been met.

¹Prior Authorization may be Required. Refer to SPD.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Network	Out-of-Network
Supplies and Services		
Diabetes Self-Management Items ¹	The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.	
Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care ¹	The amount you pay is based on where the covered health care service is provided.	
Durable Medical Equipment (DME), Orthotics and Supplies ¹	10% *	50% *
Enteral Nutrition	10% *	50% *
Hearing Aids	10% *	50% *
Limited to \$5,000 every 36 months ages 18 and over.		
Limited to 1 Bone Anchored Hearing Aid per lifetime.		
Limited to 1 hearing aid per ear every 36 months under the age of 18.		
Limited to a single purchase per hearing impaired ear every 36 months.		
Ostomy Supplies	10% *	50% *
Pharmaceutical Products - Outpatient	10% *	50% *
Depending on the pharmaceutical product prior authorization may be required.		
This includes medications given at a doctor's office, or in a covered person's home.		
Prosthetic Devices ¹	10% *	50% *
Pregnancy		
Pregnancy - Maternity Services ¹	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.	
Mental Health Care & Substance Related and Addictive Disorder Services		
Inpatient	10% *	50% *
Outpatient	\$75 copay	50% *
Partial Hospitalization	10% *	50% *
Limited to 60 days combined for residential treatment facility and skilled nursing facility per year.		
Other Services		
Cellular and Gene Therapy	The amount you pay is based on where the covered health care service is provided.	
For Network Benefits, Cellular or Gene Therapy services must be received from a Designated Provider.		
Clinical Trials ¹	The amount you pay is based on where the covered health care service is provided.	

*After the Annual Medical Deductible has been met.

¹Prior Authorization may be Required. Refer to SPD.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Gender Dysphoria¹

The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.

Hospice Care¹

10%*

50%*

Reconstructive Procedures¹

The amount you pay is based on where the covered health care service is provided.

Transplantation Services

10%*

Not covered

Coverage is only available when services are performed at a Centers of Excellence facility, except for cornea transplants.

*After the Annual Medical Deductible has been met.
¹Prior Authorization may be Required. Refer to SPD.

Pharmacy Benefits

Pharmacy Plan Details			
Pharmacy Network		Standard Select	
Prescription Drug List		Advantage	
		In Network	
Annual Pharmacy Deductible			
Individual		You do not have to pay a pharmacy deductible	
Family		You do not have to pay a pharmacy deductible	
Prescription Drug Product Tier Level	Up to a 31-day supply		Up to a 90-day supply
	In-Network Retail Pharmacy***	Out-of-Network Retail Pharmacy	In-Network Mail Order Pharmacy**
Tier 1 \$	\$10	\$10	\$25
Tier 2 \$\$	\$35	\$35	\$87.50
Tier 3 \$\$\$	\$75	\$75	\$187.50
Tier 4 \$\$\$\$	\$250	\$250	\$625
Specialty Prescription Drug Product Tier Level	In-Network Specialty Pharmacy	Out-of-Network Specialty Pharmacy	Specialty Mail Order**
Tier 1 \$	\$10	\$10	Not applicable
Tier 2 \$\$	\$150	\$150	Not applicable
Tier 3 \$\$\$	\$350	\$350	Not applicable
Tier 4 \$\$\$\$	\$500	\$500	Not applicable

** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

***Retail: up to a 90 day supply. You will be charged a retail Copayment and/or Coinsurance for 31 days, 2 times for 60 days, or 3 times for 90 days based on the number of days supply dispensed for any Prescription Order or Refills obtained at a retail pharmacy.

Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2, Tier 3 or Tier 4.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at [welcometouhc.com](#) > Benefits > Pharmacy Benefits.

Here's an example of how the plan's costs come into play.

1 At the start of your plan year...

You're responsible for paying 100% of your covered health services until you reach your **deductible**, which is the amount you pay before your health plan pays a portion.

YOU PAY 100%

2 Once you reach your deductible...

Your health plan starts to share a percentage of costs (the allowed amounts, excluding copays) for covered health care services with you—this is your **coinsurance**.*

YOU PAY 20%*

YOUR PLAN PAYS 80%

3 When you reach your out-of-pocket limit...

Your plan covers your costs (the allowed amount) at 100%. Your **out-of-pocket limit** is the most you'll pay for covered health services in a plan year—copays and coinsurance count toward this.

YOUR PLAN PAYS 100%

Along the way, you may also be required to pay a fixed amount (for example, \$15)—or **copay**—for covered health care services, such as seeing a provider or purchasing a prescription. You pay 100% of the copay, usually when you receive the service.

* Your coinsurance may vary by service. This example is for illustrative purposes only.

More ways to help manage your health plan and stay in the loop.



Search the network to find doctors.

You can go to providers in and out of our network — but when you stay in network, you'll likely pay less for care. To get started:

- Go to welcometouhc.com > **Benefits > Find a Doctor or Facility**.
- Choose **Search for a health plan**.
- Choose **Choice Plus** to view providers in the health plan's network.



Manage your meds.

Look up your prescriptions using the Prescription Drug List (PDL). It places medications in tiers that represent what you'll pay, which may make it easier for you and your doctor to find options to help you save money.

- Go to welcometouhc.com > **Benefits > Pharmacy Benefits**.
- Select **Advantage** to view the medications that are covered under your plan.



Access your plan online.

With myuhc.com®, you've got a personalized health hub to help you find a doctor, manage your claims, estimate costs and more.



Get on-the-go access.

When you're out and about, the UnitedHealthcare® app puts your health plan at your fingertips. Download to find nearby care, video chat with a doctor 24/7, access your health plan ID card and more.

Good stuff
that's good
to know.

I dig it!

Unum Dental™



Dental Insurance can help you pay for dental exams, cleanings and other services.

How does it work?

Good dental care is critical to your overall well-being. With Unum Dental insurance, you can get the attention your teeth need — at a cost you can afford.

Unum Dental allows you to see any dentist you choose.

To get the most from your benefits and reduce out-of-pocket costs, choose an in-network provider by utilizing our large national network. These providers have agreed to file your claims and uphold the highest quality standards. You can find in-network providers at unumdentalcare.com.



Why is this coverage so valuable?

- ✓ Routine dental care keeps your mouth and whole body healthy.
- ✓ Your plan is backed by Unum's commitment to excellence in customer service.
- ✓ Personalized website to manage your benefits including claims information, ID cards and more.
- ✓ There's no waiting period for preventive and basic services.

What else is included?

Pregnancy benefit

An extra cleaning for expecting mothers in their 2nd or 3rd trimester.

Wellness benefits

Oral cancer screenings for patients 40 and older with high risk factors.

Unumdentalcare.com

Use unumdentalcare.com to search for providers, manage your benefits and learn about good dental health. Features include easy access to ID Cards, claims history and coverage information.

Virtual Dental Visits

24/7 dental care for dental emergencies when an in-person visit isn't an option. Available for active dental members*.

Visit unumdentalcare.com and click Virtual Dental Visits to get started.

*Virtual dental visits are a preventive service and subject to policy year benefit maximum.

Coverage details and costs

Overview	Passive PPO	
Benefit Year Maximum*	\$1,500	
Deductible**	\$50 in-network and out-of-network Maximum 3 per family	
Plan Coinsurance	In-network	Out-of-Network
Class A Preventive	100%	100%
Class B Basic	80%	80%
Class C Major	50%	50%

*Applies to Class A, B and C Services, if applicable
**Waived for Class A (applies to Class B and C Services)

Dependent children

Dependent age guidelines vary by state. Please refer to your policy certificate or call our Contact Center at (888) 400-9304.

Services not listed

If you expect to require a dental service not included on this brochure, it may still be covered. Please call our Contact Center at (888) 400-9304 to confirm your exact benefits.

Alternate treatment

Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

Covered Procedures & Waiting Periods	Passive PPO
CLASS A PREVENTIVE SERVICES	<p>Waiting Period: None</p> <ul style="list-style-type: none"> • Routine exams (2 per 12 months) • Prophylaxis (2 per 12 months) <ul style="list-style-type: none"> – (1 additional cleaning or periodontal maintenance per 12 months, if member is in 2nd or 3rd trimester of pregnancy) • Bitewing x-rays (maximum of 4 films; 1 per 12 months) • Fluoride treatment for children up to age 16 (1 per 12 months) • Sealants for children up to age 16 (permanent molars, 1 per 36 months) • Space Maintainers • Full mouth/panoramic x-rays (1 per 36 months) • Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+)
CLASS B BASIC SERVICES	<p>Waiting Period: None</p> <ul style="list-style-type: none"> • Emergency Treatment (1 per 12 months) • Simple restorative services (fillings) <ul style="list-style-type: none"> – Posterior composite restorations • Simple extractions • Oral Surgery (extractions and impacted teeth) • Non-Surgical periodontics • Surgical periodontics (gum treatments) • Periodontal maintenance (2 per 12 month in combination with prophylaxis) • Endodontics (root canals)
CLASS C MAJOR SERVICES	<p>Waiting Period: None</p> <ul style="list-style-type: none"> • Anesthesia (subject to review, covered with complex oral surgery) • Repair of crown, denture or bridge • Inlays and onlays • Crowns, bridges, dentures and implants

Refer to your certificate of coverage for the services covered under your plan.

Exclusions and Limitations

The following dental services are not covered unless stated otherwise in the Certificate of Coverage:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior elective or cosmetic restorations;
- replacement of a removable device or appliance that is lost, missing or stolen, and for the replacement of removable appliances that have been damaged due to abuse, misuse, or neglect. This may include but not be limited to removable partial dentures or dentures;
- replacement of any permanent or removable device or appliance unless the device or appliance is no longer functional and is older than the limitation in the Schedule of Covered Procedures. This may include but not be limited to bridges, dentures and crowns;
- any appliance, service, or procedure performed for the purpose of splinting, to alter vertical dimension or to restore occlusion;
- any appliance, service or procedure performed for the purpose of correcting attrition, abrasion, erosion, abfraction, bite registration, or bite analysis;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, or dentures and any associated surgery, or other customized services or attachments;
- services provided for any type of temporomandibular joint (TMJ) dysfunction, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain.

Limitations:

- Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations. On any given day, more than 8 periapical x-rays or a panoramic film in conjunction with bitewings will be paid as a full mouth radiograph. Pre-estimates are recommended for any treatment expected to exceed \$300.

Takeover benefits:

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us. Application of takeover benefits is subject to Underwriting review and approval. New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, Certificate of Creditable Coverage, etc.).

A Network Access plan is available.

THIS POLICY PROVIDES LIMITED BENEFITS



**Better benefits
at work.™**

unum.com

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental 20-GDN or contact your Unum Dental representative.

Underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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EN-2026 FOR EMPLOYEES (2-23)



Cadre Consulting LLC

Unum Vision®

Powered by EyeMed



Plan features:

Members have the freedom to choose any provider from EyeMed's Insight Network. Our network offers the right mix of independent, national retail and regional retail providers like Lens Crafters, Pearle Vision, Target Optical and many more. Members can also purchase glasses and contact lenses online at [Glasses.com](https://www.glasses.com) and [ContactsDirect.com](https://www.contactsdirect.com).

Covered benefits:

Exam: Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid at right.

Materials: Each member has coverage for covered services and materials. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame benefit:** You may choose any frame within a provider's collection, subject to the retail frame allowance listed at right. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Eyeglass lens benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal, trifocal, and specialty lenses are generally covered after any applicable materials copay. If covered by plan allowance, you are responsible for any cost greater than the plan's benefit.
- **Contact lens benefit:** Members electing contact lenses instead of eye glass lenses may apply the contact lens allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, you are responsible for the difference.

Laser vision correction: Discounts are available with participating surgery providers across the country (not an insured benefit)

How much does it cost?

Monthly premium	
You	\$8.42
You and your spouse	\$16.83
You and your children	\$18.99
Family	\$29.62

EyeMed benefits:

Vision Care Services	In-network Member Cost	Out-of-network Reimbursements
Exam (1 per 12 months)	\$10 co-pay	Up to \$40
Retinal Imaging Benefit	Up to \$39	Not covered
Standard Plastic Lenses (1 per 12 months)		
Single Vision	\$10 co-pay	Up to \$30
Bifocal	\$10 co-pay	Up to \$50
Trifocal	\$10 co-pay	Up to \$70
Lenticular	\$10 co-pay	Up to \$70
Standard Progressive	\$75 co-pay	Up to \$50
Premium Progressive Lens		
Premium Progressive Tier 1	\$95 co-pay	Up to \$50
Premium Progressive Tier 2	\$105 co-pay	Up to \$50
Premium Progressive Tier 3	\$120 co-pay	Up to \$50
Premium Progressive Tier 4	\$75 co-pay (80% of charge less than \$120 allowance)	Up to \$50
Lens Options		
Polycarbonate Lenses (under age 19)	Covered	Up to \$32
Frames (1 per 12 months) Members may select any frame available	\$150 allowance	Up to \$105
Contact Lenses (1 per 12 months) In lieu of eyeglass lenses		
Elective	\$150 allowance	Up to \$150
Non-Elective	Covered	Up to \$210
Standard Contact Lens Fitting Exam Fee*	Covered	Up to \$40

*The standard contact lens fitting exam fee applies to a new or existing contact lens user who wears spherical disposable, daily wear, or extended wear lenses only.

Unum Vision Powered by EyeMed members will receive the following discounts on materials at in-network providers only:

- 40% off for a complete second pair of glasses.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.

Laser Vision Correction Network

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Login to www.eyemedvisioncare.com/unum for a list of participating laser vision correction providers.

Hearing Savings Plan included at no additional cost to the member!

Unum offers a Hearing Savings Plan at no additional cost, to all of its Unum Vision Powered by EyeMed members. Partnering with Amplifon, the Hearing Savings Plan provides:

- 40% off hearing exams at thousands of convenient locations nationwide
- Discounted set pricing on thousands of hearing aids, including those with the newest, most advanced technology
- Low price guarantee – if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%
- 60-day hearing aid trial period with no restocking fees
- Free batteries for 2 years with initial purchase
- 3-year warranty plus loss and damage coverage

Other Unum Vision Specifications

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (855) 652-8686.

Services not listed: If you expect to require a vision service not included on this brochure, it may still be covered. Refer to the member portal at www.eyemedvisioncare.com/unum, to confirm your exact benefits. This is a primary vision care benefit and is intended to cover only eye examinations and/or corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

No benefits will be paid for services, materials connected with, or charges arising from:

Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical

and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.

Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

A Network Access plan is available.

THIS POLICY PROVIDES LIMITED BENEFITS

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series VI-2002, VI-2007 and VI-2019 or contact your Unum Vision representative.

Vision plans are marketed by Unum and EyeMed, administered by First American Administrators and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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Term Life with Accidental Death & Dismemberment (AD&D) Insurance



How does it work?

You keep coverage for a set period of time, or “term.” If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why Choose Unum?

Your employer is offering you this coverage at no cost to you.

What else is included?

A “Living” Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you can receive coverage for:

You:	You can receive 1 times your earnings up to a maximum of \$200,000. You can get up to \$200,000 with no medical underwriting.
------	--

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can get 1 times your earnings of AD&D coverage up to a maximum of \$200,000.
------	--

No medical underwriting is required for AD&D coverage.

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Age reduction

Coverage amounts for Life and AD&D Insurance for you will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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Cadre Consulting LLC

Long Term Disability Insurance



How does it work?

This employer-paid coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.
	Cover 60% of your monthly income, up to a maximum payment of \$7,500.
*See the Legal Disclosures for more information.	

The monthly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

Cadre Consulting LLC is paying the cost of this coverage so you don't have to answer health questions.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age. If you become disabled after your normal retirement age, check with your employer for the maximum length of time applicable to you.

Long Term Disability Insurance can replace part of your income if a disability keeps you out of work for a long period of time

What else is included?

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Benefit Duration

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability. "Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation laws
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans - if included
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Disabilities based primarily on self-reported symptoms are limited to 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Unum's LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program. With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Cadre Consulting LLC

Short Term Disability Insurance



How does it work?

If a covered illness or injury keeps you from working, this employer-provided Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 12 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

How much coverage can I get?

You*

You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.

Cover 60% of your weekly income, up to a maximum benefit of \$2,000 per week.

*See the Legal Disclosures for more information.

The weekly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

Cadre Consulting LLC is paying the cost of this coverage so you don't have to answer health questions.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 7 days.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 12 week benefit duration.

Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

What else is included?

Cesarean section benefit

If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of the time.

Exclusions and Limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

‘Substantial and material acts’ means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers’ compensation or similar occupational benefit laws
- State compulsory benefit laws
- Motor vehicle insurance policy or plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers’ compensation or any similar law);

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

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