EMPLOYEE
BENEFITS GUIDE
March 1, 2021 to
February 28, 2022

Wendy's

Classic Food, Inc.
March 1, 2021 - February 28, 2022
Employee Benefits Guide

If you have questions regarding...	Call	Click
Classic Foods, Inc. 1585 N Skyline Dr. *Idaho Falls, ID 83402*		office@wendysidaho.com
Medical Blue Cross of Idaho Group #10037023	(800) 627-1188	www.bdidaho.com
TeleHealth Blue Cross of Idaho **MDLIVE** Group #10037023	(888) 920-2975	www.mdlive.com/bcidaho
Dental Delta Dental of Idaho Group #2309	(208) 489-3582	www.deltadentalidaho.com
Vision United Heritage / VSP Group #03761	(208) 493-6100	www.vsp.com
Basic Life Insurance UNUM Group #608164	(866) 679-3054	www.unum.com
Voluntary Benefits The Hartford Group #894431	(860) 547-5000	www.thehartford.com
Open Enrollment, Escalated Claims & Benefits Questions GBS Benefits of Idaho	(208) 529-3541	travis.argyle@gbsbenefits.com aj.argyle@gbsbenefits.com magen.smith@gbsbenefits.com candie.williams@gbsbenefits.com

This communication highlights some of your benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. We reserve the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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This guide provides information for consideration when newly enrolling, changing your elections, or reenrolling in our benefit programs.

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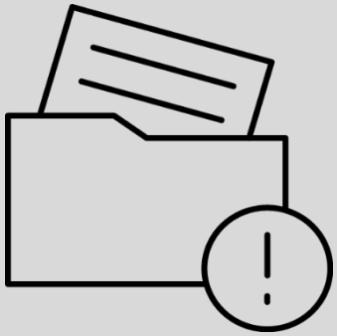
Classifications

Class III - Hourly Crew

Class II - Hourly Management / Shift Manager

Class I - Owners and Salaried Management



Important Information

Wendy’s of Idaho

Wendy's of Idaho's Benefits and You

Welcome

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

Know Your Benefits

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is "shop" for benefits carefully, using the same type of decision-making process you use for other major purchases.

- **Take Advantage Of The Tools Available**
  That includes this guide, access to plan information, provider directories, and enrollment materials. For up to date information, visit www.wendysidaho.com

- **Be a Smart Shopper**
  If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits.

- **Don't Miss the Deadline and Keep Record of Your Enrollment**
  Pay attention to the enrollment deadline and be sure to provide us with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify us immediately if there are any discrepancies. **Remember:** Once the enrollment period has ended, you may not make or change your benefit elections, unless you experience a qualified life event.

Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the plan information in this Benefits Guide, you can also review a Summary of Benefits and Coverage for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features. We will automatically provide you a copy of the SBC annually during open enrollment.

For the most up-to-date information regarding the ACA, please visit www.healthcare.gov.

Enrollment & Eligibility

Who is Eligible?

If you are hired as a full-time Class III employee working 30 or more hours per week, coverage will begin on the first day of the month following 12 months of qualified employment. If you are hired as a full-time Class II employee working 30 or more hours per week, coverage will begin on the first day of the month following 60 days of qualified employment If you are hired as a Class I employee, coverage will begin on date of hire. You may also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include your legal spouse and your natural, adopted or step-child(ren). The dependent age limit for children on your medical plan is age 26, but may vary for other benefits offered.

When to Enroll

You can enroll for coverage as a new hire, or during our annual open enrollment period. Outside of the annual open enrollment period, the only time you can change your coverage is if you experience a qualifying life event.

How to Make Changes

Once you enroll in or decline benefits, you will not be able to make any changes to your elections until our next annual open enrollment period, unless you experience a qualified life event. Qualified life events include, but are not limited to:

- Change in your legal marital status
- Birth, adoption, placement for adoption or legal guardianship of a child
- Death of a dependent
- Change in child's dependent status
- You or your dependent(s) become eligible or lose eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- Change in your dependent's employment resulting in loss or gain of eligibility for employer coverage
- A court or administrative order

If your qualified life event is due to loss or gain of Medicaid or CHIP coverage, you have 60 days to complete the necessary enrollment forms and return them to us. All other qualified life events must be reported to us within 30 days of the event. It is your responsibility to notify us when you have a qualified life event and would like to make changes to your benefit elections. Please do not miss this important deadline!

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which your regular work schedule is reduced to fewer than 30 hours per week, your employment ends, or you stop paying your share of the coverage. Your dependent(s) coverage ends when your coverage ends, or the last day of the month in which the dependent is no longer eligible. Certain benefits may terminate on the date of event.

Stretching Your Rx Dollar

GoodRx Comparison Tool

Stop paying too much for your prescriptions! With the GBS Benefits Rx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

Isn't health insurance all I need?

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings?

The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

› **On the Web:** https://www.goodrx.com/
Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.
Please Note:
- Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- Please be sure to compare all discount pricing options before you purchase.
- Check your insurance carrier's pharmacy benefit before purchasing a 90-day supply.

› **On Your Phone**
Available on the app store or with Android on Google play. Or, just go to m.goodrx.com from any mobile phone.

Generic Prescriptions

$4 30-Day Supply or a $10 90-Day Supply

These programs may assist you in paying a reduced amount for generic medications, as well as, reducing utilization of the medical prescription benefits.

Did You Know?

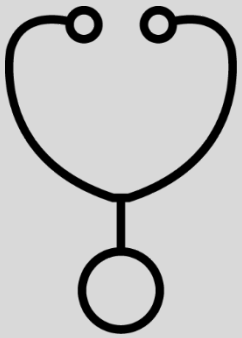
Even if the generic substitute for one of your prescription drugs is not on one of the $4 lists, generic drugs are often 80% less expensive than brand name drugs, so switching to a generic will have a large impact on your pocketbook whether you switch pharmacies or not. To see if you would benefit from a switch to a generic drug, do some comparison shopping. One of the better places to do this is at www.crbestbuydrugs.org, a Consumer Reports site.

Tips

- When you receive a prescription from your doctor, ask if a generic equivalent is available.
- The member must present the written prescription to the pharmacist and request the $4-Generic price.
- The member should not present the medical ID card. The pharmacy will not submit a claim to the insurance carrier.

How can I find out if my prescription is on the $4-Generic Drug List?

Most of the generic programs offer approximately 150 to 300 generic drugs at a discounted price. The generic drugs offered cover most diseases and most chronic conditions such as arthritis, heart disease, high blood pressure, depression and diabetes.
You may search for the generic medication on the pharmacy's website or contact the pharmacy to inquire if the generic medication the provider prescribed is on the pharmacy's $4-Generic Drug List.



Medical

Blue Cross of Idaho

Medical Plan Comparison

Plan Design	Gold 1500		
Provider Network	**Choice PPO**		
Benefit Period (Jan. 1 - Dec. 31)	In-Network You Pay		Out-of-Network You Pay
Annual Deductible	$1,500 / Individual $3.000 / Family		$4.500 / Individual $9,000 / Family
Annual Out-of-Pocket Maximum	$6.700 / Person $13,400 / Family		$20,100 / Person $40,200 / Family
Coinsurance	20% AD		50% AD
Coverage Levels	Choice Doctors	All Other In-Network	Out-of-Network
Office Visits			
Primary Care	$10	$30	50% AD
Specialist	$30	$50	50% AD
Urgent Care	$50 copay	$50 Copay	
TeleHealth (MDLIVE)	$10 copay	$10 copay	50% AD
Advanced Imaging (outpatient only)	$250 Copay + 20% AD		$250 Copay + 50% AD
Diagnostic Imaging (including mammograms)	80% AD		50% AD
Pediatric Physician Office Visit (Under 18 years old, Includes Urgent Care visits)	Covered at 100%		50% AD
Ambulance	80% AD		50% AD
Hospital Services			
Inpatient /Outpatient	20% AD		50% AD
Emergency Room - Facility	$350 copayment AD		$350 copayment AD
Emergency Room - Pro Services	20% AD		50% AD
Pharmacy - Retail			
Tier 1 - Preferred Generic	$10		
Tier 2 - Non-Preferred Generic	$20		
Tier 3 - Preferred Brand Name	$35		
Tier 4 - Non-Preferred	$50		
Tier 5 - Preferred Specialty & Generic Specialty	30% Coinsurance		
Tier 6 - Non-Preferred Specialty	50% Coinsurance		
ACA Preventative	No Charge		

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 the 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, visit https://members.bcidaho.com/my-account/my-account-my-contract.page. 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 www.healthcare.gov/sbc-glossary or call 1-800-627-1188 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall Deductible?	In-Network **$1,500** person/**$3,000** family; Out-of-Network **$4,500** person/**$9,000** family	Generally, you must pay all of the costs from Providers up to the Deductible amount before this Plan begins to pay. If you have other family members on the Plan, each family member must meet their own individual Deductible until the total amount of Deductible expenses paid by all family members meets the overall family Deductible.
Are there services covered before you meet your Deductible?	Yes. Pharmacy, child vision, immunizations or In-Network hospice, services w/physician Copay and Preventive Care are covered before you meet your Deductible.	This Plan covers some items and services even if you haven't yet met the Deductible amount. But a Copayment or Coinsurance may apply. For example, this Plan covers certain Preventive Services without Cost Sharing and before you meet your Deductible. See a list of covered Preventive Services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other Deductibles for specific services ?	No. There are no other specific Deductibles.	You don't have to meet Deductibles for specific services.
What is the Out-of-pocket Limit for this Plan?	In-Network **$6,700** person / **$13,400** family, Out-of-Network **$20,100** person / **$40,200** family.	The Out-of-pocket Limit is the most you could pay in a year for covered services. If you have other family members in this Plan, they have to meet their own Out-of-pocket Limits until the overall family Out-of-pocket Limit has been met.
What is not included in the Out-of-pocket Limit ?	Premiums, Balance-Billing charges and health care this Plan doesn't cover.	Even though you pay these expenses, they don't count toward the Out-of-pocket Limit.
Will you pay less if you use a Network Provider?	Yes. See **www.bcidaho.com or call 1-800-627-1188** for a list of Network Providers.	You pay the least if you use a Provider on the ChoiceDocs In-Network Provider list. You pay more if you use all other Providers on the In-Network Provider list. You will pay the most if you use an Out-of-Network Provider, and you might receive a bill from a Provider for the difference between the Providers charge and what your Plan pays (Balance Billing). Be aware your Network Provider might use an Out-of-Network Provider for some services (such as lab work). Check with your Provider before you get services.
Do you need a Referral to see a Specialist?	No.	You can see the Specialist you choose without a Referral.

All copayments 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
		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	ChoiceDocs = $10 Copay/visit; All other In-Network = $30 Copay/visit; Deductible does not apply	50% Coinsurance after Deductible	Copay does not apply to additional services. Cost Sharing may not apply to pediatric office visit. $10 Copay/visit for qualifying non-emergency telehealth services provided by MDLIVE. Additional telehealth services may be provided by your Provider.
	Specialist visit	ChoiceDocs = $30 Copay/visit; All other In-Network = $50 Copay/visit, Deductible does not apply	50% Coinsurance after Deductible	Copay does not apply to additional services.
	Preventive Care/Screening/immunization	No charge for listed preventive, Screening and immunization services. Deductible does not apply	No charge for listed immunizations, 50% Coinsurance after Deductible for preventive and Screening	You may have to pay for services that aren't preventive. Ask your Provider if the services needed are preventive. Then check what your Plan will pay for.
If you have a test	Diagnostic Test (x-ray, blood work)	20% Coinsurance after Deductible	50% Coinsurance after Deductible	---------- none ----------
	Imaging (CT/PET scans, MRIs)	$250 Copay/procedure, 20% Coinsurance after Deductible	$250 Copay/procedure, 50% Coinsurance after Deductible	Preauthorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://members.bcidaho.com/resources/pdfs/pharmacy/2020/Qualified-Health-Plan-Formulary.pdf	Generic drugs	Preferred=$10 Copay/prescription Non-preferred=$20 Copay/prescription (retail and mail order)	Preferred=$10 Copay/prescription Non-preferred=$20 Copay/prescription (retail and mail order)	Deductible does not apply. Covers up to a 90 day supply with multiple Copays. Additional Out-of-Network charges may apply.
	Preferred brand drugs	$35 Copay/prescription (retail and mail order)	$35 Copay/prescription (retail and mail order)	Deductible does not apply. Covers up to a 90 day supply with multiple Copays. Additional Out-of-Network charges may apply.
	Non-preferred brand drugs	$50 Copay/prescription (retail and mail order)	$50 Copay/prescription (retail and mail order)	Deductible does not apply. Covers up to a 90 day supply with multiple Copays. Additional Out-of-Network charges may apply.
	Specialty Drugs	Preferred=30% Coinsurance Non-preferred=50% Coinsurance (retail and mail order)	Preferred=30% Coinsurance Non-preferred=50% Coinsurance (retail and mail order)	Deductible does not apply. Coverage may include limitations and Preauthorization may be required. Additional Out-of-Network charges may apply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% Coinsurance after Deductible	50% Coinsurance after Deductible	Preauthorization required.
	Physician/surgeon fees	10% Coinsurance after Deductible	50% Coinsurance after Deductible	Preauthorization required.
If you need immediate medical attention	Emergency Room Care	$350 facility Copay/visit after Deductible; other services 20% Coinsurance after Deductible	$350 facility Copay/visit after Deductible; other services 50% Coinsurance after Deductible	Out-of-Network services paid at In-Network if Emergency Medical Condition. Copay waived if admitted.
	Emergency Medical Transportation	20% Coinsurance after Deductible	50% Coinsurance after Deductible	---------- none ----------
	Urgent Care	$30 Copay/visit; Specialist: $50 Copay/visit; Deductible does not apply	50% Coinsurance after Deductible	Cost Sharing may vary based on physician. Copay does not apply to additional services.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% Coinsurance after Deductible	50% Coinsurance after Deductible	Preauthorization required.
	Physician/surgeon fee	20% Coinsurance after Deductible	50% Coinsurance after Deductible	Preauthorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have mental health, behavioral health, or substance abuse services	Outpatient services	$30 Copay/visit, Deductible does not apply; 20% Coinsurance after Deductible for facility and other services	50% Coinsurance after Deductible	Cost Sharing may not apply to pediatric outpatient psychotherapy. $10 Copay/visit for qualifying non-emergency telehealth services provided by MDLIVE. Additional telehealth services may be provided by your Provider.
	Inpatient services	20% Coinsurance after Deductible	50% Coinsurance after Deductible	Preauthorization required.
If you are pregnant	Office Visits	20% Coinsurance after Deductible	50% Coinsurance after Deductible	For pregnancy services, Cost Sharing does not apply to certain Preventive Services. Depending on the type of services, a Copay, Coinsurance or Deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% Coinsurance after Deductible	50% Coinsurance after Deductible	---------- none ----------
	Childbirth/delivery facility services	20% Coinsurance after Deductible	50% Coinsurance after Deductible	---------- none ----------
If you need help recovering or have other special health needs	Home Health Care	20% Coinsurance after Deductible	50% Coinsurance after Deductible	Preauthorization required.
	ReHabilitation Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible	Coverage is limited to 20 visit annual max.
	Habilitation Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible	Coverage is limited to 20 visit annual max.
	Skilled Nursing Care	20% Coinsurance after Deductible	50% Coinsurance after Deductible	Coverage is limited to 30 day annual max.
	Durable Medical Equipment	20% Coinsurance after Deductible	50% Coinsurance after Deductible	Preauthorization required.
	Hospice Services	No charge. Deductible does not apply.	50% Coinsurance after Deductible	---------- none ----------

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge. Deductible does not apply.	50% Coinsurance, Deductible does not apply	Under the age of 19 only. VSP limits will apply.
	Children's glasses	No charge. Deductible does not apply.	50% Coinsurance, Deductible does not apply	Under the age of 19 only. VSP limits will apply.
	Children's dental check-up	Not covered	Not covered	---------- none ----------

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 other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Dental check-up (Child)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

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

- Chiropractic care
- Eye exam (Child)
- Glasses (Child)
- Hearing aids (Child)
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage:

**** Group health coverage -**

There are agencies that can help if you want to continue coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-4444-EBSA(3272) or www.dol.gov/ebsa/healthreform; or 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. Other coverage options may be available to you too, including buying individual insurance through Your Health Idaho. For more information about Your Health Idaho, visit www.YourHealthIdaho.org or call 1-855-944-3246.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of 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 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:

For any initial questions concerning a claim, or to appeal a claim or benefit decision, please contact Customer Service at 1-208-286-3828 or 1-800-627-1188, www.bcidaho.com, or at P.O. Box 7408, Boise, ID 83707.

If your plan is subject to ERISA, you may contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA or www.dol.gov/ebsa/healthreform

If your plan is fully insured or self-funded and subject to the Idaho Insurance Code, you may also receive assistance from the Idaho Department of Insurance at 1-800-721-3272 or www.DOI.Idaho.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 the 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 copay	$50
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	**$12,690**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$1,500
Copayments	$10
Coinsurance	$2,210
What isn't Covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,780**

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 copay	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	**$5,830**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$120
Copayments	$980
Coinsurance	$0
What isn't Covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,120**

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

The plan's overall deductible	$1,500
Specialist copay	$50
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*)

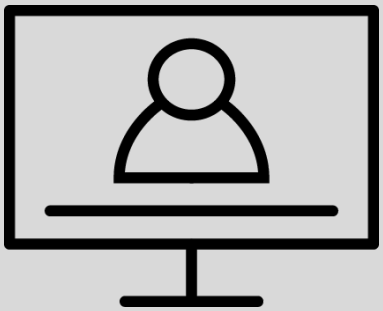
Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,500
Copayments	$450
Coinsurance	$120
What isn't Covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,070**

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

Questions: Call 1-800-627-1188 or visit us at www.bcidaho.com/SBC.



TeleHealth Services

Blue Cross of Idaho - MDLIVE

Blue Cross of Idaho

Your life is 24/7. With Virtual Care, your doctor is, too.

AVOID THE WAIT! ACTIVATE YOUR BLUE CROSS OF IDAHO MDLIVE ACCOUNT TODAY AT *mdlive.com/bcidaho.*

When you can't see your primary care provider, you can consult with a board-certified doctor by phone, secure video or the MDLIVE app anytime, from anywhere. If you are in Idaho, you will need to use video to meet with the doctor.

MDLIVE doctors are available 24/7/365. Average wait time for medical consultations is less than 10 minutes. Therapists and psychiatrists require an appointment, with an average wait time of three to four days.

Your family members are eligible for virtual care, too. Pediatricians are available 24/7.

Activate your account online or by phone.

mdlive.com/bcidaho

888-920-2975

Download the MDLIVE App

NON-EMERGENCY CONDITIONS WE TREAT:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever*
- Headache
- Insect bites
- Nausea / Vomiting
- Pink eye
- Rash
- Respiratory problems
- Sore throats
- Urinary problems / UTI*
- Vaginitis
- And more

Behavioral Health

- Addictions
- Bipolar disorders
- Child and adolescent issues
- Depression
- Eating disorders
- Gay/Lesbian/Bisexual/ Transgender issues
- Grief and loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma and PTSD
- Women's issues
- And more

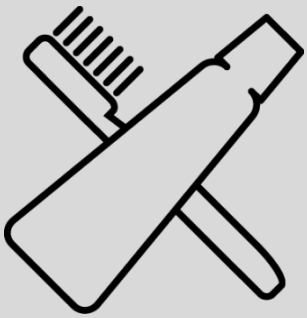
E-prescriptions can be sent to your preferred pharmacy (if required) for medical conditions. MDLIVE cannot prescribe medication for behavioral health conditions.

(continued)

MDLIVE®
Virtual Care, Anywhere.

**MDLIVE physicians may not treat any children with urinary symptoms. Parents/guardian will be required to complete a different medical history disclosure form for children under the age of 36-months prior to making an appointment with an MDLIVE physician. Children under 36 months who present with fever must be referred to their pediatrician (medical home), child-friendly urgent care center or emergency department for clinical evaluation and care.*

MDLIVE does not provide any healthcare services and is not an insurance product or a prescription fulfillment warehouse. MDLIVE does not replace your relationship with your primary care provider. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Contents in this material are not a substitute for professional healthcare advice, diagnosis or treatment. MDLIVE healthcare professionals reserve the right to deny care for potential misuse of services. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit www.mdlive.com/pages/terms.html.



Dental

Delta Dental

Benefit Summary

GENERAL BENEFIT PLAN SUMMARY

Classic Foods, Inc
Group Number: 2309
Contract Effective Date: 03/01/2021

Benefit Overview	PPO	Premier	Non-Participating
Per Person Deductible Excluding Diagnostic and Preventive services per benefit year	$25	$50	$50
Family Deductible Excluding Diagnostic and Preventive services per benefit year	$75	$150	$150
Maximum Benefit Per eligible person per benefit year	$1,000	$750	$500
Services	**You pay the % below**		
Preventive & Diagnostic Services Examinations, X-rays, teeth cleaning	0%	0%	20%
Basic Services Fillings, root canals, extractions, oral surgery	20%	40%	60%
Major Services Crowns, onlays, bridges, dentures Late enrollee waiting period is 12 months	50%	100%	100%

PARTICIPATING AND NON-PARTICIPATING DENTISTS

If the dentist is a PPO or Premier participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee. Delta Dental will send payment to the participating dentist and the subscriber will be responsible for any co-payment and/or any non-covered services.

If the dentist is a non-participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or Delta Dental's non-participating dentist Fee. It is the subscriber's responsibility to make full payment to the non-participating Dentist. For dental services rendered by an out-of-state dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee in that area, if the out-of-state dentist is a participating dentist with a Delta Dental plan in the state in which the service is rendered.

Benefits and Limitations

Class I Preventive and Diagnostic Services
Examinations once every 6 months.
Cleanings once every 6 months (restricts against periodontal maintenance within the same time period).
Fluoride two times in any 12 consecutive month period for dependent children under age 19.
Full mouth series or panoramic X-rays once every 5 years.
Bitewing X-rays once every 12 months.
Class II Basic Services
Periodontal maintenance is allowed 4 times in 12 months if patient has had previously treated periodontal disease.
Scaling and root planing covered once per quadrant every 24 months. Periodontal surgery is payable once per quadrant in any 3 year period.
Fillings restricted to same tooth/surface once every 24 months.
Class III Major Restorative Services
Crowns, build-ups, stainless steel crowns, onlays, or bridges on same tooth once every 7 years.
Porcelain, porcelain substrate, and cast restorations are not payable for children less than 12 years.
Partials, or dentures 1 time per arch every 7 years, eligible for partials at age 16.
Implants
Implants are a covered benefit per tooth with a maximum lifetime benefit of $1,200 or the plan's annual maximum, whichever is less (Ages 19 and over).
Dependents
Eligible children must be under age 26.

GENERAL PLAN INFORMATION

1. Optional treatment: If the subscriber or eligible dependent selects a more expensive service than is customarily provided. For example, if teeth can be restored satisfactorily with amalgam or composite material, the cost of inlays, onlays and crowns are not covered and the cost difference between the covered and the non-covered procedure is to be borne by the patient.
2. Payment provisions: The following guidelines will be used to determine the date on which a service shall be paid:
   a. Full dentures or partial dentures: On the date the final impression is taken.
   b. Fixed bridges, crowns, and onlays: On the date the tooth or teeth are prepared.
   c. Root canal therapy: On the date the root canal is initiated.

3. Processing Policies may limit benefits. Processing Policies applied to a claim are noted on the Explanation of Benefits (EOB).
4. Predeterminations: If your dental treatment involves services of $300 or greater, it is advisable to ask your dentist to submit a predetermination of benefits. A statement will be sent to you and your dentist estimating the amount of Delta Dental payment obligation and the amount that you will owe. These estimates will be subject to your continuing eligibility in the plan and the group contract remaining in effect. If claims for other completed dental services are received and processed prior to the completion date of the proposed treatment, this may reduce Delta Dental's estimated payment for the proposed treatment and increase your obligation to the dentist. Predeterminations are valid for ninety (90) days from the date issued by Delta Dental.

WHAT SERVICES ARE NOT COVERED?

No payment will be made by Delta Dental and all charges for the following services will be the responsibility of the subscriber:

1. Services for injuries or conditions payable under Workers' Compensation or Employer's Liability laws. Benefits or services that are available from any government agency, political subdivision, community agency, foundation, or similar entity. This provision does not apply to any programs provided under Title XIX Social Security Act, i.e., Medicaid.
2. Services for cosmetic surgery, or dentistry for aesthetic reasons.
3. Services or appliances started before an individual became eligible under the contract.
4. Prescription drugs, pre-medications and/or relative analgesia. General anesthesia and/or intravenous sedation other than for covered oral surgery. Charges for hospitalization, laboratory tests, and examinations and any additional fees charged by the dentist for hospital treatment.
5. Preventive control programs, including home care items.
6. Charges for failure to keep a scheduled visit with the dentist.
7. Repair, relines, or adjustments of occlusal guards.
8. Charges for completion of forms. A participating dentist may not make these charges to a subscriber or eligible dependent.
9. Prosthodontic services (Class III benefits), unless specified as a covered service in the Benefit Summary.
10. Orthodontic services (Class IV benefits), unless specified as a covered service in the Benefit Summary.
11. Lost, missing, or stolen appliances of any type and replacement or repair of orthodontic appliances.
12. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are experimental in nature as determined by the standards of generally accepted dental practice.
13. Appliances, surgical procedures, and restorations for increasing vertical dimension; for restoring occlusion; for replacing tooth structure loss resulting from attrition, abrasion, or erosion. If orthodontic benefits have been selected under this contract, this exclusion will not apply to the orthodontic services.
14. Treatment by other than a dentist, except for services performed by a licensed dental hygienist or denturist within the scope of his or her license.
15. Processing Policies may limit benefits. Processing Policies applied to a claim are noted on the Explanation of Benefits (EOB).
16. Services or supplies for which no charge is made, or for which the patient is not legally obligated to pay. This includes services or supplies furnished by a dentist who is related to the patient by blood or who is related to the patient by blood or marriage and who ordinarily dwells in the patient's household, the dentist providing service to him/her self, or services which would not have a charge in the absence of Delta Dental coverage.
17. Services or supplies received as a result of defect, or injury due to an act of war, declared or undeclared.
18. Services that are covered under a hospital, surgical/medical, or prescription drug program.
19. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ).
20. Myofunctional therapy.
21. Delta Dental is not obligated to pay claims received more than 12 months after the date of service.

22. Nutritional counseling, tobacco counseling and oral hygiene instruction are not covered benefits except for participants in Delta Dental's Health through Oral Wellness® (HOW®) program.

This is only a general summary of benefits. It provides a brief description about the important features of this policy and does not constitute a contract or guarantee of payment. Full terms and conditions are set forth in the policy provisions. If you have any questions about your plan's benefits or would like to submit a predetermination before services are performed, please call Delta Dental of Idaho customer service advisors at (208) 489-3580 or toll-free at (800) 356-7586. You may also log onto our website, www.deltadentalid.com, for benefit and eligibility information or up-to-date claim status.

Vision

United Heritage / VSP

Get access to the best in eye care and eyewear with UNITED HERITAGE LIFE INSURANCE COMPANY and VSP® Vision Care.

As a VSP member, you have access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com**. Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit **vsp.com** or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on **vsp.com**.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.[1] Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.[2] Prefer to shop online? Check out all of the brands at **eyeconic.com®**, VSP's preferred online eyewear store.

VSP® Vision care for life | UNITED HERITAGE Insurance

See why we're consumers' #1 choice in vision care[3].

Contact us. **800.877.7195**
vsp.com

Your VSP Vision Benefits Summary

United Heritage Life Insurance Company and VSP provide you with an affordable eye care plan.

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
	Your Coverage with a VSP Provider		
WellVision Exam	• Focuses on your eyes and overall wellness	$10	Every 12 months
Prescription Glasses		$25	See frame and lenses
Frame	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% savings on the amount over your allowance • $70 Costco® frame allowance	Included in Prescription Glasses	Every 12 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements	$55 $95 - $105 $150 - $175	Every 12 months
Contacts (instead of glasses)	• $130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation), billed amount not to exceed $60		Every 12 months
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit **vsp.com** for plan details.

Exam ..... up to $45	Lined Bifocal Lenses ..... up to $50	Progressive Lenses ..... up to $50
Frame ..... up to $70	Lined Trifocal Lenses ..... up to $65	Contacts ..... up to $105
Single Vision Lenses ..... up to $30		

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.

This Benefit Summary is not part of your group's Policy or the Certificate of Coverage. The policy and certificate may contain certain Limitations and Exclusions not stated in this Benefit Summary. Please see the issued Policy and Certificate of Coverage for specific plan information.

Contact us. **800.877.7195** | **vsp.com**

1. Brands/Promotion subject to change.
2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

3. 2017 National Vision Plan Member Research.

Life Insurance

Unum

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

can provide money for your family if you die or are diagnosed with a terminal illness.

How does it work?

You keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why choose Unum?

Your employer is contributing to the cost of this coverage. Unum is the leading provider of employee benefits, with more than 165 years of experience.[1] We'll be there to back our benefits and provide you with the support you need.

What else is included?

A "Living" Benefit

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

Waiver of premium

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

Portability

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

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

Who can get Term Life coverage?

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

You:	You can receive a benefit amount of $30,000.
Your spouse:	If eligible, (see delayed effective date), your spouse can receive the following coverage: Get $2,000 of coverage for your spouse.
Your children:	If eligible, (see delayed effective date), your children can receive the following coverage: The maximum benefit for children from live birth to 6 months is $1,000. The maximum benefit for children 6 months and older is $2,000.

One policy covers all of your children until their 19th birthday - or until their 26th birthday if they are full time students**

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

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

You:	You can receive an AD&D benefit amount of $30,000.

No questions or health exams required for AD&D coverage.

Exclusions and limitations

Actively at work

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

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

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

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

Exclusions and limitations

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

AD&D specific exclusions and limitations:

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

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

Delayed effective date of coverage

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

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

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

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

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

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

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

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

Voluntary Accident Insurance

The Hartford

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS

THE HARTFORD

More than 3.5 million children ages 14 and younger get hurt annually playing sports or participating in recreational activities.[1]

Classic Foods

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

To learn more about Accident insurance, visit **thehartford.com/employeebenefits**

COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		
Coverage Type		On and off-job (24 hour)
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	$75
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	$25
Ambulance – Air	Once per accident	$1,500
Ambulance – Ground	Once per accident	$500
Blood/Plasma/Platelets	Once per accident	$200
Child Care	Up to 30 days per accident while insured is confined	$25
Daily Hospital Confinement	Up to 365 days per lifetime	$200
Daily ICU Confinement	Up to 30 days per accident	$400
Diagnostic Exam	Once per accident	$200
Emergency Dental	Once per accident	Up to $300
Emergency Room	Once per accident	$150
Health Screening Benefit	Once per year for each covered person	Not Included
Hospital Admission	Once per accident	$1,000
Initial Physician Office Visit	Once per accident	$75
Lodging	Up to 30 nights per lifetime	$125
Medical Appliance	Once per accident	$100
Rehabilitation Facility	Up to 15 days per lifetime	$150
Transportation	Up to 3 trips per accident	$400
Urgent Care	Once per accident	$100
X-ray	Once per accident	$100
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident	$2,000
Arthroscopic Surgery	Once per accident	$250
Burn	Once per accident	Up to $10,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit
Concussion	Up to 3 per year	$150
Dislocation	Once per joint per lifetime	Up to $4,000
Eye Injury	Once per accident	$500

Fracture	Once per bone per accident	Up to $8,000
Hernia Repair	Once per accident	$200
Joint Replacement	Once per accident	$2,000
Knee Cartilage	Once per accident	Up to $1,000
Laceration	Once per accident	Up to $500
Ruptured Disc	Once per accident	$1,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to $1,500
CATASTROPHIC		
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	$50,000
Common Carrier Death	Within 90 days	1.5 times death benefit
Coma	Once per accident	Up to $10,000
Dismemberment	Once per accident	Up to $50,000
Home Health Care	Up to 30 days per accident	$50
Paralysis	Once per accident	$50,000
Prosthesis	Once per accident	Up to $2,000
FEATURES		
Ability Assist® EAP[2] – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampion[SM3] – Administrative & clinical support following serious illness or injury		Included

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):[4]

COVERAGE TIER	
Employee Only	**$7.49** ($0.25 per day)
Employee & Spouse/Partner	**$11.78** ($0.39 per day)
Employee & Child(ren)	**$12.90** ($0.42 per day)
Employee & Family	**$20.14** ($0.66 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to “spouse” in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don’t have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is 6/1/2021. If you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

[1]"Sports Injury Statistics." Stanford Children's Health, n.d. Web. 30 June 2017. http://www.stanfordchildrens.org/en/topic/default?id=sports-injury-statistics-90-P02787
[2]AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit https://www.thehartford.com/employee-benefits/value-added-services for more information.
[3]HealthChampion services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn't provide basic hospital, basic medical, or major medical insurance. HealthChampion specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states.
Visit https://www.thehartford.com/employee-benefits/value-added-services for more information.
[4]Rates and/or benefits may be changed.

Prepare. Protect. Prevail. With The Hartford. ®

This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

LIMITATIONS & EXCLUSIONS

This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP ACCIDENT INSURANCE

LIMITATIONS AND EXCLUSIONS
The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying,racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

For New York Residents:
This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.
IMPORTANT NOTICE — THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

Notes


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