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Arthur J. Gallagher



Changing lives, improving our community.



Benefits Guide: 2023

THIS YEAR:

- **Medical:**
NEW CDPHP Plan
- **Dental:**
Guardian Dental Guard Preferred
- **Vision:**
Guardian Davis Vision
- **Telemedicine:**
United Concierge
- **Flexible Spending Account:**
Flores, formerly ProBenefits
- **Voluntary Life Insurance:**
Guardian

Employee Benefit Guide

Coverage Period : January 1, 2023 – December 31, 2023

Welcome

CEO takes pride in offering a comprehensive and valuable benefit package to its employees. CEO offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best suited for you and your family.

About this guide

This guide is a basic outline of your benefits and highlights the plans that are part of CEO's benefits program. This guide does not include all of the details or exclusions that are found in the insurance contracts or official plan documents. If there is a conflict between this guide or the information directly from the carriers contract, the official carrier's plan document will govern.

Benefits at a glance for 2023

Insurance Type	Carrier	Renewal Date	Plan
Medical	CDPHP	1/1	HMO Plan
Vision	Guardian	1/1	Davis Vision
Dental	Guardian	1/1	PPO
Voluntary Life Insurance	Guardian	1/1	Term Life
Telemedicine	United Concierge	1/1	Employer Paid
Flexible Spending Account	Flores	1/1	FSA- Employee Funded

Changes ahead: When switching Insurance carriers

- Make sure your provider(s) are participating
- Make sure that your medications are on the drug formulary
- Keep in mind that authorizations are not always carried over
- Make sure once the new plans are active, that you provide your new ID card to your doctors, pharmacy, dental office, and vision provider.

Eligibility

If you are a full-time or part - time employee you are eligible to enroll in the benefits outlined in this guide. The following family members are eligible for medical, dental, and vision coverage: spouse, domestic partner, and any eligible dependent children.

New Employee

New employees are eligible for coverage first of the following month after you complete 30 days of employment.

Open Enrollment

The annual open enrollment is the time for you to review your benefit offerings and update information if necessary. During Open Enrollment you can make the following benefit changes:

- Switch between plans
- Enroll yourself (and dependents) in the insurance(s)
- Cancel your coverage
- Remove dependents

Special Enrollment

Typically you are not permitted to make changes to or cancel your coverage during the plan year. Changes and cancellations are permitted only during the annual Open Enrollment or if you experience a qualifying event during the plan year. The effective date of coverage would occur the date the change below took place. Qualifying events include:

- Marriage/ Divorce
- Birth of child; adoption or legal guardianship
- Death
- Loss or gain of alternative coverage
- Change in work status
- Medicare/ Medicaid eligible

2023 Open Enrollment- What do I need to know?

- **CDPHP medical**

- Previously CEO offered a high deductible plan (where the employee is responsible for a large dollar amount up front for every single medical service except primary care sick visits). Since the plan set up had a large upfront dollar amount for the employee to pay, CEO helped offset cost in an HRA (Health Reimbursement Account). Employees had the option to pick a high or low plan, which we a higher or lower HRA contribution from CEO.
- For 2023 CEO is offering a Hybrid plan meaning that it is a copay AND deductible plan, depending on your services. The most commonly used services(such as: primary care sick visit, specialist visit, labs, radiology, urgent care, and prescriptions). For the less common services, the deductible will apply (for example: emergency room, ambulance, inpatient hospital stay, and outpatient surgery). Since a majority of the plan is copays, there will no longer be HRA funding.
- CEO has increased their total employer contribution to the plan. The money they previously put into the HRA is now being allocated to the cost of the plan.
- This creates a more enriched plan offering for CEO employees. There will be less hesitation to use health insurance because the out of pocket cost for employees is minimal.
- In the unfortunate event someone has a service that applies to the deductible, contact Gallagher who can help guide you in applying for financial assistance with the hospital/facility (which is typically income based). We will make efforts to further negotiate the bill down.
- CDPHPs biggest change is that they are moving their pharmacy vendor from Caremark to CapitalRx. You should have received this information on this change. This will prompt a new ID card that needs to get to your pharmacy on 1/1/2023 or else your prescriptions will deny. There is a change in the mail order pharmacy, if you are currently using mail order contact Gallagher to help get a new profile set up.
- **Guardian voluntary life** is remaining the same, if you are newly enrolling for open enrollment or are increasing the amount of life insurance, you will need to complete the EOI form (medical underwriting). Guardian will approve or deny your coverage request, you will receive a letter confirming this.
 - The only time you will see a change in rate is if you aged into the next bracket.
- **Guardian dental and vision-** no change to rate or plan design.
- **Guardian EAP** (Employee Assistance Program) is FREE to everyone!
- **Flexible Spending Account (FSA)** will be changing administrators which will prompt a new debit card, likely received sometime mid January for Open Enrollment. ProBenefits was acquired by Flores and Associates.
- **UCM, virtual ER** is continuing as an employer paid benefit, it is free to you!
 - You are given the option to enroll or decline the benefit. Make sure your correct dependents are covered on this plan.
- **AFLAC:** Accident, Cancer/ Specified Disease, Disability Insurance, and Hospital coverage. All policies are standalone and you can mix and match coverage. Please contact CEO's AFLAC rep for more information or to set up/ change your policy:
 - Susan Todd-Bedell Phone:518-269-1731 Email: susan_toddbedell@us.aflac.com
- For **Open Enrollment** we are NOT using HR connection. Everyone must fill out an election/waiver form and return to HR. If you are newly enrolling in a benefit, you may need to fill out an additional form.

CDPHP HMO Plan -

Carrier	CDPHP
Plan Type	Hybrid Plan
Network	HMO
Cost Share Information	
Individual/Family Deductible	\$3,000/ \$7,500
Out of Pocket Maximum	\$9,100/ \$18,200
Co-Insurance	20%
Office Visits	
Routine Preventive Care	\$0
Primary Care	\$30
Specialist	\$50
Inpatient Services	
Inpatient Hospital	Deduct then 20%
Outpatient Services	
Outpatient Surgery	Deduct then 20%
Lab	\$50*
Advanced Radiology	\$50*
Emergency Care	
ER	Deduct then 20%
Urgent Care	\$40
Prescription Drugs	
RX Deductible	None
Drug Card	\$10/ \$30/ \$50

*Waives copay (FREE) at CDPHP Preferred Sites

CDPHP® HMO Plan Benefit Summary



Plan Code: HM7L23
Group ID: 20023624
Presented For: Commission on Economic Opportunity

Effective Date: 01/01/2023

In-Network

Cost Sharing Information

Deductible	\$3,000 Single / \$7,500 Family (Embedded)
Out of Pocket Maximum	\$9,100 Single / \$18,200 Family (Embedded)

Office Visits

PCP	\$30 Copayment
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*PCP Cost share waived for members that are under age of 19

Specialist	\$50 Copayment
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Telemedicine

Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera, Brave)	\$30 Copayment
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider

Preventive and Well Care Services*

Well Baby and Child Care including immunizations	Covered in full
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full
Mammography	Covered in full
Annual Pap Test and Ob/Gyn Exam	Covered in full
Prostate Cancer Screening	Covered in full
Bone Density Tests	Covered in full

*Cost sharing may apply to diagnostic care

Hospital Services

Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then 20% Coinsurance
Outpatient Surgery	Deductible then 20% Coinsurance

Maternity Services*

Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	20% Coinsurance
Newborn Nursery	Covered in full

*(Non-routine services may result in an additional cost share)

Emergency Care

Worldwide Emergency Room Care (waived if admitted inpatient)	Deductible then 20% Coinsurance
Ambulance	Deductible then 20% Coinsurance

Urgent Care

When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	\$40 Copayment
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Diagnostic Testing*

Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	\$50 Copayment
Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center.	\$50 Copayment

Behavioral Health Services

Mental Health/Substance Use Inpatient Services	Deductible then 20% Coinsurance
Mental Health/Substance Use Outpatient Services	\$30 Copayment

*(Up to 20 visits per plan year may be used for substance use family counseling.)

Condition Support Services

Outpatient Rehabilitation - Physical Therapy	\$50 Copayment (30 visits per benefit period)
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CDPHP[®] HMO Plan Benefit Summary



Plan Code: HM7L23
Group ID: 20023624
Presented For: Commission on Economic Opportunity

Effective Date: 01/01/2023

	In-Network
Outpatient Rehabilitation - Speech Therapy	\$50 Copayment (20 visits per benefit period)
Outpatient Rehabilitation - Occupational Therapy	\$50 Copayment (30 visits per benefit period)
Home Health Care	Covered in full
Skilled Nursing Facility	Deductible then 20% Coinsurance (45 days per plan year)
Chemotherapy/Radiation Therapy visit	\$30 Copayment
Prosthetic Devices and Durable Medical Equipment	50% Coinsurance
Diabetic Services	
Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME. Insulin is limited to \$100 out of pocket per 30 day supply.	\$30 Copayment
Vision Services	
Laser Eye Surgery	Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime
Wellness Care	
Weight Management	Up to a \$100 reimbursement available for participation in a weight loss program
Fitness Reimbursement	Subscribers can be reimbursed up to \$400 per plan year for qualified fitness activities. Of the \$400, up to \$200 can be applied for reimbursement of wearable fitness devices. Covered dependents can be reimbursed up to a combined \$200 for qualified fitness activities and youth sports fees for members under age 18. Of the \$200, up to \$100 can be applied for reimbursement of wearable fitness devices.
Child Birthing Classes	Up to \$75 reimbursement available for completion of child birthing class
Doula Reimbursement (A doula is a trained companion who supports another person through pregnancy and childbirth)	\$1,500
Life Points Rewards	Participating (Up to \$180 Life Points per contract per calendar year)
Acupuncture (10 visit limit per plan year for acupuncture services)	\$50 Copayment
Nutritional Counseling	\$50 Copayment
Chiropractic Benefits	\$50 Copayment

This Summary of Benefits is intended to provide a general outline of coverage. In the event of any conflict between this document and the member's Certificate and any applicable Rider(s) issued by CDPHP, the Certificate and Rider(s) will be the controlling documents.

CDPHP gives you access to more than 12,000 participating practitioners and providers, including most of the local hospitals, and a variety of value-added services to help you and your family stay healthy. If you have a question or wish to receive additional information, please contact the CDPHP marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at www.cdphp.com.

Please Note. All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc. [®] (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP. Please Note. All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc. [®] (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.

CDPHP® HMO Plan Benefit Summary



Plan Code: HM7L23
Group ID: 20023624
Presented For: Commission on Economic Opportunity

Effective Date: 01/01/2023

Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP Member.

Domestic Partnership	
Rider Name	ELG12
Description	Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children.
Pharmacy Coverage	
Rider Name	HMRXL4A23
Description	Retail Prescription Drugs (30 Day Supply)
	Tier 1 Drugs \$10
	Tier 2 Drugs \$30
	Tier 3 Drugs \$50
	Specialty Drugs \$50
Mail order, 2.0 copayments for a 90-day supply. Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP. Specialty drugs are not eligible for the mail order program and require preauthorization to be obtained through CDPHP's participating specialty vendors. Prescription drugs are not subject to the plan deductible, if applicable.	

HMO



Security of a plan you can trust

You select your doctor. We do the rest.

Our HMO plan is designed to offer you comprehensive coverage with care delivered by your choice of physicians from our extensive network. All for just a fixed copayment per visit.

The primary care physician (PCP) you select will handle most of your health care needs and refer you within the Capital District Physicians' Health Plan, Inc. (CDPHP) network for specialty care when necessary. Women may choose both a primary care physician and an OB/GYN to visit without a referral. For complete information on the CDPHP network, refer to the Directory of Participating Practitioners and Providers, or go to findadoc.cdphp.com.

With our HMO plan:

- ▶ No charge for certain preventive care visits, including well-baby care, immunizations, mammograms, routine annual physicals, Pap smears, prostate cancer screenings, and well-woman care.
- ▶ Predictable copayment per visit.
- ▶ Routine preventive care and medical treatments provided and coordinated by a PCP.
- ▶ No special referral paperwork required.
- ▶ Single-source referral phone line to direct you to the health or wellness program that best fits your needs.

You can take it with you.

Your coverage, that is. Travel out of the service area for work or pleasure, and CDPHP covers you worldwide for emergency care.

We're here if you need us.

If you have questions about your benefits, simply call one of our knowledgeable member representatives, any weekday between 8 a.m. and 8 p.m.

You also have access to your benefit information online, any time, by logging into www.cdphp.com.

HMO Tip Sheet



MEMBER BENEFIT QUESTIONS: 1-800-777-2273

PRIOR AUTHORIZATION REQUESTS: 1-800-274-2332

- ▶ As a member of the HMO, you must have a CDPHP-participating primary care physician (PCP). Female members may also select a network OB/GYN.
- ▶ To view your choice of physicians, please visit findadoc.cdphp.com. To select or change a PCP or OB/GYN, simply contact the member services department as listed above. You may also change your PCP online.
- ▶ When changing your PCP, you must contact member services within five days of visiting your new physician, so you do not get charged for the visit. Also, if your previous doctor has written prescriptions or given you an ongoing referral to a specialist, please consult with your new practitioner to coordinate your care.
- ▶ Out-of-network care is covered only in an emergency or if pre-approved by CDPHP.
- ▶ Please refer to your ID card or the benefit materials provided to you upon enrollment for details on your copayment and coinsurance levels. These vary according to the plan purchased by your employer group.

At the Time of Your Visit

Please remember to present your member ID card and copayment at the time of service.

Referrals

- ▶ To request a referral, please consult with your PCP.
- ▶ Your PCP should direct you to in-network specialists as needed.
- ▶ You do not need a referral number or any special paperwork. Just tell the specialist's office the name of the PCP who referred you.

Emergency Care

- ▶ Emergency services are covered for a condition that is of sufficient severity that the average person would believe that serious bodily harm, loss of function, or disfigurement could result unless care is received right away.
- ▶ If you require emergency medical care as described above, go to the nearest hospital emergency room or call 911 or your local emergency response number.

This tip sheet provides an overview of your coverage but does not detail all of the benefits, limitations, or exclusions. It is not a contract and is subject to change. For more detailed information, please refer to your membership certificate.

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。



Important Pharmacy Benefit Changes

Prescription drugs play an important role in keeping you healthy, and CDPHP is always looking for new ways to help you access medications at the most affordable price and with the best outcomes. With this in mind, we're making multiple improvements to our pharmacy benefits starting January 1, 2023.

NEW PHARMACY BENEFIT MANAGER

Capital Rx will be the new CDPHP pharmacy benefit manager (PBM) replacing CVS Caremark. PBMs manage prescription drug benefits on behalf of health insurers. Capital Rx is not a pharmacy.

By teaming up with Capital Rx, CDPHP aims to stem the tide of rising drug prices through greater transparency, as well as a new pricing model that more accurately and fairly sets the cost of drugs.

You'll continue to have access* to national pharmacy chains and supermarkets, including CVS, Walgreens, Walmart, Rite Aid, Price Chopper/Market 32, Hannaford, Kinney Drugs, and Wegmans, as well as most other pharmacies you've had in the past.

NEW ID CARDS

All CDPHP members will receive a new member ID card in the mail by the end of December 2022. The new ID card includes new pharmacy claim processing information.

Be sure to use the new ID card at your pharmacy and doctor's office starting January 1, 2023.

SPECIALTY MEDICATIONS

CVS Specialty will continue to be our national specialty pharmacy. You will not have any changes to specialty prescriptions or the process to fill/receive specialty prescriptions.

Read about all 2023 pharmacy benefit changes at cdphp.com/RxChanges. You can also view your prescription benefit coverage details at member.cdphp.com.

* Applies to members who have health plans through their employer, Medicare Advantage, Child Health Plus, and Essential Plan. The pharmacy network for Medicaid and Medicaid HARP will differ.



NEW MAIL ORDER PARTNER AND HOME DELIVERY OPTIONS

Skip the trip to the pharmacy and have prescriptions delivered right to your door – all at no extra cost!

Free Home Delivery with ConnectRx

Our very own pharmacies, ConnectRx, offer free and personalized home delivery services in the broader Capital Region. With locations in Watervliet, Clifton Park, and Latham, you can pick up your prescriptions in-person or have them delivered. Visit pharmacyconnectrx.com to learn more.

Walmart Home Delivery is the new CDPHP mail order pharmacy

Our prescription mail-order service will now be managed by Walmart Home Delivery. Walmart Home Delivery is a prescription mail order company, so you will not need to visit a retail Walmart location when using this service. This service is perfect for members who take medications to treat chronic conditions. On or after January 3, 2023, call the pharmacy number on the back of your member ID card to set up your account, provide your payment information, and have current mail order prescription refills transferred from Caremark to Walmart Home Delivery (transfers only apply to unexpired refills for non-controlled substances). Members who currently use this service will also receive separate communications about this change.

PRESCRIPTION SAVINGS OPPORTUNITIES

CDPHP members can save on prescription medications through the Rx for Less program. Many generic prescription drugs are available for as little as a penny a pill. Starting in 2023, the program is doubling in size with the addition of multiple chain pharmacies, plus independent pharmacies. **The Rx for Less pharmacies are:** ConnectRx, Hannaford, Market 32/Price Chopper, ShopRite, and Walmart. Starting January 1, 2023: Walgreens, Rite Aid, Food Lion, Kinney Drugs, Stop & Shop, Giant Foods, and multiple independent pharmacies.



Save on prescriptions
at **more pharmacies!**

PLEASE NOTE: CVS has opted to be removed from the Rx for Less program. You can still fill prescriptions at CVS pharmacies after December 31, 2022, but the Rx for Less discount will no longer apply. If you are currently filling an Rx for Less medication at CVS and would like to continue receiving a discount on prescriptions through the Rx for Less program, you can transfer applicable prescriptions to a different Rx for Less retail pharmacy.

Switch to a different Rx for Less pharmacy by downloading the CDPHP ConnectRx, On the Go app. You can also call the pharmacy you would like to switch to and let them know you want to transfer your prescriptions there.

To learn more, visit cdphp.com/save.



Manage Prescriptions in the Palm of Your Hand

Download the **CDPHP ConnectRx, On the Go** app to change pharmacies quickly and easily, plus view prescriptions and cost-saving alternatives. To download the app, text **RX** to **237471** or scan the QR code.



All pharmacy network changes are pending NYS Department of Health approval.



A plan for life.



2023 Pharmacy Benefit Changes

CDPHP® recognizes the critical role prescription drugs play in the health and safety of our members, which is why we have made strategic investments in the future of our pharmacy strategy. Starting on January 1, 2023, the following changes will go into effect:

New Pharmacy Benefit Manager

We are proud to announce Capital Rx as our new pharmacy benefit manager (PBM). By partnering with Capital Rx, CDPHP aims to stem the tide of rising drug prices through greater transparency, as well as a new pricing model that more accurately and fairly sets the cost of drugs.

- Capital Rx will help CDPHP manage pharmacy benefits by processing and paying prescription drug claims, and more. Capital Rx does not fill prescriptions.
- **Impact:** This change applies to any CDPHP health plan with a pharmacy benefit for all lines of business.

Commercial and Medicare Pharmacy Network

Members with commercial and Medicare plans will continue to have access to the same pharmacies they have had in the past.

- Members will not need to change to a different pharmacy, unless they are impacted by one of changes listed below (Rx for Less or mail order programs).
- Although CVS is still in the CDPHP pharmacy network, we recommend switching to a different pharmacy because CVS pharmacies typically have higher costs for prescription medications.
- CDPHP offers local, personalized service with ConnectRx pharmacy locations in Clifton Park, Watervliet, and Latham.
- **Impact:** All CDPHP commercial and Medicare Advantage plans with a pharmacy benefit.

Rx for Less Savings Program

Rx for Less is a program for CDPHP members with a prescription drug rider, offering deep discounts on a specific list of drugs.

- In 2023, the Rx for Less program is nearly doubling in size with the addition of six new chain pharmacies, plus multiple independent pharmacies.
- CVS has opted out of this program, so members will no longer receive the Rx for Less discount at CVS pharmacies.
- Members will need to take action if they would like to continue to receive the discount on Rx for Less prescriptions.
- **Impact:** Rx for Less is available for commercial plans with prescription benefits (including self-funded plans) and Medicare Advantage.



Keeping your business and your employees healthy

CDPHP® brings value to your business with award-winning customer service, a robust national network, and innovative, cost-saving plans. In 2023, as always, you can count on CDPHP to provide high quality benefits and personalized service that saves you money and helps your employees live their healthiest lives.



FREE PREVENTIVE CARE

Checkups, cancer screenings, and more



MENTAL HEALTH SERVICES

24/7 support including video doctor visits



HEARING AND VISION

Hardware, exams, LASIK surgery, and more



RX FOR LESS

Generic medications for as little as a penny a pill



PREGNANCY RESOURCES

A \$1,500 doula reimbursement and many other support tools



ONE-ON-ONE SUPPORT

Personalized assistance from the CDPHP Care Team



CDPHP PRICE CHECK

Get a cost estimate before choosing a provider



ONLINE CLASSES

Fitness, wellness, weight loss, and more



PREFERRED LABS AND RADIOLOGY

Free and low-cost services

**SEE PAGE 2
FOR MORE!**

Check out our innovative plans and more at cdphp.com.

Benefits vary by plan

Employee favorites

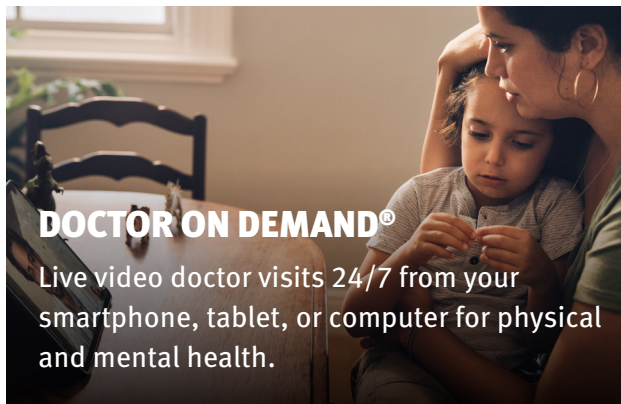
FITNESS AND WEIGHT MANAGEMENT REIMBURSEMENTS

Earn up to \$600 per year for going to the gym, youth sports fees, online classes, or wearable fitness devices; and \$100 for completing a weight loss program.



DOCTOR ON DEMAND®

Live video doctor visits 24/7 from your smartphone, tablet, or computer for physical and mental health.



CDPHP CONNECTRx, ON THE GO

View medication costs, search for potential savings, request a medication or pharmacy change, and more.

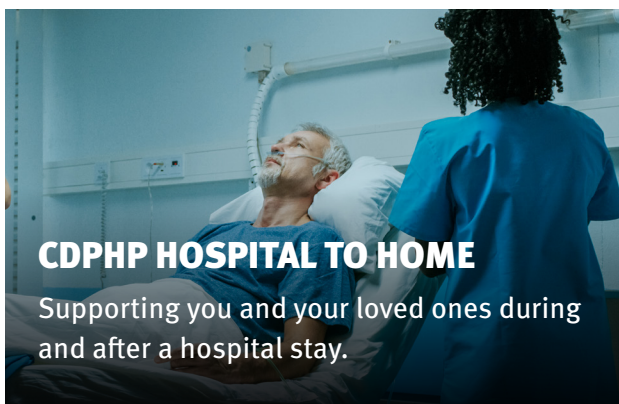
\$0 CHILD PRIMARY CARE VISITS

No member cost-share for children ages 18 and younger.*



CDPHP HOSPITAL TO HOME

Supporting you and your loved ones during and after a hospital stay.



CONNECTRx

CDPHP retail pharmacy locations, providing free home delivery to surrounding areas and more. Visit pharmacyconnectrx.com for details.



WANT TO
KNOW MORE?

Check out cdphp.com/need

*Deductible will apply on HSA qualified high deductible plans for non-preventive care visits.

Changes You Should Know

CDPHP takes its role in providing health care coverage for your employees and clients seriously. These changes take effect at the time of benefits renewal in 2023. Refer to plan documents for complete details.

LARGE GROUPS

\$0 virtual mental health care	There will be no member cost-share for mental health and substance use support from your smartphone, tablet, or computer with aptihealth, which provides personalized therapy for members ages 5 and above. The deductible will apply to qualified high deductible plans. This benefit does not apply to Individual Standard plans or Healthy New York.
Doula services reimbursement	Members can be reimbursed up to \$1,500 per pregnancy for services from a qualified doula.
Fitness tracker reimbursement	Subscribers can be reimbursed up to \$200 and covered dependents can be reimbursed up to a combined \$100 for designated wearable fitness trackers. This benefit is part of the CDPHP fitness reimbursement, and the funds count toward the maximum amount allowed for the fitness reimbursement. Healthy New York and Individual plans are now eligible for the fitness reimbursement.
CDPHP Health Hub, powered by Virgin Pulse	Complete healthy activities and challenges in a new digital wellness platform to earn CDPHP Life Points® Rewards that can be redeemed for gift cards, merchandise, or charitable donations.
Retail health clinics	Coverage at participating retail health clinics will take the primary care physician (PCP) cost-share.
Prior authorization	CDPHP would like to remind members that all genetic testing requires prior authorization.
Out-of-pocket maximum	The maximum allowable out-of-pocket maximum for HSA-qualified high deductible plans will be \$7,500 (individual) and \$15,000 (family) for 2023. The maximum allowable out-of-pocket maximum for non-high deductible plans will be \$9,100 (individual) and \$18,000 (family) for 2023.



Dental Insurance

Participating Dentist vs. Non-Participating Dentist

Under this plan you have the freedom to see any provider you chose. However, if your dentist is participating, it will reduce or eliminate out of pocket expenses. When seeing an out of network provider, they may balance bill you, which increases your out of pocket expense.

Guardian Network

To take advantage of in network (participating) dentists, you want to make sure they participate with the Guardian DentalGuard Preferred Network.

Pre-Determination or Pre-Treatment Plan

When you are going for dental services other than a routine cleaning or exam, you should have your dental office submit a pre-determination or pre-treatment plan on your behalf. The dental office submits a form to the insurance carrier outlining all of the anticipated services and Guardian in turn tells the dental office at what percentage the services are covered, how much of the annual maximum has been used, and most importantly what your expected out of pocket cost is.

Please note the Guardian ID Cards are generic and are available on the Guardian website: guardiananytime.com we also attached a PDF copy of the generic card on HR connection.



Dental Insurance: Guardian

The Guardian Dental Plans		
Benefit	In Network	Out of Network
Annual Deductible <i>Amount you must pay before the plan begins to pay</i>	\$50; max 3 per (waived for Diagnostic & Preventive services)	
Annual Benefit Maximum <i>Maximum amount the plan will pay per person enrolled, in a year. Once this money is exhausted you are responsible for your dental expenses in full.</i>	\$2,000	
Preventive & Diagnostic Services <i>(eligible once per 6 months) Oral exams, cleanings, sealants</i>	90%	90%
Basic Services <i>X-rays, fillings, Root canals, periodontal services, simple extractions</i>	80%	80%
Major Services <i>Bridges, dentures, crowns, inlays, onlays</i>	50%	50%
Orthodontia	\$1,250 Lifetime maximum	
Roll Over	Yes	

Limitations or exclusions may apply.

**** Keep in mind that if you exhaust your annual maximum, you are responsible for the full cost of the dental service, regardless of the percentage that is listed above. *Note:* This includes routine cleanings.**

Dependent age limits: 19 unless proof of full time student status, then to age 23

Dental Maximum Rollover[®]

Save Your Unused Claims Dollars For When You Need Them Most

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

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

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$2000	\$800	\$400	\$600	\$1500
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$3,500 in total

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

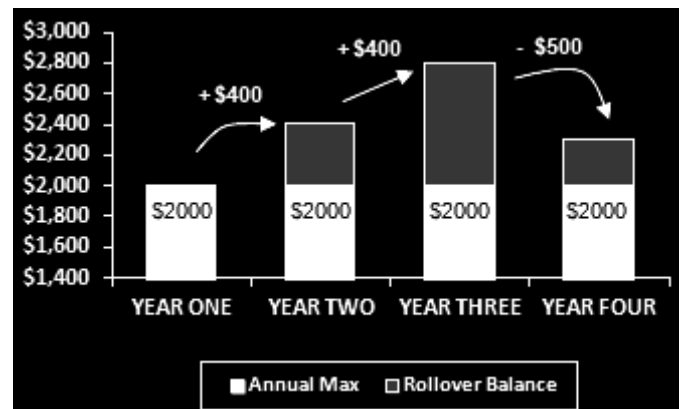
Here's how the benefits work:

YEAR ONE: Jane starts with a \$2000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$800 Threshold, she receives a \$400 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of \$2,400. This year, she submits \$50 in claims and receives an additional \$400 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of \$2,800. This year, she submits \$2,500 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is \$2,300 (\$2,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



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

NOTES:

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

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

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

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

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

College Tuition Benefit Self Registration

Note: This program has been discontinued. Anyone who has accrued funds, will keep what has been earned but you will not receive additional rewards. There are no longer new participants available for this program.

Welcome to the College Tuition Benefit Rewards program! You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at SAGE Scholars Consortium colleges.

How does it work?

You can use your College Tuition Benefits Rewards at over 340+ private colleges and universities across the nation. 80% of SAGE colleges have received an "America's Best" ranking by US News & World Reports. This benefit is being provided to you by your employer and Guardian at no addition cost to you.



- Each Tuition Rewards point equals a \$1 guaranteed minimum reduction off of published full price tuition, spread evenly over four years of undergraduate education, starting with freshman year.
- You will receive rewards each year you have Guardian Dental Plan benefits.
- Tuition Rewards can be given to your relatives including children, nephews, nieces, and grandchildren. Don't forget to enroll them!
- See how quickly your account can grow!

Policy Year	Subscriber Reward*	Subscriber's Reward Balance (balance does not accrue interest)
Initial Registration Subscriber & Student Rewards		2,500 (2,000 + 500)
2	2,000	4,500
3	2,000	6,500
4	4,500 (Bonus Year)	11,000
5	2,000	13,000
6	2,000	15,000
7	2,000	17,000

*After initial registration, future points created 30 days after plan anniversary.


To learn more about the program and how to get started, go to:

<http://www.Guardian.CollegeTuitionBenefit.com> to set up your account. If you have any questions, please feel free to visit the website or contact College Tuition Benefit directly 215-839-0119.

Guardian's Group Dental Insurance is underwritten by The Guardian Life Insurance Company of America (Guardian) or its subsidiaries. The Tuition Rewards program is provided by College Tuition Benefit. Guardian does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian. #2014-15077 Exp. 12/16

Register Today!

(Print and cut out ID Card)

College Tuition Benefits Rewards – ID Card	
<p>Register @ http://www.Guardian.CollegeTuitionBenefit.com</p> <p>User ID:</p> <p>Password: Guardian</p>	<p></p> <p>The College Tuition Benefit 150 E. Swedesford Road, Suite 100 Wayne, PA 19087 Phone: (215) 839-0119 Fax: (215) 392-3255</p>

Guardian Vision

Your vision coverage provides a full range of vision care services provided through Guardian. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a manual claim for reimbursement.

Guardian Network

To take advantage of in network (participating) vision providers, you want to make sure they participate with the Davis Network.

Please note the Guardian ID Cards are generic and are available on the Guardian website: guardiananytime.com we also attached a PDF copy of the generic card on HR connection.

Davis Full Feature		
Benefits	In Network	Out of Network
Vision Exam <i>Once every 12 months</i>	\$10	\$46 Allowance
Eyeglass Frames <i>Once every 24 months</i>	\$135 Allowance + 20% off remaining balance	\$47 Allowance
Eyeglass Lenses <i>Once every 12 months</i>		
Single	\$10	\$47 Allowance
Bifocal	\$10	\$66 Allowance
Trifocal	\$10	\$85 Allowance
Lenticular	\$10	\$125 Allowance
*Lens upgrades apply additional copays		
Contact Lenses <i>Once every 12 months</i>		
Medically Necessary	Covered in full	\$210 Allowance
Elective	\$135 Allowance +15% off	\$105 Allowance

* Additional discounts may not be available at Sam's Club or Walmart
Dependent age limits: 19 unless proof of full time student status, then to age 23

TELEHEALTH FOR YOU.

Meet Sam, your 24/7 personal healthcare provider.

No waiting rooms. Our team of medical providers is ready to care for you, right from your phone, desktop or mobile app.



**Urgent or
Emergent Care**



**Primary
Care**



**COVID-19
Care**



**At-Home
Testing**



Prescriptions



**Medical Questions
& More!**

Powered by UCM Digital Health, the dedicated team of medical providers you'll meet when you use Sam are here to help you whenever you need.

Sam provides convenience, quality and immediate availability for patient care—whether illness, injury or simply seeking medical knowledge. Our emergency-medicine-trained staff is skilled in all conditions—common or complex, we are here for you. Our dedicated team of medical doctors offer clinical resolutions and our care coordinators can schedule labs, imaging, and other medical services our medical providers order.

No need to search the web for your medical information!

Through Sam, you have instant access to UpToDate clinical information, which provides accurate, easy-to-understand, reliable medical information that helps you become better informed about your care.



You can choose how you would like to start a consult:

A

SAM BY UCM MOBILE APP



B

VISIT WWW.GOSEESAM.COM

SCAN



CODE

C

CALL US BY PHONE

844-4-VIP-DOC
(844-484-7362)



POWERED BY TECHNOLOGY. DRIVEN TO CARE.

Frequently Asked Questions

? **Who is UCM Digital Health, Inc.?**

UCM Digital Health, Inc. is a full service, 24/7 access to Board Certified Emergency Medicine Trained providers that can diagnose, treat or triage all your health care needs. Whether they be emergent, urgent or preventative in nature, we have you covered.

? **Why would I use UCM Digital Health, Inc. Services?**

The question really is, why wouldn't you? Our Board Certified providers work in the Emergency Room and Urgent Care setting and are trained to determine if your illness or injury is life threatening or treatable without stepping foot (and waiting) to speak to a physical medical provider and receive assurance, diagnosis and a treatment plan. Part of our delivery model includes calling you back to see if you are feeling better, not experiencing any side effects from a medication prescribed and/or that an appointment we help set up met your expectations and that you do not require any further questions or need medical attention from our providers.

? **What if my condition is Emergent but not life threatening; for example, I think I may have fractured or broken a bone?**

Our Emergency Medicine providers see all kinds of illness and injuries every day. When necessary, we can order x-rays, ultrasounds and lab work to rule out or confirm any suspected, more complex, diagnosis. If, in fact, you do have an issue that needs further "hands on" medical attention, one of our Care Coordinators will assist you in getting an appointment to see the appropriate medical provider to treat and resolve your medical issue. Skipping the ER or Urgent Care lines!

? **How much does a consultation cost me?**

A medical consultation with one of Emergency Medicine providers costs you \$0. Our services include anything provided under the UCM Digital Health virtual roof. Any "hands on" medical attention you may need like an x-ray, stitches or a prescription antibiotic is payable by your health insurance carrier or self-pay. Our providers will refer you, when medically appropriate, to the right level of care and even check to see if they participate in your health plan. Although we cannot guarantee we will find you a provider in your plan, we will make every effort to do so.



POWERED BY TECHNOLOGY. DRIVEN TO CARE.

Frequently Asked Questions

? **How does my Primary Care Provider or Specialists know I have received care through UCM Digital Health?**

Every consult with one of our providers results in an Electronic Health Record that you can provide to your physical doctor. By accessing our services on the internet at goseesam.com or by downloading our [Sam by UCM app](#) through your smartphone's app store (Android or iOS), you will have a secure portal where you can retrieve any of the medical consult records to share with others as needed.

? **Who is Sam?**

While you can always just call UCM Digital Health, Inc., at [844-484-7362](tel:844-484-7362), we highly encourage you to download our app [Sam by UCM](#) on your smart device or access us at our internet web portal. Our platform has the gold standard of clinically based information of all diagnoses and symptoms through our partnership with "Up To Date". This is the same knowledge base that medical providers use every day!

? **How do I communicate with the UCM Digital Health, Inc. provider?**

Through the digital access of our smart device app or on the web portal, you can choose how you want to interact with the provider. Most medical encounters can be handled just using audio but if you are injured or the provider wants to see a picture of, let's say a skin rash, Sam allows the patient and provider to toggle back and forth to video, picture and audio; all during the consult. If you haven't downloaded our app or don't have access to a tablet or personal computer, pick up the phone and just call us.

? **What about preventative care or medication needs?**

UCM Digital Health, Inc. can be utilized for age appropriate or chronic condition preventative screening orders, medication refills, and even COVID tests. We are not a replacement for your Primary Care Physician but when we can help you stay compliant with maintenance medications, or keeping your screening needs up to date without having to wait and pay a copayment for an office appointment to receive these orders, we are there for you!

RECAP

UCM Digital Health, Inc. provides 24/7 access to Emergency Medicine providers for all your medical concerns.

SMART DEVICE APP: SAM BY UCM | WEB ACCESS: [GOSEESAM.COM](https://goseesam.com) | PHONE NUMBER: 844-484-7362

1-844-4-VIP-DOC

ucmdigitalhealth.com



Flexible Spending Account: Flores

- FSA is a stand alone product meaning you do not need to be enrolled in a medical plan at CEO to enroll.
- A funding arrangement through Flores, where you can put aside pre-tax dollars from your paycheck to help fund any copays, deductibles, or coinsurance.
- In addition to medical expenses, you can use your FSA for any section 213(d) qualified expense, which includes dental and vision expenses. FSA can be used to help fund dependent care for children under 12.
- Elections will be calculated on the number of pay periods from your effective date to 12/31/2023.
- \$570 rollover feature– this allows to rollover a portion of your unused funds to the next plan year. Funds are 'released' after the claims run out, typically end of March.

Why should I consider enrolling in the FSA? If this past year you:

- Felt like you paid a lot of healthcare expenses out of pocket
- If you have high cost medications
- Planned medical or dental procedures
- Satisfied your deductible in 2022
- How much should I consider electing for my FSA?

Healthcare services incurred throughout the year can not always be expected. The best suggestion to decide how much to put in your FSA is based on last years medical history. Keep in mind if you see a specialist regularly, if you take medications every month, if you have a planned in patient hospitalization (ie. birth of a child), if you plan to get new glasses, if you wear contacts, if you need dental work.

	Health FSA	Dependent Care FSA
Minimum Election	\$500	\$500
Maximum Election	\$3,050	\$5,000
Allocation Available	Day 1	As money is accrued



FLORES BENEFITS CARD

1

ENROLL IN ELIGIBLE BENEFIT PLAN

Your employer offers the Flores Benefits Card to employees who enroll in an eligible benefit plan. The card will allow you to pay for eligible expenses at participating providers at the time services are rendered, thus eliminating or reducing your out-of-pocket cost at the time of the purchase or service.

2

RECEIVE YOUR FLORES BENEFITS CARD

Your Flores Benefits Card will be mailed upon your enrollment in an eligible benefit plan. No activation is required, but you should review the Cardholder Agreement included in this mailing, and then sign the back of your card.

3

PROPER USE & ACCOUNT MANAGEMENT

You will be able to view and manage your account on the Flores Web Portal, www.flores247.com.

You should keep your receipts and invoices for payments made with your Flores Benefits Card, as you may be required to provide documentation to Flores to verify the eligibility of certain transactions. If requested, you may submit your documentation to Flores by uploading it to your online account, uploading using the Flores Mobile App, or sending it by fax or mail.

Recordkeeping Tip:

Most payments will be automatically substantiated at the point of the transaction. Flores will only ask you to provide a copy of your receipts when substantiation is required per IRS guidelines. Establish a physical location where you will keep all receipts for your Flores Benefits Card purchases. Regardless of your position with your company, every employee will be treated the same in regard to IRS plan administration guidelines. No exceptions will be made.

If you are asked to provide a receipt, it must include:

- name of provider or merchant
- description of service or item purchased
- date of service
- your out-of-pocket responsibility

Items such as handwritten explanations, Card transaction receipts or previous balance receipts cannot be used to verify an expense. If you do not have the receipt, you can contact the provider who can usually supply the receipt from their files.



IS SUBSTANTIATION REQUIRED?

YES

Co-pay amounts that do not match your company sponsored health insurance plan

Charges applied against your plan year deductible

Charges applied against your plan year coinsurance

Dental charges

Vision charges

NO

Co-pay amounts that match your company sponsored health plan

Prescription charges purchased at a retailer utilizing a FSA inventory control system

Recurring charges that were previously approved and documented (i.e. orthodontia, chiropractic care)

FLORES BENEFITS CARD FAQs

FREQUENTLY ASKED QUESTIONS

What expenses are eligible for payment with my Flores Benefits Card?

You can use your Flores Benefits Card to pay for expenses incurred during your active enrollment period in the current plan year. If a provider or merchant does not accept cards, you do have the option to file a manual request for reimbursement of your eligible out-of-pocket cost. Please visit www.flores247.com for a guide to allowable expenses. If you terminate employment during the plan year, the card will be turned off at that time. Only expenses incurred while you are an active participant will be considered reimbursable.

How can I use my Flores Benefits Card to pay for my eligible out-of-pocket expenses?

Although the Flores Benefits Card is a debit card with a cash balance loaded onto it, you should select "credit" as the transaction type, and sign for purchases at authorized merchants. Please keep in mind that the Flores Benefits Card will decline if you try to swipe it for an amount greater than your available balance.

How should I send my documentation to Flores?

Many transactions will be auto-approved at the point of sale and will not require further documentation. Flores will notify you by email or a mailed letter if additional information is needed to verify the eligibility of a particular transaction. You may submit your documentation by upload on the participant website, www.flores247.com, using the Flores Mobile App, or by fax or mail.

I used my card for an ineligible expense.

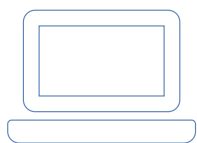
What do I need to do to correct this?

You may send a refund check to Flores for the ineligible amount, which will be credited back to your Flores Benefits Card to be used toward other eligible expenses you incur later in the year. You may also submit documentation that verifies you have paid out-of-pocket for an eligible expense, which Flores will use to offset the ineligible amount paid with your Flores Benefits Card.

Will I receive a new card each plan year?

Your card is valid for five years from its issue date. Do not discard your card prior to its expiration date. At the start of each new plan year, your card will be reloaded with your new election amount. A new card will be mailed to you when your expiration date is approaching.

HOW DO I OBTAIN MY ACCOUNT DETAILS?



WEBSITE

Visit www.flores247.com and log-in using Participant ID or UserName and password



MOBILE WEBSITE

Visit our mobile website at m.flores247.com



PID & PASSWORD ASSISTANCE

Dial 800.840.7684

HOW DO I SUBMIT DOCUMENTS TO FLORES?

ONLINE

Visit www.flores247.com and upload scanned documents securely

MOBILE

Download Flores Mobile smartphone App Available for Apple or Android devices

MAIL

Flores
PO Box 31397
Charlotte, NC 28231

FAX

800.726.9982 or 704.335.0818

CUSTOMER SERVICE 1.800.532.3327

How to Submit a Claim



1

FLORES WEB PORTAL:

You may scan your claim and upload it to our secure website or complete your claim detail online at www.flores247.com.

2

FLORES MOBILE SMARTPHONE APP:

Use your phone's camera to take a picture of your documentation and upload. Download Flores Mobile through Apple Store or Google Play.



3

MAIL CLAIMS:

Claims Processing
PO Box 31397
Charlotte, NC 28231

*Please keep in mind, certified mail will need to be sent to our physical address at 1218 South Church St Charlotte, NC 28203.

4

FAX CLAIMS:

704.335.0818 or 800.726.9982

How to upload a claim on www.flores247.com

Step One: Log in to www.flores247.com using your Participant ID or Username and password. Tip: Your Participant ID will be on any correspondence you have received from Flores.

Step Two: Click "File a new Health Care or Dependent Care Flexible Spending Account Claim". Hit Next.

Step Three: If you have completed a hard copy claim form and scanned it into your computer, click "Already Completed" to upload your document. If you have not already completed a claim form, fill in your claim detail and hit "Next".

Step Four: Click "Choose File" and choose the file on your computer that contains your scanned documentation that is required to process your claim. Repeat until all documents are attached. Click "Submit" to finalize your claim.

Tip: Update your email or subscribe to SMS notifications in the Settings tab to receive email or text updates on your claim!

All receipts for reimbursement must include the following:

- ✓ Date of Service
- ✓ Description of Service
- ✓ Out-of-Pocket Cost
- ✓ Provider Name
- ✓ Patient Name

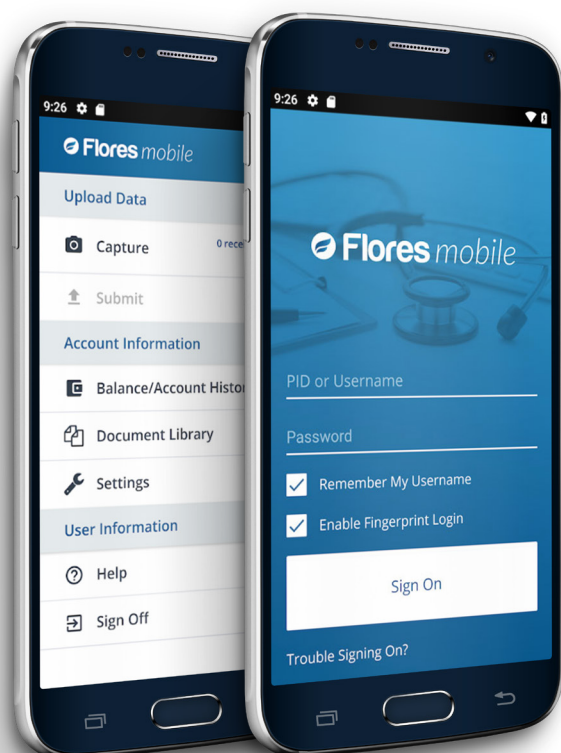
Reimbursement for Orthodontia Expenses

Only proof of payment will be required for future claim submissions. Orthodontia will be reimbursable as you pay it, meaning that the payment can only be reimbursed from the plan year in which the payment was made. If you have any questions about reimbursement for Orthodontia you can call an account manager at 800.532.3327.



WHENEVER...WHEREVER...WITH FLORES MOBILE

Download Flores Mobile today



USING THE FLORES MOBILE MOBILE APP IS EASY!

SUBMIT RECEIPTS IMMEDIATELY AFTER YOU USE YOUR FLORES DEBIT CARD OR INCUR AN ELIGIBLE OUT-OF-POCKET EXPENSE

- Logon with your PID or username and password
- Click Capture to take a photo of your documents
- Return to main screen and click Submit Document
- Once your upload transmits you will receive confirmation via email or text message
- Additional confirmation will be sent once your document is processed

- ✓ SNAP PICTURE
- ✓ SELECT DOCUMENT
- ✓ UPLOAD RECEIPT
- ✓ SUBMIT CLAIM
- ✓ VIEW ACCOUNT
- ✓ CHECK BALANCE
- ✓ EMAIL ACCOUNT MANAGER

Life Insurance: Guardian

Group Life Insurance

Life Insurance helps protect your family from financial risk and sudden loss of income in the event of your death.

Guarantee Issue means that the insurance company will insure you regardless of your health, provided you apply during your initial eligibility period or open enrollment. This program provides a maximum of \$50,000 of Guarantee Issue and if your spouse will be guaranteed a maximum of \$20,000 of group term life insurance.

\$250,000 is the maximum amount of insurance available to an employee through this program (in \$10,000 increments). Amounts in excess of \$50,000 require Evidence of Insurability.

Your child(ren) may be insured for either \$2,500, \$5,000 or \$10,000. The monthly cost for this amount of insurance is \$.50 for \$2,500, \$1.00 for \$5,000, or \$10,000 for \$2.00 per family.

Basic Group Life Insurance	
Employee Benefit <i>Guarantee Issue</i>	\$50,000
Maximum Life Benefit Amount	\$250,000 with approved Evidence of Insurability
Benefit Reduction	Yes: Age 65 = Reduction 65% Age 70 = Reduction 40%
Portable	Yes
Evidence of Insurability <i>Medical Underwriting</i>	Yes, if you elect over \$50k



Your life coverage

VOLUNTARY TERM LIFE

Employee Benefit	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Spouse/Domestic Partner Benefit	\$5,000 increments to a maximum of \$100,000. See Cost Illustration page for details.†
Child Benefit	Your dependent children age 14 days to 26 years. \$2,500 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	We Guarantee Issue coverage up to: Employee Less than age 65 \$50,000, \$0, 70+ \$10,000. Spouse Less than age 65 \$20,000, 65-69 \$10,000, \$0. Dependent children \$10,000.
Premiums	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes



Your life coverage

VOLUNTARY TERM LIFE

Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

Subject to coverage limits

‡ **Spouse/DP coverage terminates at age 70.**

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to \$50,000, up to the Guarantee Issue amount.

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family’s current life style.

		Monthly premiums displayed.							
Policy Election Amount		Policy Election Cost Per Age Bracket							
Employee		< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64 65–69†
	\$10,000	\$.70	\$.90	\$1.20	\$1.90	\$3.20	\$5.40	\$8.50	\$23.60
	\$20,000	\$1.40	\$1.80	\$2.40	\$3.80	\$6.40	\$10.80	\$17.00	\$47.20
	\$30,000	\$2.10	\$2.70	\$3.60	\$5.70	\$9.60	\$16.20	\$25.50	\$70.80
	\$40,000	\$2.80	\$3.60	\$4.80	\$7.60	\$12.80	\$21.60	\$34.00	\$94.40
	\$50,000	\$3.50	\$4.50	\$6.00	\$9.50	\$16.00	\$27.00	\$42.50	\$118.00
	\$60,000	\$4.20	\$5.40	\$7.20	\$11.40	\$19.20	\$32.40	\$51.00	\$141.60
	\$70,000	\$4.90	\$6.30	\$8.40	\$13.30	\$22.40	\$37.80	\$59.50	\$165.20
	\$80,000	\$5.60	\$7.20	\$9.60	\$15.20	\$25.60	\$43.20	\$68.00	\$188.80
	\$90,000	\$6.30	\$8.10	\$10.80	\$17.10	\$28.80	\$48.60	\$76.50	\$212.40
	\$100,000	\$7.00	\$9.00	\$12.00	\$19.00	\$32.00	\$54.00	\$85.00	\$236.00
	\$110,000	\$7.70	\$9.90	\$13.20	\$20.90	\$35.20	\$59.40	\$93.50	\$259.60
	\$120,000	\$8.40	\$10.80	\$14.40	\$22.80	\$38.40	\$64.80	\$102.00	\$283.20
	\$130,000	\$9.10	\$11.70	\$15.60	\$24.70	\$41.60	\$70.20	\$110.50	\$306.80
	\$140,000	\$9.80	\$12.60	\$16.80	\$26.60	\$44.80	\$75.60	\$119.00	\$330.40
	\$150,000	\$10.50	\$13.50	\$18.00	\$28.50	\$48.00	\$81.00	\$127.50	\$354.00
	\$160,000	\$11.20	\$14.40	\$19.20	\$30.40	\$51.20	\$86.40	\$136.00	\$377.60
	\$170,000	\$11.90	\$15.30	\$20.40	\$32.30	\$54.40	\$91.80	\$144.50	\$401.20
	\$180,000	\$12.60	\$16.20	\$21.60	\$34.20	\$57.60	\$97.20	\$153.00	\$424.80
	\$190,000	\$13.30	\$17.10	\$22.80	\$36.10	\$60.80	\$102.60	\$161.50	\$448.40
	\$200,000	\$14.00	\$18.00	\$24.00	\$38.00	\$64.00	\$108.00	\$170.00	\$472.00
	\$210,000	\$14.70	\$18.90	\$25.20	\$39.90	\$67.20	\$113.40	\$178.50	\$495.60
	\$220,000	\$15.40	\$19.80	\$26.40	\$41.80	\$70.40	\$118.80	\$187.00	\$519.20
	\$230,000	\$16.10	\$20.70	\$27.60	\$43.70	\$73.60	\$124.20	\$195.50	\$542.80
	\$240,000	\$16.80	\$21.60	\$28.80	\$45.60	\$76.80	\$129.60	\$204.00	\$566.40
	\$250,000	\$17.50	\$22.50	\$30.00	\$47.50	\$80.00	\$135.00	\$212.50	\$590.00
Policy Election Amount									
Spouse/DP									
	\$5,000	\$.35	\$.45	\$.60	\$.95	\$1.60	\$2.70	\$4.25	\$11.80
	\$10,000	\$.70	\$.90	\$1.20	\$1.90	\$3.20	\$5.40	\$8.50	\$23.60

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$15,000	\$1.05	\$1.35	\$1.80	\$2.85	\$4.80	\$8.10	\$12.75	\$19.65	\$35.40
\$20,000	\$1.40	\$1.80	\$2.40	\$3.80	\$6.40	\$10.80	\$17.00	\$26.20	\$47.20
\$25,000	\$1.75	\$2.25	\$3.00	\$4.75	\$8.00	\$13.50	\$21.25	\$32.75	\$59.00
\$30,000	\$2.10	\$2.70	\$3.60	\$5.70	\$9.60	\$16.20	\$25.50	\$39.30	\$70.80
\$35,000	\$2.45	\$3.15	\$4.20	\$6.65	\$11.20	\$18.90	\$29.75	\$45.85	\$82.60
\$40,000	\$2.80	\$3.60	\$4.80	\$7.60	\$12.80	\$21.60	\$34.00	\$52.40	\$94.40
\$45,000	\$3.15	\$4.05	\$5.40	\$8.55	\$14.40	\$24.30	\$38.25	\$58.95	\$106.20
\$50,000	\$3.50	\$4.50	\$6.00	\$9.50	\$16.00	\$27.00	\$42.50	\$65.50	\$118.00
\$55,000	\$3.85	\$4.95	\$6.60	\$10.45	\$17.60	\$29.70	\$46.75	\$72.05	\$129.80
\$60,000	\$4.20	\$5.40	\$7.20	\$11.40	\$19.20	\$32.40	\$51.00	\$78.60	\$141.60
\$65,000	\$4.55	\$5.85	\$7.80	\$12.35	\$20.80	\$35.10	\$55.25	\$85.15	\$153.40
\$70,000	\$4.90	\$6.30	\$8.40	\$13.30	\$22.40	\$37.80	\$59.50	\$91.70	\$165.20
\$75,000	\$5.25	\$6.75	\$9.00	\$14.25	\$24.00	\$40.50	\$63.75	\$98.25	\$177.00
\$80,000	\$5.60	\$7.20	\$9.60	\$15.20	\$25.60	\$43.20	\$68.00	\$104.80	\$188.80
\$85,000	\$5.95	\$7.65	\$10.20	\$16.15	\$27.20	\$45.90	\$72.25	\$111.35	\$200.60
\$90,000	\$6.30	\$8.10	\$10.80	\$17.10	\$28.80	\$48.60	\$76.50	\$117.90	\$212.40
\$95,000	\$6.65	\$8.55	\$11.40	\$18.05	\$30.40	\$51.30	\$80.75	\$124.45	\$224.20
\$100,000	\$7.00	\$9.00	\$12.00	\$19.00	\$32.00	\$54.00	\$85.00	\$131.00	\$236.00
Policy Election Amount									
Child(ren)									
\$2,500	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50
\$5,000	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00
\$7,500	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50
\$10,000	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Spouse/DP coverage premium is based on Employee age.

†Benefit reductions apply.



All Employees are eligible for the Guardian EAP program even if you do not enroll in a Guardian product

Employee Assistance Program Overview

Our comprehensive WorkLifeMatters Employee Assistance Program¹, available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

Employee assistance program (EAP) consultative services

- **Telephonic Counseling** — Unlimited, 24/7 consultations with master's and doctoral-level counselors
- **Face-to-face Counseling** — Up to 3 visits per employee/household member per year
- **Bereavement** — Support available through telephonic or face-to-face sessions; online resources available on EAP website
- **Tobacco Cessation Coaching** — Unlimited telephonic support and resources to assist with tobacco cessation; refers members directly to the American Lung Association's Quit program
- **EAP Website Resources** — Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP Consultant or email an EAP Counselor through the website
- **College Planning Resources** — Expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA

Work/life assistance & resources

- **WorkLife Services** — Unlimited 24/7 access to WorkLife Specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work/life responsibilities
- **Child and Elder Care Referral** — Unlimited telephonic consultation with a WorkLife Specialist (part of WorkLife Services)
- **Employee Discounts** — Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more
- **Webinars, Podcasts, Articles and FAQs** — Various topics available on the EAP website

Legal/financial assistance & resources

- **Legal Consultation** — Unlimited telephonic support and free initial 30 minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial Consultation** — Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID Theft** — Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online
- **Will Prep** — Online self-service documents available on EAP website; 30 minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation
- **Legal Document Preparation** — Online self-service documents available on the EAP website
- **Tax Consultation** — Tax questions only can be answered as part of the Financial Consultation offering
- **Online Self-Service Documents** — Examples include, but are not limited to: Living Trust, Will, Power of Attorney, Deeds

lbhworklife.com

User Name: Matters

Password: wlm70101

Phone: 1 800 386 7055

Available 24 hours a day, 7 days a week²

The Guardian Life Insurance Company of America

guardiananytime.com

New York, NY

2018-58488 (04-20)

¹ WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

² Office hours: Monday-Friday 6 a.m.–5 p.m. PST.

CHILD HEALTH PLUS

www.health.ny.gov website is still reflecting 2021 rates. Contact Gallagher to be put in contact with our Fidelis rep who can assist with Medicaid, CHP, and Fidelis plans and verifying eligibility/help with enrollment.

Eligibility and Cost

- Versión en español

To be eligible for either Children's Medicaid or Child Health Plus, children must be under the age of 19 and be residents of New York State. Whether a child qualifies for Children's Medicaid or Child Health Plus depends on gross family income. Children who are not eligible for Medicaid can enroll in Child Health Plus if they don't already have health insurance and are not eligible for coverage under the public employees' state health benefits plan. Check the following income charts to see whether your child qualifies for [Child Health Plus](#) or [Children's Medicaid](#).

There is no monthly premium for families whose income is less than 2.2 times the poverty level. That's about \$1065 a week for a three-person family, about \$1283 a week for a family of four. Families with somewhat higher incomes pay a monthly premium of \$15, \$30, \$45, or \$60 per child per month, depending on their income and family size. For larger families, the monthly fee is capped at three children. If the family's income is more than 4 times the poverty level, they pay the full monthly premium charged by the health plan. There are no co-payments for services under Child Health Plus, so you don't have to pay anything when your child receives care through these plans.

To see whether you would have to pay a premium for coverage, consult the Child Health Plus eligibility tables below.

Child Health Plus
2022 Federal Poverty Levels

Family Contributions	Monthly Income by Family Size*								Each Additional Person, Add:
	1	2	3	4	5	6	7	8	
Free Insurance	\$2,515	\$3,388	\$4,261	\$5,134	\$6,007	\$6,881	\$7,754	\$8,627	\$874
\$15 Per Child Per Month (Maximum of \$45 per family)	\$2,832	\$3,815	\$4,798	\$5,782	\$6,765	\$7,748	\$8,732	\$9,715	\$984
\$30 Per Child Per Month (Maximum of \$90 per family)	\$3,398	\$4,578	\$5,758	\$6,938	\$8,118	\$9,298	\$10,478	\$11,658	\$1,180
\$45 Per Child Per Month (Maximum of \$135 per family)	\$3,964	\$5,341	\$6,718	\$8,094	\$9,471	\$10,848	\$12,224	\$13,601	\$1,377
\$60 Per Child Per Month (Maximum of \$180 per family)	\$4,530	\$6,104	\$7,677	\$9,250	\$10,824	\$12,397	\$13,970	\$15,544	\$1,574
Full Premium Per Child Per Month	Over \$4,530	Over \$6,104	Over \$7,677	Over \$9,250	Over \$10,824	Over \$12,397	Over \$13,970	Over \$15,544	Over \$1,574

*Pregnant Women: Household size calculation includes all expected children.

Children's Medicaid
2022 Federal Poverty Levels

Age Categories for Children	Monthly Income by Family Size*								Each Additional Person, Add:
	1	2	3	4	5	6	7	8	
Children Under 1 Year; Pregnant Women*	\$2,526	\$3,403	\$4,280	\$5,157	\$6,035	\$6,912	\$7,789	\$8,666	\$878
Children 1 - 18 Years	\$1,745	\$2,350	\$2,956	\$3,562	\$4,167	\$4,773	\$5,379	\$5,985	\$606

*Pregnant Women: Household size calculation includes all expected children.

AFLAC CHOICE

FIXED INDEMNITY HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy NYB40100; Riders NYB40050 and NYRB40051



Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage. Choose the options you want and ignore the rest.

Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

Why Aflac Choice may be the right policy for you

- It's customizable. You choose the plan that's right for you based on your specific needs. It also works well with our other products.
- Guaranteed-issue options available—that means there is no medical questionnaire required.*
- We pay cash directly to you (unless otherwise assigned)—not the doctor or hospital.



*Payment of claims is subject to all policy limitations and exclusions and pre-existing condition limitations.

Aflac herein means American Family Life Assurance Company of New York.


Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned, for covered hospital expenses. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better.


How it works

AFLAC CHOICE FIXED INDEMNITY HOSPITAL CONFINEMENT INDEMNITY INSURANCE - OPTION 1

POLICYHOLDER FEELS A SHARP PAIN IN HIS RIGHT SIDE AND DECIDES TO VISIT HIS URGENT CARE CLINIC FOR CARE.



DOCTOR DIAGNOSES APPENDICITIS, SENDS PATIENT TO HOSPITAL BY AMBULANCE.



PATIENT HAS LAB TEST AND DIAGNOSTIC EXAM IN HOSPITAL ER. UNDERGOES SURGERY AND RELEASED AFTER 3 DAYS.

Choice 1	Choice 2	Choice 3	Choice 4
<div>\$1,750</div> <div>Aflac Choice Policy</div>	<div>\$2,250</div> <div>Policy + Hospital Stay and Surgical Care Rider</div>	<div>\$2,160</div> <div>Policy + Extended Benefits Rider</div>	<div>\$2,660</div> <div>Policy + Both Riders</div>

The above example is based on four scenarios. **Choice 1 Scenario:** Policyholder has the Aflac Choice policy only; includes a Hospital Emergency Room Benefit of \$150 (1 day), a Daily Hospital Confinement Benefit of \$100 (2 days), and an Annual Hospital Admission Benefit of \$1,500. **Choice 2 Scenario:** Policyholder has the Aflac Choice policy plus the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Surgery Benefit (appendectomy) of \$200 and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days). **Choice 3 Scenario:** Policyholder has the Aflac Choice policy plus the Extended Benefits Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, and an Ambulance Benefit of \$200 (ground). **Choice 4 Scenario:** Policyholder has the Aflac Choice policy plus both the Extended Benefits Rider and the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, an Ambulance Benefit of \$200 (ground), a Surgery Benefit (appendectomy) of \$200, and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days).

Benefits and/or premiums may vary based on state and benefit option selected. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. Riders are available for an additional cost. The policy may contain a waiting period. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:	
DAILY HOSPITAL CONFINEMENT	Pays \$50 per day, per covered person, for up to 365 days.	
ANNUAL HOSPITAL ADMISSION	Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per period of hospital confinement, per calendar year, per covered person.	
REHABILITATION FACILITY	Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.	
HOSPITAL EMERGENCY ROOM	Pays \$150 per day for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.	
HOSPITAL SHORT-STAY	Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.	
WAIVER OF PREMIUM	Yes	
CONTINUATION OF COVERAGE	Yes	
OPTIONAL RIDERS:	DESCRIPTION:	
EXTENDED BENEFITS RIDER	Physician Visit Benefit: Pays \$25 per day for visits to a physician, psychologist or urgent care center.	
	Individual Coverage: Limited to 3 visits per calendar year, per policy.	Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.
	Laboratory Test and X-Ray Benefit: Pays \$35 per day; limited to 2 payments per covered person, per calendar year. Medical Diagnostic and Imaging Exams Benefit: Pays \$150 per day for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies. Ambulance Benefit: Pays \$200 per day (ground) or \$2,000 per day (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.	
HOSPITAL STAY AND SURGICAL CARE RIDER	Surgery Benefit: Pays \$50-\$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person. Invasive Diagnostic Exams Benefit: Pays \$100 per day for one covered exam, per covered person, per 24-hour period. Hospital Intensive Care Unit Confinement Benefit: Pays \$500 per confinement, per covered person. Daily Hospital Confinement Benefit: Pays \$100 per day, per covered person, for up to 365 days. Second Surgical Opinion Benefit: Pays \$50 once per covered person, per calendar year.	

Refer to the disclosure statement and policy for complete benefit details, definitions, limitations and exclusions.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, can your finances handle it?

What does the Aflac Accident Advantage policy include?

- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

Why Aflac Accident Advantage may be the right choice for you:

- No underwriting questions to answer¹
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

How it works



The above example is based on a scenario for the Aflac Accident Advantage – Option 3 that includes the following benefit conditions: Ambulance Benefit of \$200 (ground ambulance transportation); Accident Treatment Benefit of \$220 (hospital emergency room treatment with X-rays); Accident Specific-Sum Injuries Benefit of \$1,750 (fractured leg (femur)—open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$1,000; Accident Hospital Confinement Benefit of \$165 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$200 (CT scan); Appliances Benefit of \$300 (wheelchair); Therapy Benefit of \$450 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$300 (6 follow-up treatments); and Family Lodging Benefit of \$125 (hospital and motel/hotel more than 50 miles from residence).

Benefits and/or premium may vary based on state and benefit option selected. The policy has limitations and exclusions that may affect benefits payable. Riders are available for an additional cost. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the disclosure statement and policy for complete benefit details, definitions, limitations and exclusions.

¹Association and associate-only accounts have one underwriting question. Payment of claims is subject to all policy limitations and exclusions and pre-existing condition limitations.

AFLAC ACCIDENT ADVANTAGE – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT	
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person	
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$165 per day, up to 365 days per covered accident, per covered person	
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	\$640 per day for up to 15 days, per covered accident, per covered person	
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person	
	Hospital emergency room with X-ray: \$220	
	Hospital emergency room without X-ray: \$170	
	Office or facility (other than a hospital emergency room) with X-ray: \$170	
AMBULANCE BENEFIT	Office or facility (other than a hospital emergency room) without X-ray: \$120	
	\$200 ground ambulance transportation or \$1,500 air ambulance transportation	
BLOOD/PLASMA/PLATELETS BENEFIT	\$250 once per covered accident, per covered person	
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$200 per calendar year, per covered person	
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$50 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person	
THERAPY BENEFIT	\$50 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person	
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below:	
	Back brace: \$300	Wheelchair: \$300 Walker: \$100
	Body jacket: \$300	Leg brace: \$125 Walking boot: \$100
	Knee scooter: \$300	Crutches: \$100 Cane: \$25
	Payable once per covered accident, per covered person	
PROSTHESIS BENEFIT	\$800 once per covered accident, per covered person	
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$800 once per covered person, per lifetime	
REHABILITATION FACILITY BENEFIT	\$150 per day	
HOME MODIFICATION BENEFIT	\$3,000 once per covered accident, per covered person	
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below:	
	DISLOCATIONS.....	\$100–\$3,750
	BURNS	\$125–\$12,500
	SKIN GRAFTS.....	50% of the burns benefit
amount paid for the burn involved	
	EYE INJURIES	
	Surgical repair	\$300
	Removal of foreign body by a physician	\$65
	LACERATIONS	
	Not requiring sutures.....	\$35
	Less than 5 centimeters.....	\$65
	At least 5 cm but not more than 15 cm	\$250
	Over 15 centimeters.....	\$500
	FRACTURES	\$125–\$3,500
	CONCUSSION (BRAIN)	\$150
	EMERGENCY DENTAL WORK	
	Broken tooth repaired with crown.....	\$400
	Broken tooth resulting in extraction.....	\$130
	PARALYSIS	
	Quadriplegia	\$12,500
	Paraplegia	\$6,250
	Hemiplegia	\$4,750
	SURGICAL PROCEDURES	\$200–\$1,250
	MISCELLANEOUS SURGICAL PROCEDURES	\$120–\$300
	PAIN MANAGEMENT (NON-SURGICAL)	
	Epidural.....	\$100
ACCIDENTAL-DEATH BENEFIT		
		Common-Carrier Accident
		Other Accident
INSURED		\$150,000
SPOUSE		\$150,000
CHILD		\$25,000
ACCIDENTAL-DISEMBLEMENT BENEFIT	\$300–\$40,000	
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met	
WAIVER OF PREMIUM BENEFIT	Yes	
TRANSPORTATION BENEFIT	\$600 per round trip, up to 3 round trips per calendar year, per covered person	
FAMILY LODGING BENEFIT	\$125 per night, up to 30 days per covered accident	

REFER TO THE DISCLOSURE STATEMENT AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

AFLAC CANCER CARE

SPECIFIED-DISEASE INSURANCE

Policy NY78300

CC
CLASSIC

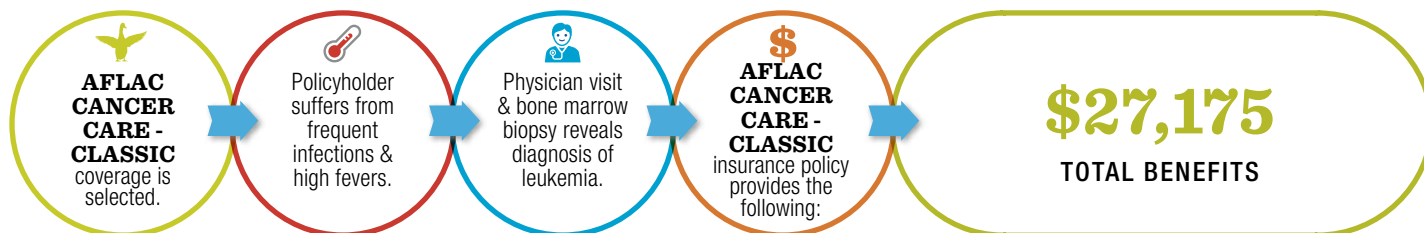
Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Care – Classic that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$75, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$125, National Cancer Institute Evaluation/Consultation Benefit of \$500, Initial Diagnosis Benefit of \$4,000, venous port (Surgical/Anesthesia Benefit) of \$125, Injected Chemotherapy Benefit (10 weeks) of \$6,000, Immunotherapy Benefit (3 months) of \$1,050, Antinausea Benefit (3 months) of \$300, Hospital Confinement Benefit (10-week hospitalization) of \$14,000, Blood/Plasma Benefit (10 transfusions) of \$1,000.

THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.¹

FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.¹

¹Cancer Facts & Figures 2012, American Cancer Society.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Aflac herein means American Family Life Assurance Company of New York.

Classic Cancer Care Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

Cancer Wellness Benefit

\$75 per year, per Covered Person

Cancer Diagnosis Benefits:

Initial Diagnosis Benefit

Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person

Medical Imaging With Diagnosis Benefit

\$135; two payments per year, per Covered Person; no lifetime max

NCI Evaluation/Consultation Benefit

\$500 payable only once per Covered Person

Cancer Treatment Benefits:

Injected Chemotherapy Benefit

\$600 per day; limited to one payment per week; no lifetime max

Oral Chemotherapy Benefit

\$250 per day up to \$750 max per month for Oral/Topical Benefit²

Topical Chemotherapy Benefit

\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit²

Radiation Therapy Benefit

\$350 per day; limited to one payment per week; no lifetime max

Experimental Treatment Benefit

\$350 per week outside of a clinical trial; \$100 per week as part of a clinical trial; no lifetime max

Immunotherapy Benefit

\$350 once per month; \$1,750 lifetime max per Covered Person

Antinausea Benefit

\$100 per month; no lifetime max

Stem Cell Transplantation Benefit

\$7,000; lifetime max \$7,000 per Covered Person

Bone Marrow Transplantation Benefit

\$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor

Blood and Plasma Benefit

Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max

Surgical/Anesthesia Benefit

\$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations

Skin Cancer Surgery Benefit

\$35–\$400; no lifetime max on number of operations

Additional Surgical Opinion Benefit

\$200 per day; no lifetime max

Hospitalization Benefits:

Hospital Confinement Benefit

\$200 per day; no lifetime max

Outpatient Hospital Surgical Room Benefit

\$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

Continuing Care Benefits:

Extended-Care Facility Benefit

\$100 a day, limited to 30 days per year, per Covered Person

Home Health Care Benefit

\$50 per day; lifetime max of 100 days per Covered Person

Hospice Care Benefit

\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person

Nursing Services Benefit

\$100 per day; no lifetime max

Surgical Prosthesis Benefit

\$2,000; lifetime max \$4,000 per Covered Person

Nonsurgical Prosthesis Benefit

\$175 per occurrence; lifetime max \$350 per Covered Person

Reconstructive Surgery Benefit

\$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations

Egg Harvesting and Storage (Cryopreservation) Benefit

\$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person

Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit

\$250 ground or \$2,000 air; no lifetime max

Transportation Benefit

\$.40 per mile; max \$1,200 per round trip; no lifetime max

Lodging Benefit

\$65 per day; limited to 90 days per year

Bone Marrow Donor Screening Benefit

\$40; limited to one benefit per Covered Person, per lifetime

²Up to three different oral/topical chemotherapy medicines per calendar month.

AFLAC SHORT-TERM DISABILITY INCOME INSURANCE

Policy NY57600; Riders NY57650 and NY57651

SD

Helping Pay Your Bills, While You Pay Attention to You

What if one day, not very far in the future, you become disabled and you can't go to work. How would you pay for the expenses of daily life such as monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's short-term disability insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

Why Aflac Short-Term Disability may be the best choice for you:

- It's sold on an individual basis. You choose the plan that's right for you based on your financial needs and income.
- We offer the option of guaranteed-issue,¹ short-term disability coverage. That means no medical questionnaire is required.
- We pay you a cash benefit for each day you are disabled.²



Here's how we can help

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Aflac provides benefits for both total and partial disability. Even if you're able to work, partial disability benefits may be available to help compensate for lost income.

Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.

The facts say you need the protection of the Aflac Short-Term Disability plan:

FACT NO. 1

BEFORE THEY RETIRE,

1-in-4

AMERICANS ENTERING THE WORKFORCE WILL
BECOME DISABLED.³

FACT NO. 2

NEARLY

90%

OF DISABILITIES ARE NOT WORK RELATED.³

¹Subject to certain conditions.

²Subject to your benefit period and elimination period.

³2015 Disability Insurance Awareness Month, Facts from LIMRA.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

Coverage Options

Choose the Policy You Need

BENEFIT	DESCRIPTION
MONTHLY BENEFIT PAYMENT	\$400 to \$6,000 (subject to income requirements)
TOTAL DISABILITY BENEFIT PERIODS	3, 6, 12, 18 or 24 months
PARTIAL DISABILITY BENEFIT PERIOD	3 months
ELIMINATION PERIODS (INJURY/SICKNESS)	0/7, 0/14, 7/7, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180
WAIVER OF PREMIUM	<p>Premium waived, month to month, for policy and any applicable rider(s) for as long as you remain disabled, up to the applicable benefit period shown in the Policy Schedule.</p> <p>Not available with a 3-month total disability benefit period.</p>

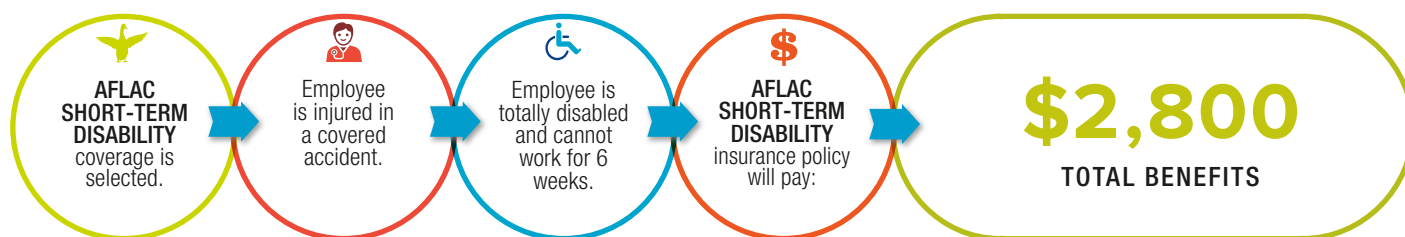
OPTIONAL RIDERS

DISABILITY BENEFIT FOR ON-THE-JOB INJURY RIDER	Provides benefits if a disability is caused by a covered on-the-job injury while coverage is in force. Available even with Workers' Compensation.* Benefits payable up to the total disability benefit period selected. Benefit subject to elimination period shown in the Policy Schedule and income requirements.
ADDITIONAL UNITS OF DISABILITY BENEFIT RIDER	Allows you to purchase additional units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations and other policy terms.

*Subject to certain conditions/maximum.

How it works



The above example is based on a scenario for Aflac Short-Term Disability that includes the following benefit conditions: ages 18–49, employed full-time at the time disability began, \$2,000** monthly disability benefit amount, \$40,000 annual salary, not covered by a state disability plan, elimination period 0/7 days, 3 month benefit period, benefits based on policy premiums being paid with after-tax dollars.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the disclosure statement and policy for complete benefit details, definitions, limitations, and exclusions.

**The monthly disability benefit may be limited if covered by a state disability plan.



Arthur J. Gallagher & Co.

CEO has a dedicated Account Manager who is available to you throughout the year.

Brittany LaFreniere
Phone: (518) 556-3124
Email: brittany_lafreniere@ajg.com

In the event that you need something and are unable to reach Brittany, you can reach out to Stacey Lauder in the Employee Benefits Department.

Stacey Lauder
Phone: (518) 556-3125
Email: stacey_lauder@ajg.com

Benefit Questions?

Call **Arthur J. Gallagher**

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