



Employee Benefit Summaries

Coverage includes:

Medical / Dental / Vision / Life / AD&D

Voluntary Life / Accident / Critical Illness / EAP

December 1st 2020 – November 30st 2021



CONTEMPORARY BENEFITS ADVISORS

Contact Us

We invite you to contact our staff directly to ensure that you receive excellent support. You can call or email to request service, comment on specific needs, ask for sales, or offer suggestions on how we might serve you better.

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BASE MEDICAL PLAN

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	\$8,150 single, \$16,300 family	NA
Coinsurance (<i>after the deductible</i>)	100% for Inpatient Benefits 100% for Outpatient Benefits	NA
Out-of-Pocket Maximum (<i>total of deductible and coinsurance</i>)	\$8,100 single \$16,300 family	NA
Lifetime Maximum (<i>per person</i>)	Unlimited	
Hospital - <i>preauthorization is required</i>	Ded + 0%	NA
Virtual Visit (<i>telemedicine</i>)	Ded + 0%	NA
Physician Office Visits	Ded + 0%	NA
Specialist Office Visits	Ded + 0%	NA
Preventive Care Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits: Covered at 100% no co-pay or Deductible	NA
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand Specialty Drugs	Tier 1 = Ded + 0% Tier 2 = Ded + 0% Tier 3 = Ded + 0% Tier 4 = Ded + 0%	N/A
Outpatient Surgery	Ded + 0%	NA
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine--Outpatient	Ded + 0%	NA
Emergency services Outpatient	Ded + 0%	NA
Urgent Care Center Services	Ded + 0%	NA
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation <i>preauthorization is required</i>	Ded + 0%	NA

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For official description of benefits, please refer to your summary plan description.



BUY UP MEDICAL PLAN #1

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	\$7,350 single, \$14,700 family	\$14,700 single, \$44,100 family
Coinsurance (<i>after the deductible</i>)	80% for Inpatient Benefits 80% for Outpatient Benefits	50% for Inpatient Benefits 50% for Outpatient Benefits
Out-of-Pocket Maximum (<i>total of deductible and coinsurance</i>)	\$8,150 single \$16,300 family	\$8,150 single \$16,300 family
Lifetime Maximum (<i>per person</i>)	Unlimited	
Hospital - <i>preauthorization is required</i>	Ded + 20%	Ded + 50%
Virtual Visit (<i>telemedicine</i>)	\$0 Copay	Ded + 50%
Physician Office Visits	\$45 copay	Ded + 50%
Specialist Office Visits	\$90 after Ded	Ded + 50%
Preventive Care Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits: Covered at 100% no co-pay or Deductible	PPACA Benefits: Covered at 100% no co-pay or Deductible
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand Specialty Drugs	Tier 1 = \$3/\$15 copay Tier 2 = \$50 Tier 3 = \$100 Tier 4 = \$250/\$500	Tier 1 = 50% co-ins Tier 2 = 50% co ins Tier 3 = 50% co ins
Outpatient Surgery	Ded + 20%	Ded + 50%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine--Outpatient	Ded + 20%	Ded + 50%
Emergency services Outpatient	\$500 co-pay	Ded + 50%
Urgent Care Center Services	\$100 copay	Ded + 50%
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation <i>preauthorization is required</i>	Ded + 20%	Ded + 50%

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BUY UP MEDICAL PLAN #2

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	\$2,750 single, \$5,500 family	\$5,500 single, \$16,500 family
Coinsurance (<i>after the deductible</i>)	70% for Inpatient Benefits 70% for Outpatient Benefits	50% for Inpatient Benefits 50% for Outpatient Benefits
Out-of-Pocket Maximum (<i>total of deductible and coinsurance</i>)	\$6,250 single \$12,500 family	\$20,500 single \$61,500 family
Lifetime Maximum (<i>per person</i>)	Unlimited	
Hospital - <i>preauthorization is required</i>	Ded + 30%	Ded + 50%
Virtual Visit (<i>telemedicine</i>)	\$0 copay	Ded + 50%
Physician Office Visits	\$40 copay	Ded + 50%
Specialist Office Visits	\$80 copay	Ded + 50%
Preventive Care Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits: Covered at 100% no co-pay or Deductible	PPACA Benefits: Covered at 100% no co-pay or Deductible
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand Specialty Drugs	Tier 1 = \$3/\$10 co-pay Tier 2 = \$50 co-pay Tier 3 = \$80 co-pay Tier 4 = \$250/\$500	Tier 1 = Ded + 50% Tier 2 = Ded + 50% Tier 3 = Ded + 50% y
Outpatient Surgery	Ded + 30%	Ded + 50%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine--Outpatient	Ded + 30%	Ded + 50%
Emergency services Outpatient	\$500 copay	Ded + 50%
Urgent Care Center Services	\$100 co-pay	Ded + 50%
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation <i>preauthorization is required</i>	Ded + 30%	Ded + 50%

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Voluntary Benefits at a Glance

Benefits At A Glance	Dental Plan	Vision Plan	Accident Plan	Critical Illness/Cancer Plan	Vol. Life Benefits
	Guardian	Guardian	Guardian	Guardian	Guardian
	<u>BI-Weekly</u>	<u>BI-Weekly</u>	<u>BI-Weekly</u>	<u>BI-Weekly</u>	<u>BI-Weekly</u>
Employee	\$13.29	\$3.22	\$5.52	*	*
Employee/Spouse	\$26.99	\$5.41	\$9.48	Employee	Employee
Employee/Children	\$33.75	\$5.52	\$10.00	Paid	Paid
Employee/Family	\$50.59	\$8.73	\$13.96	Age Specific	Age Specific

PRE-TAX BENEFIT-- Health, Dental and Vision rates will be deducted pre-tax which will mean the actual net difference to your paycheck will be lower than these shown.

Dental Coverage	IN	OUT	Basic Life Coverage and EAP
	IN	OUT	100% Employer Paid
Preventive Service			<p>Each employee receives \$10,000 in Life and AD&D insurance that the company pays for 100%. With the Life Insurance also comes the Employee Assistance Program (EAP). Full plan information is available online.</p>
Cleaning (every 6 months)	100%	100%	
Flouride Treatment (under 19)	100%	100%	
Oral Exams	100%	100%	
Sealants (per tooth)	100%	100%	
X-rays	100%	100%	
Basic Service			<p style="background-color: #6a329f; color: white; padding: 5px; text-align: center;">Voluntary Life Coverage</p> <p>Each employee has the ability to get extra Life and AD&D insurance for themselves and their dependents. Employees can pick in \$10,000 increments up to \$100,000 in Life Insurance with ZERO health questions. They can also get extra Life Insurance on their spouse and any children, also with ZERO health questions.</p> <p style="color: red; font-weight: bold;">If employee declines the coverage at initial offering and then wants to add coverage following year, they will have to answer a set of health questions.</p>
Anesthesia	80%	80%	
Fillings	80%	80%	
Repair/Maintenance (crowns, bridges etc.)	80%	80%	
Major Services			
Bridges and Dentures	50%	50%	
Inlays, Onlays	50%	50%	
Perio Surgery	50%	50%	
Perio Maintenance	50%	50%	
Root Canal	50%	50%	
Simple Crowns	50%	50%	
Surgical Extractions	50%	50%	
Annual Maximum	\$1,000	\$1,000	<p style="background-color: #00b050; color: white; padding: 5px; text-align: center;">Accident Coverage</p> <p>Employee can elect Accident coverage that covers themselves and any dependents in the event of an accident. The money per accident is paid directly to the employee. Full plan information is available online. There is a \$50 wellness benefit associated with this plan.</p>
Deductible (Ind/Family)	\$50/\$150	\$50/\$150	

Vision Coverage	
Exam	\$10 Copay
Materials	\$25 Copay
Single Lenses	100% after Copay
Lined Bifocal Lenses	100% after Copay
Lines Trifocal Lenses	100% after Copay
Lenticular Lenses	100% after Copay
Frame Allowance	\$130
Contact Lenses Allowance	\$130
Frequency	12/12/24

Critical Illness and Cancer Coverage
Employee can elect \$5,000 or \$10,000 benefit and in the event of a Critical Illness/Cancer, will receive the benefit amount. They can also elect \$2,500 or \$5,000 for their spouse. Children are FREE . Full plan information is available online. There is a \$50 wellness benefit with this plan.

About Your Benefits:

Taking care of your teeth can be expensive. That's why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive, costly and often unexpected expenses — such as fillings, crowns and root canals. Plus, you save money and have the assurance that you are getting the right care when you use one of our contracted dentists. Guardian has been providing outstanding dental plans to millions of Americans for more than 50 years. When you enroll with Guardian, you have access to one of the nation's largest dental networks offering significant discounts so you know there's always high-quality, affordable dental care close by. From preventive checkups and cleanings, to comprehensive oral care treatments, we have you covered.

With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
Your Network is	DentalGuard Preferred	
Your Weekly premium	\$6.65	
You and spouse	\$13.50	
You and child(ren)	\$16.88	
You, spouse and child(ren)	\$25.30	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	\$1000	\$1000
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1000	
Lifetime Orthodontia Maximum	Not Applicable	
Dependent Age Limits	26	

A Sample of Services Covered by Your Plan:

		PPO	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	80%
	Fillings‡	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Perio Surgery	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:	Once Every 6 Months	
	Root Canal	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%
	Simple Extractions	50%	50%
	Single Crowns	50%	50%
	Surgical Extractions	50%	50%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00559370

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

Dental Maximum Rollover[®]

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1000	\$500	\$250	\$350	\$1000
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,000 in total

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

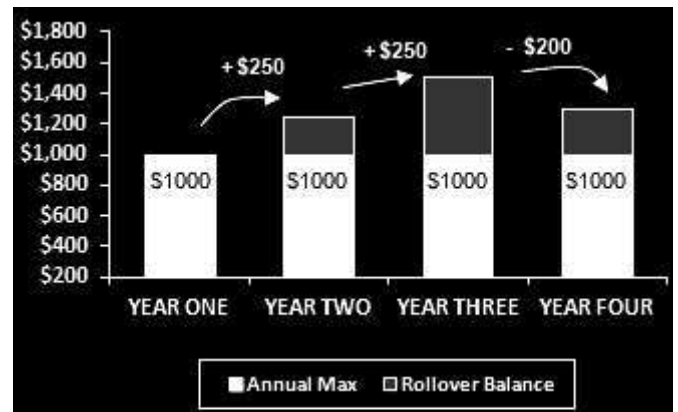
Here's how the benefits work:

YEAR ONE: Jane starts with a \$1,000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$500 Threshold, she receives a \$250 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of \$1,250. This year, she submits \$50 in claims and receives an additional \$250 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of \$1,500. This year, she submits \$1,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is \$1,300 (\$1,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply.

Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form #GP-1-DG2000, et al.

Vision Benefit Summary

About Your Benefits:

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Wal-Mart®, JCPenney®, Sears®, Target®, Sam's Club®, Pearle®, and Visionworks®.

Your Vision Plan	Full Feature - Designer	
Your Network is	Davis Vision	
Your Weekly premium	\$ 1.61	
You and spouse	\$ 2.71	
You and child(ren)	\$ 2.76	
You, spouse and child(ren)	\$ 4.37	
Copay		
Exams Copay	\$ 10	
Materials Copay (waived for non-formulary elective contact lenses)	\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$126
Frames	80% of amount over \$130* ²	Amount over \$48
Contact Lenses (Elective and conventional)	85% of amount over \$130*	Amount over \$105
Contact Lenses (Planned replacement and disposable)	85% of amount over \$130*	Amount over \$105
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 25% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)†‡	Every calendar year	
Frames	Every two calendar years	
Network discounts (glasses and contact lens professional service)	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
Dependent Age Limits	26	

Visit www.GuardianAnytime.com and click on "Find a Provider"

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

Accident Benefit Summary

About Your Benefits:

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury?¹ If you were injured from an accident, chances are you will have expenses that you were not anticipating-will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

¹Injury Facts, 2011 Edition, National Safety Council.

What Your Benefits Cover:

	ACCIDENT
COVERAGE - DETAILS	
Your Weekly premium	\$2.76
You and Spouse	\$4.74
You and Child(ren)	\$5.00
You, Spouse and Child(ren)	\$6.98
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$10,000 Spouse \$5,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$150
Accident Follow-Up Visit - Doctor	\$25 up to 6 treatments
Air Ambulance	\$500
Ambulance	\$100
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$100
Blood/Plasma/Platelets	\$300

FEATURES (Cont.)

Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Coma	\$7,500
Concussions	\$50
Dislocations	Schedule up to \$3,600
Diagnostic Exam (Major)	\$100
Emergency Dental Work	\$200/Crown, \$50/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$200
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$4,500
Hospital Admission	\$750
Hospital Confinement	\$175/day - up to 1 year
Hospital ICU Admission	\$1,500
Hospital ICU Confinement	\$350/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$50
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750
Knee Cartilage	\$500
Laceration	Schedule up to \$300
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,000 Hernia: \$125
Surgery - Exploratory or Arthroscopic	\$150
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$400, 3 times per accident
X - Ray	\$20

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

Critical Illness Benefit Summary

About Your Benefits:

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost. Review your options and enroll today!

What Your Benefits Cover:

CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit up to \$10,000. Please see your cost illustration for a full list of available benefit amounts.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Childhood Conditions	1st OCCURRENCE ONLY	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	

CRITICAL ILLNESS

Club Foot	100%
Cystic Fibrosis	100%
Down's Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type I Diabetes	100%

Spouse Benefit 50% of employee's lump sum benefit

Child Benefit- children age Birth to 26 years 25% of employee's lump sum benefit

Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages 50% at age 70

Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.

We Guarantee Issue up to:
\$10,000

For a spouse:
\$5,000

For a child: All Amounts

Health questions are required if the elected amount exceeds the Guarantee Issue.

Portability: Allows you to take your Critical Illness coverage with you if you terminate employment. Included

Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. 3 months prior, 12 months after

WELLNESS BENEFIT

Employee Per Year Limit	\$50
Spouse Per Year Limit	\$50
Child Per Year Limit	\$50

Condition Definitions

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

About Your Benefits:

Your family depends on you in many ways and you've worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on. And getting it at work is easier, more convenient and more affordable than doing it on your own. If you have financial dependents- a spouse, children or aging parents, having life insurance is a responsible and a smart decision. Enroll today to secure their future!

What Your Benefits Cover:

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$10,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$100,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse‡ Benefit	N/A	\$5,000 increments to a maximum of \$100,000. See Cost Illustration page for details.
Child Benefit	N/A	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$5,000, \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$10,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 \$100,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$25,000, 65-69 \$10,000, 70+ \$0. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits

IT'S TRUE. GUARDIAN CAN HELP PAY FOR COLLEGE.

Now Guardian plan participants can get insurance that includes a college tuition benefit. As the cost of college continues to rise faster than inflation and medical costs,¹ Guardian is helping families keep up by providing this exclusive benefit that can be used at over 370 colleges and universities.

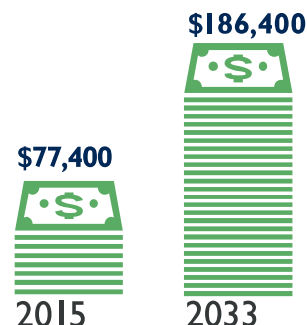
By enrolling in a Guardian plan, participants can earn 2,000 Tuition Rewards® annually for each type of Guardian insurance.²

Participants of Guardian Dental receive an additional bonus after four years.

Rewards can be given to children, grandchildren, nieces, nephews and Godchildren. When registered by a participant, they'll receive an additional 500 rewards each.

Rewards increase each year and participants keep them forever.

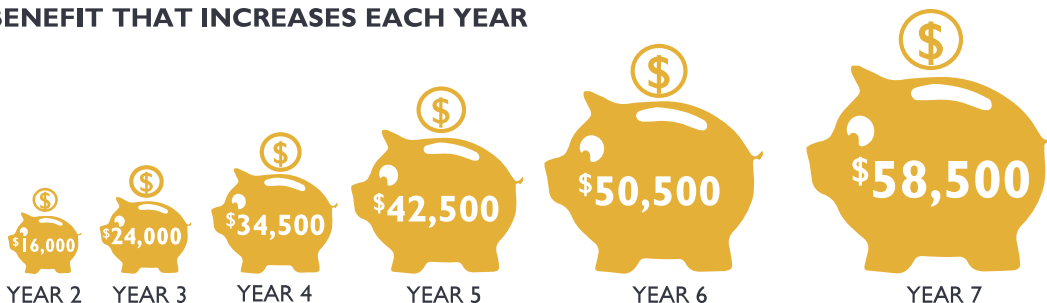
COLLEGE TUITION RISES YEAR AFTER YEAR.



The average cost of a four-year college education is expected to increase over 140% by 2033.³

A COLLEGE TUITION BENEFIT THAT INCREASES EACH YEAR

Example of how a 12 year old with Guardian Dental, Life, Hospital Indemnity and Critical Illness can have his/her tuition reduced by \$58,500, spread evenly over four years



SEE HOW GUARDIAN PLAN PARTICIPANTS CAN EARN EVEN MORE REWARDS TO HELP THEM SAVE WITH MULTIPLE GUARDIAN PRODUCTS:

GUARDIAN INSURANCE PRODUCT	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	TOTAL
DENTAL <small>*Year 4 = bonus year with dental</small>	\$2,000	\$2,000	\$2,000	\$4,500*	\$2,000	\$2,000	\$2,000	\$16,500
LIFE	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$14,000
HOSPITAL INDEMNITY	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$14,000
CRITICAL ILLNESS	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$14,000
TOTAL	\$8,000	\$8,000	\$8,000	\$10,500	\$8,000	\$8,000	\$8,000	\$58,500

IT'S EASY FOR MEMBERS TO SIGN UP AT
WWW.GUARDIAN.COLLEGETUITIONBENEFIT.COM

WWW.GUARDIANANYTIME.COM



The Guardian Life Insurance Company of America
 7 Hanover Square
 New York, NY 10004-4025
www.guardiananytime.com

1. U.S. Census Bureau. 2. College Tuition Benefit is available for Guardian. Dental, Vision, Stop Loss, Hospital Indemnity, LTD, STD, Life, Critical Illness, Cancer and Accident insurance. 3. Based on 2014-15 average tuition and fees as reported by The College Board® and assuming an annual 5% increase. Guardian's Group Dental Insurance is underwritten by The Guardian Life Insurance Company of America (Guardian) or its subsidiaries. The Tuition Rewards program is provided by College Tuition Benefit. Guardian does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian. The College Tuition Benefit is not an insurance benefit and may not be available in all states. The Guardian Life Insurance Company of America® (Guardian).

Welcome to the College Tuition Benefits Rewards program! Your Plan Sponsor has worked with Guardian to make College Tuition Benefit services available to eligible participants enrolling in the following coverage/option(s):

Coverage	Option
Dental	PPO
Life	Basic Life Coverage
Accident	Option I: Value Plan

Register Today!

You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at over 380 private colleges and universities across the nation. In 2016, over \$60 million in College Tuition Benefit Rewards were submitted by high school seniors. **Here is how it works:**

- Annual enrollment in this plan earns you 2,000 Tuition Rewards (1 Reward = \$1 in tuition reduction at a network of Private Colleges and Universities) for each line of Guardian coverage (up to four lines).
- Guardian Dental participants receive a bonus after year four.
- These rewards are yours for your lifetime and can be given to children, grandchildren, nieces, nephews and godchildren.

The Tuition Rewards program is provided by College Tuition Benefit. The Guardian Life Insurance Company of America (Guardian) does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian.

Print and cut out ID Card

College Tuition Benefits Rewards- ID Card	f o l d	The College Tuition Benefit 435 Devon Park Drive Building 400, Suite 410 Wayne, PA 19087 Phone: (215) 839-0119 Fax: (215) 392-3255
Register@ www.Guardian.CollegeTuitionBenefit.com User ID: Is Your Guardian Group Plan Number that can be found on your benefit booklet Password: Guardian		

WorkLifeMatters

Your Confidential Employee Assistance Program – Helping find balance between work and home life.

WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- **Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055**
- **Referrals to local counselors — up to three sessions free of charge**
- **State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center**

WorkLifeMatters can offer help with:

Education

- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Working Smarter

- Career development
- Effective managing
- Relocation

Legal and financial

- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

For more information about WorkLifeMatters, go to www.ibhworklife.com; User Name: Matters; Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

WillPrep Services

Special bonus for participants in voluntary life plan

Your employer has worked with Guardian to make WillPrep Services available to eligible members with Voluntary Life plans. Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with WillPrep Services.

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals* to help with issues related to:

- | | | |
|-----------------------------------|------------------------------------|--------------------------|
| ▪ Advanced Health Care Directives | ▪ Financial Power of Attorney | ▪ Wills and Living Wills |
| ▪ Estate Taxes | ▪ Guardianship and Conservatorship | ▪ Resource Library |
| ▪ Executors & Probate | ▪ Healthcare Power of Attorney | ▪ Trusts |

For more information about WillPrep Services, go to www.ibhwillprep.com; User name: WillPrep; Password: GLIC09 or call 1-877-433-6789

*The Option of an attorney prepared will is available for a small fee.

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.



Group Benefits Enrollment

Online enrollment is simple, secure and can be done in a few minutes from any computer with internet access. After enrolling online, you will have access to your benefit information 24 hours a day, from any computer.

You will need to go to the following link to register and being your benefits enrollment:

<https://cba.employeenavigator.com/benefits/Account/Login>

Click "**Register as new user**" to create your username and password to acces the enrollment site. You will need the following information:

What you need to register:

1. First Name and Last Name
2. Company Identifier: **BANSS Logistics**
3. PIN - Last 4 digits of your SS #
4. Birthdate

Once you are registered:

You can click the green button that says "**START ENROLLMENT**" to go through and elect your benefits for the new plan year.

If you have issues logging in please contact Spencer Witherspoon. Here is his contact information:

Email: spencer@c-ben.com

Phone: 704-578-7327