



DOGS 24/7

Employee Welcome Packet

Welcome to the team. We are glad you are here.

This packet introduces the people and resources available to you, helps you prepare for your first day, and brings your employee reference materials together in one place.

EMPLOYEE NAME

POSITION AND ASSIGNED LOCATION

START DATE AND DIRECT MANAGER



Welcome to Dogs 24/7

Every role helps us provide dependable care for the dogs entrusted to us and a welcoming experience for their people. Your manager will introduce you to your location, explain your responsibilities, and guide your training.

Our mission

Provide a safe, loving, and stimulating environment for our 4-legged clients while simultaneously providing a convenient and socially engaging environment for our 2-legged clients.

Start with the welcome guide

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Use the PDF bookmarks or select a row in the reference directory to open the full document. The original reference documents retain their own page numbers. The directory lists page numbers for this complete packet.

Review applicable company policies and location requirements with your manager. Human Resources can help with policy questions and the benefits available to your position.



Meet your leadership team

Company leadership and employee support

Stephen Biles

Founder

Stephen.Biles@247.dog

Stephen is the founder of Dogs 24/7. He guides the company's overall direction and the standards that shape our work, our services, and our continued growth.

Madison Van Houten

Senior Vice President of Accounting

Madison.Vanhouten@247.dog

Madison oversees Accounting and supports the company's financial processes. Her department is a resource for payroll questions, approved expenses, and accounting matters.

Hannah Young

Vice President of Sales and Quality Assurance

Hannah@247.dog

Hannah supports sales and quality assurance, with a focus on the client experience and consistent service. Her work helps connect customer expectations with the services we deliver.

Joseph Kruse

Human Resources

Joseph.Kruse@247.dog

Joseph is your Human Resources contact for onboarding, company policy questions, employee concerns, and development. Reach out to him for help with benefits, leave, or an accommodation request.



Meet your leadership team

Operations, Customer Care, and Marketing

Sadie Alvarez

Senior General Manager of Pennsylvania Operations

Sadie.Alvarez@247.dog

Sadie oversees Pennsylvania operations and supports the leaders and teams at those locations. She helps maintain daily operating standards, team accountability, and a consistent experience for dogs and clients.

Ivy Henson

Senior General Manager of Customer Care

Ivy@247.dog

Ivy supports Customer Care and the teams who communicate with clients. Her focus is clear communication, dependable service, and helping the team respond to customer needs.

Jadyn Raigoza

Senior General Manager of Marketing

Jadyn.Raigoza@247.dog

Jadyn supports the company's marketing and brand communication. Her department is a resource for approved marketing materials, promotions, and questions about representing Dogs 24/7 publicly.

Who to contact first

Start with your direct manager for shift coverage, daily assignments, or training. Accounting can help with payroll and approved expenses. Contact Human Resources directly for employee concerns, benefits, leave, or accommodation requests, including concerns involving your manager. For an urgent safety issue, alert the leader on duty immediately.



Your first day

Complete these steps with your manager or onboarding contact.

- ☐ Confirm your assigned position, location, direct manager, and first-week schedule.
- ☐ Complete the assigned employment paperwork and employment verification process.
- ☐ Activate your ADP account and review your personal details, emergency contact, tax information, and direct deposit setup.
- ☐ Sign in to your Microsoft Outlook email account, if assigned. Confirm how to receive company and location announcements.
- ☐ Receive your position scope and review any onboarding acknowledgments your manager or Human Resources assigns.
- ☐ Review benefits eligibility, enrollment instructions, your coverage start date, and the enrollment deadline with Human Resources.
- ☐ Tour the facility. Locate exits, emergency supplies, cleaning materials, and the designated places for employee belongings.
- ☐ Meet your trainer. Review safe dog handling, customer care expectations, and the tasks you may perform during training.

MY DIRECT MANAGER AND CONTACT INFORMATION

FIRST SHIFT DATE AND TIME



Accounts and payroll

ADP onboarding

Use the onboarding invitation or instructions provided by Human Resources. Check your legal name, contact information, emergency contact, tax elections, and direct deposit details. Confirm that all assigned onboarding tasks are complete.

Company email

If your role includes a company email account, confirm that you can sign in to Microsoft Outlook and complete the required account verification. Ask your manager which location messages and shared resources you should receive. Keep login information secure.

Timekeeping

Record your actual work time using the process assigned to your location. Record the beginning and end of work and any required meal or other non-work periods. Report a missed entry or error to your supervisor promptly so the record can be corrected.

Review your time records for accuracy. Ask your manager how time corrections and approvals are handled before payroll is processed.

Your pay information

Compensation is location based. Confirm your pay schedule and first expected paycheck with your manager or Accounting. Review your pay statement and report a payroll question or error promptly.

Accounting: Madison.Vanhouten@247.dog

Human Resources: Joseph.Kruse@247.dog

ADP ONBOARDING CONTACT OR ACCOUNT HELP



Working together

Safe care and clear communication

Follow the training and operating procedures for your assigned work. Ask for help before performing an unfamiliar task. Share concerns about a dog, client, or facility condition with the leader on duty promptly.

Attendance and readiness

Know your schedule and report ready for work. If you will be absent or late, notify your supervisor as early as possible using your location's reporting process. Confirm the dress, uniform, footwear, and safety equipment requirements for your position.

Respect at work

Treat coworkers and clients professionally. Report concerns about harassment, discrimination, retaliation, or inappropriate conduct to management or Human Resources. You may bring a concern directly to Human Resources.

Safety and incident reporting

Report unsafe conditions and work-related injuries or illness to your supervisor promptly. Learn your location's emergency response procedures and the reporting steps before an incident occurs.

Information and public communication

Protect confidential company, client, and employee information. Use company systems responsibly. Direct marketing material requests and media inquiries to Marketing and follow the company's approval process for public statements.



Your benefits resources

The included medical and MetLife materials identify the coverage period of June 1, 2026 through May 31, 2027. Human Resources will confirm your eligibility, the plans available to you, your enrollment deadline, and your effective date.

RESOURCE	WHAT TO REVIEW
Medical insurance	Five Aetna plan summaries are included. Compare the premium, provider network, deductible, and out-of-pocket limit in the plans available to you.
Dental insurance	Delta Dental Preferred Provider Organization plan summaries with annual maximums of \$750 and \$2,000 are included.
Vision insurance	The VSP Choice Vision Plan summary includes exam and eyewear benefits, network information, and service contacts.
Basic life insurance	The MetLife summary describes \$10,000 of basic term life and accidental death and dismemberment coverage. Eligibility and age reductions apply.
Long term disability	The MetLife summary describes 50% of predisability earnings, up to \$1,000 per month, with a 180-day elimination period. Offsets and other plan conditions apply.
Pet insurance	The Nationwide resource kit explains optional pet insurance, enrollment, claims, and member services.

Before completing enrollment

Confirm the cost per paycheck, any waiting period, dependent coverage requirements, and the effective date. Keep a record of your selections and review beneficiary information where applicable.

The official plan documents determine coverage. The materials in this packet are reference summaries. For enrollment help, contact Joseph.Kruse@247.dog.



Additional employee resources

Workplace injury support

Tell the leader on duty promptly if you experience a work-related injury or illness. The included Nurse Navigator reference guide describes the reporting process and access to registered nurses through ADP TotalSource and Coventry.

Nurse Navigator: 1-888-551-5605

The supplied guide lists availability 24 hours a day, 365 days a year.

For an emergency requiring immediate medical attention, call 911 and follow your location's emergency response procedures. Nurse Navigator is for the reporting and triage process described in the reference guide.

Pet insurance and member services

The Nationwide resource kit explains My Pet Protection Choice coverage options and how to enroll, submit a claim, and use member resources. Coverage, reimbursement, exclusions, and costs depend on the policy you select.

Enrollment and information:

benefits.petinsurance.com/dog247

877-738-7874

The kit also includes information about PetRxExpress prescription discounts and VetHelpline services for eligible Nationwide members. Review the included materials for access instructions.

Questions about these resources

Human Resources can help identify the right program or document for your question. For urgent work-related incidents, notify your supervisor immediately.

Joseph.Kruse@247.dog



Support and development

Time off, leave, and accommodations

Ask your manager how to request routine time off or report an unexpected absence. Contact Human Resources for medical leave or accommodation questions and submit personal medical documents through the process they provide.

Your training plan

Review the position scopes on pages 11-17 with your manager. Confirm your assigned training, who will guide you, and how readiness will be assessed. Discuss development goals and ask for feedback as you learn.

Manager Training Program (M.I.T/S.M.A.R.T)

Participation is exclusive to growing managers who are nominated by regional leadership. Regional leaders identify candidates for the program based on their development needs and readiness for greater responsibility.

M.I.T means Manager in Training. The M.I.T/S.M.A.R.T program develops the business knowledge and leadership skills needed to manage a location or department effectively. It helps participants move from carrying out daily tasks to leading people, making sound decisions, and taking ownership of results.

Training covers management and supervision, Human Resources, marketing and sales, leadership social styles, and finance. These subjects connect employee development and clear communication with client service, staffing, labor control, and the financial performance of the business.

Participants are expected to attend assigned training, apply the material in their work, and demonstrate growth in judgment, accountability, and leadership. Employees interested in this pathway should discuss their goals with their manager. Regional leadership must nominate candidates for participation.

Human Resources: Joseph.Kruse@247.dog



Technician

Position scopes / Foundational animal care

The Technician provides routine dog care and sanitation in assigned playrooms. This role builds safe handling skills through training, shadowing, and consistent execution of established procedures.

Reports to: The Manager of Operations or designated location leader.

Compensation: Location based.

Key responsibilities

- Manage assigned small-dog and calm large-dog playgroups using approved handling, praise, correction, and group-control methods.
- Maintain visual observation and review the dogs in your care and the previous handler's notes before accepting a group.
- Complete non-medicated feeding and routine care tasks as trained and assigned.
- Remove waste promptly, maintain clean playrooms and mop buckets, and complete assigned sanitation work.
- Report care or safety concerns immediately and provide a clear handoff before breaks or shift changes.

Working authority

Follow established procedures and ask for help with unfamiliar tasks. Medication duties, advanced groups, client decisions, and staff supervision require the appropriate training and assignment.

Development focus

Build reliable room control, accurate feeding, an understanding of canine behavior, and correct sanitation practices before progressing to broader direct-care responsibilities.

The shared essential duties on page 17 apply to this role.



Specialist

Position scopes / Advanced direct care

The Specialist performs advanced direct-care work across dog groups and supports services and client communication. The role requires dependable handling, accurate care, and sound judgment within established procedures.

Reports to: The Manager of Operations or designated location leader.

Compensation: Location based.

Key responsibilities

- Safely manage groups across dog sizes, temperaments, and energy levels using approved handling methods.
- Complete feeding accurately and administer assigned medication after the required training and authorization.
- Perform assigned add-on services and verify completion through the location's reporting process.
- Assist with dog check-in and check-out using approved procedures and granted system access.
- Observe behavior changes, report care concerns, and provide accurate information during care handoffs.
- Capture appropriate dog photos or videos for Customer Care or supervising leaders through approved channels.

Working authority

Perform trained care functions independently within established procedures. Escalate incidents, exceptions, and decisions beyond the assignment. The Specialist role does not by itself authorize staff supervision, policy changes, or financial approvals.

Development focus

Demonstrate mastery of direct-care tasks, services, medication accuracy, and professional behavior reporting while developing readiness for shift leadership.

The shared essential duties on page 17 apply to this role.



Shift Supervisor

Position scopes / Leadership of the active shift

The Shift Supervisor directs people, playgroups, safety, and workflow during an assigned shift. The role is responsible for keeping the shift organized, maintaining coverage, and verifying that assigned work is complete.

Reports to: The Manager of Operations or designated location leader.

Compensation: Location based.

Key responsibilities

- Assign staff and maintain continuous playroom coverage, required staffing ratios, and safe group management.
- Delegate cleaning, feeding, medication, and services to trained employees and verify completion.
- Coach dog handling and safe work practices in real time, including new-hire training assigned by leadership.
- Document injuries, cash counts, and performance concerns. Report supply needs and shift issues through approved channels.
- Coordinate client follow-up with Customer Care and provide accurate operational handoffs.
- Participate in assigned overnight rotations as part of the role's 24-hour leadership coverage requirement.

Working authority

Direct the assigned shift and reallocate staff within approved coverage. Scheduling, time-off or timecard approval, employment actions, spending, and dog restrictions follow the authority and permissions delegated by leadership.

Development focus

Lead complete shifts consistently. Build skills in ratio reporting, inventory, scheduling, hiring support, timecards, and handling client concerns before advancing to broader supervision.

The shared essential duties on page 17 apply to this role.



General Supervisor

Position scopes / Coordination across shifts

The General Supervisor supports the Manager of Operations by coordinating multiple shifts or major operating functions within one location. The role develops supervisors and helps maintain consistent performance across the facility.

Reports to: The Manager of Operations or designated location leader.

Compensation: Location based.

Key responsibilities

- Coordinate Shift Supervisors and staff across shifts, maintaining clear assignments and reliable handoffs.
- Support schedules, time-off requests, call-outs, coverage gaps, and routine timecard review within delegated authority.
- Provide coaching, recognition, promotion input, and factual performance documentation for management review.
- Support interviews, onboarding, ADP processes, and clear communication of role expectations as assigned.
- Monitor ratios, supplies, equipment, and training progress. Coordinate client follow-through and escalate sensitive employee matters to Human Resources.
- Participate in assigned overnight rotations and help maintain dependable leadership coverage across the 24-hour operation.

Working authority

Resolve routine operating issues and coordinate assigned leaders. Hiring decisions, pay changes, formal employment actions, spending, refunds, and permanent dog bans follow the established approval process and delegated limits.

Development focus

Demonstrate judgment across the location, develop dependable supervisors, and understand staffing, revenue, expenses, and dog behavior before consideration for management training.

The shared essential duties on page 17 apply to this role.



Manager of Operations

Position scopes / Accountability for one assigned facility

The Manager of Operations owns the daily performance, safety, staffing, cleanliness, client experience, culture, and financial execution of one location. This leader turns company direction into consistent results through the facility leadership team.

Reports to: The assigned General Manager or designated Operations leader.

Compensation: Location based.

Key responsibilities

- Direct safe care and service across shifts, including playgroups, boarding, feeding, medication, sanitation, and turnovers.
- Maintain demand-based schedules and leadership coverage for call-outs, vacancies, nights, weekends, and holidays.
- Review revenue, labor, overtime, retention, and expenses against approved goals. Assign an owner and deadline to open issues.
- Develop supervisors through delegation, recognition, coaching, documented accountability, and succession planning.
- Conduct assigned interviews and onboarding. Route hiring, promotion, pay, and employment-action recommendations through the approved process.
- Direct emergency response, owner communication, factual documentation, care review, and corrective follow-through with the appropriate departments.
- Maintain equipment, supplies, chemical safety information, sanitation records, repairs, role training, and inspection readiness.
- Partner with Customer Care, Sales, and Marketing on service accuracy, meet-and-greet conversion, packages, add-ons, and retention.

Authority and escalation

Operate within approved plans and written limits. Coordinate employment actions with Human Resources. Escalate serious incidents, permanent dog bans, material complaints, regulatory matters, and decisions beyond delegated authority.

The shared essential duties on page 17 apply to this role.



Manager of Operations

Position scopes / Leadership competencies and readiness

Effective management requires visible results and dependable judgment. These expectations apply to the way the Manager of Operations leads employees, works with other departments, and responds under pressure.

COMPETENCY	WHAT IT LOOKS LIKE AT WORK
Intellectual humility	Admit mistakes, listen to different viewpoints, seek feedback, and consult people with relevant expertise.
Organizational awareness	Understand responsibilities and reporting relationships. Coordinate competing priorities without creating unnecessary conflict.
Empathy and emotional intelligence	Understand employee and client concerns, keep professional boundaries, and apply expectations consistently.
Leadership presence	Communicate clearly, set a steady example, and give the team confidence in your direction and follow-through.
Calm under pressure	Respond promptly and logically during difficult situations. Recognize when a decision requires escalation.
Long-term ownership	Build sustainable location performance, develop future leaders, and protect the company's long-term interests.
Trust and discretion	Maintain integrity, confidentiality, and reliability. Keep your words, decisions, and actions aligned.

Readiness and advancement

Maintain assigned role training and demonstrate safe care, emergency judgment, financial understanding, and effective leadership. Growing managers must be nominated by regional leadership to participate in the Manager Training Program (M.I.T/S.M.A.R.T). Advancement requires sustained results and readiness for broader responsibility.

The shared essential duties on page 17 apply to this role.



Shared essential duties

Position scopes / Requirements common to the five Operations roles

These duties apply to the Technician, Specialist, Shift Supervisor, General Supervisor, and Manager of Operations. Higher-level responsibility includes the ability to support trained hands-on work when needed.

Care and safety. Use approved handling and group-management methods. Review care instructions and behavioral notes, maintain observation, complete handoffs, and report injuries, unusual behavior, or unsafe conditions immediately.

Sanitation. Maintain clean care areas and equipment. Use cleaning products, dilution, protective equipment, and contact times only as trained and directed by approved instructions. Know where safety data sheets are available.

Communication and conduct. Maintain punctuality and follow call-out procedures. Complete assigned turnovers and reporting, communicate professionally, and protect confidential information. Employee concerns may be raised directly with Human Resources.

Training and systems. Complete assigned Dogs 24/7 University and role training, including Behavior 101, Operant Conditioning, and Dogs Classification Mastery. Use approved systems within assigned permissions.

Dress and work environment. Follow the approved dress requirements, including non-slip closed-toed footwear. Work safely around noise, water, waste, cleaning products, and dogs with different sizes and behaviors.

Physical duties and accommodations. Move throughout dog-accessible areas, position yourself for safe care, guide dogs through the facility, and occasionally lift 40 pounds or more as the role requires. Direct accommodation requests to Human Resources and follow approved restrictions.

Continuous care. Maintain required care and leadership coverage. Overnight priorities include rest, monitoring, essential care, reporting, and emergency readiness. Follow current approved assignments for cleaning and other work.

Human Resources: Joseph.Kruse@247.dog. Your manager will explain assigned duties, training, and delegated approval limits for your location.



Onboarding review

Use this page with your manager to track the items you have reviewed.

- ☐ My position, location, direct manager, and schedule are confirmed.
- ☐ My assigned ADP onboarding steps are complete, or I know which items remain.
- ☐ My company email and required system access are confirmed, where assigned.
- ☐ I know how to record time and who to contact about payroll.
- ☐ I reviewed my position scope and applicable company policies with my manager.
- ☐ I know my benefits enrollment deadline and how to get help.
- ☐ I know how to report a safety concern, injury, or employee concern.
- ☐ I reviewed my training plan and know who will guide my training.

Questions or items still to complete

EMPLOYEE NAME AND REVIEW DATE

MANAGER NAME AND REVIEW DATE

This page records an onboarding review. Complete any assigned onboarding acknowledgments through the process provided by your manager or Human Resources.



Reference directory

Select a row to open the document. Page ranges refer to this complete PDF.

REF	COMPLETE DOCUMENT	PAGES
A1	Aetna Traditional Choice Indemnity 1000-80	20-28
A2	Aetna Open Access Managed Plus JV 6500-100	29-37
A3	Aetna Open Access Managed Plus JV HDHP 6000-70	38-46
A4	Aetna Open Access Elect Choice OA EPO 1500-80	47-55
A5	Aetna Open Access Elect Choice OA EPO 6000-100 Value INT	56-64
B1	Delta Dental PPO 750	65-66
B2	Delta Dental PPO 2000	67-68
B3	VSP Choice Vision Plan	69-70
C1	MetLife Basic Life and Accidental Death and Dismemberment	71-77
C2	MetLife Long Term Disability	78-82
D	Nationwide Employee Pet Insurance Resource Kit	83-89
E	Nurse Navigator	90-94
F	General Manager of Operations Position Scope	95-98

Medical and MetLife plan summaries identify the June 2026 through May 2027 coverage period. Confirm your available benefits with Human Resources.

Provider materials retain their supplied content. The General Manager of Operations reference preserves the supplied scope text in a print layout.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=081300-110020-012576> or by calling 1-866-208-5931. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-866-208-5931 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	For each Calendar Year, Individual \$1,000 / Family \$2,000.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. <u>Prescription drugs</u> & <u>preventive care</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	For each Calendar Year, Individual \$4,500 / Family \$9,000.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover & penalties for failure to obtain <u>pre-authorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Not applicable.	This <u>plan</u> does not use a <u>provider network</u> . You can receive covered services from any <u>provider</u> .
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	None
	<u>Specialist</u> visit	20% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.aetnapharmacy.com/advancedcontrolaetna	Preferred generic drugs (Includes Tier 1A - Value Drugs and Tier 1 Preferred Generic Prescription Drugs)	<u>Copay/prescription, deductible</u> doesn't apply: Tier 1A \$3 for 30 day supply (retail), \$6 for 31-90 day supply (retail & mail order); Preferred Generic \$10 for 30 day supply (retail), \$20 for 31-90 day supply (retail & mail order)	Covers 30 day supply (retail), 31-90 day supply (retail & mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in- <u>network</u> . Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. <u>Copay/prescription</u> for preferred insulin, <u>deductible</u> doesn't apply: \$25 for each 30 day supply. Your cost will be higher for choosing Brand over Generics unless prescribed Dispense as Written. For out-of-network pharmacies an additional 20% <u>coinsurance</u> applies after copay.
	Preferred brand drugs	<u>Copay/prescription, deductible</u> doesn't apply: \$45 for 30 day supply (retail), \$90 for 31-90 day supply (retail & mail order)	
	Non-preferred generic/brand drugs	<u>Copay/prescription, deductible</u> doesn't apply: \$70 for 30 day supply (retail), \$140 for 31-90 day supply (retail & mail order)	
	<u>Specialty drugs</u>	<u>Copay/prescription, deductible</u> doesn't apply: 30% (preferred), 50% (non-preferred)	All prescriptions must be filled through the Aetna Specialty Pharmacy <u>Network</u> . \$300 (preferred) and \$500 (non-preferred) maximum <u>copay</u> for each 30 day supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u> for non-emergency use.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	Non-emergency transport: not covered, except if pre-authorized.
	<u>Urgent care</u>	20% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> .
	Physician/surgeon fees	20% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services Coverage for these services is administered by	Outpatient services	Office & other outpatient services: 20% <u>coinsurance</u>	None
	Inpatient services	20% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> .
If you are pregnant	Office visits	No charge	Cost sharing does not apply for <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Penalty of \$400 for failure to obtain <u>pre-authorization</u> may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	120 visits but not less than \$1,000/calendar year. Penalty of \$400 for failure to obtain <u>pre-authorization</u> .
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	60 visits/calendar year for Physical, Occupational & Speech Therapy combined, including outpatient hospital services.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	60 days/calendar year. Penalty of \$400 for failure to obtain <u>pre-authorization</u> .
	<u>Durable medical equipment</u>	50% <u>coinsurance</u>	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.
	<u>Hospice services</u>	20% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> .

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If your child needs dental or eye care	Children's eye exam	No charge	1 routine eye exam/12 months.
	Children's glasses	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|-------------------------------|-------------------|--|
| • Bariatric surgery | • Glasses (Child) | • Non-emergency care when traveling outside the U.S. |
| • Cosmetic surgery | • Hearing aids | • Routine foot care |
| • Dental care (Adult & Child) | • Long-term care | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|--|--|
| • Acupuncture - 10 visits/calendar year for disease, injury & chronic pain. | • Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition, including artificial insemination. | • Private-duty nursing - 70- 8 hour shifts/calendar year. |
| • Chiropractic care | | • Routine eye care (Adult) - 1 routine eye exam/12 months. |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Florida Department of Financial Services, Division of Consumer Services, 877-693-5236 (Toll-Free), 850-413-3089 (Out of State), Dial *711 (TDD), <http://www.myfloridacfo.com/Division/Consumers/>.

- For more information on your rights to continue coverage, contact the plan at 1-866-208-5931.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete

information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general toll free number at 1-866-208-5931. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- Florida Department of Financial Services, Division of Consumer Services, 877-693-5236 (Toll-Free), 850-413-3089 (Out of State), Dial *711 (TDD), <http://www.myfloridacfo.com/Division/Consumers/>.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$1,000**
- Specialist coinsurance **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<u>Cost Sharing</u>	
Deductibles	\$1,000
Copayments	\$10
Coinsurance	\$2,100
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,170

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$1,000**
- Specialist coinsurance **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This EXAMPLE event includes services like:
Primary care provider office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Diabetic supplies (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<u>Cost Sharing</u>	
Deductibles	\$1,000
Copayments	\$500
Coinsurance	\$30
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,550

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$1,000**
- Specialist coinsurance **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
<u>Cost Sharing</u>	
Deductibles	\$1,000
Copayments	\$0
Coinsurance	\$400
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,400

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-866-208-5931.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-866-208-5931.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

English	To access language services at no cost to you, call 1-866-208-5931.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-866-208-5931 ይደውሉ፡፡
Arabic	للحصول على خدمات لغوية دون تكلفة، الرجاء الاتصال على الرقم 1-866-208-5931
Armenian	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-866-208-5931 հեռախոսահամարով:
Carolinian (Kapasal Falawasch)	ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-866-208-5931.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-866-208-5931.
Chinese Traditional	如欲使用免費語言服務，請致電 1-866-208-5931.
Cushitic-Oromo	Tajaajiiloota afaanii garuu bilisaa ati argaachuuf, bilbili 1-866-208-5931.
French	Afin d'accéder aux services langagiers sans frais, composez le 1-866-208-5931.
French Creole (Haitian)	Pou jwenn sèvis lang gratis, rele 1-866-208-5931.
German	Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-866-208-5931 an.
Greek	Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-866-208-5931.
Gujarati	તમારે કોઇ જાતના ખર્ચ વના ભાષાની સેવિસોની પછોડ માટે, કોલ કરો 1-866-208-5931.
Hindi	आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-866-208-5931 पर कॉल करें।.
Hmong	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-866-208-5931.
Italian	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-866-208-5931.
Japanese	言語サービスを無料でご利用いただくには、1-866-208-5931 までお電話ください。
Karen	လၢတၢ်ကမၤန့ၣ် ကံၤစၢ် အတၢ်မၤစၢၤ အတၢ်ဖဲးတၢ်မၤတဖၣ်လၢ တအံၤဒီးအပၤလၢကတၢၢ်ဟ့ၢ်အၤအဂီၢ်ဘၣ်န့ၢ် ကံး 1-866-208-5931 တကၢၢ်.
Korean	무료 언어 서비스를 이용하려면 1-866-208-5931 번으로 전화해 주십시오.
Laotian	ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ສຍຄ່າຕົກທ່ານ, ໃຫ້ໃບຫາບ 1-866-208-5931.
Mon-Khmer Cambodian	ដើម្បីទទួលបានសេវាភាសាដោយឥតគិតថ្លៃសម្រាប់អ្នកខ្មែរ មុនពេលទូរស័ព្ទសេវាភាសាដល់លេខ 1-866-208-5931 ។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowol doo bą́ą́h ílínígóó kojí' hólne' 1-866-208-5931.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff 1-866-208-5931.



: ADP TOTALSOURCE, INC.

Open Access Managed Plus - JV 6500-100

Coverage for: Individual + Family | Plan Type: POS



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=081000-110020-032541> or by calling 1-888-862-0204. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-862-0204 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	For each Calendar Year, Banner Health In- <u>Network</u> : Individual \$6,500 / Family \$13,000. Out-of- <u>Network</u> : Individual \$15,000 / Family \$30,000.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. <u>Prescription drugs</u> ; plus in- <u>network</u> office visits & <u>preventive care</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	For each Calendar Year, Banner Health In- <u>Network</u> : Individual \$7,500 / Family \$15,000. Out-of- <u>Network</u> : Individual \$25,000 / Family \$50,000.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover & penalties for failure to obtain <u>pre-authorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See www.myplanportal.com/dse/custom/banneretna1 or call 1-888-862-0204 for a list of Banner Health In- <u>Network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Banner Health In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copay</u> /visit, <u>deductible</u> doesn't apply	50% <u>coinsurance</u>	None
	<u>Specialist</u> visit	\$65 <u>copay</u> /visit, <u>deductible</u> doesn't apply	50% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.aetnapharmacy.com/advancedcontrolaetna	Preferred generic drugs (Includes Tier 1A - Value Drugs and Tier 1 Preferred Generic <u>Prescription Drugs</u>)	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: Tier 1A \$3 for 30 day supply (retail), \$6 for 31-90 day supply (retail & mail order); Preferred Generic \$10 for 30 day supply (retail), \$20 for 31-90 day supply (retail & mail order)	50% <u>coinsurance</u> after <u>copay</u> /prescription, <u>deductible</u> doesn't apply: Tier 1A \$3 for 30 day supply (retail), \$6 for 31-90 day supply (retail & mail order); Preferred Generic \$10 for 30 day supply (retail), \$20 for 31-90 day supply (retail & mail order)	Covers 30 day supply (retail), 31-90 day supply (retail & mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. No charge for preferred generic FDA-approved women's contraceptives <u>in-network</u> . Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. <u>Copay</u> /prescription for preferred insulin, <u>deductible</u> doesn't apply: \$25 for each 30 day supply. Your cost will be higher for choosing Brand over Generics unless prescribed Dispense as Written.
	Preferred brand drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$45 for 30 day supply (retail), \$90 for 31-90 day supply (retail & mail order)	50% <u>coinsurance</u> after <u>copay</u> /prescription, <u>deductible</u> doesn't apply: \$45 for 30 day supply (retail), \$90 for 31-90 day supply (retail & mail order)	
	Non-preferred generic/brand drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$80 for 30 day supply	50% <u>coinsurance</u> after <u>copay</u> /prescription, <u>deductible</u> doesn't	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Banner Health In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		(retail), \$160 for 31-90 day supply (retail & mail order)	apply: \$80 for 30 day supply (retail), \$160 for 31-90 day supply (retail & mail order)	
	<u>Specialty drugs</u>	<u>Copay/prescription, deductible</u> doesn't apply: 30% (preferred), 50% (non-preferred)	50% <u>coinsurance</u> after <u>copay/prescription, deductible</u> doesn't apply: 30% (preferred), 50% (non-preferred)	All prescriptions must be filled through the Banner Aetna Specialty Pharmacy <u>Network</u> . \$300 (preferred) and \$500 (non-preferred) maximum <u>copay</u> for each 30 day supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Out-of-network emergency use paid the same as <u>in-network</u> . No coverage for non-emergency use.
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Out-of-network emergency use paid the same as <u>in-network</u> . Non-emergency transport: not covered, except if pre-authorized.
	<u>Urgent care</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	No coverage for non-urgent use.
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	Physician/surgeon fees	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: \$65 <u>copay</u> /visit, <u>deductible</u> doesn't apply; other outpatient services: no charge	Office & other outpatient services: 50% <u>coinsurance</u>	None
	Inpatient services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
If you are pregnant	Office visits	No charge	50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Maternity care may include tests and

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Banner Health In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery professional services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	services described elsewhere in the SBC (i.e., ultrasound). Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care may apply.
	Childbirth/delivery facility services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Rehabilitation services</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	60 visits/calendar year for Physical, Occupational & Speech Therapy combined, including outpatient hospital services.
	<u>Habilitation services</u>	No charge	50% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	60 days/calendar year. Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Durable medical equipment</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.
	<u>Hospice services</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
If your child needs dental or eye care	Children's eye exam	No charge	50% <u>coinsurance</u>	1 routine eye exam/12 months.
	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|-------------------------------|-------------------|--|
| • Bariatric surgery | • Glasses (Child) | • Non-emergency care when traveling outside the U.S. |
| • Cosmetic surgery | • Hearing aids | • Routine foot care |
| • Dental care (Adult & Child) | • Long-term care | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|--|--|
| • Acupuncture - 10 visits/calendar year for disease, injury & chronic pain. | • Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition, including artificial insemination. | • Private-duty nursing - 70- 8 hour shifts/calendar year. |
| • Chiropractic care | | • Routine eye care (Adult) - 1 routine eye exam/12 months. |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Arizona Department of Insurance and Financial Institutions, 602-364-3100 or 602-364-2499, 602-364-2977 (Spanish), <https://difi.az.gov/>.

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To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$6,500
■ <u>Specialist copayment</u>	\$65
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$6,500
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$6,570

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$6,500
■ <u>Specialist copayment</u>	\$65
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Primary care provider office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Diabetic supplies (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$100
<u>Copayments</u>	\$800
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$920

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$6,500
■ <u>Specialist copayment</u>	\$65
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,300
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,400

The plan would be responsible for the other costs of these EXAMPLE covered services.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-862-0204.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

English	To access language services at no cost to you, call 1-888-862-0204.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-888-862-0204 ይደውሉ፡፡
Arabic	للحصول على خدمات لغوية دون تكلفة، الرجاء الاتصال على الرقم 1-888-862-0204
Armenian	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-888-862-0204 հեռախոսահամարով:
Carolinian (Kapasal Falawasch)	ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-888-862-0204.
Chamorro	Para un hago' i setbision lengguahi ni dibatde para hagu, a'gang 1-888-862-0204.
Chinese Traditional	如欲使用免費語言服務，請致電 1-888-862-0204.
Cushitic-Oromo	Tajaajiloota afaanii garuu bilisaa ati argaachuuf, bilbili 1-888-862-0204.
French	Afin d'accéder aux services langagiers sans frais, composez le 1-888-862-0204.
French Creole (Haitian)	Pou jwenn sèvis lang gratis, rele 1-888-862-0204.
German	Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-862-0204 an.
Greek	Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-862-0204.
Gujarati	તમારે કોઇ જાતના ખર્ચ વના ભાષાની સેવિસોની પહોંચ માટે, કોલ કરો 1-888-862-0204.
Hindi	आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-888-862-0204 पर कॉल करें।.
Hmong	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-862-0204.
Italian	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-862-0204.
Japanese	言語サービスを無料でご利用いただくには、1-888-862-0204 までお電話ください。
Karen	လၢတၢ်ကမၤန့ၣ် ကံၤစၢ် အတၢ်မၤစၢၤ အတၢ်ဖဲးတၢ်မၤတဖၣ်လၢ တအံၤဒီးအပၤလၢကတၢၢ်ဟ့ၣ်အၤအဂီၢ်ဘၣ်န့ၣ် ကံၤ 1-888-862-0204 တကၢၢ်.
Korean	무료 언어 서비스를 이용하려면 1-888-862-0204 번으로 전화해 주십시오.
Laotian	ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ສຍຄ່າຕົກທ່ານ, ໃຫ້ໃບຫາບ 1-888-862-0204.
Mon-Khmer Cambodian	ដើម្បីទទួលបានសេវាភាសាដោយឥតគិតថ្លៃសម្រាប់អ្នកខ្មែរ មុនពេលទូរស័ព្ទសេវាភាសាសន្ត 1-888-862-0204 ។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowol doo bą́ąh ílínígóó kojí' hólne' 1-888-862-0204.
Pennsylvanian-Dutch	Um Schprooch Services zu grieghe mitaus Koscht, ruff 1-888-862-0204.

Persian-Farsi	مرايش اب ،نآگي ار روط مآ نآبز نآمآخ مآ ي سرتسد يارب 1-888-862-0204 دي ري گب سامت
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-888-862-0204.
Portuguese	Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-862-0204.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਨਿ ਬਸਿ ਮਿਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਰਿਨ ਲਈ, 1-888-862-0204 'ਤੇ ਫ਼ੋਨ ਰਿ। .
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-862-0204.
Samoan	Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-862-0204.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite 1-888-862-0204.
Spanish	Para acceder a los servicios de idiomas sin costo, llame al 1-888-862-0204.
Syriac-Assyrian	1-888-862-0204. ﻳﻲ ﻫﻪﺑﻘﻪ ﺗﻪﻟﻪ ﺟﻠ ﻳﻴﻠﺨﻴﻪ ﻛﻪ ﺗﻴﻨﻘﻪ ﺗﻴﻠﻌﻪ ﺗﻴﻠﻌﻪ ﺗﻴﻠﻌﻪ ﺗﻴﻠﻌﻪ :
Tagalog	Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-862-0204.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-862-0204.
Ukrainian	Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-862-0204.
Vietnamese	Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, gọi số 1-888-862-0204.



ADP TOTALSOURCE, INC.

Open Access Managed Plus - JV HDHP 6000-70

Coverage for: EE Only; EE+ Family | Plan Type: POS



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=081000-110020-032556> or by calling 1-888-862-0204. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-862-0204 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For each Calendar Year, Banner Health In-Network: EE Only \$6,000; EE+ Family: Individual \$6,000/ Family \$12,000. Out-of-Network: EE Only \$15,000; EE+ Family: Individual \$15,000/ Family \$30,000.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. In-network <u>preventive care</u> is covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	For each Calendar Year, Banner Health In-Network: EE Only \$6,500; EE+ Family: Individual \$6,500/ Family \$13,000. Out-of-Network: EE Only \$25,000; EE+ Family: Individual \$25,000/ Family \$50,000.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover & penalties for failure to obtain <u>pre-authorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.myplanportal.com/dse/custom/banneraetna1 or call 1-888-862-0204 for a list of Banner Health In-Network <u>providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Banner Health In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Specialist</u> visit	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.aetnapharmacy.com/advancedcontrolaetna	Preferred generic drugs (Includes Tier 1A - Value Drugs and Tier 1 Preferred Generic <u>Prescription Drugs</u>)	<u>Copay</u> /prescription: Tier 1A \$3 for 30 day supply (retail), \$6 for 31-90 day supply (retail & mail order); Preferred Generic \$10 for 30 day supply (retail), \$20 for 31-90 day supply (retail & mail order)	50% <u>coinsurance</u> after <u>copay</u> /prescription: Tier 1A \$3 for 30 day supply (retail), \$6 for 31-90 day supply (retail & mail order); Preferred Generic \$10 for 30 day supply (retail), \$20 for 31-90 day supply (retail & mail order)	Covers 30 day supply (retail), 31-90 day supply (retail & mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. No charge for preferred generic FDA-approved women's contraceptives <u>in-network</u> . Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. <u>Copay</u> /prescription for preferred insulin, <u>deductible</u> doesn't apply: \$25 for each 30 day supply. Your cost will be higher for choosing Brand over Generics unless prescribed Dispense as Written. <u>Deductible</u> doesn't apply to certain preventive medications.
	Preferred brand drugs	<u>Copay</u> /prescription: \$45 for 30 day supply (retail), \$90 for 31-90 day supply (retail & mail order)	50% <u>coinsurance</u> after <u>copay</u> /prescription: \$45 for 30 day supply (retail), \$90 for 31-90 day supply (retail & mail order)	
	Non-preferred generic/brand drugs	<u>Copay</u> /prescription: \$80 for 30 day supply (retail), \$160 for 31-90 day supply (retail & mail order)	50% <u>coinsurance</u> after <u>copay</u> /prescription: \$80 for 30 day supply (retail), \$160 for 31-90 day supply (retail & mail order)	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Banner Health In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Specialty drugs</u>	<u>Copay/prescription</u> : 30% (preferred), 50% (non-preferred)	50% <u>coinsurance</u> after <u>copay/prescription</u> : 30% (preferred), 50% (non-preferred)	All prescriptions must be filled through the Banner Aetna Specialty Pharmacy <u>Network</u> . \$300 (preferred) and \$500 (non-preferred) maximum <u>copay</u> for each 30 day supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Physician/surgeon fees	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	Out-of-network emergency use paid the same as in-network. No coverage for non-emergency use.
	<u>Emergency medical transportation</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	Out-of-network emergency use paid the same as in-network. Non-emergency transport: not covered, except if pre-authorized.
	<u>Urgent care</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	No coverage for non-urgent use.
If you have a hospital stay	Facility fee (e.g., hospital room)	30% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	Physician/surgeon fees	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office & other outpatient services: 30% <u>coinsurance</u>	Office & other outpatient services: 50% <u>coinsurance</u>	None
	Inpatient services	30% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
If you are pregnant	Office visits	No charge	50% <u>coinsurance</u>	Cost sharing does not apply for <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care may apply.
	Childbirth/delivery professional services	30% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	30% <u>coinsurance</u>	50% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Banner Health In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Rehabilitation services</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	60 visits/calendar year for Physical, Occupational & Speech Therapy combined, including outpatient hospital services.
	<u>Habilitation services</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	60 days/calendar year. Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Durable medical equipment</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.
	<u>Hospice services</u>	30% <u>coinsurance</u>	50% <u>coinsurance</u>	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
If your child needs dental or eye care	Children's eye exam	No charge	50% <u>coinsurance</u>	1 routine eye exam/12 months.
	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|-------------------------------|-------------------|--|
| • Bariatric surgery | • Glasses (Child) | • Non-emergency care when traveling outside the U.S. |
| • Cosmetic surgery | • Hearing aids | • Routine foot care |
| • Dental care (Adult & Child) | • Long-term care | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|--|--|
| • Acupuncture - 10 visits/calendar year for disease, injury & chronic pain. | • Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition, including artificial insemination. | • Private-duty nursing - 70- 8 hour shifts/calendar year. |
| • Chiropractic care | | • Routine eye care (Adult) - 1 routine eye exam/12 months. |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Arizona Department of Insurance and Financial Institutions, 602-364-3100 or 602-364-2499, 602-364-2977 (Spanish), <https://difi.az.gov/>.

- For more information on your rights to continue coverage, contact the plan at 1-888-862-0204.

- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general toll free number at 1-888-862-0204. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- Arizona Department of Insurance and Financial Institutions, 602-364-3100 or 602-364-2499, 602-364-2977 (Spanish), <https://difi.az.gov/>.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$6,000**
- Specialist coinsurance **30%**
- Hospital (facility) coinsurance **30%**
- Other coinsurance **30%**

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<u>Cost Sharing</u>	
Deductibles	\$6,000
Copayments	\$0
Coinsurance	\$500
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$6,560

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$6,000**
- Specialist coinsurance **30%**
- Hospital (facility) coinsurance **30%**
- Other coinsurance **30%**

This EXAMPLE event includes services like:
Primary care provider office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Diabetic supplies (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<u>Cost Sharing</u>	
Deductibles	\$2,300
Copayments	\$300
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,620

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$6,000**
- Specialist coinsurance **30%**
- Hospital (facility) coinsurance **30%**
- Other coinsurance **30%**

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
<u>Cost Sharing</u>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

The plan would be responsible for the other costs of these EXAMPLE covered services.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-862-0204.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

English	To access language services at no cost to you, call 1-888-862-0204.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-888-862-0204 ይደውሉ፡፡
Arabic	للحصول على خدمات لغوية دون تكلفة، الرجاء الاتصال على الرقم 1-888-862-0204
Armenian	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-888-862-0204 հեռախոսահամարով:
Carolinian (Kapasal Falawasch)	ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-888-862-0204.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-888-862-0204.
Chinese Traditional	如欲使用免費語言服務，請致電 1-888-862-0204.
Cushitic-Oromo	Tajaajiloota afaanii garuu bilisaa ati argaachuuf, bilbili 1-888-862-0204.
French	Afin d'accéder aux services langagiers sans frais, composez le 1-888-862-0204.
French Creole (Haitian)	Pou jwenn sèvis lang gratis, rele 1-888-862-0204.
German	Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-862-0204 an.
Greek	Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-862-0204.
Gujarati	તમારે કોઇ જાતના ખર્ચ વના ભાષાની સેવિસોની પહોંચ માટે, કોલ કરો 1-888-862-0204.
Hindi	आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-888-862-0204 पर कॉल करें।.
Hmong	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-862-0204.
Italian	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-862-0204.
Japanese	言語サービスを無料でご利用いただくには、1-888-862-0204 までお電話ください。
Karen	လၢတၢ်ကမၤန့ၣ် ကံၣ်စၢ အတၢ်မၤစၢၤ အတၢ်ဖဲးတၢ်မၤတဖၣ်လၢ တအံၣ်ဒီးအပၤလၢကတၢၢ်ဟ့ၣ်အၤအဂီၢ်ဘၣ်န့ၣ် ကံး 1-888-862-0204 တကၢၢ်.
Korean	무료 언어 서비스를 이용하려면 1-888-862-0204 번으로 전화해 주십시오.
Laotian	ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໄດ້ແບບບໍ່ລາຄາ, ໃຫ້ໂທຫາ 1-888-862-0204.
Mon-Khmer Cambodian	ដើម្បីទទួលបានសេវាភាសាដោយឥតគិតថ្លៃ ម្ចាស់ទូរស័ព្ទសូមទូរស័ព្ទលេខ 1-888-862-0204 ។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowol doo bą́ąh ílínígóó kojí' hólne' 1-888-862-0204.
Pennsylvanian-Dutch	Um Schprooch Services zu grieghe mitaus Koscht, ruff 1-888-862-0204.

Persian-Farsi	مرايش اب ،نآگي ار روط مآ نآبز نآمآخ مآ ي سرتسد يارب 1-888-862-0204 دي ري گب سامت
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-888-862-0204.
Portuguese	Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-862-0204.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਨਿ ਬਸਿ ਮਿਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਰਿਨ ਲਈ, 1-888-862-0204 ‘ਤੇ ਫ਼ੋਨ ਰਿ। .
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-862-0204.
Samoan	Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala’au le 1-888-862-0204.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite 1-888-862-0204.
Spanish	Para acceder a los servicios de idiomas sin costo, llame al 1-888-862-0204.
Syriac-Assyrian	1-888-862-0204. ﻳﻲ ﻫﺒﻘﻪ ﺗﻠﻪ ﺟﻠ ﻳﻠﺨﻴﻪ ﺗﻠﻴﻨﻘﺎ ﺗﻠﻴﻨﻘﺎ ﺗﻠﻴﻨﻘﺎ ﺗﻠﻴﻨﻘﺎ ﺗﻠﻴﻨﻘﺎ ﺗﻠﻴﻨﻘﺎ :
Tagalog	Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-862-0204.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-862-0204.
Ukrainian	Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-862-0204.
Vietnamese	Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, gọi số 1-888-862-0204.



ADP TOTALSOURCE, INC.

Aetna Open Access® Elect Choice® - OA EPO 1500-80

Coverage for: Individual + Family | Plan Type: EPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=081100-110020-002586> or by calling 1-866-208-5931. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-866-208-5931 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For each Calendar Year, In- <u>Network</u> : Individual \$1,500 / Family \$3,000.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Emergency care; plus in- <u>network</u> office visits, <u>prescription drugs</u> & <u>preventive care</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	For each Calendar Year, In- <u>Network</u> : Individual \$5,500 / Family \$11,000.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges & health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See http://www.aetna.com/docfind or call 1-866-208-5931 for a list of in- <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	No charge for in-network Virtual Primary Care telemedicine <u>provider</u> visits for certain services.
	<u>Specialist</u> visit	\$60 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	None
	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge for laboratory; 20% <u>coinsurance</u> for x-ray	Not covered	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	Not covered	None
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.aetnapharmacy.com/advancedcontrolaetna	Preferred generic drugs (Includes Tier 1A - Value Drugs and Tier 1 Preferred Generic <u>Prescription Drugs</u>)	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: Tier 1A \$3 for 30 day supply (retail), \$6 for 31-90 day supply (retail & mail order); Preferred Generic \$10 for 30 day supply (retail), \$20 for 31-90 day supply (retail & mail order)	Not covered	Covers 30 day supply (retail), 31-90 day supply (retail & mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in-network. Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. <u>Copay</u> /prescription for preferred insulin, <u>deductible</u> doesn't apply: \$25 for each 30 day supply. Your cost will be higher for choosing Brand over Generics unless prescribed Dispense as Written.
	Preferred brand drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$45 for 30 day supply (retail), \$90 for 31-90 day supply (retail & mail order)	Not covered	
	Non-preferred generic/brand drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$70 for 30 day supply (retail), \$140 for 31-90 day supply (retail & mail order)	Not covered	
	<u>Specialty drugs</u>	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply:	Not covered	All prescriptions must be filled through the Aetna Specialty Pharmacy <u>Network</u> . \$300

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		30% (preferred), 50% (non-preferred)		(preferred) and \$500 (non-preferred) maximum <u>copay</u> for each 30 day supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	Not covered	None
	Physician/surgeon fees	20% <u>coinsurance</u>	Not covered	None
If you need immediate medical attention	<u>Emergency room care</u>	\$500 <u>copay</u> /visit, <u>deductible</u> doesn't apply	\$500 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Out-of-network emergency use paid the same as in-network. No coverage for non-emergency use.
	<u>Emergency medical transportation</u>	\$500 <u>copay</u> /trip, <u>deductible</u> doesn't apply	\$500 <u>copay</u> /trip, <u>deductible</u> doesn't apply	Out-of-network emergency use paid the same as in-network. Non-emergency transport: not covered, except if pre-authorized.
	<u>Urgent care</u>	\$85 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	No coverage for non-urgent use.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	Not covered	None
	Physician/surgeon fees	20% <u>coinsurance</u>	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: \$60 <u>copay</u> /visit, <u>deductible</u> doesn't apply; other outpatient services: no charge	Not covered	None
	Inpatient services	20% <u>coinsurance</u>	Not covered	None
If you are pregnant	Office visits	No charge	Not covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u>	Not covered	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	Not covered	
If you need help recovering or have other special health needs	<u>Home health care</u>	0% <u>coinsurance</u>	Not covered	120 visits but not less than \$1,000/calendar year.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	Not covered	60 visits/calendar year for Physical, Occupational & Speech Therapy combined, including outpatient hospital services.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Habilitation services</u>	No charge	Not covered	None
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	Not covered	60 days/calendar year.
	<u>Durable medical equipment</u>	50% <u>coinsurance</u>	Not covered	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.
	<u>Hospice services</u>	20% <u>coinsurance</u>	Not covered	None
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	1 routine eye exam/12 months.
	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|-------------------------------|-------------------|--|
| • Bariatric surgery | • Glasses (Child) | • Non-emergency care when traveling outside the U.S. |
| • Cosmetic surgery | • Hearing aids | • Routine foot care |
| • Dental care (Adult & Child) | • Long-term care | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|--|--|
| • Acupuncture - 10 visits/calendar year for disease, injury & chronic pain. | • Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition, including artificial insemination. | • Private-duty nursing - 70- 8 hour shifts/calendar year. |
| • Chiropractic care | | • Routine eye care (Adult) - 1 routine eye exam/12 months. |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Florida Department of Financial Services, Division of Consumer Services, 877-693-5236 (Toll-Free), 850-413-3089 (Out of State), Dial *711 (TDD), <http://www.myfloridacfo.com/Division/Consumers/>.

- For more information on your rights to continue coverage, contact the plan at 1-866-208-5931.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general toll free number at 1-866-208-5931. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- Florida Department of Financial Services, Division of Consumer Services, 877-693-5236 (Toll-Free), 850-413-3089 (Out of State), Dial *711 (TDD), <http://www.myfloridacfo.com/Division/Consumers/>.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$1,500**
- Specialist copayment **\$60**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<u>Cost Sharing</u>	
Deductibles	\$1,500
Copayments	\$10
Coinsurance	\$1,800
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,370

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$1,500**
- Specialist copayment **\$60**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This EXAMPLE event includes services like:
Primary care provider office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Diabetic supplies (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<u>Cost Sharing</u>	
Deductibles	\$0
Copayments	\$900
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$920

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$1,500**
- Specialist copayment **\$60**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
<u>Cost Sharing</u>	
Deductibles	\$400
Copayments	\$1,100
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,500

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-866-208-5931.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Assistive Technology

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Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

English	To access language services at no cost to you, call 1-866-208-5931.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-866-208-5931 ይደውሉ፡፡
Arabic	للحصول على خدمات لغوية دون تكلفة، الرجاء الاتصال على الرقم 1-866-208-5931
Armenian	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-866-208-5931 հեռախոսահամարով:
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Navajo	T'áá ni nizaad k'ehjí bee níká a'doowol doo bą́ą́h ílínígóó kojí' hólne' 1-866-208-5931.
Pennsylvanian-Dutch	Um Schprooch Services zu grieghe mitaus Koscht, ruff 1-866-208-5931.



ADP TOTALSOURCE, INC.

Aetna Open Access® Elect Choice® - OA EPO 6000-100 Value INT

Coverage for: Individual + Family | Plan Type: EPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=081400-110020-022580> or by calling 1-866-208-5931. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-866-208-5931 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: Individual \$6,000 / Family \$12,000.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. In-network primary care office visits, <u>preventive care</u> , generic & Tier 1A <u>prescription drugs</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	In-Network: Individual \$7,500 / Family \$15,000.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges & health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See http://www.aetna.com/docfind or call 1-866-208-5931 for a list of in-network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$10 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	No charge for in-network Virtual Primary Care telemedicine <u>provider</u> visits for certain services.
	<u>Specialist</u> visit	0% <u>coinsurance</u>	Not covered	None
	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	\$20 <u>copay</u> /visit for laboratory, <u>deductible</u> doesn't apply; 0% <u>coinsurance</u> for x-ray	Not covered	None
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	Not covered	None
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.aetnapharmacy.com/advancedcontrolaetna	Preferred generic drugs (Includes Tier 1A - Value Drugs and Tier 1 Preferred Generic <u>Prescription Drugs</u>)	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: Tier 1A \$3 for 30 day supply (retail), \$6 for 31-90 day supply (retail & mail order); Preferred Generic \$10 for 30 day supply (retail), \$20 for 31-90 day supply (retail & mail order)	Not covered	Covers 30 day supply (retail), 31-90 day supply (retail & mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in-network. Review your <u>formulary</u> for prescriptions requiring precertification or step therapy for coverage. <u>Copay</u> /prescription for preferred insulin, <u>deductible</u> doesn't apply: \$25 for each 30 day supply. Your cost will be higher for choosing Brand over Generics unless prescribed Dispense as Written.
	Preferred brand drugs	<u>Copay</u> /prescription: \$50 for 30 day supply (retail), \$100 for 31-90 day supply (retail & mail order)	Not covered	
	Non-preferred generic/brand drugs	<u>Copay</u> /prescription: \$90 for 30 day supply (retail), \$180 for 31-90 day supply (retail & mail order), <u>deductible</u> doesn't apply to non-preferred generic drugs	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Specialty drugs</u>	<u>Copay/prescription</u> : 30% (preferred), 50% (non-preferred)	Not covered	All prescriptions must be filled through the Aetna Specialty Pharmacy <u>Network</u> . \$300 (preferred) and \$500 (non-preferred) maximum <u>copay</u> for each 30 day supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	Not covered	None
	Physician/surgeon fees	0% <u>coinsurance</u>	Not covered	None
If you need immediate medical attention	<u>Emergency room care</u>	\$350 <u>copay</u> /visit	\$350 <u>copay</u> /visit	Out-of-network emergency use paid the same as in- <u>network</u> . No coverage for non-emergency use.
	<u>Emergency medical transportation</u>	\$350 <u>copay</u> /trip	\$350 <u>copay</u> /trip	Out-of-network emergency use paid the same as in- <u>network</u> . Non-emergency transport: not covered, except if pre-authorized.
	<u>Urgent care</u>	0% <u>coinsurance</u>	Not covered	No coverage for non-urgent use.
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	Not covered	None
	Physician/surgeon fees	0% <u>coinsurance</u>	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: 0% <u>coinsurance</u> ; other outpatient services: no charge	Not covered	None
	Inpatient services	0% <u>coinsurance</u>	Not covered	None
If you are pregnant	Office visits	No charge	Not covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	0% <u>coinsurance</u>	Not covered	
	Childbirth/delivery facility services	0% <u>coinsurance</u>	Not covered	
If you need help recovering or have other special health needs	<u>Home health care</u>	0% <u>coinsurance</u>	Not covered	120 visits but not less than \$1,000/calendar year.
	<u>Rehabilitation services</u>	0% <u>coinsurance</u>	Not covered	60 visits/calendar year for Physical, Occupational & Speech Therapy combined,

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				including outpatient hospital services.
	<u>Habilitation services</u>	No charge	Not covered	None
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	Not covered	60 days/calendar year.
	<u>Durable medical equipment</u>	50% <u>coinsurance</u>	Not covered	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.
	<u>Hospice services</u>	0% <u>coinsurance</u>	Not covered	None
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	1 routine eye exam/12 months.
	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|-------------------------------|-------------------|--|
| • Bariatric surgery | • Glasses (Child) | • Non-emergency care when traveling outside the U.S. |
| • Cosmetic surgery | • Hearing aids | • Routine foot care |
| • Dental care (Adult & Child) | • Long-term care | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|--|--|
| • Acupuncture - 10 visits/calendar year for disease, injury & chronic pain. | • Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition, including artificial insemination. | • Private-duty nursing - 70- 8 hour shifts/calendar year. |
| • Chiropractic care | | • Routine eye care (Adult) - 1 routine eye exam/12 months. |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Florida Department of Financial Services, Division of Consumer Services, 877-693-5236 (Toll-Free), 850-413-3089 (Out of State), Dial *711 (TDD), <http://www.myfloridacfo.com/Division/Consumers/>.

- For more information on your rights to continue coverage, contact the plan at 1-866-208-5931.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.

- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general toll free number at 1-866-208-5931. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
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Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$6,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<u>Cost Sharing</u>	
Deductibles	\$6,000
Copayments	\$90
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$6,150

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$6,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

This EXAMPLE event includes services like:
Primary care provider office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Diabetic supplies (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<u>Cost Sharing</u>	
Deductibles	\$300
Copayments	\$600
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$920

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$6,000**
- Specialist coinsurance **0%**
- Hospital (facility) coinsurance **0%**
- Other coinsurance **0%**

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
<u>Cost Sharing</u>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-866-208-5931.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Assistive Technology

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Hindi	आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-866-208-5931 पर कॉल करें।.
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Japanese	言語サービスを無料でご利用いただくには、1-866-208-5931 までお電話ください。
Karen	လၢတၢ်ကမၤန့ၣ် ကံၣ်စၢ အတၢ်မၤစၢၤ အတၢ်ဖဲးတၢ်မၤတဖၣ်လၢ တအံၣ်ဒီးအပၤလၢကတၢ်ဟ့ၣ်အၤအဂီၢ်ဘၣ်န့ၣ် ကံး 1-866-208-5931 တကါၣ်.
Korean	무료 언어 서비스를 이용하려면 1-866-208-5931 번으로 전화해 주십시오.
Laotian	ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໄດ້ແບບບໍ່ລາຄາ, ໃຫ້ໂທຫາ 1-866-208-5931.
Mon-Khmer Cambodian	ដើម្បីទទួលបានសេវាភាសាដោយឥតគិតថ្លៃ ម្ចាស់ទូរស័ព្ទអ្នកស្រី ឬម្ចាស់ទូរស័ព្ទអ្នកប្រុស ត្រូវទូរស័ព្ទលេខ 1-866-208-5931 ។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowol doo bą́ą́h ílínígóó kojí' hólne' 1-866-208-5931.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff 1-866-208-5931.

Keep Smiling

Delta Dental PPO™



Stay in network to save

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need to

provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO



PREMIER



NON-DELTA DENTAL

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.

Plan Benefit Highlights for: ADT Total Source, Inc.
(750 Plan)

Group No: 16051

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).		
Deductibles Deductibles waived for Diagnostic & Preventive (D & P)?	\$50 per person / \$150 per family each calendar year No		
Maximums D & P counts toward maximum?	\$750 per person each calendar year Yes		
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None
Benefits and Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %
Basic Services Fillings	50 %	50 %	50 %
Endodontics (root canals) Covered Under Basic Services	50 %	50 %	50 %
Periodontics (gum treatment) Covered Under Basic Services	50 %	50 %	50 %
Oral Surgery Covered Under Basic Services	50 %	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %	50 %
Prosthodontics Bridges and dentures	50 %	50 %	50 %

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

HLT_PPO_3COL_DDIC (Rev. 1/31/2023)

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Keep Smiling

Delta Dental PPO™



Stay in network to save

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need to

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Coordinate dual coverage

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Save with a PPO dentist



PPO



PREMIER



NON-DELTA DENTAL

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.

Plan Benefit Highlights for: ADP Total Source, Inc.
(2000 Plan)

Group No: 16051

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	\$50 per person / \$150 per family each calendar year Yes			
Maximums D & P counts toward maximum?	\$2,000 per person each calendar year Yes			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	90 %	90 %
Basic Services Fillings, simple extractions and posterior composites	80 %	60 %	60 %
Non-Surgical Endodontics (root canals) Covered Under Basic Services	80 %	60 %	60 %
Surgical Endodontics Covered Under Major Services	50 %	50 %	50 %
Non-Surgical Periodontics (gum treatment) Covered Under Basic Services	80 %	60 %	60 %
Surgical Periodontics (gum treatment) Covered Under Major Services	50 %	50 %	50 %
Oral Surgery Covered Under Major Services	50 %	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %	50 %
Prosthodontics Bridges and dentures	50 %	50 %	50 %
Orthodontic Benefits Adults and dependent children	50 %	50 %	50 %
Orthodontic Maximums	\$1,500 Lifetime	\$1,500 Lifetime	\$1,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Make Eye Health a Priority with VSP!

Your health comes first with VSP and ADP TotalSource. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$489*

More Ways to Save

Extra **\$20** to spend on
Featured Frame Brands†

bebe Calvin Klein COLE HAAN
©DRAGON. FLEXON LONGCHAMP
PARIS

 and more

Average **30%** Savings on
lens enhancements‡

See all brands and offers at
vsp.com/offers.

Enroll through your employer today.

Questions? vsp.com or
800.877.7195 (TTY: 711)

VSP Member Services hours: Monday – Saturday:
6:00 a.m. - 5:00 p.m. PST. Sunday: closed.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

With private practice doctors, Visionworks®, and Eyemart Express retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

vsp
PREMIER
edge

Get more at preferred in-network doctor locations

private
practice
doctors

Visionworks

EYEMART
EXPRESS
FAMILY OF STORES

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits. At your appointment, just tell them you have VSP.



Scan QR code or visit **vsp.com**
to learn more.

*Plan year begins in June

†Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible. ‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

*Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

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VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare™ and VSP Premier Edge are trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 136668 VCCM

Classification: Restricted

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through ADP TotalSource.

Provider Network:

VSP Choice

Coverage Period:

06/01/2026 - 05/31/2027



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	- Focuses on your eyes and overall wellness - Routine retinal screening	\$10 Up to \$39	Every plan year*
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	\$245 Featured Frame Brands allowance \$225 frame allowance 20% savings on the amount over your allowance \$225 Walmart/Sam's Club frame allowance \$125 Costco frame allowance	\$15 copay for glasses	Every plan year
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	\$15 copay for glasses	Every plan year
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Scratch-resistant coating - UV protection - Average savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175 \$0 \$0	Every plan year
CONTACTS (instead of glasses or LVC)	\$175 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation)	\$0	Every plan year
LASER VISIONCARE PREFERRED PROGRAM (instead of glasses or contacts)	\$150 allowance both eyes for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK - Average of 15% off the regular price; discounts available at contracted facilities. - After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	\$0	Every plan year
ADDITIONAL SAVINGS	Glasses and Sunglasses - Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. Exclusive Member Extras for VSP Members - Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. - Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. - Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to [vsp.com](https://www.vsp.com) to find an in-network doctor. Your plan provides the following out-of-network reimbursements:

Exam	up to \$45	Lined Bifocal Lenses	up to \$65	Progressive Lenses	up to \$65
Frame	up to \$70	Lined Trifocal Lenses	up to \$85	Contacts	up to \$150
Single Vision Lenses	up to \$45				

Contact MetLife to report a claim or for claim status updates (877) ADPTS01 or (877) 237-8701 Monday through Friday 8 a.m. to 8 p.m. ET – **reference ADP TotalSource as your Employer.**

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Your employer provides you with 100% employer paid Basic Term Life and AD&D insurance coverage in the amount of \$10,000.

Accidental Death & Dismemberment coverage provides benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, third degree burn, brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Basic Term Life and AD&D coverages will reduce as follows:

- At age 65 your benefit will be reduced to 65% of the benefit amount.
- At age 70 your benefit will be reduced to 50% of the benefit amount.
- At age 75 your benefit will be reduced to 35% of the benefit amount.
- At age 80 your benefit will be reduced to 20% of the benefit amount.
- At age 85 your benefit will be reduced to 10% of the benefit amount.
- At age 90 and above your benefit will be reduced to 5% of the benefit amount.

If you are under age 65, any applicable reduction will be effective on June 1 following the date you attain age 65. If you are 65 or older when you first become eligible for coverage, the applicable reduction will be applied to the amount of your Basic Term Life and Accidental Death & Dismemberment insurance on the effective date of your insurance. Refer to your certificate of coverage for specific details.

Eligibility Requirements:

- All eligible Full-Time and Part-Time worksite employees working at least 30 hours per week.*
- Worksite employees covered under the Hawaii Pre-Paid Act are eligible to work a minimum of 20 hours per week.
- All active worksite employees must first fulfill their waiting period. This is determined by the worksite employer.
- A worksite employee must be Actively at Work¹ on the date the insurance is effective or will take effect on the day the worksite employee resumes an Actively at Work status.

*The following types of workers are not eligible: leased employees, independent contractors, individuals whose compensation for services are reported on IRS Form 1099 and individuals in full-time active military service.



Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the “Full Amount” and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, third degree burn, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

Covered Losses	Percent of Full Amount
Life	100% of Full Amount
Hand or Foot	50% of Full Amount
Arm or Leg	75% of Full Amount
Sight of one eye	50% of Full Amount
Combination of a hand, foot, sight of one eye	100% of Full Amount
Loss of thumb & index finger of same hand	25% of Full Amount
Speech & hearing	100% of Full Amount
Speech or hearing	50% of Full Amount
Paralysis of both arms and both legs	100% of Full Amount
Paralysis of both legs	50% of Full Amount
Paralysis of the arm & leg on either side of the body	50% of Full Amount
Paralysis of one arm or leg	25% of Full Amount
Brain Damage	100% of Full Amount
Coma	For a maximum duration of 12 months: 5% monthly beginning on the 7th day of the Coma for the duration of the Coma up to 11 months followed by 45% in the 12th month
Third Degree Burn	A percentage of Full Amount equal to the percentage of body surface suffering third degree burns

Standard Additional Benefits² Include:

Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:

- Air Bag Use
- Seat Belt Use
- Common Carrier Benefit
- Child Care Benefit
- Child Education Benefit
- Spouse Education Benefit



Exclusions

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self-preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs. Specific information pertaining to your insurance can be obtained by contacting MetLife.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by ADP TotalSource or contact MetLife with any questions.

Coverage effective date

You must be Actively at Work on the date your coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective once you are back to work for one full day following the receipt of your completed application for all requests that do not require additional medical information.

Designated beneficiary

You can select any beneficiary(ies) other than your employer for your Basic Term Life coverage, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. Be sure to designate your beneficiaries for every life plan enrollment.

Once enrolled, you have access to MetLife AdvantagesSM — services to help navigate what life may bring

Grief Counseling³

To help you, your dependents and your beneficiaries cope with loss.

You, your dependents and your beneficiaries have access to grief counseling sessions and funeral related concierge services to help cope with a loss — at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet. In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling **1-888-319-7819** or log on to one.telushealth.com (Username: metlifesupport; Password: assist).



Estate Resolution Services^{SM 4}

Personal service and compassion assistance to help probate you and your spouse's/domestic partner's estates.

MetLife Estate Resolution Services provides probate services in person or over the phone to the representative (executor or administrator) of the deceased worksite employee's estate and the estate of the worksite employee's spouse/domestic partner. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. Estate Resolution Services covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

Total Control Account⁵

For immediate access to death proceeds.

The Total Control Account[®] (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death, and dismemberment claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call **1-800-638-7283** for more information about options available to you.

Digital Estate Planning⁶

Estate planning made easy.

You have access to Digital Estate Planning services to create key estate planning documents online in as little as 15 minutes by answering a few simple questions. Documents include Last Will and Testament, Advance Healthcare Directive (Living Will) and Durable Financial Power of Attorney. Visit members.legalplans.com to get started.

Portability⁷

So you can keep your coverage even if you leave your current employer.

Should you leave your employer for any reason, and your Basic Term Life and Personal Accidental Death and Dismemberment insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least \$10,000 up to a maximum of \$2,000,000.

A worksite employee has 60 days to apply from the date group coverage ends. However, if the worksite employee receives notice more than 15 days from date of termination, the application period is extended for an additional 15 days.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see certificate for specific details.

Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at **(877) ADPTS01** or **(877) 237-8701** for more information.



Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family.

Accelerated Benefits Option⁸

For access to funds during a difficult time.

If you become terminally ill and are diagnosed with 24 months or less to live, you have the option to receive up to 80% of your life insurance proceeds.* This can go a long way towards helping your family meet medical and other related expenses at this difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect. Conditions and restrictions may apply. Any outstanding loans will reduce the cash value and death benefit.

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

*Please refer to your Certificate of insurance for details.

Conversion

For protection after your coverage terminates.

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your age, retirement, termination of employment, or change in employee class. Please note that conversion is not available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call **(877) ADPTS01** or **(877) 237-8701** to begin the conversion process.

Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most.

If you become Totally Disabled, you may qualify to continue Basic Term Life insurance. You may also be eligible for waiver of your Basic Term Life insurance premium until you reach age 65, die or recover from your disability, whichever is sooner. Waiver of premium does not apply to AD&D insurance.

Total Disability or Totally Disabled means you are unable to perform the material duties of your regular job and any other job for which you are fit by education, training or experience due to injury or sickness. The Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 6-month waiting period of continuous disability. The waiver of premium will end when you turn age 65, die or recover.



¹ Actively at work means that you are performing the substantial and material duties of your own occupation for full pay. This must be done at your place of business, or a location to which such business requires you to travel. All Actively at Work worksite employees of the worksite employer are eligible.

² The benefit is dependent on type of covered loss. For the full list of additional benefits, please refer to your Certificate of Insurance.

³ Grief Counseling and Funeral Assistance services are provided through an agreement with TELUS Health. TELUS Health is not an affiliate of MetLife, and the services TELUS Health provides are separate and apart from the insurance provided by MetLife. TELUS Health has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

⁴ Estate Resolution Services are offered by MetLife Legal Plans, Inc. Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

⁵ Subject to state law and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The assets backing the Total Control Account (TCA) are maintained in the general account of MetLife or the Issuing Insurance Company. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to make a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual rate on the Account will not be less than the rate guaranteed on the welcome guide. The TCA and other available settlement options are not bank products and are not insured by the FDIC or any other governmental agency. In addition, while the funds in your account are not insured by the FDIC, they are guaranteed by each state's insurance guarantee association. The coverage limits vary by state. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 703-481-5206) to learn more. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

⁶ Digital Estate Planning without online notary is available to all individuals regardless of any MetLife relationship or product. It is not available for customers situated in or individuals located in GU, PR and VI. Domestic partnerships are not currently supported. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.

⁷ All coverage amounts are subject to applicable state laws. To take advantage of this benefit, coverage of at least \$10,000 must be elected.

⁸ The Accelerated Benefits Option are intended to qualify for favorable federal tax treatment, in which case the benefits will not be subject to federal taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse, or your family. The Accelerated Death Benefit due to Terminal Illness Rider pays between 50%-100% (depending on plan design) of an insured's Life Insurance proceeds (with the balance payable upon final claim) in most states if the insured becomes terminally ill. Conditions and restrictions may apply. Any outstanding loans will reduce the cash value and death benefit.



Group Plan # 219233

Basic Term Life and Accidental Death and Dismemberment (AD&D) Life Insurance – Flat \$10,000

Effective June 1, 2026 – May 31, 2027

PLAN SUMMARY

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and ADP TotalSource and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99/G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates, when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group contract. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.



Contact MetLife to report a claim or for claim status updates (877) ADPTS01 or (877) 237-8701 Monday through Friday 8 a.m. to 8 p.m. ET – **reference ADP TotalSource as your Employer.**

Long Term Disability Insurance

Your worksite employer provides you with 100% employer paid Long Term Disability (LTD) insurance designed to provide you with continuing monthly lump sum payments during an extended period of time while you are out of work due to a sickness or accident.

Eligibility Requirements:

- All active full-time and part-time worksite employees scheduled to work at least 30+ hours per week, and if you are in an eligible class. *
- Worksite employees covered under the Hawaii Pre-Paid Act are eligible working a minimum of 20 hours per week.
- All active worksite employees must first fulfill their waiting period. This is determined by the worksite employer.
- A worksite employee must be Actively at Work¹ on the date the insurance is effective or will take effect on the day the worksite employee resumes an Actively at Work status.

*The following types of workers are not eligible: leased employees, independent contractors, individuals whose compensation for services are reported on IRS Form 1099 and individuals in full-time active military service.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by ADP TotalSource or contact MetLife with any questions.

LTD benefit amount

The LTD benefit may help replace a portion of your Predisability Earnings², less other income you may receive from other sources³ during the same disability (e.g., Social Security, Workers' Compensation, vacation pay, etc.).

The monthly benefit amount is 50% of your predisability monthly earnings², subject to the plan's maximum monthly benefit of \$1,000 a month.

You may also consider enrolling in additional Voluntary LTD (VLTD) coverage. With the VLTD option you can increase your benefit amount to 60% of your predisability monthly earnings² subject to the plan's maximum monthly benefit of \$10,000.

LTD Minimum Monthly Benefit

The minimum benefit is 10% of the monthly benefit before reductions for Other Income Benefits or \$100, whichever is greater, subject to the Overpayments and Rehabilitation Incentive subsections of this certificate.

In addition, the Minimum monthly benefit will not apply if you are already receiving 100% of your Predisability Earnings².



LTD Maximum Benefit Period

Your plan's Maximum benefit period is the later of your Normal Retirement Age or the period shown below:

Age on Date of Your Disability	Benefit Period
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Your plan Maximum benefit period and specific limitations are described in the Certificate of Insurance provided by your worksite employer.

“Disability” defined

Generally, you are considered disabled and eligible for long term benefits if, due to sickness or accidental injury, you are receiving Appropriate Care and Treatment and are complying with the requirements of the treatment, and, you are unable to earn more than 80% of your Predisability Earnings² at your Own Occupation for any employer in the National Economy, and you are unable to perform each of the material duties of your Own Occupation for any employer in the National Economy.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by ADP TotalSource or contact MetLife with any questions.

LTD benefits begin

Benefits begin after the end of the Elimination Period. The Elimination Period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your Elimination Period for Long Term Disability is 180 days.

Predisability Earnings²

In general, Predisability Earnings² means gross salary or wages you were earning from the Policyholder as of your last day of Active Work before Your disability began. We calculate this amount on a monthly basis.

For S-Corporation Shareholders, Partners and LLC Corporations:	For all other Full-Time and Part-Time employees, excluding S-Corporation Shareholders, Partners and LLC Corporations:
- Average monthly compensation from the worksite employer during the worksite employer's prior tax year if available or average of the two most recent prior tax years that are available as of Your last day of Active Work before Your disability began, this includes Schedule C, Schedule K-1, Form W-2 or S-Corporation federal income tax return; Ordinary Income or loss from trade activity, Guaranteed payments if you are a partner, and compensation, salary or wages as an officer if you are and S-Corporation Shareholder; - Predisability Earnings² does not include commissions, awards and bonus, other pay or compensation.	- Gross salary or wages You were earning from the worksite employer as of Your last day of Active Work before Your disability began; - Commissions (averaged over the 12-month period before disability), Shift Differential, Contribution through salary reduction for Internal Revenue Code (IRC) Section 401(k), 403(b) or 457 deferred compensation arrangement, executive non-qualified deferred compensation arrangement, fringe benefits under an IRC Section 125 plan; - Predisability Earnings² does not include awards and bonus, other pay or compensation.

Disability Benefits Offsets

We will reduce your disability benefit by the amount of all other income.

- Disability or retirement benefits: - Any state, public or federal employee retirement plan including State Teachers Retirement System (STRS); Public Employee Retirement System (PERS); Federal Retirement System (FERS); You must apply for such benefits through the highest appeal level that is applicable to such benefits and available under the plan; - Any income received for disability or retirement under a Worksite Employer's Retirement Plan, provided by any of Your worksite employers, to the extent that it can be attributed to the worksite employer's contributions.	- Any income received from disability: - A no-fault auto law for loss of income, excluding supplemental disability benefits; - Any statutory disability programs; - Benefits for loss of time from work due to disability; - Installment payments for permanent total disability; - Any sick, vacation pay or other salary continuation allowed by your worksite employer. - Any income you receive from working while disabled to the extent that such income reduces the amount of your monthly benefit as described in rehabilitation incentives. This includes but is not limited to salary, commissions, overtime pay, bonus or other extra pay arrangements from any source; - Recovery amounts you receive for loss of income as a result of claims against a third party by judgement, settlement or otherwise including future earnings.
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Additional Disability Plan Benefits

Coverage with your best interests in mind.

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. MetLife offers return-to-work services, and assistance in obtaining Social Security Disability benefits to help you get the maximum benefits from your coverage. (Please note — this assistance is only offered if you are approved for Long Term Disability benefits).

Services to help you get back to work can include:

Nurse Consultant or Case Manager Services: Specialists who personally contact you, your Physician and your worksite employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis: Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your worksite employer.

Job Modifications: Adjustments (e.g., redesign of workstation tools) that enable you to return to work.

Retraining: Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives: Allow you to receive disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Specialists: Once you are approved for disability benefits, MetLife can help you apply for Social Security Disability benefits. Our experts can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.

TELUS Health CBT⁴

As part of your MetLife Long Term Disability plan, you have access to TELUS Health CBT, a virtual cognitive behavioral therapy (CBT) program that you can access on any computer, smartphone or tablet—wherever and whenever you need it—at no additional cost to you.

You can access these services by visiting <https://metlife.cbt.telushealth.com/>.

Exclusions

Your plan does not cover any disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act
- Active participation in a riot
- Intentionally self-inflicted injury or attempted suicide
- Commission of or attempt to commit a felony
- Intoxication, as defined and determined by laws and jurisdiction of the geographic area in which loss or cause of loss occurred



Group Plan # 219269

Long Term Disability Insurance – 50% \$1,000 (180 day Elimination Period)

Effective June 1, 2026 – May 31, 2027

PLAN SUMMARY

The “Plan Overview” provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

¹ Actively at work means that you are performing the substantial and material duties of your Own Occupation for full pay. This must be done at your place of business, or a location to which such business requires you to travel.

² Your Predisability Earnings means gross salary, or wages you were earning from your worksite employer as of your last day of active work before your disability began. This does not include awards and bonuses; overtime pay and any other compensation from your worksite employer

³ Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

⁴ TELUS Health CBT services are provided through an agreement with TELUS Health (US) Ltd. TELUS Health is not a subsidiary or affiliate of MetLife. Information disclosed directly to TELUS Health is not disclosed to MetLife and, therefore, is not subject to MetLife's privacy policy. TELUS Health CBT product is not an insurance benefit and may be discontinued at any time.

Long Term Disability (“LTD”) coverage is provided under a group insurance policy issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group disability insurance policies, MetLife policies contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Ask your MetLife group representative for complete costs and details. Please visit the ADP TotalSource website for costs and complete details. State variations may apply.

MetLife Group Disability Income Insurance is issued by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166, under Policy Form GPNP23-2T DI.





Pet insurance



Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection ChoiceSM, available only through workplace benefit programs.

Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.¹

Pet protection when it matters most

Nationwide's pet insurance plans cover:

- Accidents and injuries
- Common illnesses
- Serious illnesses
- Chronic illnesses
- Hereditary conditions
- Testing and diagnostics
- Procedures
- Holistic and alternative care
- And more!

Coverage includes emergency care and specialists. No networks, no pre-approval, no problem.

Easy to use, easy to understand

Using a Nationwide pet insurance plan is easy:

- Visit any vet, anywhere
- Submit a claim from any device
- Get reimbursed for eligible expenses once the deductible is met

What's the difference between accident, illness and wellness coverage?



Accident coverage

Support for unexpected injuries



Illness coverage

Support for when pets get sick



Wellness coverage

Support for proactive care



Did you know? Nationwide is the industry's first provider of coverage for birds and exotic pets.

Introducing: My Pet Protection ChoiceSM

My Pet Protection Choice SM	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual deductible options	\$250	\$250	\$100 to \$500
Reimbursement level	80%	80%	50%, 70% or 80%
 Accident coverage	✓	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓
 Illness coverage	✓	✓	Optional
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
 Hereditary & congenital coverage	✓	✓	Optional when purchased with illness coverage
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome, and more	✓	✓	✓
 Wellness coverage (for dogs & cats)		✓	Optional
Annual maximum		\$450	\$450 or \$800
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention, and more		✓	✓
Spay/neuter or dental ² and one additional test ³			✓

Every My Pet Protection ChoiceSM policy includes guaranteed issuance⁴ and these additional benefits to support pet families:

- Emergency boarding and kenneling fees
- Lost pet due to theft or straying
- Lost pet advertising and reward
- Mortality benefit



<https://benefits.petinsurance.com/dog247> | 877-738-7874

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary. [2] Coverage for spay/neuter or dental starts 90 days after the original policy term effective date. [3] One additional test of the following: health screen (blood test), radiograph (X-ray), electrocardiogram (EKG) [4] Guaranteed issuance means any new pets enrolling into a My Pet Protection Choice plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply.

All plans require accident coverage; additional coverage for illness, hereditary & congenital, and wellness is optional. Optional coverage for behavior, prescription food and prescription supplements may also be available. Optional cruciate coverage may be added after the first year of coverage; not available in all states. Pre-existing conditions are not covered.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, and My Pet Protection are service marks of Nationwide Mutual Insurance Company. ©2025 Nationwide. 24GRP10277A.



Nationwide® pet insurance

FAQ

Do members need to re-enroll for this benefit every year?

No. Once enrolled, policies renew automatically each year during the renewal period, which starts 60 days before the current 12-month term expires. The expiration date can be found in the policy packet mailed to members at each new term.

Members are welcome to make changes to coverage during the policy renewal period. All changes are subject to underwriting approval.

What happens to pet insurance policies when employees leave the company?

Employees will be given the option to retain their pet insurance coverage. We'll reach out to their former employer to ask for updated billing and policy information in order to keep the coverage active.

Will pre-existing conditions be covered?

Unfortunately, no. Like most pet insurers, we don't cover pre-existing conditions on any of our plans.

Can members use any veterinarian?

Absolutely! Members are free to visit any licensed veterinarian in the world—even specialists and emergency providers.

Does Nationwide offer coverage for pets other than dogs and cats?

Yes! Coverage for birds, rabbits, reptiles and other exotic pets is available at Nationwide by simply calling 877-738-7874.

How are claims filed?

It's easy. Members simply pay the invoice at the veterinarian, then submit a claim for reimbursement via mail, email or online.

- Mail: Nationwide Claims Dept., P.O. Box 183143 Columbus, Ohio 43218-3143
- Email: submitmyclaim@petinsurance.com
- Online: Submit claims at my.petinsurance.com. Please allow 48 hours from the time a claim is submitted for it to appear online.

<https://benefits.petinsurance.com/dog247> | 877-738-7874

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary. [2] Example reflects Accident and Illness coverage with 80% reimbursement after \$250 annual deductible has been fulfilled and Wellness Level 1 coverage.

All plans require accident coverage; additional coverage for illness, hereditary & congenital, and wellness is optional. Optional coverage for behavior, prescription food and prescription supplements may also be available. Optional cruciate coverage may be added after the first year of coverage; not available in all states. Pre-existing conditions are not covered.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, and My Pet Protection are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2025 Nationwide. 24GRP10277B.



How is My Pet Protection ChoiceSM different from My Pet Protection®?

Available only through workplace benefit programs, My Pet Protection Choice offers additional flexibility for pet families, with customizable coverage, deductible and reimbursement levels. Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.¹

Based on Nationwide 2024 claims data.

 Accident • Broken bones • Poisonings • Sprains • Lacerations • Hit by car • Ingested item • And more	 Illness • Ear infections • Vomiting • Hip dysplasia • Heart disease • Cancer • Diabetes • And more	 Wellness • Annual exam • Vaccinations • Fecal test • Deworming • Microchip • Flea control • And more
Poisoning Veterinary bill: \$1,035 This plan² reimburses \$828	Cancer Veterinary bill: \$2,266 This plan² reimburses \$1,813	Flea control Veterinary bill: \$171 This plan² reimburses \$100

What is the difference between accident, illness and wellness coverage?



Accident coverage: Support for unexpected injuries such as broken bones, animal attacks, getting hit by a car, poisoning, heatstroke and more.



Illness coverage: Support for when pets get sick such as diabetes, vomiting, cancer and more.



Wellness coverage: Support for proactive care such as vaccinations, microchipping, preventives for fleas and heartworms and more.

Can existing My Pet Protection members switch to My Pet Protection Choice?

Members can make changes to their coverage during the policy renewal period. All changes are subject to underwriting approval. Please note that all My Pet Protection policies will be automatically transitioned to equivalent My Pet Protection Choice policies beginning in 2025.

Is wellness coverage available as a standalone product?

No, Nationwide does not offer standalone wellness coverage. Members can enroll in a new My Pet Protection Choice accident + wellness plan or change to this plan during the renewal period. Any changes to a policy are subject to underwriting approval.

How to apply for a pet insurance policy

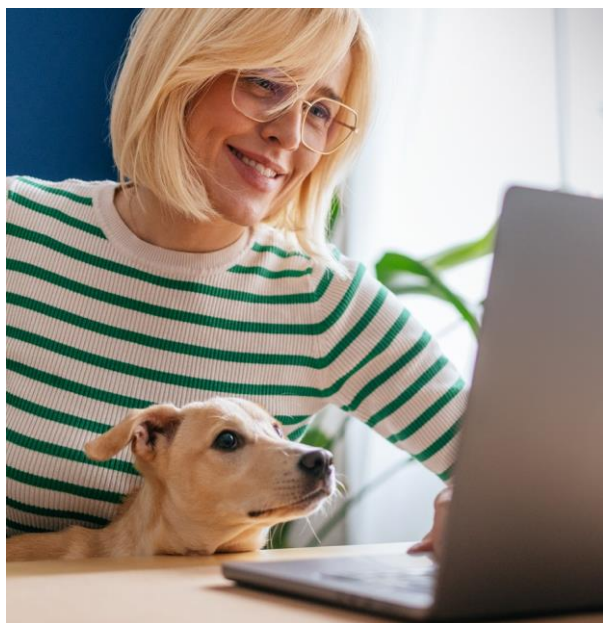
Nationwide® pet insurance provides coverage for veterinary expenses related to accidents, illnesses, wellness and more.¹

Policies are available for dogs, cats, birds, reptiles and other exotic pets.

Signing up for Nationwide pet insurance is easy with these options:

<https://benefits.petinsurance.com/dog247> | 877-738-7874

During enrollment, we may need the following information:



- Name
- Address
- Home or primary telephone number
- E-mail address
- Name and age of the pet(s)
- Pet's species (canine, feline, etc.)
- Payment information/plan*

*Applications approved between the 1st and the 15th of the month become effective on the 1st of the following month. Applications approved from the 16th through the end of the month become effective on the 1st of not the following month, but the month thereafter.

Example: May 1 approval = June 1 effective date
May 16 approval = July 1 effective date

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary.

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Nationwide[®] PetRxExpressSM



Save time and money when filling pet prescriptions at participating pharmacies with Nationwide[®] **PetRxExpressSM**.

For no extra cost, members get discounts on pet prescriptions, while enjoying the effortless convenience of automatic claim submission.

Get prescription pet meds for less



- Program available to all active Nationwide pet insurance members
- Receive discounted pricing on medications
- No additional cost to use

How it works

Using Nationwide[®] **PetRxExpressSM** is easy and convenient for Nationwide pet insurance members.

1. Download a digital pet insurance card at my.petinsurance.com.
2. Take a prescription to any participating pharmacy location, or have the veterinarian call it in.
3. Show your pet insurance card at checkout to have your discount applied.



<https://benefits.petinsurance.com/dog247> | 877-738-7874

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VetHelpline®

When it comes to your pet's health, no concern is too big or too small.



Friendly, expert advice

With VetHelpline®, Nationwide® pet insurance members get unlimited 24/7 video chat guidance from licensed veterinary professionals at no additional cost.

Get expert advice on emergency triage, health and wellness, continued care and more—no pet carrier, no car ride, no worries. Download the VetHelpline app from the App Store or Google Play.



How it works

Nationwide pet insurance members can start using this service once their policy is in effect—there's no sign up or extra enrollment required.

1. Download the app
2. Retrieve your pet information
3. Connect with our vet team
4. Talk to a professional

VetHelpline® is available as a service to all Nationwide pet insurance members.

<https://benefits.petinsurance.com/dog247> | 877-738-7874

VetHelpline® is not a substitute for a visit to your primary veterinarian.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, VetHelpline® and Nationwide PetRxExpress™ are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2024 Nationwide 23GRP9695G



Nationwide®

Nurse Navigator Program

I would like to introduce to you a new program that will be rolled out for any workers' compensation related injury or illness. It is called Nurse Navigator, a nurse triage program for injured workers. The program is administered by ADP TotalSource and Coventry.

Through Nurse Navigator, our injured employees have access to registered nurses (RNs) 24 hours a day, seven days a week. A single call starts the notice of injury and triage process – a first step that ensures our injured employees receive prompt and appropriate care.

Here's how Nurse Navigator works

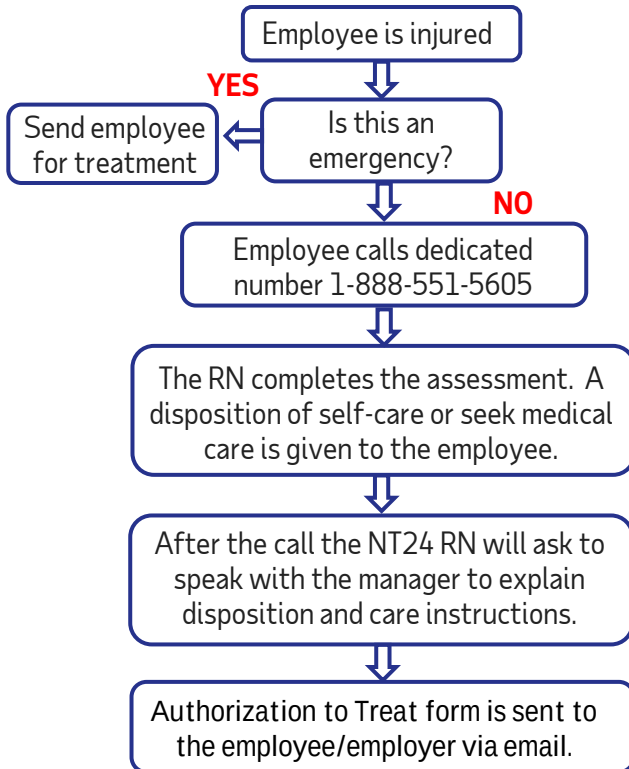
- Nurse Navigator connects the injured employee with one of the Nurse Navigator highly trained RNs who perform triage of the medical symptoms according to established guidelines, including proprietary workers' compensation medical triage guidelines. This process will help determine the level of care required, i.e. self-care, referral to an urgent care facility or occupational medical clinic.
- Non-English speaking callers can access bi-lingual (Spanish and English speaking) RNs and interpreters to assist with the call.
- If self-care is recommended, the Nurse Navigator RN will attempt to check back with the injured employee to be certain he/she understands and follows the recommendations. In addition, injured employees are provided instructions on how to call back at any time to discuss their injury and the self-treatment plan.
- Nurse Navigator is linked in to the FROI intake service. If an employee requires more than self-care, the claim is directly transmitted for claims management.
- If an injured employee requires medical treatment, the Nurse Navigator channels him/her to a (preferred) provider.
- Nurse Navigator is not designed for injuries where the employee requires EMS or immediate medical treatment. Emergency claims can be called in directly to Helmsman Management Services at 1-800-553-4681 once the employee receives emergency medical attention.

Benefits are clear

- Fewer emergency room visits
- Immediate and appropriate direction of care for injured employees
- Reduced lag time, reporting in hours due to "around the clock" availability and immediate direction of care
- Faster recoveries and early return to work
- Reduction in claim costs

Information	Instructions
To report a work-related injury or illness call: 1-888-551-5605 24 hours per day/365 days per year	If an employee has sustained a work related injury that is not life, limb or eyesight threatening call the Coventry Nurse Navigator (Nurse Triage) service and speak with a nurse at: 1-888-551-5605 Injuries should be reported promptly. If you are calling in an injury after an employee has sought care you will have the option to report the injury only by selecting prompt number 1.
Instructions for manager regarding process with the Coventry nurse:	• Provide a secure area for the employee to speak with the nurse. • Please inform the nurse of any language needs; bilingual nurses are available (Spanish and English). For other languages, the nurse will bring in an interpreter prior to speaking with the employee • The nurse will ask a couple of questions to rule out an emergent situation. If the nurse does assess that this is a life threatening situation, she/he may request assistance in getting Emergency Medical Services. • The nurse will complete an assessment and derive at a medical care or self-care disposition. • The nurse will ask the employee to place the manager back on the phone. The nurse will communicate the instructions that were given to the employee.
After the employee speaks with the nurse:	Once the employee has completed their call: • The manager will assist, per company policy, to ensure that the employee is able to follow the nurse's recommendation • The manager will complete any internal reporting required per company policy
To get a prescription filled:	Please refer to OPTUM prescription card provided in the client reporting guide.

Nurse Navigator Process Map



- Injury occurs on the jobsite. If non-life threatening, employee calls the Nurse Navigator Line 1-888-551-5605
- Employee needs to provide the company name and location where they work.
- Registered Nurse (RN) assesses the injury and identifies the level of care needed – urgent, non-emergency, self-care
- RN directs to PPO facility depending on level of care needed.
- RN educates the employee on self-care treatment if applicable.
- Authorization to Treat form is sent via email to both the employee/employer, if needed.
- RN will attempt follow-up calls for all self-directed cases where RN expects a change in condition
- RN staff are available 24/7 for medical questions related to the injury.

Front

Coventry Nurse Navigator Service

If an employee has sustained an injury that is NOT life, limb or eyesight threatening:

At the Point of Injury, please call:

1-888-551-5605

24 hours a day/7 days a week/365 days a year

(See Reverse Side for Additional Instructions)

Back

Nurse Navigator Instructions:

Coventry Nurse Navigator Nurse Line:

1-888-551-5605

The nurse will make a recommendation whether the injury is self care or if medical attention is required.

For Prescriptions:

Provide employee with the First Fill Form if employee requires medications as a result from their injury.

Front

Coventry Nurse Navigator Servicio

Si un empleado ha sufrido una lesión que NO pone en peligro la vida, la extremidad o la vista:

En el Punto de Lesión, por favor llame a:

1- 888-551-5605

24 horas al día/7 días a la semana/365 días al año

(Ver el reverso para instrucciones adicionales)

Back

Nurse Navigator Instrucciones:

Coventry Nurse Navigator Enfermera Línea:

1-888-551-5605

La enfermera hará una recomendación si la lesión Es el autocuidado o si se requiere atención médica.

Para recetas:

Proporcione al empleado el Formulario de primer llenado si el empleado requiere medicamentos como resultado de su lesión.

General Manager of Operations

Position scope and responsibilities

Leadership reference. Your manager will confirm the scope assigned to your position.

Position Summary

The General Manager of Operations serves as a senior operational leader responsible for the overall performance, consistency, and success of multiple facilities or assigned business units. This position provides strategic leadership to General Managers and department leaders while ensuring operational excellence, financial performance, employee development, regulatory compliance, and an exceptional customer experience.

The General Manager of Operations is expected to lead by example, build high-performing leadership teams, and execute company initiatives that align with the mission, vision, and long-term goals of Dogs 24/7.

Primary Responsibilities

Operational Leadership

- Provide strategic oversight of daily operations across assigned facilities.
- Ensure consistent execution of company policies, SOPs, and service standards.
- Identify operational challenges and implement sustainable solutions.
- Lead operational transitions, acquisitions, expansions, and organizational initiatives.
- Maintain operational consistency and accountability across all locations.

Financial Management

- Maintain accountability for facility profitability and financial performance.
- Develop, manage, and monitor operating budgets.
- Control labor costs while maintaining service excellence.
- Review key financial metrics and implement corrective action plans when necessary.
- Drive revenue growth through operational efficiencies and business development initiatives.

Leadership & Team Development

- Recruit, develop, mentor, and evaluate General Managers and leadership teams.
- Build succession plans for future leadership positions.
- Conduct regular leadership meetings, coaching sessions, and performance evaluations.
- Foster a culture of accountability, professionalism, and continuous improvement.

Employee Performance

- Promote employee engagement and leadership accountability.
- Ensure performance management practices are administered consistently.
- Partner with Human Resources on employee relations, investigations, compliance, and organizational development.
- Support leadership teams in coaching, corrective action, and recognition programs.

Customer Experience

- Champion exceptional customer service throughout assigned operations.
- Resolve escalated customer concerns professionally and efficiently.
- Monitor customer satisfaction, retention, and online reputation.
- Implement improvements that enhance the overall client experience.

Compliance & Risk Management

- Ensure compliance with company policies, employment laws, safety standards, and animal care regulations.
- Maintain readiness for regulatory inspections and internal operational audits.
- Monitor workplace safety and incident reporting.
- Reduce organizational risk through proactive leadership, training, and operational oversight.

Strategic Planning

- Execute organizational initiatives and operational strategies.
- Analyze operational data, trends, and key performance indicators.
- Recommend improvements that increase efficiency, profitability, and scalability.
- Support executive leadership with operational planning and long-term business growth.

Communication

- Serve as the primary operational liaison between executive and facility leadership.
- Communicate organizational goals, expectations, and initiatives clearly and consistently.
- Foster collaboration between Operations, Human Resources, Sales, Marketing, Accounting, and other support departments.

Key Performance Indicators

- Revenue Growth
- Profitability (EBITDA/P&L)
- Payroll & Labor Efficiency
- Customer Satisfaction
- Employee Retention

- Leadership Development
- Operational Audit Scores
- Safety & Compliance Performance
- Facility Standards & Quality Assurance
- Execution of Strategic Initiatives

Senior Leadership Competencies

The General Manager of Operations must consistently demonstrate the judgment, character, and interpersonal effectiveness required of senior leadership.

1. Intellectual Humility

A willingness to admit mistakes, listen to dissenting viewpoints, and actively seek guidance from experts whose knowledge or experience exceeds their own.

2. Socio-Political Acumen

Strong organizational awareness and the ability to navigate internal dynamics, build productive alliances, and manage conflicting priorities without creating toxicity.

3. High Empathy & Emotional Intelligence

A genuine ability to understand the motivations, anxieties, and perspectives of employees, customers, senior leadership, and ownership.

4. Executive Presence

The ability to command a room, inspire confidence, and communicate with clarity, credibility, and appropriate gravitas.

5. Calm Under Fire

High crisis resilience that enables the leader to remain composed and make logical, timely, and decisive choices while the organization is under intense pressure.

6. Long-Term Ownership Mentality

A meaningful psychological investment in the company's future that prioritizes sustainable organizational growth over short-term personal gain.

7. Trust

The foundational intangible required for an employee to be accepted into-and remain effective within-senior leadership. Trust must be earned and maintained through consistent judgment, integrity, reliability, discretion, and alignment with the organization.

Leadership Expectations

- Lead with integrity, accountability, and professionalism.
- Make objective, data-driven decisions.
- Build and develop high-performing leadership teams.
- Promote operational consistency across all facilities.
- Encourage innovation and continuous improvement.

- Maintain a visible, supportive leadership presence.
- Uphold and model the mission, values, and culture of Dogs 24/7.

Decision-Making Authority

- Direct the daily operations of assigned facilities.
- Make operational staffing recommendations.
- Manage approved operating budgets.
- Approve operational expenditures within company guidelines.
- Coach, evaluate, discipline, and recommend employment actions for operational leadership.
- Implement operational improvements and organizational initiatives.
- Recommend strategic operational changes to executive leadership.

Position Objective

Success is measured by the ability to build exceptional leaders, create operational consistency, improve financial performance, maintain regulatory compliance, and ensure every Dogs 24/7 location delivers an outstanding experience for employees, clients, and the dogs entrusted to our care.