



Arkansas Support Network

Supporting Choices and Opportunities for
Individuals with Disabilities and their Families

— **S I N C E 1 9 8 8** —

6836 Isaacs Orchard Road, Springdale, AR
(479) 927-4100 | supports.org

COMPANY LETTER

Dear Valued Employees,

Benefits are a valuable part of your compensation package. They can help protect important things such as your income and your assets if you become sick or injured and are unable to work. Some insurance products can help pay for expenses that are not covered by your health insurance such as co-payments, deductibles, and other out-of-pocket expenses. Other plans can help your family cope with financial realities if you should die prematurely.

That is why Arkansas Support Network has made these valuable insurance products from The Hatcher Agency available for you and your family. The voluntary benefits described in this booklet can build on the benefits already provided by Arkansas Support Network providing the additional protection you and your family may need. Keep in mind, more competitive rates are available through the workplace. We encourage you to take a look at the information in this booklet so you can make informed choices about these benefits.



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Need more information?
Important Contact and Carrier information can be found on pages [41-42](#).

DISCLOSURES AND DISCLAIMER

This benefit booklet was designed to help you better understand your benefits and benefit choices. At the request of the plan administrator at **Arkansas Support Network** the word employee has been used to describe you (the employee) in this benefit book when detailing benefits, benefit options, and rates. The outlines in this benefit booklet are only benefit summaries and are designed to provide a brief overview of your coverages. For a full schedule of benefits and complete outline of coverage please review your insurance certificate of coverage, policy, or summary plan description. **Active Employment** (*applies to group insurance products*) You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by **Arkansas Support Network** for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation. **Actively at Work** Being actively at work means on the day you apply for coverage, you are working at **Arkansas Support Network** for the required minimum hours each week. If you are applying for coverage on a day that is not one of your scheduled work days, then you'll be considered actively at work if you meet this definition as of your last scheduled workday. Employees are not considered actively at work if their normal duties are limited or altered due to their health, or if they are on a leave of absence. **Additional Information** (*applies to all individually owned policies*) This material is intended to be a brief description of the policy. The policy definitions, exclusions, and limitations will be used to determine actual benefit decisions. Product availability and provisions may vary by state.

TERMS TO KNOW

INSURANCE TERMINOLOGY TO KNOW

Benefits wordage can sometimes be daunting. Review the list of common terms below for a little help!

Qualified High Deductible Health Plan (HDHP) & Health Savings Account (HSA) – a high deductible health plan can be combined with a Health Savings Account (HSA), allowing you to pay for certain medical expenses with money free from state and federal taxes, and saving you money. All claims, medical and pharmacy, apply to the deductible and coinsurance. Wellness is still covered at 100%.

Deductible – the insurance deductible is the amount of money you will pay in an insurance claim before the insurance coverage kicks in and the company starts paying. **Arkansas Support Network's** deductible begins on January 1st.

Prior Authorization - PA is a requirement that your physician obtain approval from your prescription drug plan to prescribe a specific medication or procedure for you.

Quantity Limit - QL defines how much of a particular drug patients can get during a specific time period or the maximum days supply that patients can get at once.

Premiums - the amount of money you pay on a regular basis to have coverage on your policy. Premiums are usually lower in a HDHP in comparison to a Point of Service (POS) plan.

Step Therapy - the patient begins medication for a medical condition with the most cost effective drug therapy and progresses to other more costly or risky therapies only if necessary. Step Therapy is an approach intended to control costs and risks posed by some prescription drugs.

Out-of-Pocket Maximum – OOP maximum is the most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. Your OOP maximum will be lower In Network versus Out of Network.



CHANGES BEING MADE

CHANGES TO YOUR BENEFITS:

Beginning in January of 2025, Arkansas Support Network has made some changes to your benefits.

Below is a brief summary of those changes and what they mean for you.

If you have further questions or concerns, please contact your HR or your Hatcher Service Team for help.

HEALTH CARRIER –

This year, Arkansas Support Network's Medical Benefits has moved carriers from BlueCross BlueShield to UMR. UMR provides you with prompt, personalized service UMR is part of the United HealthCare network. UMR will be sending you new ID cards for you to use at your doctors' offices. You will also be able to access your insurance information online with your UMR user account. You can visit www.umar.com to get started. (see page 8 in your Employee Benefit Booklet.)



PHARMACY BENEFITS –

In addition to moving Health carriers, your Pharmacy benefits will now go through VENTEGRA. Ventegra will be working closely with Arkansas Support Network to ensure you have the best possible benefits for your pharmaceutical needs. There are many new benefits tied together with your Ventegra network (See pages 9-18 in your Employee Benefit Booklet) Ventegra will be sending you a new ID card you will need to show to your pharmacy beginning January 1, 2025.



ENROLLMENT PLATFORM –

This year, we have moved to the DATIS Human Resource platform. Instructions on how to enroll are on the pages following.



DATIS ENROLLMENT INSTRUCTIONS

1. Once Open Enrollment has begun, employees will see an orange Open Enrollment Umbrella on their homepage. The employee will need to select the "Click Here" button to open the wizard. The umbrella will provide the number of days the employee has left to complete the enrollment wizard.



2. The wizard will open on the welcome page and the employee will need to select the next button to move to page two. This page will be where dependents are added. Click the green Add button and enter each dependent's information. (a green add button will also appear for any plans that require a beneficiary)



3. The employee will either select the plan on each page or they must select the decline button. If an election is not made on any required slide, the employee will not be able to submit the wizard.

A screenshot of a web form titled "Add New Dependent". The form contains the following fields: SSN (with a mask), Birth Date, First Name, Middle Name, Last Name, Relationship (a dropdown menu set to "Child"), Active Dependent (a checked checkbox), Gender (radio buttons for Male and Female), a checkbox for "Copy address and phone from employee", Address 1, Address 2, City/ State/Zip (with a dropdown for State), and Phone (with a mask). At the bottom of the form are "Save" and "Cancel" buttons. A red arrow points to the "Save" button. Below the form are links for "Page Administration", "Page Security", "LinkButton", and "Hide".

Note: If you do not designate a beneficiary, proceeds from your policy will go to your estate.

A section for selecting beneficiaries. It has two columns: "Primary Beneficiaries" and "Secondary Beneficiaries". Under "Primary Beneficiaries", there is a green button with a white plus sign and the word "ADD" in white. Below this, it says "No primary beneficiaries found". Under "Secondary Beneficiaries", it says "No secondary beneficiaries found".

DATIS ENROLLMENT INSTRUCTIONS

Election for Medical coverage effective [blurred]

Effective Date [blurred]

Benefit Plan

What comes out of your pay check \$ 0.00

What your employer is paying \$ 0.00

I decline Medical coverage

Select plan from dropdown or decline

Previous Next

SUMMARY

You have not submitted your elections yet. Please complete unfinished steps to continue.
 Note: If you need to make any changes, click on the Benefit to go directly to that benefit to make changes

Steps needing to be completed

Medical [blurred]

Cannot submit if there are steps remaining

After completing the wizard, you will review a summary of your elections. Click the orange Submit button.

STEP 16 OF 16
SUMMARY

Your elections are ready to be submitted!

Please review your elections below carefully and click Submit.

Effective Date	Benefit	Plan	Coverage	Per Pay Employee Cost	Per Pay Employer Cost	Annual Employee Cost	Annual Employer Cost
08/20/2018	Medical	Aetna POS	Employee Only	0.00	0.00	0.00	0.00
12/01/2018	Agency-Paid Life	Agency-Paid Life	50,000.00	0.00	2.08	0.00	54.08
12/01/2018	Dental		Declined	0.00	0.00	0.00	0.00
12/01/2018	Vision	United Healthcare Vision Elite	Employee Only	3.68	7.98	95.68	207.48
12/01/2018	Agency-Paid AD&D	Agency-Paid AD&D	50,000.00	0.00	1.10	0.00	28.60
12/01/2018	Health Savings Account		Declined	0.00	0.00	0.00	0.00
12/01/2018	Short Term Disability	Prudential STD	471.00	6.41	0.00	166.66	0.00
12/01/2018	Long Term Disability	Prudential LTD	2,450.00	7.35	0.00	191.10	0.00
12/01/2018	Voluntary Life	Prudential Voluntary Life (EOP)	50,000.00	2.08	0.00	54.08	0.00

Submit

Back

Annual Cost

\$0.00

\$0.00

\$0.00

MEDICAL BENEFITS

SUMMARY OF MEDICAL BENEFITS

BENEFIT	UMR \$5,000 Deductible Plan	
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES AND MAXIMUMS		
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	\$5,000	\$15,000
FAMILY	\$10,000	\$30,000
COINSURANCE: YOU PAY THIS AFTER YOUR DEDUCTIBLE HAS BEEN MET OR IN ADDITION TO A COPAY		
	You pay 20%	You pay 40%
OUT-OF-POCKET CALENDAR YEAR MAXIMUM CONTRIBUTIONS (IN-NETWORK INCLUDES DEDUCTIBLE)		
INDIVIDUAL	\$7,000	\$30,000
FAMILY	\$14,000	\$60,000
LIFETIME BENEFIT MAXIMUM	UNLIMITED	
COVERED SERVICES		
OFFICE VISITS	YOU PAY	
PRIMARY CARE DOCTOR	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
SPECIALIST	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
EMERGENCY MEDICAL CARE		
EMERGENCY ROOM	Deductible + 20% Coinsurance	
URGENT CARE	Deductible + 20% Coinsurance	
HOSPITAL SERVICES		
INPATIENT SERVICES	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
OUTPATIENT SERVICES	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
WELLNESS		
YES - COVERED AT \$0 TO YOU. PPACA WELLNESS		
YOUR PRESCRIPTION PLAN PAYS		
Generics	Deductible + 20% Coinsurance	
Preferred	Deductible + 20% Coinsurance	
Non-Preferred Brand	Deductible + 20% Coinsurance	
Specialty	Deductible + 20% Coinsurance	

*Dependents covered to age 26. *Please see the FAQ section for further information regarding dependent coverage.

Medical Rates - Weekly Deduction

Employee Only	\$31.46
Employee/Children	\$145.35
Employee/Spouse	\$197.88
Family	\$302.27

Employer Contribution: Arkansas Support Network pays up to \$432.76 of the employee's monthly premium.

NOTE: If the individual premium contribution exceeds 8.39% of your annual gross income, please contact Human Resources to discuss your deduction.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

MEDICAL BENEFITS

SUMMARY OF MEDICAL BENEFITS

BENEFIT	UMR \$3,000 Deductible Plan	
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES AND MAXIMUMS		
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	\$3,000	\$9,000
FAMILY	\$6,000	\$18,000
COINSURANCE: YOU PAY THIS AFTER YOUR DEDUCTIBLE HAS BEEN MET OR IN ADDITION TO A COPAY		
	You pay 20%	You pay 40%
OUT-OF-POCKET CALENDAR YEAR MAXIMUM CONTRIBUTIONS (INCLUDES DEDUCTIBLE)		
INDIVIDUAL	\$5,000	\$18,000
FAMILY	\$10,000	\$36,000
LIFETIME BENEFIT MAXIMUM		
	UNLIMITED	
COVERED SERVICES		
OFFICE VISITS	YOU PAY	
PRIMARY CARE DOCTOR	\$40	Deductible + 40% Coinsurance
SPECIALIST	\$80	Deductible + 40% Coinsurance
EMERGENCY MEDICAL CARE		
EMERGENCY ROOM	E.R Deductible + 20% Coinsurance	
URGENT CARE	\$80 Copay + 20% Coinsurance	
HOSPITAL SERVICES		
INPATIENT SERVICES	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
OUTPATIENT SERVICES	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
WELLNESS		
YES - COVERED AT \$0 TO YOU. PPACA WELLNESS		
YOUR PRESCRIPTION PLAN PAYS		
Generics	\$15	
Preferred	\$55	
Non-Preferred Brand	\$80	
Specialty	\$160	

*Dependents covered to age 26. *Please see the FAQ section for further information regarding dependent coverage.

Medical Rates - Weekly Deduction

Employee Only	\$104.91
Employee/Children	\$206.67
Employee/Spouse	\$293.23
Family	\$434.40

Employer Contribution: Arkansas Support Network contributes \$315 of the employee's monthly premium.

NOTE: If the individual premium contribution exceeds 8.39% of your annual gross income, please contact Human Resources to discuss your deduction.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

Welcome to **umr.com on the go**

As a UMR member you can access your benefits and claims information anytime, anywhere using your mobile device. There's no app to download. Simply log in to **umr.com**

My taskbar

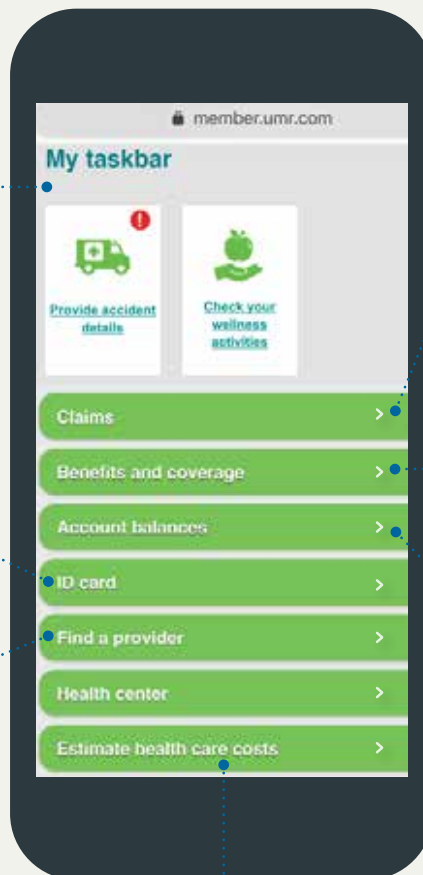
View upcoming tasks right from the homepage.

Share your ID card with your provider

Now there's no need to carry it with you, it's at your fingertips.

Find a provider

Find an in-network provider while you are on the go.



Look up claims

Review a claim for yourself or an authorized dependent.

Check your benefits

View medical/dental benefits and see who's covered under your plan.

Access account balances

Look up balances for your special accounts, including HRAs and FSAs.

Estimate health care costs

See what you can expect to pay before receiving care with the Health Cost Estimator tool.

Want to bookmark umr.com on your mobile device?

iPhone: Touch and hold the open book icon to add **umr.com**

Android: Tap on the menu. Then select "Add Bookmark."

Note: The images above reflect available features within our mobile site. These features may or may not be available to all users depending on your individual and company benefits. If you are having trouble accessing or logging into our mobile site, contact the 800 number on the back of your ID card for fastest service. You can click the "Contact us" link on the home screen.



A UnitedHealthcare Company

VENTEGRA PHARMACY BENEFITS



Ventegra, Inc.
A California Benefit Corporation
450 North Brand Boulevard, Suite 600
Glendale, CA 91203

Dear Member,

Welcome to Ventegra! Starting 1/1/2025, Ventegra will be managing your pharmacy benefits through Arkansas Support Network. Our goal is to make sure you have high-quality, affordable prescription drugs.



What does this mean for you?

Your new Member ID Card is on the way! This card has important information for your pharmacy. Show your new ID card next time you fill a prescription so Ventegra can start powering your prescription benefits.



Log into your member portal – beginning 1/1/25.

Please view the attached flyer to learn how to set up your portal and make full use of its features. You can log into your new member portal beginning 1/1/25 at: myventegra.org



Questions? Contact our Customer Care Team.

Ventegra is committed to providing the best customer service and is here to help you with any questions related to your benefits.

Our Customer Care Team is available at **1-877-867-0943**

- **Mon – Fri:** 7:00 AM to 11:00 PM (CST)
- **Saturday:** 9:00 AM to 9:00 PM (CST)
- **Sunday:** 9:30 AM to 6:00 PM (CST)

If you reach us outside these hours, you can leave us a voicemail. We will respond to your question within the next business day.

You can also email us at CCT@ventegra.org or live chat with our Customer Care Team by clicking the “Live Chat” button in the lower right corner at ventegra.org.

We look forward to serving you!

Sincerely,
Ventegra



WELCOME TO VENTEGRA'S PHARMACY NETWORK

Ventegra is here to help you with the transition to your new pharmacy network. It's a quick and easy process! With over 67,000 pharmacies in our nationwide network, you can choose the best pharmacy for you. It is likely your pharmacy is already included since our network includes independent and nationwide chain pharmacies (see summary list on next page).

Follow the steps below to maximize your health benefits.

✓ **Get the most out of your pharmacy network.**

Save money by filling your prescriptions in-network.

When you visit in-network pharmacies, whether it is an independent or a nationwide chain, we have worked with your health plan to cover certain prescriptions. This means you don't have to pay the full cost of for medications that have been prescribed to you. Please take a moment to ensure your pharmacy is in-network.

✓ **Locate participating in-network pharmacies using your member portal.**


Only participating-network pharmacies will appear in the Pharmacy Locator function. See below for a step-by-step guide on how to use this tool.

Step 1: Find the "Pharmacy Locator" Tab

The "Pharmacy Locator" tab is on the top blue bar. Click on this link to proceed to the next step.



Pharmacy Locator

Search by ZIP code 50 Miles 



GET TO KNOW OUR CUSTOMER CARE TEAM

Our Customer Care Team agents treat all patients and pharmacists with respect and understanding. We are a company of pharmacists, so we know what it's like to be at the other end of the line.

Ventegra uses the latest technology to make sure all your questions are answered quickly and correctly. We offer over **250 languages** options and video interpretation as well.

We can help with...

- Setting up and navigating your member portal
- Signing up for mail order and connecting you with a specialty pharmacy
- Providing general information about your health plan, like your copayment and which drugs your plan covers
- Learning which pharmacies are in your network
- Working with your pharmacy to accurately submit your prescriptions

The list goes on! If your concern isn't mentioned above, we still encourage you to call.

Contact our Customer Care Team.

by phone

1-877-867-0943

- Mon – Fri: 7:00 AM to 11:00 PM (CST)
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by chat

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Ventegra.org





IMPORTANT INFORMATION ABOUT YOUR SPECIALTY PHARMACY

Welcome to Perigon Pharmacy 360 Specialty Services. Perigon Pharmacy 360 Specialty Services is the provider for your Specialty medications!

If you are receiving specialty medications, please ask your provider to send any active prescriptions to Perigon Pharmacy 360 Specialty Pharmacy Services by following the steps below.



Sign up for Perigon Pharmacy 360 Specialty Services

We will help you get the most from your specialty medication therapy with the following services:

- Support to make sure your medication therapy is the best fit for you.
- Quick and easy delivery to your home or prescriber's office.
- Personal care from our expert Patient Care Team.
- Assistance with your specialty medication refills.

Contact Us to Enroll

To enroll with Perigon Pharmacy 360 Specialty Services, please call our Customer Care Team at **1-844-698-2533**. Our Customer Care Team is available **8AM-5PM CST Monday through Friday** but for your convenience, our pharmacists are available to you and on call 24 hours a day, 7 days a week and 365 days a year to address any clinical needs.



WELCOME TO VENTEGRA'S FORMULARY

Welcome to your new formulary! Our formulary is comprised of both brand and generic medications that have been developed by a committee of physicians and pharmacists to ensure the provision of safe, efficacious, and cost-effective drug therapy. We recommend that you review the new formulary carefully as you may be taking medications that are no longer covered or may require new prior authorization. If necessary, please consult with your physician.

Your new formulary can be found by visiting our website at ventegra.org, clicking on “**Drug List & Formularies**” at the bottom, and downloading [Ventegra Premium Plus](#) Formulary.

If you are currently taking prescription drugs that may require a prior authorization (as noted “PA” on the formulary), we recommend that you contact Ventegra as early as [1/1/2025](#) to begin the prior authorization process. Ventegra will work with your physician to gather the information needed to complete the prior authorization review.

Questions?

We pride ourselves on providing clear and open communication with members. If you have any questions, please contact our Customer Care Team.

by phone

1-877-867-0943

- [Mon – Fri: 7:00 AM to 11:00 PM \(CST\)](#)
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[Ventegra.org](https://ventegra.org)



VENTEGRA PHARMACY BENEFITS



IMPORTANT INFORMATION ABOUT YOUR MAIL ORDER PHARMACY

Welcome to Costco Mail Order. Starting on 1/1/2025, Costco's Mail Order Pharmacy will be part of your prescription drug benefits.

If you are receiving Mail Order medications, please ask your provider to send any active prescriptions to Costco Mail Order Pharmacy by following the steps below.



Prescription Home Delivery

Sign up for Costco Mail Order Services.

Costco can deliver all your ongoing medications to your home, or whichever location is most convenient for you. It's easy- you don't even have to be a Costco member to receive mail order prescriptions. If you are new to Costco Mail Order Pharmacy, you can set up your account:

online at

pharmacy.costco.com

by phone at

1-800-607-6861

Once your account is set up, you will be able place an order.

Questions?

Costco's customer service agents are available **5AM-7PM PT Monday through Friday** and **9:30AM-2PM PT on Saturdays** at the number listed above.

VENTEGRA PHARMACY BENEFITS



IMPORTANT INFORMATION ABOUT YOUR MEMBER PORTAL

Ventegra is keeping you informed – because knowledge is power. Stay on top of your prescription drug benefits with the Ventegra Member Portal.

Secure, 24-hour online access to:

- Accumulated Deductible and Maximum Out-of-Pocket (MOOP) Amounts
- Participating Pharmacies
- Drug Fill History Including Medication Information Sheet
- Drug Pricing Estimates
- Alternative Pharmacy Pricing Tool
- Member ID Cards
- Customer Service Contact Information

Registration is easy – takes only a few minutes!

1. **Beginning 1/1/25 - visit the Ventegra Member Portal at: myventegra.org**

2. **Select the “Sign Up” link**

Enter your member ID, name, and date of birth

3. **Create your Account by providing an email address and password**

4. **Verify Email Address**

Verify your email address using the 6-digit code sent to you. If you do not receive your code in a reasonable time, please check your spam or junk email folder.

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Ventegra.org



VENTEGRA PHARMACY BENEFITS



IMPORTANT INFORMATION REGARDING BLOOD GLUCOSE METERS & STRIPS

Ventegra is the administrator of your pharmacy benefits through Arkansas Support Network. We value our partnership with Arkansas Support Network and the continual efforts to provide quality, affordable healthcare.

Effective 1/1/2025 the following Blood Glucose Meters will be provided to you at no cost and their respective Blood Glucose Test Strips are covered at preferred formulary status:

Blood Glucose Meters Covered at No Cost	Blood Glucose Test Strips Covered at Preferred Formulary Status
True Metrix True Metrix Air ReliOn True Metrix Air	True Metrix Strips ReliOn True Metrix Strips
FreeStyle Lite FreeStyle Freedom Lite Precision Xtra	FreeStyle Lite FreeStyle Precision Xtra Precision Xtra Ketone

For more information on how to receive a covered meter at no cost or for additional support regarding covered glucose meters and test strips, such as obtaining help learning how to use a new meter, please refer to the contact information in the additional flyers enclosed.

Questions?

We pride ourselves in providing clear and open communication with members. If you have any questions, please contact our Customer Care Team.

by phone

1-877-867-0943

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- Sunday: 9:30 AM to 6:00 PM (CT)

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by email

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CCT@ventegra.org



by chat

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ventegra.org





ATTENTION Members with Diabetes



FreeStyle Lite
Compact and portable.
Perfect for on-the-go testing.



FreeStyle Freedom Lite
Large, easy to read display.
Comfortable to hold.

FreeStyle brand meters & test strips are **Dual Preferred**

As a member, you can receive a **FREE*** meter by:

- **TAKING YOUR PRESCRIPTION**

for a FreeStyle meter and strips to your local retail pharmacy† with:

RxBIN: 610020 **Group #:** 99992432 **ID #:** ERXVENTEGRA

- **CALLING**

Abbott's diabetes care division toll-free at 1-866-224-8892 with Offer Code 608VCGZE

- **SIGNING UP**

at www.ChooseFreeStyle.com with Offer Code 608VCGZE

Learn more at www.ChooseFreeStyle.com



For In Vitro Diagnostic Use.

FreeStyle Lite blood glucose test strips are intended to be used with FreeStyle Lite and FreeStyle Freedom Lite meters only.

*This offer is void where prohibited by law. Abbott may modify or rescind this offer at any time without notice. The free meter is provided as a sample and is limited to one meter per eligible person. The meter cannot be resold, traded, nor submitted for any third party payor for reimbursement. †Participating pharmacies are subject to change without notice. FreeStyle and related brand marks are owned by Abbott. Other trademarks are the property of their respective owners. ©2022 Abbott. ADC-39442 v2.0 05/22 1

VENTEGRA PHARMACY BENEFITS

The TRUE METRIX® Self-Monitoring Blood Glucose Systems are designed to help people confidently and accurately manage their diabetes.

Bring this flyer to your pharmacist to receive a **FREE** meter today!

Please have your pharmacist use a prescription on file or call your physician to obtain a new prescription.

BIN#: 018844

PCN: 3F

Identification #: TRPT5023493

Group #: FVTRUEPORT50



Select the Meter That Best Meets Your Individual Testing Needs

TRUE METRIX® AIR – *Technology with Reach*

FEATURES:

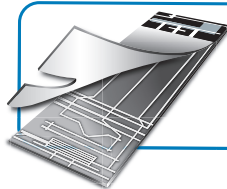
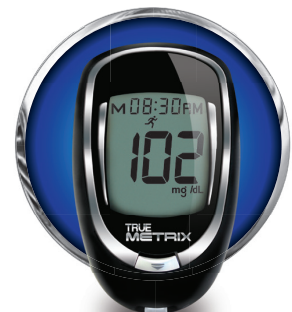
- Bluetooth Smart Connectivity
- No Coding
- Results as fast as 4 seconds
- 7-, 14-, 30-, 60- and 90-day averaging
- 6 Event Tags
- Stores 1,000 results with time and date



TRUE METRIX® – *Accuracy Is Confidence*

FEATURES:

- No Coding
- Results as fast as 4 seconds
- 7-, 14- and 30-day averaging
- 6 Event Tags
- Stores 500 results with time and date



Featuring



Both systems use TRUE METRIX®
Self-Monitoring Test Strips

TRUE METRIX® AIR
SELF MONITORING BLOOD GLUCOSE SYSTEM

TRUE METRIX®
SELF MONITORING BLOOD GLUCOSE SYSTEM

TRIVIDIA
HEALTH™

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HEALTH SAVINGS ACCOUNT (HSA) ENROLLMENT SETUP



First National Bank

Health Savings Account Setup

If you elect the \$5,000 High Deductible Health Plan, you will most likely want to take advantage of the Health Savings Account. Health savings accounts (HSAs) are like personal savings accounts, but the money in them is used to pay for health care expenses. You — not your employer or insurance company — own and control the money in your HSA. The money you deposit into the account is not taxed. This will allow you to utilize pre-tax dollars to pay for medical expenses saving you money.

Arkansas Support Network will not begin payroll deducting for the Health Savings Account until they receive confirmaiton that your account has been successfully setup.

It will be YOUR responsibility to complete the HSA setup form (example below) and submit it to First National Bank. You can access this form on your Navigator Employee Profile or by contacting The Hatcher Agency or your HR Team.

Health Savings Account – This is for the Primary Insured (Employee)				
<i>Please print. ALL INFORMATION IS REQUIRED UNLESS NOT APPLICABLE.</i>				
Employer: _____				
Coverage Type: <input type="checkbox"/> Individual Insurance				
<input type="checkbox"/> Family Coverage				
Return completed application to: _____				
_____ FIRST NAME	_____ MI	_____ LAST NAME	_____ SUFFIX	_____ SOCIAL SECURITY #
_____ DRIVERS LICENSE # (or State ID #)	_____ STATE OF ISSUE	_____ DATE OF BIRTH		
_____ DATE ID / DL ISSUED	_____ DATE ID / DL EXPIRES			
_____ PHYSICAL (RESIDENCE) ADDRESS		_____ CITY	_____ STATE	_____ ZIP
_____ MAILING ADDRESS (IF DIFFERENT)		_____ CITY	_____ STATE	_____ ZIP
(_____)_____ HOME PHONE	(_____)_____ CELL PHONE	(_____)_____ WORK PHONE		
_____ PLACE OF EMPLOYMENT	_____ OCCUPATION / JOB TITLE		(If you are retired, please give last job information.)	
_____ INQUIRY CODE (Typically your mother's Maiden last name)	_____ EMAIL ADDRESS			
*** SIGNATURE (REQUIRED) _____				
Information required due to the USA Patriot Act signed into law on October 26, 2001 by President George W. Bush.				
Your account will be established and a number assigned when this form is received by First National Bank (FNB). FNB will prepare the actual H.S.A. documents and return them to the Employer to have the employee and authorized signer execute the documents. FNB cannot order debit cards until the signed documents are returned to FNB. A debit card will be issued by VISA and mailed to the employee, typically within fourteen (14) days. A mailing with a PIN will follow shortly.				

HEALTH SAVINGS ACCOUNT (HSA) FAQ'S

Q: What is a Health Savings Account?

A: A health savings account (HSA) is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a High-Deductible Health Plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit.

Q: Can anyone open an HSA?

A: No. In order to open an HSA you must be enrolled in a Qualified High Deductible Health Plan. (QHDP)

Q: How much can I contribute each year?

A: : IRS limits on a Health Savings Account (HSA) plan for 2025 are \$4,300 per year (Employee Only) or \$8,550 for Family (Employee + 1). If you are 55 or older, you can also make "catch-up" contributions of up to \$1,000 per year above those limits. If at the end of the plan year, you have contributed more than the recommended maximum, and you were not covered under a HDHP for the entire calendar year, your extra contribution may be taxed as income. This amount is also subject to a penalty tax.

Q: How much can I spend each year from my HSA account?

A: The only spending limit is your HSA account balance. Just like your regular bank account, you can only withdraw up to the amount in your account at that point in time. Any unused funds will roll over from year to year. You do not lose any funds if they are not used by the end of the year.

Q: What can I spend my HSA funds on?

A: You can use HSA funds for any expense accepted by the IRS as a legitimate medical expense, such as doctor visits, therapy, hospitalization, prescriptions, vision care, dental etc. To be eligible, the expense must be incurred on or after the date the HSA account was opened. HSA funds can also be used for health insurance premiums such as COBRA and TEFRA/Medicaid.

Q: Can I spend HSA funds on family members who are not on my health plan?

A: If you have Employee Only (HDHP) coverage, and your spouse or dependents have separate health coverage that is not a High-Deductible Health Plan, you can still use your available HSA funds to pay their medical expenses as long as you file a Federal tax return that includes that person as a joint filer or dependent. Your dependent is not allowed to file a claim with their FSA and with your HSA.

Q: How do I access my funds?

A: You will receive a First National Bank Debit Card that is linked to your HSA account. This is a limited-purpose MasterCard which is coded for medical providers only. Swipe the card just as you would any credit card. Although you have the option of setting a PIN, no PIN is required. The card lets you cover expenses without having to pay out-of-pocket first and then wait for reimbursement. If your medical provider does not accept credit cards or for whatever reason you did not use your First National Bank Debit MasterCard to pay the expense, then you can submit a claim for reimbursement.

Q: I'm going to become eligible for Medicare late this year. Can I still have an HSA?

A: If any part of Medicare is elected, you cannot contribute any more money after your Medicare effective date. However, you may continue to use up any funds previously contributed.

Q: If I elected an HSA for 2024, but drop my medical coverage later in the year, can I continue to use my HSA funds?

A: Yes. However, you will no longer be able to contribute money to your HSA account unless you are enrolled in a qualified High Deductible Health Plan.

Q: How long can I contribute to an HSA?

A: As long as you are enrolled in a qualified HDHP, you can contribute to an HSA account until you enroll in Medicare.

Q: How are office visits and prescriptions charged on my HSA Health Plan?

A: On the HSA Health Plan option, you will pay 100% of the allowed charge for the visit or drug, until you reach your maximum out-of-pocket. Once you fulfill the deductible/maximum out-of-pocket your office visit copays and prescription costs are covered 100% in network by the plan.

HEALTH SAVINGS ACCOUNT ELIGIBLE EXPENSES

Eligible Expenses

Maximize the Value of Your Account - Your Health Savings Account dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible expenses used by federal employees.

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for
- Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams
- LAB EXAMS/TESTS
- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

- Insurance Premiums

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement & Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor) ☑ Transportation*

- COBRA Premiums

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

- Long Term Care Premiums

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

DENTAL BENEFITS

BENEFIT SUMMARY DENTAL BLUE

CALENDAR YEAR
MAXIMUM

\$1,000

LIFETIME MAXIMUM
ORTHODONTIC SERVICES

\$1,000

INDIVIDUAL DEDUCTIBLE
MINOR & MAJOR

\$50

MAXIMUM FAMILY DEDUCTIBLE
(3 FAMILY MEMBERS)
MINOR & MAJOR

\$150

DIAGNOSTIC & PREVENTIVE SERVICES (not subject to deductible)

	In Network & Out-Of-Network You Pay
Individual Exams	0%
Radiographic Images (x-rays)	0%
Fluoride Treatment	0%
Prophylaxis (cleaning)	0%
Sealants	0%
MINOR (BASIC) RESTORATIVE SERVICES	
Fillings	20%
Extractions	20%
Endodontics (root canals)	20%
Oral Surgery	20%
Anesthesia	20%
Nonsurgical Periodontics	20%
MAJOR RESTORATIVE SERVICES	
Surgical Periodontics	50%
Inlays, Onlays, Crowns	50%
Partials and Dentures	50%
Implants	50%
ORTHODONTIC SERVICES LIMITED TO COVERED PERSONS THROUGH AGE 18 (NOT SUBJECT TO DEDUCTIBLE)	
DIAGNOSTIC, ACTIVE, RETENTION TREATMENT	50%
DENTAL XTRA (INCLUDED)	

To find a dentist anywhere in the United States, go to arkansasbluecross.com and select "Find a Doctor"

YOUR DENTAL CUSTOMER SERVICE PHONE NUMBER: 1-888-223-4999

Weekly Rates

Employee Only	\$6.42
EMPLOYEE & CHILD(REN)	\$12.84
EMPLOYEE & SPOUSE	\$13.77
Family	\$19.19

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

VISION BENEFITS

DELTA VISION 175		IN-NETWORK COPAYMENTS	
EYE EXAM			\$5
FRAMES AND/OR LENSES (NO COPAY FOR CONTACTS)			\$5
CONTACT LENS FITTING EXAM			\$5
	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT	
EYE EXAM	100% Covered		\$36
Standard Lenses (per pair - subject to copay)			
Single Vision	100% Covered		\$28
Bifocal	100% Covered		\$42
Trifocal	100% Covered		\$56
Lenticular	100% Covered		\$78
FRAMES	\$175 Retail Allowance		\$82
CONTACT LENSES			
ELECTIVE	\$175 Retail Allowance		\$0
MEDICALLY NECESSARY	100% Covered		\$210
CONTACT LENS FITTING (CLF) EXAM			
STANDARD CLF EXAM	100% Covered		\$0
SPECIALTY CLF EXAM	\$50 Retail Allowance		\$0
Discounts			
Insured Materials			
Frames		20% Off Amount Over Allowance	
Lens Options		20% Off Retail or Out-Of-Pocket Maximums	
Progressives		20% Off Retail Lined Trifocal Lenses	
Additional Services			
Exams, Frames & Prescription Lenses		30% Off Retail	
Lens Options & Contacts		20% Off Retail	
Disposable Contacts		10% Off Retail	
Refractive Surgery (LASIK)		15% - 50% Off Retail	

Weekly Rates	
EMPLOYEE ONLY	\$3.01
EMPLOYEE & CHILD(REN)	\$5.88
EMPLOYEE & SPOUSE	\$5.43
FAMILY	\$8.14



*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

EMPLOYER PAID LIFE/AD&D INSURANCE

All active benefit eligible employees are provided with a Group Life and AD&D plan with Equitable. This benefit is covered by Arkansas Support Network at no cost to you.

Each employee has a flat **\$15,000** Life Policy with an additional Accidental Death and Dismemberment Benefit .

If you are age 70 or older your benefits will reduce according to the following age reduction schedule:

Age 70 but less than age 75 will reduce to 65% of benefit.

Age 75 and over will reduce to 50% of benefit.

Accidental Death and Dismemberment (AD&D)

This additional benefit doubles the face value of your death benefit should you become deceased in an accident. In addition, there are specified benefit amounts which cover accidental bodily injuries such as the loss of a hand, foot or eye. Review the Certificate of Coverage for additional information.

**BENEFICIARY: Please make sure your life insurance beneficiary is up to date!
You can update your beneficiary at any time throughout the plan year.**



EQUITABLE

Voluntary Term Life/AD&D Insurance

Employee and Dependents



Employee life coverage is available in **\$10,000 increments**, subject to a minimum of \$10,000 and a maximum of 5x your salary up to \$150,000. You can get up to \$100,000 with no health questions. This is your *guaranteed issue amount*.

Spouse life coverage is available when an employee is covered. Spouses may elect coverage in **\$5,000** increments up to \$25,000 maximum. Spouse coverage cannot exceed 100% of your employee election. Your spouse can get up to \$25,000 with no health questions. This is their *guarantee issue amount*. **Spouse premiums are based on the Employee's age.**

Child life coverage is available in **\$2,000** increments up to \$10,000 benefit. One policy covers all of your children until their 19th birthday- or until their 26th birthday if they are a full-time student. The maximum benefit for children live birth to 6 months is \$1,000.

GUARANTEE ISSUE FOR NEW HIRES - Voluntary Term Life

- Up to \$100,000 in employee coverage is available without any evidence of insurability requirement
- Up to \$25,000 in spouse coverage
- Up to \$10,000 in child coverage is available

RATES ARE LISTED ON PAGE 17

VOLUNTARY GROUP LIFE & AD&D RATES



WEEKLY RATE CHART (52X)

Life + AD&D AGE	EMPLOYEE					*Guarantee Issue Amount \$100,000				
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
15-24	\$0.178	\$0.36	\$0.53	\$0.71	\$0.89	\$1.07	\$1.24	\$1.42	\$1.60	\$1.78
25-29	\$0.201	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.41	\$1.61	\$1.81	\$2.01
30-34	\$0.261	\$0.52	\$0.78	\$1.04	\$1.30	\$1.56	\$1.83	\$2.09	\$2.35	\$2.61
35-39	\$0.367	\$0.73	\$1.10	\$1.47	\$1.83	\$2.20	\$2.57	\$2.94	\$3.30	\$3.67
40-44	\$0.528	\$1.06	\$1.59	\$2.11	\$2.64	\$3.17	\$3.70	\$4.23	\$4.76	\$5.28
45-49	\$0.782	\$1.56	\$2.35	\$3.13	\$3.91	\$4.69	\$5.48	\$6.26	\$7.04	\$7.82
50-54	\$1.122	\$2.24	\$3.36	\$4.49	\$5.61	\$6.73	\$7.85	\$8.97	\$10.09	\$11.22
55-59	\$1.560	\$3.12	\$4.68	\$6.24	\$7.80	\$9.36	\$10.92	\$12.48	\$14.04	\$15.60
60-64	\$1.952	\$3.90	\$5.86	\$7.81	\$9.76	\$11.71	\$13.67	\$15.62	\$17.57	\$19.52
65-69	\$2.774	\$5.55	\$8.32	\$11.10	\$13.87	\$16.64	\$19.42	\$22.19	\$24.96	\$27.74
70-74	\$5.195	\$10.39	\$15.58	\$20.78	\$25.97	\$31.17	\$36.36	\$41.56	\$46.75	\$51.95
75+	\$15.939	\$31.88	\$47.82	\$63.76	\$79.70	\$95.64	\$111.57	\$127.51	\$143.45	\$159.39

Life + AD&D AGE	SPOUSE *Guarantee Issue Amount \$25,000				
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
15-24	\$0.178	\$0.36	\$0.53	\$0.71	\$0.89
25-29	\$0.201	\$0.40	\$0.60	\$0.80	\$1.00
30-34	\$0.261	\$0.52	\$0.78	\$1.04	\$1.30
35-39	\$0.367	\$0.73	\$1.10	\$1.47	\$1.83
40-44	\$0.528	\$1.06	\$1.59	\$2.11	\$2.64
45-49	\$0.782	\$1.56	\$2.35	\$3.13	\$3.91
50-54	\$1.122	\$2.24	\$3.36	\$4.49	\$5.61
55-59	\$1.560	\$3.12	\$4.68	\$6.24	\$7.80
60-64	\$1.952	\$3.90	\$5.86	\$7.81	\$9.76
65-69	\$2.774	\$5.55	\$8.32	\$11.10	\$13.87
70-74	\$5.195	\$10.39	\$15.58	\$20.78	\$25.97
75+	\$15.939	\$31.88	\$47.82	\$63.76	\$79.70

Life and AD&D Benefits Reduce to: 65% at age 70, and 50% at age 75.
 The Employee must be covered for Life in order to insure Dependents.
 The amount of Life and AD&D Insurance for Dependents will not be more than 100% of the Employee amount.

Life + AD&D		CHILD				Guarantee Issue - \$10,000	
		\$2,000	\$4,000	\$6,000	\$8,000	\$10,000	
6 Months to Age 19		\$0.167	\$0.33	\$0.50	\$0.67	\$0.84	
Age 26 if Full Time							



SHORT TERM DISABILITY INSURANCE



EQUITABLE

Short Term Disability

There are going to be times when you have to miss work for several weeks, even a month or two due to an illness, injury, or accident. How are you going to pay the bills? Maybe you have a week or two of sick leave or earned time off, but after that, what happens?

Arkansas Support Network provides you an opportunity to purchase short term disability insurance from **Equitable**. This policy will pay you **60%** of your pre-disability income, to a maximum of **\$1,500 a week** when you become disabled due to a covered illness or off-the-job accident.

- This benefit pays up to **11 weeks** if you are deemed disabled by your physician.
- Benefits are available after you have been unable to work for **14 calendar days** due to a covered illness or injury.
- Your premiums are paid with post tax dollars; therefore the benefits you receive are not taxed, under current IRS laws.
- Deductions are calculated each pay period based on your current salary. Deductions may vary.

If you do not enroll in this benefit at the first time offering, you will be required to pass Evidence of Insurability and could be declined.

Equitable Short Term Disability (52x)										
Monthly per \$10	\$0.666	\$0.742	\$0.828	\$0.668	\$0.588	\$0.660	\$0.791	\$0.955	\$1.156	\$1.248
Annual Salary	<25	26-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$30,000	\$5.32	\$5.93	\$6.61	\$5.34	\$4.70	\$5.27	\$6.32	\$7.63	\$9.23	\$9.97
\$35,000	\$6.21	\$6.92	\$7.72	\$6.23	\$5.48	\$6.15	\$7.37	\$8.90	\$10.77	\$11.63
\$40,000	\$7.09	\$7.90	\$8.82	\$7.11	\$6.26	\$7.03	\$8.42	\$10.17	\$12.31	\$13.29
\$45,000	\$7.98	\$8.89	\$9.92	\$8.00	\$7.05	\$7.91	\$9.48	\$11.44	\$13.85	\$14.95
\$50,000	\$8.87	\$9.88	\$11.02	\$8.89	\$7.83	\$8.79	\$10.53	\$12.71	\$15.39	\$16.62
\$55,000	\$9.75	\$10.87	\$12.13	\$9.78	\$8.61	\$9.67	\$11.58	\$13.99	\$16.93	\$18.28
\$60,000	\$10.64	\$11.85	\$13.23	\$10.67	\$9.39	\$10.54	\$12.64	\$15.26	\$18.47	\$19.94
\$65,000	\$11.53	\$12.84	\$14.33	\$11.56	\$10.18	\$11.42	\$13.69	\$16.53	\$20.01	\$21.60
\$70,000	\$12.41	\$13.83	\$15.43	\$12.45	\$10.96	\$12.30	\$14.74	\$17.80	\$21.55	\$23.26
\$75,000	\$13.30	\$14.82	\$16.54	\$13.34	\$11.74	\$13.18	\$15.80	\$19.07	\$23.09	\$24.92
\$80,000	\$14.19	\$15.81	\$17.64	\$14.23	\$12.53	\$14.06	\$16.85	\$20.34	\$24.62	\$26.58
\$85,000	\$15.07	\$16.79	\$18.74	\$15.12	\$13.31	\$14.94	\$17.90	\$21.61	\$26.16	\$28.25
\$90,000	\$15.96	\$17.78	\$19.84	\$16.01	\$14.09	\$15.82	\$18.96	\$22.89	\$27.70	\$29.91
\$95,000	\$16.85	\$18.77	\$20.94	\$16.90	\$14.87	\$16.70	\$20.01	\$24.16	\$29.24	\$31.57
\$100,000	\$17.73	\$19.76	\$22.05	\$17.79	\$15.66	\$17.57	\$21.06	\$25.43	\$30.78	\$33.23
\$105,000	\$18.62	\$20.75	\$23.15	\$18.68	\$16.44	\$18.45	\$22.12	\$26.70	\$32.32	\$34.89
\$110,000	\$19.51	\$21.73	\$24.25	\$19.57	\$17.22	\$19.33	\$23.17	\$27.97	\$33.86	\$36.55
\$115,000	\$20.39	\$22.72	\$25.35	\$20.46	\$18.01	\$20.21	\$24.22	\$29.24	\$35.40	\$38.22
\$120,000	\$21.28	\$23.71	\$26.46	\$21.34	\$18.79	\$21.09	\$25.27	\$30.51	\$36.94	\$39.88
\$125,000	\$22.17	\$24.70	\$27.56	\$22.23	\$19.57	\$21.97	\$26.33	\$31.79	\$38.48	\$41.54
\$130,000	\$23.05	\$25.68	\$28.66	\$23.12	\$20.35	\$22.85	\$27.38	\$33.06	\$40.02	\$43.20

LONG TERM DISABILITY INSURANCE



EQUITABLE

Long Term Disability

What would happen if you were seriously injured in a car accident or diagnosed with cancer? You may eventually get better but it may take a long time; it is also possible you might never be able to return to work. In addition to dealing with health issues, how would you make your house and car payments, buy food, clothing and other essentials?

Arkansas Support Network provides you an opportunity to purchase long term disability insurance from **Equitable**. There is a 90-day elimination period before this benefit will begin to pay. Once you are disabled for **90 days** the benefit will pay **60%** of your pre-disability income, to a maximum of **\$7,000 per month**.

Your LTD benefits are payable for the period during which you continue to meet the definition of disability. Payments continue based on how old you are when your disability occurs. If you are under the age 60, your benefits will be greater of **24 months own occupation**, followed by a reducing schedule for members over the age of 60.

Survivor Benefit: Your eligible survivor (group life beneficiary on file) will receive a lump sum benefit equal to three months of your gross disability payment if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to payments under the plan.

Note: The amount of benefits you receive from the plan may be reduced or offset by income from other sources such as legal judgments, certain retirement plans and the amounts you receive or are entitled to receive as disability income from workers' compensation, a state compulsory benefit plan, and the amount you (and your family, if applicable) receive or are entitled to receive as disability payments under Social Security Disability.

Equitable Long Term Disability (52x)										
Monthly per \$100	\$0.185	\$0.218	\$0.379	\$0.726	\$1.057	\$1.460	\$2.028	\$2.222	\$1.984	\$1.680
Annual Salary	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$30,000	\$1.07	\$1.26	\$2.19	\$4.19	\$6.10	\$8.42	\$11.70	\$12.82	\$11.45	\$9.69
\$40,000	\$1.42	\$1.68	\$2.92	\$5.58	\$8.13	\$11.23	\$15.60	\$17.09	\$15.26	\$12.92
\$50,000	\$1.78	\$2.10	\$3.64	\$6.98	\$10.16	\$14.04	\$19.50	\$21.37	\$19.08	\$16.15
\$60,000	\$2.13	\$2.52	\$4.37	\$8.38	\$12.20	\$16.85	\$23.40	\$25.64	\$22.89	\$19.38
\$70,000	\$2.49	\$2.93	\$5.10	\$9.77	\$14.23	\$19.65	\$27.30	\$29.91	\$26.71	\$22.62
\$80,000	\$2.85	\$3.35	\$5.83	\$11.17	\$16.26	\$22.46	\$31.20	\$34.18	\$30.52	\$25.85
\$90,000	\$3.20	\$3.77	\$6.56	\$12.57	\$18.29	\$25.27	\$35.10	\$38.46	\$34.34	\$29.08
\$100,000	\$3.56	\$4.19	\$7.29	\$13.96	\$20.33	\$28.08	\$39.00	\$42.73	\$38.15	\$32.31
\$110,000	\$3.91	\$4.61	\$8.02	\$15.36	\$22.36	\$30.88	\$42.90	\$47.00	\$41.97	\$35.54
\$120,000	\$4.27	\$5.03	\$8.75	\$16.75	\$24.39	\$33.69	\$46.80	\$51.28	\$45.78	\$38.77
\$130,000	\$4.63	\$5.45	\$9.48	\$18.15	\$26.43	\$36.50	\$50.70	\$55.55	\$49.60	\$42.00
\$140,000	\$4.98	\$5.87	\$10.20	\$19.55	\$28.46	\$39.31	\$54.60	\$59.82	\$53.42	\$45.23

ACCIDENT INSURANCE

Hatcher Agency Exclusive Accident Insurance Underwritten by ManhattanLife Assurance Company of America



Accidents happen

Fortunately, we can help with unexpected expenses

ManhattanLife Insurance helps offset the costs associated with both minor and major on and off-the-job accidents:

- For every covered accident, ManhattanLife can pay a benefit based on the injury you sustain and the various treatments and/or services received, regardless of what is covered by medical insurance.
- Plus, ManhattanLife will increase covered benefits by 20% for a child who has an accident while playing organized sports.*

**The child must be insured by the plan on date the accident occurred. The child must be 18 years of age or younger.*

See next page for a schedule of paid benefits and monthly rates.

A benefit when you need it

Consider some of the unexpected costs that may result from an accident such as travel to treatment centers, child care while recovering, household expenses while you can't work, or even modifications to a home or automobile. Payments are made directly to the employee and can be used for any purpose — even everyday expenses like groceries, rent and

Enroll today

During this enrollment, you and your family are guaranteed coverage:

- No health questions
- Family coverage available
- Convenient payroll deductions
- Portable

ANNUAL WELLNESS BENEFIT

For Employees & Covered Family Members:

- This plan pays you **\$50** once per year, per covered individual for receiving one or more approved covered wellness screenings or for an annual physical / well child visit. See schedule for list of covered procedures.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for Accident Insurance at Disclosure.ManhattanLife.com.

DID YOU KNOW?

1 out of 5 people receive emergency room treatment annually¹

\$17,749 is the average out-of-pocket medical bills and that's not including the loss of earnings of the injured and their spouses²

62% of bankruptcies are the results of medical causes despite 76% of those claiming bankruptcy had medical insurance³

1 www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf;

2 "Study Links Medical Costs and Personal Bankruptcy," Bloomberg Business Week, June 4, 2009

3 Duke University Medical Center, 2011 <http://clearhealthcosts.com/tag/duke-university-medical-center>



ACCIDENT INSURANCE CONTINUED

COVERED EVENTS	BENEFITS PAID
Initial Transportation & Treatment	
Air / Ground Ambulance (<50 miles away)	\$1000/\$150
Transportation	\$500 3 x per accident
Accident ER Treatment / Urgent Care or Office	\$200/\$75
Accident Medical Expenses Benefit	\$250
Diagnostic Exam (Major) / X-ray	\$150/\$30
Injury Diagnosis	
Coma / Concussions	\$15,000/\$75
Burns (2nd Degree/3rd Degree)	\$100 for a burn that covers 15% or less of the body surface and \$500 for burn that covers more than 15% of the body surface
Burn – Skin Graft	50% of Burn benefit
Dislocations	up to \$4,400
Eye Injury	\$300
Fractures (Bone)	up to \$5,500
Knee Cartilage	\$500
Laceration	\$400
Tendon/Ligament/Rotator Cuff	\$500 to \$1,000
Brain Injury Diagnosis Benefit	\$150
Hospitalization	
Hospital Admission / ICU Admission	\$1,000/\$2,000
Hospital Confinement	\$225 per day
ICU Confinement	\$450 per day
Treatments & Family Care	
Appliance ¹ , Blood/Plasma/Platelets, Emergency Dental Work, Epidural Anesthesia for Pain, Joint Replacement, Artificial Limb, Rehabilitation Unit Confinement, Ruptured Disc Surgical Repair, Surgeries	Additional Money paid for these treatments. Please refer to plan summary for details.
Family Care ²	\$20 per day
Lodging	\$125 per day
Follow - Up	
Accident Follow-Up Visits – Doctor	\$50 per visit up to 6 visits
Chiropractic Visits	\$25 per visit up to 6 visits
Occupational or Physical Therapy	\$25 per visit up to 10 days

Your Cost Per Pay Period (52x)	
Employee	\$3.99
Employee & Spouse	\$6.26
Employee & Child	\$6.55
Family	\$8.92

Accidental Death Benefit	
Employee	\$25,000
Spouse	\$12,500
Child	\$5,000
Common Carrier	\$150,000 for Employee and Spouse, \$25,000 for Child
Common Disaster	200% of AD&D
Seatbelts	\$10,000
Airbags	\$15,000

Dismemberment	
Quadriplegia	100% of AD&D
Paraplegia	50% of AD&D
Loss of Speech & Hearing	100% of AD&D
Loss of hand, foot & sight	1: 50% of AD&D 2: 100% AD&D

1 Appliance- Benefit is paid if a wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck is prescribed by a physician as necessary due to an injury sustained as the result of a covered accident. 2 Family Care- Benefit is payable for each child attending a Child Care center while the insured is confined to the hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.

Hatcher Agency Exclusive Cancer Insurance Underwritten by ManhattanLife Assurance Company of America



Ease the financial burden while healing Fortunately, we can help with unexpected expenses

Every year, more and more people are being diagnosed with cancer.¹ Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose - such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

Covered Events	Benefit Paid
Prevention & Non-Invasive Cancer Related Events	
Cancer Screening Benefit	\$75/insured/year, Includes a \$75 cancer screening follow up benefit
Positive Diagnosis test	up to \$100
Initial Diagnosis of Cancer	\$6,500 for Employee, \$6,500 for Spouse, \$6,500 for Child
Treatment Benefits	
Radiation/Chemotherapy	Actual Charges up to \$15,000 per 12 month period
Blood, Plasma, Platelets	Actual Charges up to \$15,000 per 12 month period
Experimental Treatment	Actual Charges up to \$15,000 per 12 month period
Covered Inpatient Surgery	Payment based on surgical schedule in your policy
Covered Outpatient Surgery	Payment based on surgical schedule in your policy
Second Surgical Opinion	Actual charges up to \$250
Anesthesia	Actual Charges up to 25% of surgery benefit
Ambulatory Surgical Center	Actual Charges up to \$375 per day

M-9112-AR-HA 422

DID YOU KNOW?

2/3 of the cost of cancer is non-medical¹

\$1,266 is the monthly average out of pocket cost for cancer²

5% increase in cancer costs every year³

62% of bankruptcies are the results of medical causes despite 76% of those claiming bankruptcy had medical insurance⁴

¹ www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf;

² "Study Links Medical Costs and Personal Bankruptcy," Bloomberg BusinessWeek, June 4, 2009

³ Duke University Medical Center, 2011 <http://clearhealthcosts.com/tag/duke-university-medical-center>

ENROLL TODAY

During this enrollment, you can elect coverage for you and your family:

- Convenient payroll deductions
- Portable
- Guarantee Issue: no health questions asked at enrollment
- Pre-existing Condition Limitation - 3 month look back period, 12 month exclusion period
- Waiver of Premium – if you become disabled due cancer for 60 days, premiums will be waived thereafter so long as you continue to be disabled

*continued on next page

CANCER INSURANCE CONTINUED

Hospital Confinement Benefits

Hospital Confinement	\$250 per day
Extended Hospital Confinement	\$300 per day
Hospital Intensive Care	\$200 per day
Government or Charity Hospital	\$100 per day
Inpatient Special Nursing	Actual Charges up to \$150/day
Inpatient Drugs and Medicine	\$25 per day
Attending Doctor	Actual Charges up to \$40/day
Extended Care Facility	Actual Charges up to \$100/day
Home Health Care	Actual Charges up to \$100/day

Lodging and Transportation Benefits

Ambulance	Actual charges up to \$200 a day (no maximum if transported to ICU)
Transportation/Companion Transportation	\$0.45 per mile or coach fare (100 miles minimum per round trip)
Outpatient and Family Member Lodging	Actual charges up to \$100/day (Limit \$4,000 per 12 month period)

Miscellaneous Benefits

Hospice	Actual Charges up to \$150/day
Physical or Speech Therapy	Actual Charges up to \$50/day
Breast Prosthesis	incurred expenses
Skin Cancer	Actual Charges up to \$120 for first removal, \$60 each additional removal
Medical Imaging	Actual Charges up to \$250 per year
Anti-Nausea Medication	Actual Charges up to \$100 per year
Hematological Drugs	Actual Charges up to \$100 per year
Hair Prosthesis	\$25 every two years
Nonsurgical External Breast Prosthesis	Included under Breast Prosthesis
Waiver of Premium	after 60 days
Donor Benefit Bone Marrow and Stem Cell Transplant	2x Hospital confinement benefit, Actual charges for transportation, \$50/day for lodging/meals
Bone Marrow/Stem Cell transplant	Incurred expenses up to \$5,000
National Cancer Institute Evaluation	Billed Charges up to \$750
Rental/Purchase Durable Goods	up to \$500/year

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for Cancer Insurance at Disclosure.ManhattanLife.com.

Your Cost Per Pay Period (52x)

Employee	\$6.92
Employee + Spouse	\$12.51
Employee + Child(ren)	\$12.51
Family	\$12.51

INITIAL DIAGNOSIS BENEFIT

This is a once in a lifetime benefit. This one-time benefit pays **\$6,500** for the first time diagnosis of internal cancer. Any prior diagnosis at any time of internal cancer would eliminate this benefit.

ANNUAL CANCER SCREENING BENEFIT

For Employees & Covered Family Members:
This plan pays you **\$75** once per year per covered individual. See schedule for list of covered procedures.

If you or a covered family member receive an additional invasive diagnosis procedure that is recommended by your doctor due to the results of the initial cancer screening, this plan will pay you an additional **\$75**.

HOSPITAL INDEMNITY

Hatcher Agency Exclusive Hospital Indemnity Insurance
Underwritten by ManhattanLife Assurance Company of America
Administered by Bay Bridge Administrators



Protect your savings from a trip to the hospital

Because medical insurance doesn't cover everything

Health care costs are on the rise. Even with major medical insurance, you're still responsible for co-payments, deductibles and other out-of-pocket costs, so your medical expenses can be more than you expect.

If you or a family member are admitted to a hospital, could you handle the extra expenses?

ManhattanLife helps protect your savings from hospitalization costs

- ManhattanLife Hospital Indemnity Insurance supplements your medical plan — no matter what other coverage you have
- ManhattanLife pays you cash benefits based on your covered sickness or injury, treatments and services
- The cash benefits are paid directly to you — you decide how to use them

Hospital Indemnity Insurance with ManhattanLife is easy

- No health or medical questions to answer
- Convenient payroll deduction
- Take the coverage with you if you leave your current employer

Unfortunately, a hospital admission could happen to you. Are you financially prepared?

- There are over 36 million hospital stays in the US per year¹
- The average cost of hospital stay is \$10,400¹
- 63% of Americans *with medical insurance* used all their savings for out-of-pocket medical costs²
- Healthcare is the number-one cause of bankruptcy for Americans *with medical insurance*³

1. Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2012.pdf>, October, 2014. 2. Kaiser Family Foundation and the Health Research & Educational Trust, 2015.

3. NerdWallet Health, 2013, <https://www.nerdwallet.com/blog/health/medical-bankruptcy/>.



HOSPITAL INDEMNITY



Hospital Indemnity provides you with extra coverage when you need it.

How is this different from medical insurance?

Hospital Indemnity Insurance pays a lump sum benefit that can be used to pay out of pocket expenses that may not be covered by medical.

Why would I need this coverage?

Hospital Indemnity can help reduce the extra financial burden that comes with a hospital stay, and can help cover out-of-pocket deductibles and copays so you don't have to use your savings or incur additional debt.

Covered Benefits (HSA Compatible)	
Hospital/ICU Admission	\$1,000 per admission to a max of 1 admission per year, per insured
Daily Hospital/ICU Confinement	\$200 per day (\$400/day if in ICU) to a max of 15 days per year, per insured
Pre-existing condition limitation	No pre-existing condition limitations except for pregnancy limits described below.
Treatment of Normal Pregnancy	Hospital Admission & Confinement benefits are not payable for birth within first 9 months of coverage
Dependent Age Limits	Child birth to 26 years
Treatments Covered	Sickness and Injury
Eligibility	Employees over the age of 69 are not eligible to enroll in coverage

Your Cost Per Pay Period (52x)

Employee	\$6.12
Employee + Spouse	\$13.15
Employee + Child	\$10.15
Family	\$17.08



This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for Hospital Indemnity Insurance at Disclosure.ManhattanLife.com.

CRITICAL ILLNESS

Hatcher Agency Exclusive Critical Illness Insurance

Underwritten by ManhattanLife Assurance Company of America
Administered by Bay Bridge Administrators

Helping employees focus on recovery - not their finances

The antidote for expenses not covered by medical insurance

Treatment of critical illnesses such as cancer, heart attack and stroke can lead to unexpected expenses that create an additional financial burden. Critical Illness insurance helps fill in the gaps that medical insurance doesn't cover. This may include travel to treatment centers, ongoing household bills, co-pays, deductibles, and everyday expenses like groceries, rent and mortgage.

Critical Illness insurance pays a lump-sum amount directly to you upon initial diagnosis of:

COVERED EVENTS	First Occurrence	Second Occurrence
Invasive Cancer	100%	50%
Carcinoma in Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	0%
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Arteriosclerosis	30%	0%
Angioplasty	10%	0%
Organ Failure	100%	50%
Kidney Failure	100%	50%
First Occurrence Benefit for the following conditions		
Addison's Disease 30%	ALS 100%	Alzheimer's 50%
Coma 100%	Huntington's 30%	Multiple Sclerosis 30%
Loss of Speech 100%	Loss of Hearing 100%	Loss of Sight 100%
Parkinson's 100%	Paralysis 1 limb 50%	Paralysis 2+ limbs 100%
Severe Burns 100%	Occupational HIV 100%	Loss of Independent Living 25%
Childhood Diseases		
Cerebral Palsy 100%	Cleft lip/palate 100%	Club Foot 100%
Cystic Fibrosis 100%	Down's Syndrome 100%	Muscular Dystrophy 100%
Spina Bifida 100%	Type 1 Diabetes 100%	

ENROLL TODAY

During this enrollment, you and your family are guaranteed coverage with no medical questions.

HOW IT WORKS

Choose the level of coverage – **\$5,000 to \$25,000** that works best for employees and their family members. Actively at work employees, along with their spouse and children can be covered (spouses covered up to 50%, child coverage at 25%).



CRITICAL ILLNESS



Monthly Premiums

EMPLOYEE						
BENEFIT AMOUNTS	Issue Age					
	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$6.61	\$8.16	\$13.06	\$21.66	\$31.94	\$59.58
\$10,000	\$11.36	\$14.41	\$24.06	\$40.96	\$61.19	\$115.93
\$15,000	\$16.11	\$20.66	\$35.06	\$60.26	\$90.44	\$172.28
\$20,000	\$20.86	\$26.91	\$46.06	\$79.56	\$119.69	\$228.63
\$25,000	\$25.61	\$33.16	\$57.06	\$98.86	\$148.94	\$284.98
SPOUSE - rate is based off Employee's age						
\$2,500	\$4.24	\$5.04	\$7.56	\$12.01	\$17.32	\$31.41
\$5,000	\$6.61	\$8.16	\$13.06	\$21.66	\$31.94	\$59.58
\$7,500	\$8.99	\$11.29	\$18.56	\$31.31	\$46.57	\$87.76
\$10,000	\$11.36	\$14.41	\$24.06	\$40.96	\$61.19	\$115.93
\$12,500	\$13.74	\$17.54	\$29.56	\$50.61	\$75.82	\$144.11
Child cost is included with employee election.						

*Benefits reduce by 50% at age 70. 3/12 Pre-existing condition limitation. Spouse's benefit is 50% of the Employee value.

HIGHLIGHTS

- Coverage is portable.
- Rates will not increase as you advance through age brackets.
- No Lifetime Maximum
- Benefits are payable on all covered conditions

GUARANTEE ISSUE AMOUNTS

Valid for groups with 10 - 999 eligible lives:

Employee	\$25,000
Spouse	\$12,500

*All child amounts are guaranteed

ANNUAL WELLNESS BENEFIT

For Employees & Covered Family Members:
This plan pays you **\$50** once per year per covered individual for receiving one or more approved covered wellness screenings. See schedule for list of covered procedures.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for Critical Illness Insurance at Disclosure.ManhattanLife.com.

LEGAL SHIELD & ID SHIELD

Your LegalShield provider law firm will be there to offer advice or assistance on a variety of legal issues. Below is a brief sampling of the areas that the LegalShield Legal Plan covers.

Family Matters

- **Uncontested Adoption Representation**
- Alimony
- Child Custody
- Child Support
- Child Visitation Rights
- Conservatorship
- Domestic Violence Protection
- Guardianship
- Juvenile Court Proceedings
- **Uncontested Name Change Assistance**
- Parental Responsibilities
- Prenuptial Agreements
- School Administrative Hearing
- **Uncontested Divorce Representation**
- **Uncontested Separation Representation**

Auto

- **Drivers License Restoration**, Revocation, Suspension
- **Non-Commercial, Non-Criminal Moving Traffic Violations**
- Motor Vehicular Homicide Defense
- **Property damage claims up to \$5,000**

Estate Issues

- Codicils
- **Health Care Power of Attorney**
- Irrevocable Trust
- **Living Will**
- Revocable Trust
- **Wills**

Financial

- Affidavits
- Bankruptcy
- Consumer Credit
- Consumer Protection
- Contracts/Financial Disputes
- Debt Collection
- Durable/Financial Power of Attorney
- Estate Administration/Closing
- Inheritance Rights Protection
- Installment Sale Contracts
- **IRS Audit Protection**
- IRS Collection Defense
- Rental Agreements
- Medical Disputes
- Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Social Security Disputes
- Veterans Benefits Disputes

Home

- Building Code Disputes
- Contractor Disputes
- Deeds
- Evictions
- Foreclosure
- Neighbor Disputes/Easements
- Primary Residence Refinancing
- Purchase/Sale of House
- Real Estate Contracts/Financial Disputes
- Secondary Residence Coverage
- Security Deposits
- Small Claims Assistance
- Zoning Variances
- **Residential Loan Document Assistance** (Family Plan only)



Your Plan Covers:

- **The member**
- **The member's spouse**
- **Never-married dependent children under age 26 living at home**
- **Dependent children under age 18 for whom the member is legal guardian**
- **Never married, dependent, children who are full-time college students up to age 26**
- **Physically or mentally disabled children living at home**

All Services not highlighted are available 25% off the standard price

If you are in need of additional legal services, you may continue to use your provider law firm for legal situations that extend beyond plan coverage. The additional services are 25% off the law firm's standard hourly rates. Your provider law firm will let you know when the 25% discount applies and will go over these fees with you. Please note: Class actions, interventions, or amicus curiae filings in which you are a party or potential party are not covered by the LegalShield membership.

*Legal Services may vary by state.

Available after the membership has been consecutive for 90 days

All Services NOT highlighted in yellow are applicable for a 25% discount but are NOT covered in full by your LegalShield Plan. **Only the services highlighted in Yellow are included in your monthly premiums.**

LEGAL SHIELD & ID SHIELD



Millions of people lose their identity every year...

Identity theft has been the top consumer complaint filed with the FTC for 15 years straight.

MONITOR

We monitor your identity from every angle, not just your social security number, credit cards and bank accounts. We ensure everything connected to your identity is safe, even your social media accounts.

Privacy Monitoring

- Passport number monitoring
- File Sharing Network Searches
- Address Change Verification
- Fictitious Identity Monitoring
- DOB/ss# Monitoring
- Medical Identity Number monitoring
- Phone/Email/Driver License
- Black Market Website Surveillance

Security Monitoring

- Quarterly Score Tracker
- Credit Inquiry Alerts
- Payday Loan Monitoring
- Minor Identity Protection
- Court Records Monitoring
- Bank Account Number Monitoring
- Credit Monitoring
- Credit Card Number Monitoring

COUNSEL

Our identity specialists are available to provide you with a complete picture of identity theft, walk you through all the steps you can take to protect yourself and answer any questions 24/7.

Consultation

- Unlimited counsel with Investigator
- Social Security Fraud Detection
- Monthly ID Theft Updates
- Emergency assistance 24/7/365
- Sex offender registry reports
- Data breach notifications
- Identity Alert System
- Lost or Stolen wallet assistance
- Reduced pre-approved card offers

RESTORE

ID Shield is the only company with an exclusive partnership with Kroll, the world-wide leader in theft investigative services. If a compromise occurs, we will contact your licensed private investigator who will immediately begin restoring your identity.

Restoration

- Licensed Private Investigators
- Medical Identity Theft Restoration
- \$5 Million dollar Service Guarantee
- Complete Identity Restoration
- Financial Identity Theft Restoration

Coverage

- Covers up to 8 minor children
- Covers Spouse/Domestic partner

Call: 888-494-8519 or www.idshield.com

WEEKLY COST (52x)	EMPLOYEE ONLY PLAN	FAMILY PLAN
Legal Shield	\$3.91	\$4.37
ID Shield	\$2.07	\$4.37
Both	\$5.98	\$7.82

CONTACT INFORMATION

Arkansas Support Network Human Resources Team	
Tenille Hunter Chief Strategy Officer Phone: 479-287-6871 Email: thunter@supports.org	Rasheda Morris Director of Human Resources Phone: 479-601-7193 Email: rmorris@supports.org

Medical: UMR (United HealthCare Network) Phone # 1-800-826-9781 Website: www.myuhc.com	Pharmacy: VENTEGRA Phone # (877) 867-0943 Website: www.ventegra.org
Dental: BlueCross BlueShield of Arkansas Group # 027444 Phone # (866) 254 Website: www.arkbluecross.com	Vision: Delta Dental (EyeMed Network) Group # 6325V Phone # (800) 462-5410 Website: www.deltadentalar.com
Life / AD&D: Equitable Group # 00423708 Phone # (866) 274-9887 Website: www.equitable.com	Voluntary Life: Unum Group # 423709 Phone # (800) 275-8686 Website: www.unum.com
Short Term & Long Term Disability: Equitable Group # 423709 Phone # (866) 274-9887 Website: www.equitable.com	Accident & Cancer: (Bay Bridge Administrators) Group # 4124 Phone # (800) 845-7519 Website: https://www.baybridgeadministrators.com
Critical Illness & Hospital Indemnity: (Bay Bridge Administrators) Group # 4124 Phone # (800) 845-7519 Website: https://www.baybridgeadministrators.com	Legal and ID Shield Phone # (888) 494-8519 Website: www.legalshield.com

To view details regarding the available benefits (SBC, Certificates of Coverage, Claim forms, etc.)
 Contact your HR team or your Hatcher Service team.



The Hatcher Agency is proud to be the insurance broker for the employees at **Arkansas Support Network**. It is our promise to find you the lowest price each and every year with carriers that are the best in class. In addition to providing you the very best value for your coverage, it is our goal to deliver all of you Outrageous Service. Please feel free to contact any of your representatives shown if you ever have customer service questions in regard to your plan or if we can help you in any way. Our mission is to work for you and help you get the most out of your benefits.

(501) 375-3737 | www.hatcheragency.com



THE HATCHER AGENCY



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FREQUENTLY ASKED QUESTIONS

Q: Who is eligible to receive insurance benefits?

A: Employees who are classified as full-time, per the Patient Protection Affordable Care Act are eligible to enroll; after all waiting periods have been met.

Q: When will my insurance go into effect?

A: Any elected coverage will be effective the first day of the month following 60 Days from your date of hire or date of Full Time status. So, if your start date is January 5th, your insurance will be effective April 1st.

Q: Can I cancel or make changes to my insurance at any time?

A: Your insurance may be changed if you experience a “qualifying event”. Examples of a qualifying event are birth, adoption, marriage, death, divorce, change in work status, or loss of coverage.

Q: When can I make changes to my insurance elections?

A: You can make changes within 30 calendar days of a “qualifying event” or during the designated open enrollment period.

Q: How do I cancel or make changes to my insurance?

A: Please e-mail or call HR, and provide the necessary documentation within 30 calendar days from the date of your qualifying event. HR can advise you on the documentation required for your qualifying event.

Q: Who should I contact if I have questions about my benefits?

A: Please e-mail any questions to HR or any of your Hatcher Agency Representatives. Your e-mail will be answered as soon as possible.

Q: How and when can I add or drop a dependent?

A: A dependent can only be added or dropped during an open enrollment period, unless you have an IRS qualifying event (for a listing of qualifying events please the next page).

Q: Can part-time employees carry insurance?

A: No.

Q: Do we need referrals to see a specialist under our medical plan?

A: No. UMR does not require any referrals to see an in-network provider. Please note, that some services require prior authorization from UMR. Please see your certificate of coverage for more information.

FREQUENTLY ASKED QUESTIONS

Q: How and when do I get my insurance I.D. cards?

A: Your insurance cards are mailed directly to employees address on file from all benefit vendors. Most insurance cards are received within 3-6 weeks of the effective date.

Q: Can I carry dependents on voluntary coverages without carrying them on the medical insurance?

A: Yes. You do not have to carry medical insurance on dependents to carry them on voluntary benefits that are offered for family members. You may carry dependent coverage on any benefit you wish without carrying it on other coverages.

Q: When does the company's annual enrollment take place?

A: **Arkansas Support Network's** annual open enrollment is in December/January of each policy year with a **January 1st** effective date. Employees may make changes to any/all benefit coverages available.

Q: Can my dependents be denied coverage for pre-existing conditions?

A: Beginning as early as 2010, employer-based health plans and newly instated individual health plans will NOT be allowed to deny or exclude coverage for your child dependents (under age 19) due to preexisting health conditions including disabilities. Beginning 2014, these same health plans will NOT be allowed to deny or exclude coverage for any individual.

Q: What are considered qualifying events (make changes to insurance before open enrollments)?

A: There are several life events that qualify for a change in coverage:

- Change in marital status---marriage, death of spouse, divorce, legal separation, or annulment. Note: Proof of event is needed when a change is to be made.
- Change in number of dependents---birth, death, or adoption of a child, or placement of a child for adoption. Note: Proof of event is needed when a change is to be made.
- Change in employment status---commencement or termination of employment, strike or lockout, commencement or return from an unpaid leave of absence, change in work site, or any of these events that may apply to the employee, the employee's spouse, or the employee's dependent(s). Note: the IRS regulation specify that an employee must actually obtain coverage under the spouse's or dependent's plan for the election change to be consistent. The employee's certification that he or she either has or will obtain the coverage is sufficient proof. Note: Proof of event is needed when a change is to be made.
- Change of residence---change in the place of residence of the employee or the employee's spouse or dependent. If, for example, an employee and/or the employee's family move to another town, changing their coverage to a plan that provides coverage in the new location would be necessary. Note: Proof of event is needed when a change is to be made.
- Significant change in coverage---a significant cost increase or reduction in coverage. Under this reason, however, only the election for plan coverage may be change at midyear; medical flexible spending accounts (FSAs) may not be changed midyear on account of changes in cost of coverage. Note: Proof of event is needed when a change is to be made.
- A substantial loss of providers available in a network option may be considered a coverage decrease: however, the loss of a single physician from a network where there are other physicians available in the network and in the geographic area covered by the plan would not be considered a coverage decrease.
- If there is a significant cost decrease for a specific plan, an employee may be allowed to make a change to participate in that plan if he or she is not a current participant. Similarly, if there are significant improvements in the plan, employees may be allowed to make an election to participate.



Arkansas Support Network

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Individuals with Disabilities and their Families**

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