

BENEFITS & REMUNERATION

2023

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period: 01/01/2023 – 12/31/2023



Choice High Plan and Choice High DHP Plan

Coverage for: Family | Plan Type: EP1



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-633-2474 or visit welcometohc.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$1,300 Individual / \$2,600 Family Per calendar year.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and categories with a copay are covered before you meet your deductible.	Plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes.	There is a separate deductible of \$4,500 for Bariatric surgery.
What is the out-of-pocket limit for this plan?	Network Medical: \$2,800 Individual / \$5,600 Family Rx: \$3,000 Individual / \$6,000 Family Per calendar year.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover and penalties for failure to obtain for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See myuhc.com or call 1-866-633-2474 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.



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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copay</u> per visit, <u>deductible</u> does not apply. DHP- Condition Based Services: \$0 <u>copay</u>	Not Covered	Virtual visits - \$10 <u>copay</u> per visit by a Designated Virtual Network Provider, <u>deductible</u> does not apply. If you receive services in addition to office visit, <u>additional copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	Specialist visit	\$50 <u>copay</u> per visit, <u>deductible</u> does not apply. DHP- Condition Based Services: \$25 <u>copay</u> per visit, <u>deductible</u> does not apply.	Not Covered	If you receive services in addition to office visit, no additional cost.
	Preventive care/screening/immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
	Diagnostic test (x-ray, blood work)	Office: No Charge Free Standing Lab: 20% <u>coinsurance</u> , <u>deductible</u> does not apply up to \$100, then No Charge Outpatient Facility: 20% <u>coinsurance</u>	Not Covered	None
If you have a test	Imaging (CT/PET scans, MRIs)	Office: No Charge Free Standing Lab: 20% <u>coinsurance</u> , <u>deductible</u> does not apply up to \$100, then No Charge Outpatient Facility: 20% <u>coinsurance</u>	Not Covered	None

* For more information about limitations and exceptions, see the plan or policy document at welcometoulhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at welcometoulinc.com	Tier 1 – Your Lowest Cost Option*	<u>\$7 copay, deductible does not apply</u> Mail-Order: <u>\$14 copay, deductible does not apply</u> Retail: <u>\$30 copay, deductible does not apply</u> Mail-Order: <u>\$60 copay, deductible does not apply</u>	Not Covered	<u>Provider means pharmacy for purposes of this section.</u> Retail: Up to a 31 day supply. Mail-Order: Up to a 90 day supply or Preferred 90 Day Retail Network Pharmacy You may need to obtain certain drugs, including certain specialty drugs, from a pharmacy designated by us. Certain drugs may have a <u>preauthorization</u> requirement or may result in a higher cost. If you use an <u>out-of-network</u> pharmacy (including a mail order pharmacy), you may be responsible for any amount over the <u>allowed amount</u> . Certain preventive medications (including certain contraceptives) are covered at No Charge. See the website listed for information on drugs covered by your <u>plan</u> . Not all drugs are covered. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs. If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable <u>copay</u> and/or <u>coinsurance</u> may be applied.
	Tier 2 – Your Mid-Range Cost Option*	Retail: <u>\$45 copay, deductible does not apply</u> Mail-Order: <u>\$90 copay, deductible does not apply</u> <u>\$75 copay, deductible does not apply</u>	Not Covered	
	Tier 3 – Your Highest Cost Option*	<u>\$45 copay, deductible does not apply</u> Mail-Order: <u>\$90 copay, deductible does not apply</u> <u>\$75 copay, deductible does not apply</u>	Not Covered	
	Tier 4 – Specialty Medications	<u>\$75 copay, deductible does not apply</u>	Not Applicable	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance after deductible</u>	Not Covered	*DHP Condition Based Medications – No Charge None
	Physician/surgeon fees	20% <u>coinsurance after deductible</u> Office: No Charge	Not Covered	
If you need immediate medical attention	<u>Emergency room care</u>	<u>\$250 copay per visit, deductible does not apply.</u>	<u>\$250 copay per visit, deductible does not apply.</u>	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance after deductible</u>	*20% <u>coinsurance after deductible</u>	* <u>Network deductible applies</u>
	<u>Urgent care</u>	<u>\$50 copay per visit, deductible does not apply.</u>	Not Covered	If you receive services in addition to Urgent care visit, additional <u>copays, deductibles, or coinsurance</u> may apply

* For more information about limitations and exceptions, see the plan or policy document at welcometoulinc.com.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)		
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance after deductible	Not Covered	None	e.g. surgery.
	Physician/surgeon fees	20% coinsurance after deductible Office: No Charge	Not Covered	None	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	First 20 visits per year: No Charge After 20 visits: \$25 copay per visit, deductible does not apply.	Not Covered		Network Partial hospitalization/intensive outpatient treatment: \$25 copay per visit, deductible does not apply.
	Inpatient services	20% coinsurance after deductible	Not Covered	None	
If you are pregnant	Office visits	No Charge	Not Covered		Cost sharing does not apply for preventive services.
	Childbirth/delivery professional services	20% coinsurance after deductible Office: No Charge	Not Covered		Depending on the type of service a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
If you need help recovering or have other special health needs	Childbirth/delivery facility services	20% coinsurance after deductible	Not Covered	None	None
	Home health care	20% coinsurance after deductible	Not Covered		Limited to 60 visits per calendar year.
	Rehabilitation services	20% coinsurance after deductible	Not Covered		Limits per calendar year: Physical, Speech, Occupational: combined limit 60 visits; Cardiac and Pulmonary: Unlimited.
	Habilitative services	20% coinsurance, after deductible	Not Covered		Services are provided under and limits are combined with Rehabilitation Services above.
	Skilled nursing care	20% coinsurance after deductible	Not Covered		Limited to 60 days per calendar year (combined with inpatient rehabilitation).
	Durable medical equipment	20% coinsurance after deductible	Not Covered		None

* For more information about limitations and exceptions, see the [plan](#) or policy document at [welcometoulinc.com](#).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Hospice services</u>	20% <u>coinsurance</u> after <u>deductible</u>	Not Covered	None
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	Limited to 1 exam every year.
	Children's glasses	Covered	Not Covered	See Vision Discount Rider.
	Children's dental check-up	Covered	Not Covered	See Dental Discount Rider.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)			
- Acupuncture - Cosmetic surgery	- Infertility treatment - Long-term care - Non-emergency care when travelling outside - the U.S.	- Private duty nursing - Routine foot care – Except as covered for Diabetes - Weight loss programs	
Other Covered Services (limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
Chiropractic (Manipulative care) – 24 visits per calendar year	- Glasses - Hearing aids - \$1,500 per calendar year	- Routine eye care (adult) - 1 exam per 1 year - Bariatric Surgery	

* For more information about limitations and exceptions, see the plan or policy document at welcometouhc.com.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Member Service number listed on the back of your ID card or myuhc.com or the Employee Benefits Security Administration at 1-866-444-3272 or dol.gov/ebsa/healthreform.

Additionally, a consumer assistance program may help you file your appeal. Contact dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

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

Does this plan meet the Minimum Value Standards? Yes

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

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-633-2474.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-633-2474.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-633-2474.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-633-2474.

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

* For more information about limitations and exceptions, see the plan or policy document at welcomeuhc.com.

About these Coverage Examples:



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

Peg is Having a Baby

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

■ The plan's overall deductible	\$1,300
■ Specialist copay	\$50
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

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

Managing Joe's type 2 Diabetes

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

■ The plan's overall deductible	\$1,300
■ Specialist copay	\$50
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Mia's Simple Fracture

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

■ The plan's overall deductible	\$1,300
■ Specialist copay	\$50
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

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

Total Example Cost	\$12,700
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Total Example Cost	\$5,600
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Total Example Cost	\$2,800
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In this example, Peg would pay:

Cost Sharing

Deductibles	\$1,300
Copayments	\$0
Coinsurance	\$1,500

What isn't covered

Limits or exclusions	\$100
The total Peg would pay is	\$2,900

In this example, Joe would pay:

Cost Sharing

Deductibles	\$200
Copayments	\$200
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$6000
The total Joe would pay is	\$6,400

In this example, Mia would pay:

Cost Sharing

Deductibles	\$950
Copayments	\$300
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
The total Mia would pay is	\$1,250

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-866-633-2474.

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

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC.CivilRights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance, P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要 (Summary of Benefits and Coverage, SBC) 內所列的免付費電話號碼。

XIN LUYI: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đãi thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 무료 전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuhang libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numberong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

تنبیه: اگر گفت تحت التغطية المساعدة اللغوية المجانية متاحة لك، يُرجى الاتصال برقم الهاتف المجاني الموضح بتفاصيله والتعليق (Arabic) خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني الموضح بتفاصيله والتعليق (Summary of Benefits and Coverage, SBC)

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avanaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy Ci darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefici e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。
本「保障および給付の概要」(Summary of Benefits and Coverage, SBC)に記載されているフリー
ダイヤルにてお電話ください。

Career Source

Dental PPO



	In the Network	Out of the Network
Deductible*—Before the plan pays, you'll pay all costs up to:		
Employee/Family	\$50/\$150	\$50/\$150
Coinsurance*—Once the deductible is met, the plan pays:		
Diagnostic and preventive services (deductible waived)	100%	70%
Basic dental services:		
Restorations	80%	60%
Simple extractions	80%	60%
Emergency treatment/general services	80%	60%
Endodontics	80%	60%
Periodontics	80%	60%
Oral surgery	80%	60%
Major dental services:		
Crowns and bridges	50%	40%
Dentures	50%	40%
Annual limits—This is the most the plan will pay in the plan year.	\$1,500	\$1,000
Orthodontic services:		
Child(ren) to age 19	50%	50%
Lifetime ortho maximum	\$1,000	\$1,000

For more information, please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits



Dental Plans Consumer MaxMultiplier

\$1,500 annual maximum

Get rewarded for taking care of your smile.

Our Consumer MaxMultiplier® program rewards you for keeping up with your dental care by adding dollars to next year's annual maximum. And it's included as part of your dental plan.



Program highlights:



Earn award dollars for visiting your dentist at least once a year.¹



Your award dollars will help to pay for claims that go beyond your annual maximum.



Unused award dollars can roll over each year.



How your award dollars add up:

Here's an example of the award dollars you could earn if you visit your dentist at least once this year.



¹Also, if you have a Dental PPO plan and all claims are with network dentists, you'll earn an extra **\$100**.

Your award dollars will be added to next year's annual maximum to pay for qualifying claims.

CONTINUED

Program rules:

1. \$1,500 is the most award dollars that can be rolled over to the annual maximum. The total annual maximum cannot go above \$3,000.
2. If your plan has different annual network and out-of-network maximums, the award dollars will be based on the annual out-of-network maximum.
3. Award dollars can be used for claims filed up to 180 days after your benefit period ends.
4. Award dollars can be used for both network and out-of-network claims.
5. Award dollars do not apply to orthodontic services.
6. If you sign up for a UnitedHealthcare Dental PPO or Dental In-Network Only (INO) plan in the last three months of a benefit period, you will have to wait until the end of the first full month of the next benefit period to participate in this program.
7. If you end your coverage, but sign up again within six months with the same employer, you can keep your award balance as long as your employer still offers a dental plan with Consumer MaxMultiplier. If six months or more pass, you will lose the award balance.
8. If your employer decides to change your dental plan, your award balance will move with you as long as the new plan includes Consumer MaxMultiplier.



View your annual maximum balance on myuhc.com®



Questions? Call the number on the back of your ID card.



*You will not actually earn cash that you can access or withdraw. UnitedHealthcare adds the award dollars to your annual maximum for the following year and applies them to qualifying claims.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電

This program may not be available in all states. Components subject to change.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL06 TX, DPOL 12 TX and DPOL 12 TX (Rev. 9/16) and associated COC form numbers DCOC CER.06, DCOC CER.IND.12 TX and DCERT.IND.12 TX. Plans sold in Virginia use policy form number DPOL 06 VA with associated COC form number DCOC CER.06 VA and policy form number DPOL.12 VA with associated COC form number DCOC CER.12 VA.

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Broward County Government

<https://our.humana.com/broward-county/>



Humana



HumanaDental Prepaid HS195MB Plan

Florida

Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- No waiting periods
- No claims to file
- No annual maximums

Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **Humana.com**.

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Questions?

Check out Humana.com

Call 1-800-233-4013, Monday through
Friday, 8 a.m. to 6 p.m.
(TDD: 1-800-325-2025).

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.

HumanaDental Prepaid HS195MB Plan

The HumanaDental Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. HS plans copayments for listed procedures are applicable at either a participating general dentist or a participating specialist dentist.

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. Visit Humana.com to find a participating specialist.

Summary of services

Services marked with a single asterisk (*) below also require separate payment of laboratory charges, not to exceed \$200. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments		Member pays
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$ 15.00
D9430	Office visit (normal hours)	\$ 5.00
D9440	Office visit (after regularly scheduled hours)	\$ 35.00
D9986	Missed appointment	\$ 10.00
D9987	Cancelled appointment	\$ 10.00
D9999	Emergency visit during regular scheduled hours, by report	\$ 20.00
Diagnostic		Member pays
D0120	Periodic oral examination (limited to twice in any 12 calendar months)	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver ...	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval (limited to twice in any 12 calendar months)	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval	no charge
D0170	Re-evaluation—problem focused (not post-operative visit)	no charge
D0180	Limited/comprehensive/detailed and extensive oral eval (limited to twice in any 12 calendar months)	\$ 10.00
D0210	X-ray intraoral—complete series including bitewings (once per three calendar years)	no charge
D0220	X-ray intraoral—periapical, first radiographic image	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image	no charge
D0240	X-rays intraoral—occlusal radiographic image ..	no charge
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0270	X-ray bitewing—single radiographic image (limited to twice in any 12 calendar months) ...	no charge
D0272	X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months) ...	no charge
D0273	X-ray bitewings—three radiographic images (limited to twice in any 12 calendar months) ...	no charge
D0274	Bitewings—four radiographic images (limited to twice in any 12 calendar months)	no charge
D0277	X-ray bitewings, vertical—seven to eight radiographic images (limited to twice in any 12 calendar months)	no charge
D0330	Panoramic radiographic image (once per three calendar years)	no charge
D0350	Oral/facial photography images	no charge
D0415	Collect microorganisms culture & sensitivity	no charge
D0425	Caries susceptibility tests	no charge
D0431	Oral cancer screening using a special light source ...	no charge
D0460	Pulp vitality tests (not covered if a root canal is performed)	no charge
D0470	Diagnostic casts	no charge
D0472	Pathology report—gross examination of lesion ..	no charge
D0473	Pathology report—microscopic examination of lesion	no charge
D0474	Pathology report—microscopic examination of lesion and area	no charge
Preventive		Member pays
D1110	Prophylaxis—adult, (limited to three in any 12 calendar months, by primary care dentist)	no charge
D1111	Additional adult prophylaxis, with and without fluoride (maximum of two additional per year)	\$ 20.00
D1120	Prophylaxis—child (limited to three in any 12 calendar months, by primary care dentist)	no charge
D1121	Additional child prophylaxis, with or without fluoride (maximum of two additional per year)	\$20.00
D1206	Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months) ..	no charge
D1208	Topical application of fluoride—excluding varnish (limited to twice in any 12 calendar months) ...	no charge
D1310	Nutrition counseling for the control of dental disease	no charge

D1320	Tobacco counseling services for the control or prevention of oral disease	no charge
D1330	Oral hygiene instruction	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16)	\$ 10.00
D1510*	Space maintainer—fixed, unilateral (through age 14)	\$ 45.00
D1515*	Space maintainer—fixed, bilateral (through age 14)	\$ 45.00
D1520*	Space maintainer—removable, unilateral (through age 14)	\$ 85.00
D1525*	Space maintainer—removable, bilateral (through age 14)	\$ 85.00
D1550	Re-cement or re-bond space maintainer	\$ 10.00
D1555	Removal of fixed space maintainer	\$ 15.00
D1575	Distal shoe space maintainer—fixed—unilateral (through age 14; primary teeth only)	\$ 55.00

Restorative

Member pays

D2140	Amalgam—one surface, primary or permanent	no charge
D2150	Amalgam—two surfaces, primary or permanent	no charge
D2160	Amalgam—three surfaces, primary or permanent	no charge
D2161	Amalgam—four or more surfaces, primary or permanent	no charge
D2940	Protective restoration	\$ 15.00

Resin restorative

(inlays and onlays limited to one per tooth every five years)

Member pays

D2330	Resin based composite—one surface, anterior ..	\$ 35.00
D2331	Resin based composite—two surfaces, anterior ..	\$ 40.00
D2332	Resin based composite—three surfaces, anterior ..	\$ 50.00
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 70.00
D2390	Resin based composite crown, anterior	\$ 70.00
D2391	Resin based composite—one surface, posterior ..	\$ 60.00
D2392	Resin based composite—two surfaces, posterior ..	\$ 80.00
D2393	Resin based composite—three surfaces, posterior ..	\$ 100.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 120.00
D2510*	Inlay—metallic, one surface	\$ 95.00
D2520*	Inlay—metallic, two surfaces	\$ 105.00
D2530*	Inlay—metallic, three or more surfaces	\$ 130.00
D2542*	Onlay—metallic, two surfaces	\$ 230.00
D2543*	Onlay—metallic, three surfaces	\$ 230.00
D2544*	Onlay—metallic, four or more surfaces	\$ 230.00
D2610*	Inlay—porcelain/ceramic, one surface	\$ 230.00
D2620*	Inlay—porcelain/ceramic, two surfaces	\$ 230.00
D2630*	Inlay—porcelain/ceramic, three or more surfaces ..	\$ 230.00
D2642*	Onlay—porcelain/ceramic, two surfaces	\$ 230.00
D2643*	Onlay—porcelain/ceramic, three surfaces	\$ 230.00
D2644*	Onlay—porcelain/ceramic, four or more surfaces ..	\$ 230.00
D2650*	Inlay—resin based composite, one surface	\$ 230.00
D2651*	Inlay—resin based composite, two surfaces	\$ 230.00
D2652*	Inlay—resin based composite, three or more surfaces	\$ 230.00
D2662*	Onlay—resin based composite, two surfaces	\$ 230.00
D2663*	Onlay—resin based composite, three surfaces ..	\$ 230.00
D2664*	Onlay—resin based composite, four or more surfaces	\$ 230.00

Crown and bridge

(limited to one per tooth every five years)

Member pays

D2710*	Crown—resin based composite, indirect	\$ 230.00
D2712*	Crown—3/4 resin based composite, indirect	\$ 230.00

D2720*	Crown—resin with high noble metal	\$ 230.00
D2721	Crown—resin with predominantly base metal	\$ 230.00
D2722*	Crown—resin with noble metal	\$ 230.00
D2740*	Crown—porcelain/ceramic	\$ 280.00
D2750*	Crown—porcelain fused to high noble metal	\$ 280.00
D2751	Crown—porcelain fused to predominantly base metal	\$ 280.00
D2752*	Crown—porcelain fused to noble metal	\$ 280.00
D2780*	Crown—3/4 cast high noble metal	\$ 230.00
D2781	Crown—3/4 cast predominantly base metal	\$ 230.00
D2782*	Crown—3/4 cast noble metal	\$ 230.00
D2783*	Crown—3/4 porcelain/ceramic	\$ 230.00
D2790*	Crown—full cast high noble metal	\$ 280.00
D2791	Crown—full cast predominantly base metal	\$ 280.00
D2792*	Crown—full cast noble metal	\$ 280.00
D2794*	Crown—titanium	\$ 230.00
D2799	Provisional crown	no charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	\$ 15.00
D2929	Crown—Prefabricated porcelain/ceramic crown—primary tooth	\$ 75.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 75.00
D2931	Prefabricated stainless steel crown—permanent tooth	\$ 25.00
D2932	Prefabricated resin crown	\$ 35.00
D2933	Prefabricated stainless steel crown with resin window	\$ 35.00
D2950	Core buildup, including any pins	\$ 45.00
D2951	Pin retention—per tooth, in addition to restoration ..	\$ 15.00
D2952*	Cast post and core in addition to crown	\$ 90.00
D2953*	Each additional cast post—same tooth	\$ 90.00
D2954	Prefabricated post and core in addition to crown ..	\$ 90.00
D2955	Post removal (not in conjunction with endodontic therapy)	\$ 10.00
D2957	Each additional prefabricated post—same tooth, base metal post	\$ 30.00
D2960	Labial veneer (resin laminate)—chairside	\$ 250.00
D2961*	Labial veneer (resin laminate)—laboratory	\$ 300.00
D2962*	Labial veneer (porcelain laminate)—laboratory ..	\$ 280.00
D2970	Temporary crown (fractured tooth)	no charge
D2971	Additional procedure—new crown existing partial denture	\$ 50.00
D2980	Crown repair, necessitated by restorative material failure	no charge
D2981	Inlay repair, necessitated by restorative material failure	no charge
D2982	Onlay repair, necessitated by restorative material failure	no charge
D2983	Veneer repair, necessitated by restorative material failure	no charge
D6940	Stress breaker	\$ 110.00
D6950	Precision attachment, separate from prosthesis ..	\$ 195.00
D6980*	Fixed partial denture repair necessitated by restorative material failure	\$ 45.00

Prosthodontics (fixed)

(replacement limited to every five years, adjustments once per year)

Member pays

D6210*	Pontic—cast high noble metal	\$ 280.00
D6211	Pontic—cast predominantly base metal	\$ 280.00

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D6212*	Pontic—cast noble metal	\$280.00
D6240*	Pontic—porcelain fused to high noble metal	\$280.00
D6241	Pontic—porcelain fused to predominantly base metal	\$280.00
D6242*	Pontic—porcelain fused to noble metal	\$280.00
D6750*	Retainer crown—porcelain fused to high noble metal	\$280.00
D6751	Retainer crown—porcelain fused to predominantly base metal	\$280.00
D6752*	Retainer crown—porcelain fused to noble metal	\$280.00
D6790*	Retainer crown—full cast high noble metal	\$280.00
D6791	Retainer crown—full cast predominantly base metal	\$280.00
D6792*	Retainer crown—full cast noble metal	\$280.00
D6794*	Retainer crown—titanium	\$245.00
D6930	Re-cement or re-bond fixed partial denture (per unit)	\$ 10.00

Prosthodontics

(replacement limited to every five years) **Member pays**

D5110*	Complete denture—maxillary	\$300.00
D5120*	Complete denture—mandibular	\$300.00
D5130*	Immediate denture—maxillary	\$300.00
D5140*	Immediate denture—mandibular	\$300.00
D5211*	Maxillary partial denture—resin base (including any conventional clasps, rests and teeth)	\$300.00
D5212*	Mandibular partial denture—resin base (including any conventional clasps, rests and teeth)	\$300.00
D5213*	Maxillary partial denture—cast metal framework, resin denture bases (including any conventional clasps, rests and teeth)	\$300.00
D5214*	Mandibular partial denture—cast metal framework, resin denture bases (including any conventional clasps, rests and teeth)	\$300.00
D5221	Immediate maxillary partial denture—resin base (including any conventional clasps, rests and teeth)	\$210.00
D5222	Immediate mandibular partial denture—resin base (including any conventional clasps, rests and teeth)	\$210.00
D5223	Immediate maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$330.00
D5224	Immediate mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$330.00
D5225*	Maxillary partial denture—flexible (including clasps, rests and teeth)	\$365.00
D5226*	Mandibular partial denture—flexible (including clasps, rests and teeth)	\$365.00
D5281*	Removable unilateral partial denture—one piece cast metal (including clasps and teeth)	\$300.00
D5410	Adjust complete denture—maxillary	\$ 30.00
D5411	Adjust complete denture—mandibular	\$ 30.00
D5421	Adjust partial denture—maxillary	\$ 30.00
D5422	Adjust partial denture—mandibular	\$ 30.00
D5660*	Add clasp to existing partial denture—per tooth	\$ 35.00

Endodontics

(each procedure limited to once per tooth per life)

Member pays

D3110	Pulp cap—direct (excluding final restoration)	\$ 5.00
D3120	Pulp cap—indirect (excluding final restoration)	\$ 5.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$ 35.00

D3221	Pulpal debridement, primary and permanent teeth (Not to be used when root canal is done on the same day)	\$100.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	\$ 40.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	\$ 40.00
D3310	Root canal therapy—anterior tooth (excluding final restoration)	\$100.00
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$200.00
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$250.00
D3331	Treatment of root canal obstruction—non-surgical access	\$ 85.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth	\$ 96.00
D3333	Internal root repair of perforation defects	\$ 85.00
D3346	Retreatment of previous root canal therapy—anterior	\$180.00
D3347	Retreatment of previous root canal therapy—bicuspid	\$280.00
D3348	Retreatment of previous root canal therapy—molar	\$325.00
D3351	Apexification/recalcification—initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$ 70.00
D3352	Apexification/recalcification—interim medication replacement (includes any necessary radiographs)	\$ 70.00
D3353	Apexification/recalcification—final visit (includes any necessary radiographs)	\$ 70.00
D3410	Apicoectomy—anterior	\$125.00
D3421	Apicoectomy—premolar (first root)	\$ 95.00
D3425	Apicoectomy—molar (first root)	\$ 95.00
D3426	Apicoectomy—(each additional root)	\$ 60.00
D3430	Retrograde filling—per root	\$ 40.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	\$ 95.00
D3910	Surgical procedure to isolate tooth with rubber dam	\$ 19.00
D3920	Hemisection not included in root canal therapy	\$ 90.00
D3950	Canal preparation and fitting of preformed dowel or post	\$ 15.00

Periodontics (gum treatment)

Member pays

D4210	Gingivectomy/gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant	\$125.00
D4211	Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 40.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant	\$150.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant	\$113.00
D4245	Apically positioned flap	\$165.00
D4249	Clinical crown lengthening—hard tissue	\$120.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or tooth bounded spaces per quadrant	\$350.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant	\$350.00
D4263	Bone replacement graft—retained natural tooth—first site in quadrant	\$180.00

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D4264	Bone replacement graft—retained natural tooth—each additional site in quadrant	\$ 95.00
D4265	Biological materials which can aid soft and osseous tissue regeneration	\$ 95.00
D4266	Guided tissue regeneration—resorbable barrier, per site	\$215.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) ..	\$255.00
D4270	Pedicle soft tissue graft procedure	\$245.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$245.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$ 75.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$ 70.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$380.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$225.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft site	\$110.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) — each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 75.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) — each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$380.00
D4320	Provisional splinting—intracoronal	\$ 95.00
D4321	Provisional splinting—extracoronal	\$ 85.00
D4341	Periodontal scaling and root planing—four or more teeth per quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months)	\$ 50.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$ 50.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation (this service will reduce the number of cleanings available under D1110 and/or D1120)	\$ 50.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five years)	\$ 45.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)	\$ 45.00
D4910	Periodontal maintenance (covered only after active periodontal therapy) .	\$ 50.00

D4911	Additional periodontal maintenance procedures (beyond two per 12 months)	\$ 55.00
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Extractions/oral and maxillofacial surgery Member pays

D7111	Extraction, coronal remnants — primary tooth ...	no charge
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	no charge
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated ...	\$ 40.00
D7220	Removal of impacted tooth—soft tissue	\$ 50.00
D7230	Removal of impacted tooth—partially bony	\$ 70.00
D7240	Removal of impacted tooth—completely bony ..	\$ 85.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report	\$100.00
D7250	Surgical removal of residual tooth roots	\$ 35.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$ 50.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	\$ 85.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$ 90.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$ 90.00
D7285	Incisional biopsy of oral tissue—hard (bone, tooth) ..	no charge
D7286	Incisional biopsy of oral tissue—soft (all others) ..	no charge
D7287	Exfoliative cytological sample collection	\$ 50.00
D7288	Brush biopsy—transepithelial sample collection ..	\$ 50.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant	\$ 35.00
D7311	Alveoloplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant ..	\$ 35.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant	\$ 70.00
D7321	Alveoloplasty not in conjunction with extractions —one to three teeth or tooth spaces, per quadrant	\$ 70.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$ 80.00
D7472	Removal of torus palatinus	\$ 60.00
D7473	Removal of torus mandibularis	\$ 60.00
D7485	Reduction of osseous tuberosity	\$ 60.00
D7510	Incision and drainage of abscess— intraoral soft tissue	\$ 25.00
D7511	Incision and drainage of abscess— intraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	\$ 35.00
D7520	Incision and drainage of abscess—extraoral soft tissue	\$ 35.00
D7521	Incision and drainage of abscess—extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	\$ 35.00
D7910	Suture of recent small wounds up to 5 cm	\$ 25.00
D7960	Frenulectomy (frenectomy or frenotomy)— separate procedure	\$ 50.00
D7963	Frenuloplasty	\$ 50.00
D7970	Excision hyperplastic tissue—per arch	\$ 55.00
D7971	Excision of pericoronal gingiva	\$ 40.00

Repairs to prosthetics Member pays

D5511*	Repair broken complete denture base, mandibular	\$ 15.00
D5512*	Repair broken complete denture base, maxillary	\$ 15.00
D5520*	Replace missing or broken teeth—complete denture (each tooth)	\$ 15.00

Membership Advantages



Locations

For a list of branch locations,
please visit:
WeFloridaFinancial.com/Locations



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¹APR=Annual Percentage Rate. Rate presented is for a new boat, defined as previously untitled and for a well-qualified borrower who has a Premium membership for 10 years. Payment example: Estimated monthly payments on an 84 month boat loan at 3.39% APR = \$13.40 per \$1,000 borrowed. Other rates and terms are available if you apply and qualify. Loans will not be financed below our floor rate. ²During the deferred payment period, interest will continue to accrue on the deferred amount(s) and no late charge or penalty will be assessed. Refer to your GAP Policy for specific terms and conditions on your GAP coverage. Offer/rates may change at any time. We Florida Financial membership is required.

We Fly

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Home Sweet Loan

(continued from front)

¹APR=Annual Percentage Rate. Rate presented is for a well-qualified borrower. Payment example: Estimated monthly payments on a 60 month fixed home equity loan at 2.99% APR = \$17.97 per \$1,000 borrowed. Loan terms and conditions depend on credit qualifications and approval. Other conditions may apply. Maximum combined loan to value (LTV) cannot exceed 70%. Other rates and terms are available if you apply and qualify. Loans will not be financed below our floor rate. We Florida Financial NMLS ID 705683. Consult your tax advisor regarding interest deductibility. ²Estimate of customary fees imposed/charged by the credit union or third parties is up to \$2,900; We Florida Financial pays these costs, provided the loan is not paid off within 24 months. Offer/rates may change at any time. We Florida Financial membership is required.



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Membership is required. Membership is open to individuals or to businesses located in 46 Florida counties. Members must open and maintain a savings account with a minimum balance of \$5 for the duration of their membership.



Federally insured by NCUA



D5611*	Repair resin partial denture base, mandibular	\$ 15.00
D5612*	Repair resin partial denture base, maxillary	\$ 15.00
D5621*	Repair cast partial framework, mandibular	\$ 30.00
D5622*	Repair cast partial framework, maxillary	\$ 30.00
D5630*	Repair or replace broken clasp—per tooth	\$ 15.00
D5640*	Replace broken teeth—per tooth	\$ 15.00
D5650*	Add tooth to existing partial denture	\$ 30.00
D5670*	Replace all teeth and acrylic on cast metal framework—maxillary	\$165.00
D5671*	Replace all teeth and acrylic on cast metal framework—mandibular	\$165.00
D5710*	Rebase complete maxillary denture	\$ 75.00
D5711*	Rebase complete mandibular denture	\$ 75.00
D5720*	Rebase maxillary partial denture	\$ 75.00
D5721*	Rebase mandibular partial denture	\$ 75.00
D5730	Reline complete maxillary denture (chairside)	\$ 50.00
D5731	Reline complete mandibular denture (chairside)	\$ 50.00
D5740	Reline maxillary partial denture (chairside)	\$ 50.00
D5741	Reline mandibular partial denture (chairside)	\$ 50.00
D5750*	Reline complete maxillary denture (laboratory)	\$ 35.00
D5751*	Reline complete mandibular denture (laboratory)	\$ 35.00
D5760*	Reline maxillary partial denture (laboratory)	\$ 35.00
D5761*	Reline mandibular partial denture (laboratory)	\$ 85.00
D5810*	Interim complete denture (maxillary)	\$230.00
D5811*	Interim complete denture (mandibular)	\$230.00
D5820*	Interim partial denture (maxillary)	\$ 60.00
D5821*	Interim partial denture (mandibular)	\$ 60.00
D5850	Tissue conditioning, maxillary	\$ 30.00
D5851	Tissue conditioning, mandibular	\$ 30.00
D5862*	Precision attachment, by report	\$160.00
D6214*	Pontic titanium	\$230.00
D6245*	Pontic—porcelain/ceramic	\$230.00
D6250*	Pontic—resin with high noble metal	\$230.00
D6251	Pontic—resin with predominantly base metal	\$230.00
D6252*	Pontic—resin with noble metal	\$230.00
D6253*	Provisional pontic	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$200.00
D6549	Resin retainer—for resin bonded fixed prosthesis	\$200.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	\$230.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces	\$230.00
D6602*	Retainer inlay—cast high noble metal, two surfaces	\$230.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces	\$230.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces	\$230.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces	\$230.00
D6606*	Retainer inlay—cast noble metal, two surfaces	\$230.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces	\$230.00
D6608*	Retainer onlay—porcelain/ceramic, two surfaces	\$230.00
D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces	\$230.00
D6610*	Retainer onlay—cast high noble metal, two surfaces	\$230.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces	\$230.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces	\$230.00

D6613	Retainer onlay—cast predominantly base metal, three or more surfaces	\$230.00
D6614*	Retainer onlay—cast noble metal, two surfaces	\$230.00
D6615*	Retainer onlay—cast noble metal, three or more surfaces	\$230.00
D6710*	Retainer crown—indirect resin based composition	\$230.00
D6720*	Retainer crown—resin with high noble metal	\$230.00
D6721	Retainer crown—resin with predominantly base metal	\$230.00
D6722*	Retainer crown—resin with noble metal	\$230.00
D6740*	Retainer crown—porcelain/ceramic	\$230.00
D6780*	Retainer crown—3/4 cast high noble metal	\$230.00
D6781	Retainer crown—3/4 cast predominantly base metal	\$230.00
D6782*	Retainer crown—3/4 cast noble metal	\$230.00
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	\$230.00

Adjuvative general service

Member pays

D9110	Palliative (emergency) treatment of dental pain—minor procedure	\$ 10.00
D9120	Fixed partial denture sectioning	no charge
D9210	Local anesthesia not in conjunction with operative or surgical procedures	no charge
D9211	Regional block anesthesia	no charge
D9212	Trigeminal division block anesthesia	no charge
D9215	Local anesthesia in conjunction with operative or surgical procedures	no charge
D9222	Deep sedation/general anesthesia—first 15 minutes	\$ 75.00
D9223	Deep sedation/general anesthesia—each subsequent 15 minute increment	\$ 64.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$ 15.00
D9239	Intravenous moderate (conscious) sedation/analgesia—first 15 minutes	\$ 75.00
D9243	Intravenous moderate (conscious) sedation/analgesia—each subsequent 15 minute increment	\$ 64.00
D9248	Non-intravenous conscious sedation	\$ 15.00
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9610	Non-intravenous conscious sedation	\$ 15.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$ 25.00
D9630	Other drugs and/or medicaments, by report	\$ 15.00
D9910	Application of desensitizing medicament	\$ 15.00
D9940	Occlusal guard, by report	\$ 85.00
D9942	Repair and/or reline of occlusal guard	\$ 40.00
D9951	Occlusal adjustment—limited	\$ 25.00
D9952	Occlusal adjustment—complete	\$150.00

Bleaching

Member pays

D9972	External bleaching in office—per arch	\$125.00
D9975	External bleaching in home—per arch	\$125.00

Orthodontics

Member pays

D8070	Comprehensive orthodontic treatment of the transitional dentition	\$ 1,800.00
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/treatment planning	\$ 250.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$ 1,800.00
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/treatment planning	\$ 250.00

D8090	Comprehensive orthodontic treatment of the adult dentition.....	\$ 2,000.00
D8680	Orthodontic retention	\$ 450.00
D8693	Re-cement or re-bond fixed retainer	no charge

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit.
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at Disclosure.Humana.com.

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Offered by CompBenefits Company.

Humana

Humana.com



FLHK7F8EN

Schedule of benefits

Florida: HS195MB

Implants Services:

Implants and implant supported prostheses are covered with a 50% copayment up to an annual maximum benefit of \$1,500 and a \$10,000 lifetime maximum benefit. The Member is responsible for payment of the copayment and any amounts in excess of the annual maximum benefit. No benefits for implants and implant supported prostheses are available after the lifetime maximum is met.

Implants and implant supported prostheses covered under this plan are limited to the replacement of permanent teeth extracted while covered under this plan, or for replacement of a prior prosthesis if it has been at least five years since the prior insertion, and is not, and cannot be made serviceable.

NOTE:

1. Not all Participating Dentists perform all listed procedures, including amalgams. Please consult Your dentist prior to treatment for availability of services.
2. Some Covered Dental Care Services are typically only offered by a specialist (like many oral surgery procedures).
3. When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit.
4. Additional exclusions and limitations are listed along with full plan information in your Certificate of Dental Benefits.
5. Copayment amounts for listed procedures are applicable at either the Participating General Dentist or Participating Specialist. Specialist services are only available in areas where the dental plan has a Participating Specialist.

Humana

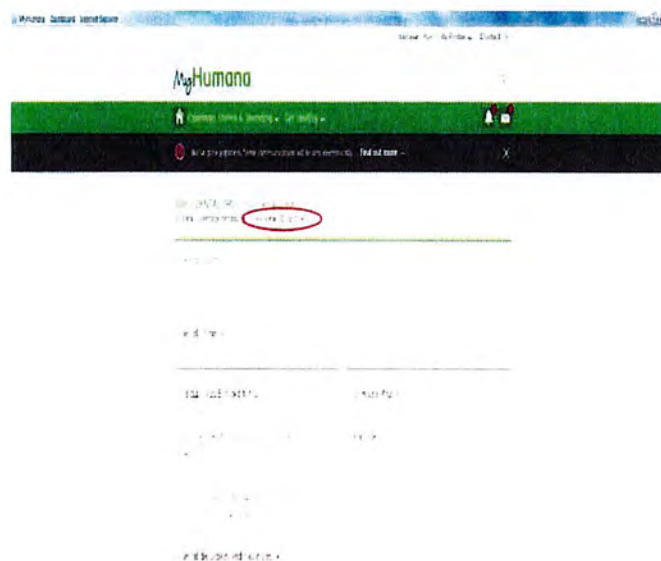
FLHKKS3EN

How to view a copy of your dental identification (ID) card

You will have access to view and print your dental ID cards via the website or mobile app within 10 working days of enrollment.

Here's how

- Go to **Humana.com** and sign in/register for MyHumana (Have your Humana member ID or Social Security number available)
- Click "Access your ID Card" under "Tools & forms" in the lower right of your MyHumana home page or in the page's footer under "Tools & Resources"
- A new window will appear with links to the ID card or proof of coverage
- Print if desired.



Call Customer Care at **1-866-4ASSIST**
(1-866-427-7478) for assistance or
more information

Humana

Humana.com

Pre-Determination of Your HumanaDental Benefits

- If you expect to pay more than \$300 for dental care, your dentist may submit a proposed dental treatment plan that Humana will use to determine if your dental benefits cover the treatment.
- This is known as a “predetermination of benefits” (also called “prior authorization”)
- The dental treatment plan may include:
 - A list of services to be performed, including any supporting documentation
 - A written description from the dentist of the treatment
 - An itemized list of costs
- **Please note:** With limited exceptions, predetermination of benefits must be granted before the service is provided. It will remain valid for up to 90 days after the review, and is not a guarantee of what we will pay toward the treatment.



Relationships are built on trust. Respect for an individual's privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana's Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you'd like a copy of Humana's Notice of Privacy Practices, you can request a copy by:

- Visiting **Humana.com** and clicking the Privacy Practices link at the bottom of the home page
- E-mailing us at privacyoffice@humana.com
- Sending a written request to:
Humana Privacy Office
P.O. Box 1438
Louisville, KY 40202

Humana Special Discounts Program

The goal is to help you achieve lifelong well-being through a balanced sense of purpose, belonging, health and security.

Your wellness is Humana's business

To make it easier and more affordable to take better care of yourself, Humana offers the Special Discounts Program. This isn't an insurance plan. It's a discount program to strengthen your personal well-being and enrich your life. As a Humana member, you have access to this valuable program.

Humana's Special Discounts Program can help you look and feel your very best by giving you more choices and savings for health and wellness procedures.

All discounts are available to Humana group members at the time of service with unlimited usage.



To access Humana's Special Discounts Program, sign in to **MyHumana.com**, go to the "Coverage" tab at the top and scroll down to Special Discounts.



Weight loss

Nutrisystem provides unique solutions for weight loss and weight management by delivering delicious, portion-controlled meals directly to the home. Members will receive a 50% discount off every Nutrisystem plan, seven free high-protein shakes, and free shipping on all orders.



Lasik

Experience the benefits of Lasik and save. With nearly 600 locations nationwide, members may choose any in-network provider and receive these discounts: 15% off standard prices or 5% off promotional prices. Extra member value—having performed over 1 million procedures nationwide, LasikPlus® is the featured network provider and offers members:

- Special set prices
- Free Lasik exam (save more than \$100)
- Financing options
- Multiple technologies (100% bladeless procedures)
- Free enhancements for life on most procedures



Teeth whitening

Smile big and proud with a fresh set of pearly whites. Humana teamed up with ProSmileUSA™ to offer up to 70% off teeth whitening. Just go online and order the ProSmileUSA state-of-the-art whitening system. You'll be on your way to glimmering teeth. ProSmileUSA, a division of United Networks of America, is a national dental lab that specializes in Hi-Intensity™, competitive strength, professional teeth bleaching.

Humana

Aflac

Short-Term Disability Insurance

We've been dedicated to helping provide
peace of mind and financial security
for more than 60 years.



THE INSURANCE POLICY DESCRIBED HEREIN PAYS BENEFITS FOR SHORT-TERM DISABILITY CAUSED BY SICKNESS OR OFF-THE-JOB INJURY. THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Aflac Choice

HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

We've been dedicated to helping provide
peace of mind and financial security
for more than 60 years.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Aflac Cancer Protection Assurance

CANCER INDEMNITY INSURANCE – OPTION 2

We've been dedicated to helping provide
peace of mind and financial security
for more than 60 years.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Aflac

Critical Care Protection

SPECIFIED HEALTH EVENT INSURANCE – OPTION 3

We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Aflac

Accident Advantage

ACCIDENT-ONLY INSURANCE – OPTION 4

We've been dedicated to helping provide
peace of mind and financial security
for more than 60 years.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

AFLAC PLUS RIDER

OPTIONAL LUMP SUM CRITICAL ILLNESS BENEFIT RIDER

Rider Series CIRIDER



Boost your protection with the Aflac Plus Rider

Like many people, you probably have insurance to cover auto accidents, fires, burglaries, and standard hospital bills. But what would happen to your family's finances if you experienced a catastrophic event, such as a heart attack, stroke, advanced Alzheimer's disease, or advanced Parkinson's disease—an event that knocked you off your feet? Even a severe case of COVID, flu or pneumonia and accompanying costs could change your life forever.

The Aflac Plus Rider can help. This rider can be attached to select policies, further boosting your benefits. The Aflac Plus Rider pays a specific benefit amount when you are diagnosed with a covered event. You can use the cash to help pay out-of-pocket expenses, such as utility bills, car payments, and mortgage or rent payments. **For a list of policies the Aflac Plus Rider can be added to, please contact your Aflac insurance agent/producer.**

How it works

AFLAC PLUS RIDER OPTIONAL LUMP SUM CRITICAL ILLNESS BENEFIT RIDER

**BASE AFLAC
POLICY
IS APPLIED FOR.**



**AFLAC PLUS RIDER COVERAGE IS ADDED
TO ENHANCE BASE BENEFITS.**



**POLICYHOLDER IS DIAGNOSED WITH A
HEART ATTACK.**

**AFLAC PLUS RIDER
COVERAGE PROVIDES THE FOLLOWING:**

\$5,000

The above example is based on a scenario for Aflac Lump Sum Critical Illness Benefit Rider that includes the following benefit conditions: Heart Attack (Critical Illness Event Benefit) of \$5,000. The Critical Illness Event Benefit pays \$5,000 for a covered critical illness event.

Benefits and/or premiums may vary based on state. The rider has limitations, exclusions and pre-existing conditions limitations 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 and rider for complete benefit details, definitions, limitations and exclusions.

Aflac herein means American Family Life Assurance Company of Columbus.

Aflac Plus Rider Benefit Overview

BENEFIT:

DESCRIPTION:

CRITICAL ILLNESS EVENT BENEFIT

\$5,000 upon a covered person's onset date of one of the following:

1. Heart Attack
2. Stroke
3. Coma
4. Paralysis
5. Type 1 Diabetes
6. Traumatic Brain Injury
7. Advanced Alzheimer's Disease
8. Advanced Parkinson's Disease
9. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease)
10. Loss of Independence
11. Sustained Multiple Sclerosis
12. Permanent Loss of Sight
13. Permanent Loss of Hearing
14. Permanent Loss of Speech
15. Sudden Cardiac Arrest

This benefit is payable once per covered person, per lifetime.

SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT

\$2,500 upon a covered person's onset date of:

- a recurrence of that **same** Critical Illness Event, or
- an occurrence of a **different** Critical Illness Event.

This benefit is not payable on the same day as the Critical Illness Event Benefit.

CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT

\$1,250 when a covered person undergoes Coronary Artery Bypass Graft Surgery.

This benefit is payable once per covered person, per lifetime.

CRITICAL VIRAL/ BACTERIAL ILLNESS EVENT BENEFIT

Pays the highest applicable benefit amount listed per period of hospital confinement or period of intensive care unit confinement upon a covered person's onset date of the following:

- | | |
|----------------------|--------------|
| 1. Human Coronavirus | 4. Pneumonia |
| 2. Bird Flu/H5N1 | 5. Ebola |
| 3. Influenza | |

Benefit amounts:

Hospital confinement 4-9 days	\$1,250
Hospital confinement 10 days or more	\$3,125
Intensive care unit confinement	\$5,000

Maximum amount payable per 180 days is \$5,000.

Career Source Broward

Benefit Information Prepared For
All Eligible Employees



- > Life / AD&D
- > Voluntary Life / AD&D
- > Voluntary Short Term Disability
- > Long Term Disability
- > Employee Assistance Program
- > Worldwide Travel Assistance
- > Will Preparation Services
- > Online EOI Instructions



Prepared 11/11/22

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Mutual of Omaha Insurance Company is licensed nationwide. Affiliates: United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha Life Insurance Company is licensed nationwide, except New York. Companion Life Insurance Company, 425 Broadhollow Road, Second Floor Melville, NY 11747. Companion Life Insurance Company is licensed in New York.

Each company is solely responsible for its own contractual and financial obligations. Products not available in all states. Some exclusions, limitations and reductions may apply.

460838



United of Omaha Life
Insurance Company
A Mutual of Omaha Company



Term Life Insurance

FOR EMPLOYEES OF CAREER SOURCE BROWARD

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.

BENEFITS

Life Insurance Benefit Amount	For You: An amount equal to 1 times your annual salary, but in no event less than \$10,000 or more than \$250,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.

FEATURES

Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$200,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Childcare - Child Education - Seat Belt - Airbag - Common Carrier - Paralysis - Coma
Portability	Allows you to continue this insurance program should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

SERVICES

Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Employee Assistance Program (EAP)	Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at www.mutualofomaha.com/eap . Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career.

Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 40%
- At age 75, amounts reduce to 25%

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

› Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 65, amounts reduce to 65%
 - At age 70, amounts reduce to 40%
 - At age 75, amounts reduce to 25%
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.

TERM LIFE INSURANCE





United of Omaha Life
Insurance Company
A Mutual of Omaha Company



Voluntary Term Life Insurance

FOR EMPLOYEES OF CAREER SOURCE BROWARD

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
For You	\$10,000	1 times annual salary, up to \$100,000	\$400,000, in increments of \$10,000, but no more than 1 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$10,000	100% of employee's benefit, up to \$200,000
Children	\$10,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below, Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS

Life Insurance Benefit Amount	Within the coverage guidelines defined above, you select the amount of life insurance coverage you want. This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26. In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit. AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.

FEATURES

Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$320,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.

Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.

4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 34	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62	\$1.94	\$2.26	\$2.58	\$2.91	\$3.23
35 - 39	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
40 - 44	\$0.78	\$1.57	\$2.35	\$3.14	\$3.92	\$4.71	\$5.49	\$6.28	\$7.06	\$7.85
45 - 49	\$1.15	\$2.31	\$3.46	\$4.62	\$5.77	\$6.92	\$8.08	\$9.23	\$10.38	\$11.54
50 - 54	\$1.71	\$3.42	\$5.12	\$6.83	\$8.54	\$10.25	\$11.95	\$13.66	\$15.37	\$17.08
55 - 59	\$2.72	\$5.45	\$8.17	\$10.89	\$13.62	\$16.34	\$19.06	\$21.78	\$24.51	\$27.23
60 - 64	\$4.20	\$8.40	\$12.60	\$16.80	\$21.00	\$25.20	\$29.40	\$33.60	\$37.80	\$42.00
65+	\$7.02	\$14.03	\$21.05	\$28.06	\$35.08	\$42.09	\$49.11	\$56.12	\$63.14	\$70.15

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's rate is based on your age, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 34	\$0.16	\$0.32	\$0.48	\$0.65	\$0.81	\$0.97	\$1.13	\$1.29	\$1.45	\$1.62
35 - 39	\$0.23	\$0.46	\$0.69	\$0.92	\$1.15	\$1.38	\$1.62	\$1.85	\$2.08	\$2.31
40 - 44	\$0.39	\$0.78	\$1.18	\$1.57	\$1.96	\$2.35	\$2.75	\$3.14	\$3.53	\$3.92
45 - 49	\$0.58	\$1.15	\$1.73	\$2.31	\$2.88	\$3.46	\$4.04	\$4.62	\$5.19	\$5.77
50 - 54	\$0.85	\$1.71	\$2.56	\$3.42	\$4.27	\$5.12	\$5.98	\$6.83	\$7.68	\$8.54
55 - 59	\$1.36	\$2.72	\$4.08	\$5.45	\$6.81	\$8.17	\$9.53	\$10.89	\$12.25	\$13.62
60 - 64	\$2.10	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60	\$14.70	\$16.80	\$18.90	\$21.00
65 - 69	\$3.51	\$7.02	\$10.52	\$14.03	\$17.54	\$21.05	\$24.55	\$28.06	\$31.57	\$35.08

ALL CHILDREN PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)*	
\$10,000	\$0.83

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 65, amounts reduce to 65%
 - At age 70, amounts reduce to 40%
 - At age 75, amounts reduce to 25%
- Spouse coverage terminates when you reach age 70.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.

VOLUNTARY TERM LIFE INSURANCE





United of Omaha Life
Insurance Company
A Mutual of Omaha Company



Voluntary Short-Term Disability Insurance

FOR EMPLOYEES OF CAREER SOURCE BROWARD

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.

BENEFITS

Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: • On the day of your disabling injury. • On the 8th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 9 weeks
Maximum Weekly Benefit	\$1,250
Minimum Weekly Benefit	\$10
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.

DEFINITIONS

Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.

FEATURES

Voluntary Vocational Rehabilitation Benefit	If you become disabled and choose to participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 10%.
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Portability	The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.
Reasonable Accommodation	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

BI-WEEKLY PREMIUM CALCULATION		EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i>
List your weekly earnings (Maximum is \$2,083.33)	\$ _____	\$ <u>769.23</u>
Multiply by the premium factor	<u>0.0063692</u>	<u>0.0063692</u>
Your Estimated Bi-Weekly Premium**	\$ _____	\$ <u>4.90</u>

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

› Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
 - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a failed drug test
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you have the right to port your coverage to a group trust plan, subject to certain conditions.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP.





United of Omaha Life
Insurance Company
A Mutual of Omaha Company



Long-Term Disability Insurance

FOR EMPLOYEES OF CAREER SOURCE BROWARD

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.

BENEFITS

Elimination Period	Your benefits begin on the later of 60 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.
Maximum Monthly Benefit	\$6,000
Minimum Monthly Benefit	\$100
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits.

DEFINITIONS

Own Occupation	2 Years
Own Occupation Earnings Test	99% during your Own Occupation period, then 85% thereafter.
Definition of Monthly Earnings	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.

FEATURES

Voluntary Vocational Rehabilitation Benefit	If you become disabled and choose to participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 10%.
Survivor Benefit	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.
Reasonable Accommodation	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.

› Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months per occurrence.
- Disabilities related to mental disorders are only payable for up to 24 months per occurrence.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Results from alcohol and drug abuse and/or substance abuse, except as noted above
 - Results from a mental disorder, except as noted above
 - Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a failed drug test
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP.



Employee Assistance Program

Available Services When You Need Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: 1-800-316-2796

Enhanced EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	- An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments - Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters - Access to subject matter experts in the field of EAP service delivery
Counseling Options	Three sessions per year (per household) conducted by either face-to-face* counseling or video telehealth via a secure, HIPAA compliant portal
Exclusive Provider Network	- National network of more than 10,000 licensed clinical providers - Network continually expanding to meet customer needs - Flexibility to meet individual client/member needs

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.

Continued on back.



Enhanced EAP Services *(continued)*

Features	Value to Company and Employees
Access	1-800 hotline with direct access to a Master's level EAP professional 24/7/365 services available - Telephone support available in more than 120 languages - Online submission form available for EAP service requests - EAP professionals will help members develop a plan and identify resources to meet their individual needs
Employee Family Legal Services	- Valuable resources – legal libraries, tools and forms – available on EAP website - A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney 25% discount for ongoing legal services for same issue
Employee Family Financial Services	- Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health - A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney 25% discount for ongoing financial services for same issue
Employee Family Work/Life Services	- Child care resources and referrals - Elder care resources and referrals
Online Services	- An inclusive website with resources and links for additional assistance, including: - Current events and resources - Family and relationships - Emotional well-being - Financial wellness - Substance abuse and addiction - Bilingual article library - Legal assistance - Physical well-being - Work and career
Employee Communication	All materials available in English and Spanish
Eligibility	Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Mutual Solutions

Worldwide Travel Assistance That Travels With You



Take comfort in knowing that Travel Assistance* travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

Enjoy Your Trip – We'll Be There If You Need Us – 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

Pre-trip Assistance**

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

*Brought to you by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Services provided by AXA Assistance USA (AXA)

**Available at any time, not subject to 100 mile travel radius

452632

Emergency Travel Support Services

- Telephonic translation and interpreter services – 24/7 access to telephone translation services
- Locating legal services – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- Baggage – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Emergency payment and cash – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- Emergency messages – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- Document replacement – coordination of credit card, airline ticket or other documentation replacement
- Vehicle return – if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company



WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the U.S. call toll free:

1-800-856-9947

Outside the U.S. call collect:

(312) 935-3658



WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the U.S. call toll free:

1-800-856-9947

Outside the U.S. call collect:

(312) 935-3658

Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

Identity Theft

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

Education and Prevention

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

Recovery Information

- Information regarding the steps to recover from credit card and check fraud

- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

Assistance

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

Travel Assistance Plan Limitations

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- A single trip lasts more than 120 days in length
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

There is a maximum benefit amount per person associated with emergency evacuation, medical repatriation and/or return of mortal remains.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha companies. Each company is responsible for its own financial and contractual obligations. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation. Both companies are responsible for their own contractual and financial obligations.



Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA.



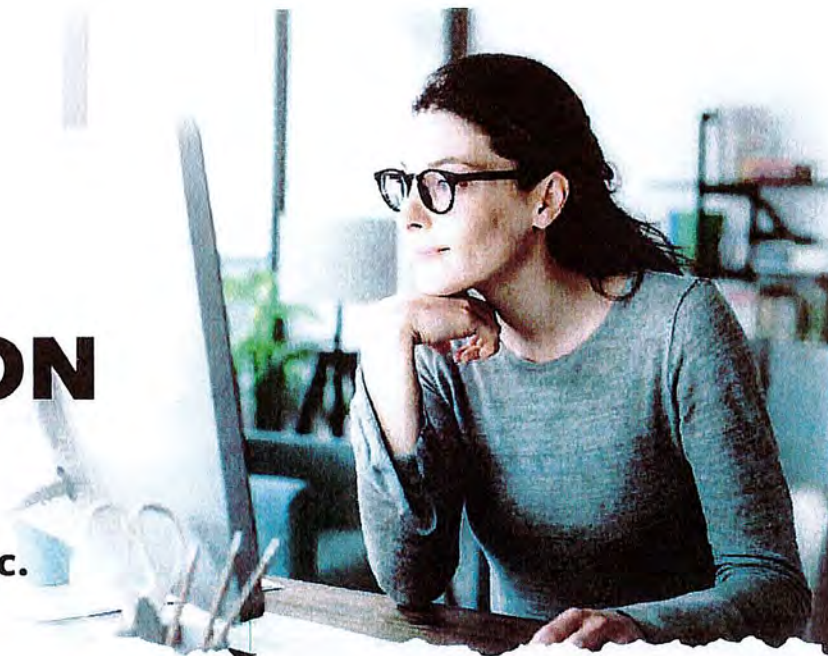
Carry this card with you
when you travel

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Services provided by AXA Assistance USA.

MUTUAL
SOLUTIONS

WILL PREPARATION SERVICES

Services provided by Epoq, Inc.



Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Living Will and Trust
- Power of Attorney
- Healthcare Directive
- Pour-Over Will
- Last Will and Testament

Here's how it works:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer the simple questions from any device and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements

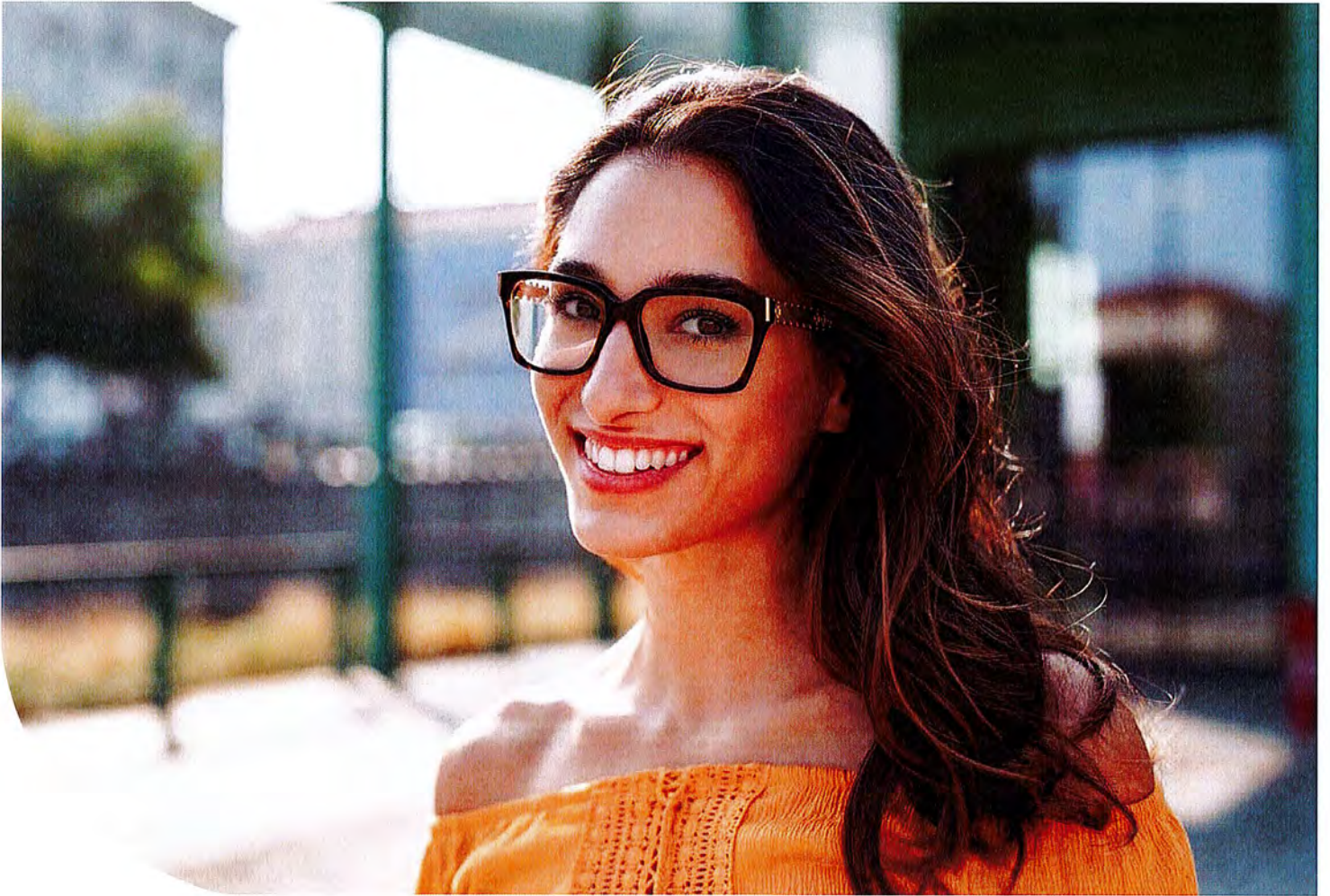
Create your will at www.willprepservices.com
and use the code **MUTUALWILLS** to register



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Will and other document preparation services are independently offered by Epoq, Inc. (Epoq) and are subject to its terms of service and privacy policy. Epoq is an online service that provides certain legal forms and legal information. Epoq is not a law firm and is not a substitute for an attorney's advice. United of Omaha Life Insurance Company and Epoq are independent, unaffiliated companies. Although United of Omaha Life Insurance Company make Epoq's services available to group life insurance customers, the use of Epoq's services is entirely voluntary. United of Omaha Life Insurance Company does not provide, is not responsible for, does not assume any financial liability for and does not guarantee the accuracy, adequacy or results of any service, advice or documents provided by Epoq. United of Omaha Life Insurance Company also is not responsible and does not assume liability for any disclosure of personal data or information by Epoq. These services are only available to group life insurance customers of United of Omaha Life Insurance Company. This service is not available in New York.

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Humana Vision plan

Broward County BOCC

Summary of benefits

Vision member services

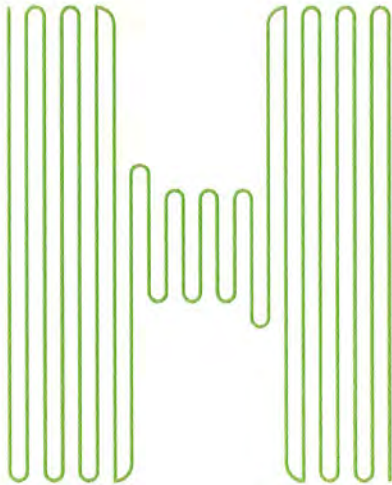
☎ 877-398-2980

Humana®





Welcome to Humana



At Humana, we want to help take care of you — with benefits that make it easy for you to get the care you need, when you need it. With plan options designed to fit your vision health and wellness needs, your care is always at the core of what we do.

Review the information in this guide to see the benefits available to you.

Vision care services

If you use an
IN-NETWORK provider
(Member cost)

If you use an
OUT-OF-NETWORK provider
(Reimbursement)

Exam with dilation as necessary

- Retinal imaging¹

\$10
Up to \$39

Up to \$50
Not covered

Contact lens exam options²

- Standard contact lens fit and follow-up
- Premium contact lens fit and follow-up

\$0
10% off retail

Not covered
Not covered

Frames³

\$230 allowance
20% off balance over \$230

\$80 allowance

Standard plastic lenses⁴

- Single vision
- Bifocal
- Trifocal
- Lenticular

\$15
\$15
\$15
\$15

Up to \$50
Up to \$75
Up to \$100
Up to \$125

Covered lens options⁴

- UV coating
- Tint (solid and gradient)
- Standard scratch-resistance
- Standard polycarbonate - adults
- Standard polycarbonate - children <19
- Standard anti-reflective coating
- Premium anti-reflective coating
 - Tier 1
 - Tier 2
 - Tier 3
- Standard progressive (add-on to bifocal)
- Premium progressive
 - Tier 1
 - Tier 2
 - Tier 3
 - Tier 4
- Photochromatic / plastic transitions
- Polarized

\$15
\$13
\$0
\$0
\$0
\$40
Premium anti-reflective coatings as follows:
\$57
\$68
80% of charge
\$0
Premium progressives as follows:
\$0
\$120
\$135
\$90 copay, 80% of charge less \$120 allowance
\$50
20% off retail

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered
Premium anti-reflective coatings as follows:
Not covered
Not covered
Not covered
Up to \$50
Premium progressives as follows:
Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

Contact lenses

(applies to materials only)

- Conventional
- Disposable
- Medically necessary

\$130 allowance
15% off balance over \$130
\$130 allowance
\$0

\$115 allowance
\$115 allowance
\$210 allowance

Vision care services

If you use an
IN-NETWORK provider
(Member cost)

If you use an
OUT-OF-NETWORK provider
(Reimbursement)

Frequency

• Examination	Once every calendar year	Once every calendar year
• Lenses or contact lenses	Once every calendar year	Once every calendar year
• Frame	Once every calendar year	Once every calendar year

Diabetic Eye Care: care and testing for diabetic members

• Examination	\$0	Up to \$77
- Up to (2) services per calendar year		
• Retinal Imaging	\$0	Up to \$50
- Up to (2) services per calendar year		
• Extended Ophthalmoscopy	\$0	Up to \$15
- Up to (2) services per calendar year		
• Gonioscopy	\$0	Up to \$15
- Up to (2) services per calendar year		
• Scanning Laser	\$0	Up to \$33
- Up to (2) services per calendar year		

¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

² Premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³ Discounts available on all frames except when prohibited by the manufacturer.

⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.¹

¹ Thompson Media Inc.



Questions?

Check out **Humana.com**

Call 1-866-995-9316 seven days a week:
8 a.m. to 6 p.m. Eastern Time
Monday through Saturday, and
11 a.m. to 8 p.m. Sunday.



Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthesiologist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York. In Arizona, group vision plans insured by Humana Insurance Company. In New Mexico, group vision plans insured by Humana Insurance Company.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.



Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

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Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

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Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

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العربية (Arabic)

GCHJV5REN 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

See the bottom line ahead of time

Try our Know Before You Go out-of-pocket cost estimator

Humana Vision members have access to an out-of-pocket cost estimator tool, which can be accessed from MyHumana online or the MyHumana mobile app.

The **Know Before You Go** cost estimator tool boosts member confidence by explaining the different types of contact and eyeglass lenses, lens materials and frame categories.

Using this tool, you can receive estimated total costs ahead of time, so there are fewer surprises when it's time to pay the provider. That's what we call human care.

Here's how to view your estimated total cost in three easy steps:

- 1 Sign in to MyHumana at [Humana.com](https://www.humana.com), select the "Vision" tab, then select "Humana Vision".
- 2 Select the "Estimate Costs" tab.
- 3 Complete the Know Before You Go out-of-pocket cost estimator.



Many members often have no out-of-pocket costs beyond their copays, but you can feel better prepared for your visit by estimating costs ahead of time.



Humana®

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

Vision discounts to help members see a complete picture

Humana knows that good vision health is important to overall health. That's why we're committed to making sure that members get the most value from their vision benefits.

Humana is making it easier to control out-of-pocket costs with discounts and rebates. We're looking out for our members with everything you'd expect from a vision plan, plus more. That's what we call human care.



Vision plan members can learn about and access all the discounts available to you, go to **Humana.com** and sign in. Select Vision, then select Humana vision, then select Special offers.



A vast network

Our network consists of private practitioners including ophthalmologists and optometrists, LensCrafters, Target Optical and Pearle Vision; as well as online, in-network options, such as www.lenscrafters.com, www.glasses.com, www.contactsdirect.com and www.ray-ban.com.



Special offers

Examples of currently available special offers* are listed below. New and updated offers are added quarterly and annually.

- **LASIK** – \$800 off LASIK, with the Wavelight Laser, at LasikPlus Vision Centers.
- **Target Optical** – Additional \$25 off when using vision insurance at Target Optical.
- **Pearle Vision** – \$25 toward your purchase of a complete pair of glasses or Rx sunglasses. Can be combined with vision benefits or select offers.

Humana

GCHL5RCEN 0822



- **Sunglass Hut** – \$20 off any purchase or \$50 off purchase of \$200 or more from Sunglass Hut.
- **www.Glasses.com** – Get \$50 off any non-prescription pair of designer sunglasses above \$200, or \$20 off any other non-prescription pair of sunglasses below \$200.
- **www.ContactsDirect.com** – Get 10% off your contact lens purchase, plus free shipping at ContactsDirect.com.
- **Special pricing, lens cleaners, Croakies retainers, child and adult cases** – Special member pricing on lens cleaners, Croakies retainers, child and adult cases.
- **Prescription glasses** – 40% off second pair of prescription glasses from participating in-network providers.*
- **Sunglasses** – 20% off non-Rx sunglasses from participating in-network providers.*
- **Frames, lenses or lens options** – 20% off after coverage has reached its maximum for frames, lenses, or lens options at participating in-network providers.*

*For vision plans with qualified materials benefits only. Not applicable for exam-only vision plans.

The discounts offered through this Discount Program are not insurance or insured benefits. The program is subject to change or may be discontinued, without notice and at any time. Discounts are not available to members with policies issued in Illinois, Missouri, New Mexico and Texas.

This is a sample of offers that are available online. Offers represented here may not be combined. To obtain offer codes, view offer terms and conditions, and search other current and available offers, visit the website listed on your ID card.

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عربية (Arabic)

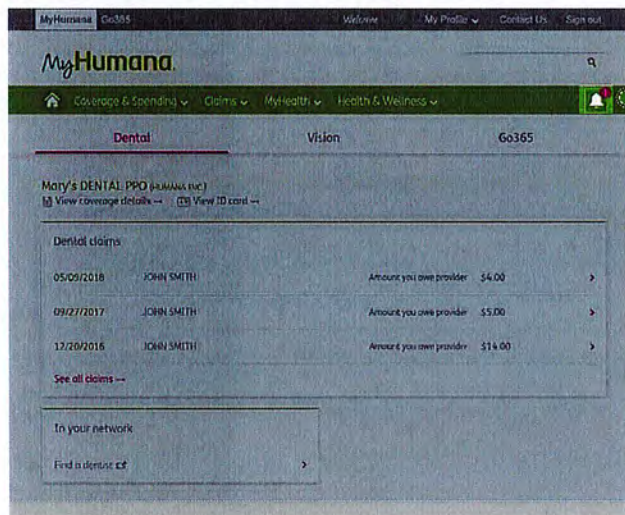
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



MyHumana:
Your vision health plan at your fingertip

Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs. It's available anytime, anywhere.

A dashboard that puts all your information in one spot



Scroll over each bullet point to learn how to navigate through the MyHumana dashboard!

- Quick access to your dental or vision plans
- Chat with a representative with any of your questions about your plan
- Check the status of your claims
- View, print and email ID cards
- Find a dentist or eye care professional



Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts* at Humana.com.

Register for MyHumana today to stay connected to your health benefit anytime you need them.



*Message and data rates may apply.

Relationships are built on trust. Respect for an individual's privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana's Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you'd like a copy of Humana's Notice of Privacy Practices, you can request a copy by:

- Visiting Humana.com and clicking the Privacy Practices link at the bottom of the home page
- E-mailing us at privacyoffice@humana.com
- Sending a written request to:
Humana Privacy Office
P.O. Box 1438
Louisville, KY 40202



Humana.com

Vision member services

877-398-2980





The Family Defender

U.S. Legal Services offers a legal benefit that pays your attorney's fees for all covered legal matters. We contract with over 10,000 attorneys across the contiguous U.S., making it easy to utilize an attorney both locally or in the area of your legal matter's jurisdiction. The Family Defender covers you, your spouse, and your dependent children up to age 26.

We make accessing and utilizing our plan easy with no co-pays, no deductibles, and no claims forms for in-network, covered services.

Covered services include, but are not limited to:

- Consultations
- Wills/Codicils & Estate Planning
- Ch. 7 & 13 Bankruptcy*
- Debt Collection Defense
- Foreclosure Assistance*
- Real Estate (Primary)
- Divorce+*
- Child Support+*
- Child Custody+*
- Domestic Adoption
- Traffic Violations (Moving, Non-criminal)
- Immigration Matters
- DUI (First offense only)
- Juvenile Law
- Consumer Law
- Criminal Law (Excludes Felony)

+ 12-hour limitation, discount thereafter
* Subject to 120-day waiting period

Additional Services



**IDENTITY
THEFT
RESTORATION
PROGRAM**



**MOBILE
APP FOR
ANDROID OR
APPLE DEVICES**



**ONLINE LEGAL
LIBRARY WITH
D.I.Y. LEGAL
DOCUMENTS**

- Attorney's fees are paid in full for all covered legal matters when you utilize a Network Attorney.
- The Family Defender offers a 33.3% discounted rate off attorney's fees for pre-existing and other non-excluded legal matters.
- Coverage does not include fines, court costs, or other incidentals relating to the legal matter.
- Out-of-network benefits are available.



**U.S. LEGAL
SERVICES**

EST 1974

**Family Defender
\$16.75 per month**

Once you enroll in coverage, you will receive a certificate describing the exact coverage benefit purchased. This flyer explains the general purposes of the insurance, but in no way changes or affects the insurance afforded under the policy issued. All coverage is to be subject to actual policy conditions and exclusions. Not sponsored or approved by the United States Government or any Department or Agency thereof.



Invest in a shared sense of service™

2023 Retirement Plan Contribution Limits (401k, 457 & More)

The information below summarizes the retirement plan contribution limits for 2023.

Plan	Normal Limit	"Age 50" Catch-up Limit	"Pre-Retirement" Catch-up Limit
457	\$22,500	\$7,500	\$22,500
401(a)	\$66,000	N/A	N/A
401(k)	\$22,500	\$7,500	N/A
403(b)	\$22,500	\$7,500	\$15,000 lifetime cap
IRA	\$6,500	\$1,000	N/A

N/A = Not applicable

View [2022 contribution limits](#).

More details on the retirement plan limits are available [from the IRS](#).

457 Plans

The normal contribution limit for elective deferrals to a 457 deferred compensation plan is increased to \$22,500 in 2023. Employees age 50 or older may contribute up to an additional \$7,500 for a total of \$30,000. Employees taking advantage of the special pre-retirement catch-up may be eligible to contribute up to double the normal limit, for a total of \$45,000.

401(a) Plans

The total contribution limit for 401(a) defined contribution plans under section 415(c)(1)(A) increased from \$61,000 to \$66,000 for 2023. This includes both employer and employee contributions.

401(k) Plans

The annual elective deferral limit for 401(k) plan employee contributions is increased to \$22,500 in 2023. Employees age 50 or older may contribute up to an additional \$7,500 for a total of \$30,000.

The total contribution limit for both employee and employer contributions to 401(k) defined contribution plans under section 415(c)(1)(A) increased from \$61,000 to \$66,000 (\$73,500 if age 50 or older).

403(b) Plans

The annual elective deferral limit for 403(b) plan employee contributions is increased to \$22,500 in 2023. Employees age 50 or older may contribute up to an additional \$7,500 for a total of \$30,000.

The total contribution limit for both employee and employer contributions to 403(b) plans under section 415(c)(1)(A) increased from \$61,000 to \$66,000 (\$73,500 if age 50 or older).

IRAs

The contribution limit for Traditional and Roth IRAs increased to \$6,500. Employees age 50 or older are eligible to contribute an additional \$1,000, for a total of \$7,500.



MissionSquare

RETIREMENT

Get to Know Your 457 Deferred Compensation Plan

A Retirement Plan with Benefits

With your 457 plan, you're in control of how much you save and where you invest those savings, while enjoying tax advantages.



Contributions are made during your employment, and you can change, stop, and restart them at any time.



Your account's value is based on those contributions and subsequent investment returns.



Earnings are not subject to tax until withdrawn.

A smart addition to any pension or Social Security benefits you may receive, your **457 Deferred Compensation Plan** offers simple and flexible ways to increase your retirement savings for a more secure and confident financial future.

You have control over:

- How your money is invested
- How funds are withdrawn following your separation from service
- Who receives any remaining assets upon your death

(continued) →

Contributions

Pre-tax contributions you make reduce your taxable income for the year. These contributions and all associated earnings won't be taxed until you withdraw them – boosting account growth.

You also may be able to make after-tax **Roth contributions**, if offered by your employer. While they don't reduce your taxable income for the year, future withdrawals may be tax-free. Alternatively, you can contribute to a Roth IRA. For more information, visit: www.missionsq.org/ira.

Investment Control

A wide range of investment options are available to help you build a diversified portfolio. You control all investment decisions, including:

- How your contributions are invested
- How to manage your investments on an ongoing basis.



Contribute what you can.

For 2023, you can contribute up to \$22,500, or \$30,000 if age 50 or over.

More information about current contribution limits, including Age 50 Catch-Up and Pre-Retirement Catch-Up limits, is available:

www.missionsq.org/contributionlimits

Access to Your Money

Based on your employer's plan rules, withdrawals may be allowed while you're still working.

When you leave your employer, you can withdraw assets regardless of the reason and your years of service.

Enjoy flexible withdrawal options for vested assets like:

- Withdrawal of your entire balance
- Periodic, partial withdrawals as you see fit
- Installment payments of a certain dollar amount and frequency, such as monthly or quarterly, that you can change at any time
- Lifetime income payments

After you reach age 72 or separate from service, whichever is later, you'll be required to withdraw at least a minimum amount from your account each year, per IRS rules.

If plan rules and/or IRS rules allow, you can also borrow against your vested assets through a loan.

457 plans are unique.

Unlike other retirement accounts, you don't have to qualify for an exception to avoid the 10% IRS penalty tax on withdrawals of your contributions and associated earnings before age 59½. Just remember that your 457 plan is designed to help you meet your retirement goals. Any withdrawals prior to retirement may reduce your future retirement security.



Don't delay, start saving today!

Saving now can help alleviate the pressure to catch up later. Starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.

For illustrative purposes only. Assumes an effective annual rate of 6%, compounded biweekly.



Designate Beneficiaries

You designate a beneficiary, or beneficiaries, to receive any remaining assets upon your death. Beneficiaries control investment decisions, receive the most flexible withdrawal options allowed by law, and aren't subject to any additional fees. If you don't designate beneficiaries, your estate is the default beneficiary, in which case:

- Assets may not be distributed per your wishes.
- Assets are subject to probate costs, potential delays, and creditor claims.
- Non-spouse heirs may receive fewer tax benefits.

Learn More

Get to know your 457 plan:

www.missionsq.org/457

Log into your account to manage your savings and visit MissionSquare's Financial Wellness Center for 100+ interactive, fun, short videos, charts, calculators, articles, and tutorials. Get answers to your questions about debt, emergency savings, college tuition planning, investing, retirement planning, and much more:

www.missionsq.org



**Guided
Pathways®**

MissionSquare can help you decide how much to save and how to invest through **Guided Pathways®**.

[www.missionsq.org/
guidedpathways](http://www.missionsq.org/guidedpathways)

Founded in 1972, **MissionSquare Retirement** helps those who serve their communities build toward a secure and confident financial future. MissionSquare is a mission-based, nonstock, nonprofit, financial services company that focuses on delivering results-oriented retirement plans, education, investments, and advice for over 1.6 million public participant accounts.* To learn more, visit www.missionsq.org.

* As of September 30, 2022.



MissionSquare Retirement 777 N. Capitol Street, NE, Washington, DC 20002-4240
(800) 669-7400 www.missionsq.org

593711720-06

CAREERSOURCE BROWARD (CSBD) JOB TITLES AND REMUNERATION

For job titles with multiple incumbents, we have provided the salary ranges.

Pay Grade	CSBD Job Titles	Minimum	Maximum
3	Administrative Assistant	\$36,800	\$55,200
6	Business Services Manager (Intermediaries)	\$48,400	\$75,000
4	Computer Technician	\$40,100	\$60,200
7	Program Manager	\$54,200	\$84,000
12	Vice President (HR, QA, BS)	\$95,600	\$148,200
9	Sr. QA Analysts	\$68,000	\$105,400
13	Senior Vice President (Communications, Operations)	\$107,100	\$166,000
15	Executive Vice President (Administration, Operations)	\$140,700	\$218,100

For those job titles where there is only one incumbent, the current salary of the individual is provided below.

Pay Grade	CSBD Job Titles	Current Salary
8	Accountant 2	\$ 73,743.35
4	Accounts Payable Coordinator	\$ 40,500.00
4	Community Liaison	\$ 48,500.00
7	Computer Technician Supervisor	\$ 69,627.87
9	Controller	\$ 85,207.00
7	Executive Assistant	\$ 60,000.00
17	General Counsel	\$ 219,005.48
5	Human Resources Assistant	\$ 60,099.78
6	Legal Secretary	\$ 48,400.00
5	Multimedia Design & Marketing Specialist	\$ 50,363.00
18	President/CEO	\$ 234,000.00
4	Purchasing Coordinator	\$ 42,315.78
7	Quality Assurance Analyst	\$ 57,000.00
6	Sr. Business Services Representative	\$ 60,319.94
10	Sr. Mgr. Career Center Services	\$ 93,006.42
14	Sr. Vice President of Finance	\$ 154,893.96
8	Systems Analyst/Programmer	\$ 75,000.12

EXHIBIT E
TOTAL COMPENSATION OF EXECUTIVE LEADERSHIP AND OTHER SPECIFIED
EMPLOYEES
(Subsection 445.007(13), Florida Statutes, and Executive Order 20-44)

Entity
Name:

CareerSource Broward FY 21-22

Employee Name	Carol Hylton	Ron Moffett	Rochelle Daniels	Kim Bryant	Michael Bateman	Tony Ash
Title	President/CEO	Executive VP	General Counsel	SVP Operations	VP Quality Assurance	VP of CBR
Salary	\$230,480.73	\$143,375.57	\$208,731.53	\$103,622.83	\$115,355.77	\$103,511.50
Bonuses						
Cashed-In Leave	-	-	-	-	\$3,108.97	\$4,978.35
Cash Equivalents						
Cash Equivalents Description						
Severance Pay						
Retirement Benefits (Pension Plan Accruals and Contributions)						
Employer-Paid Insurance Benefits	\$19,028.26	\$20,295.17	\$1,444.43	\$11,232.52	\$11,342.64	\$21,119.83
Deferred Compensation	\$11,215.18	\$12,504.87	\$9,065.44	\$5,951.55	\$9,065.44	\$6,732.48
Real Property Gifts						
Real Property Gifts Description						
Other Payouts						
Other Payouts Description						
Total Compensation	\$260,724.17	\$176,175.61	\$219,241.40	\$120,806.90	\$138,872.82	\$136,342.16

on						
Present Value of Vested Benefits including, but not limited to, Retirement, Accrual Leave and Paid Time Off	\$69,288.45	\$15,509.47	\$53,323.70	\$12,175.35	\$30,255.89	\$13,967.38
Percentage of Total Compensation from Federal or State Funds	83%	91%	91%	100%	100%	100%

EXHIBIT E
TOTAL COMPENSATION OF EXECUTIVE LEADERSHIP AND OTHER SPECIFIED EMPLOYEES
(Subsection 445.007(13), Florida Statutes, and Executive Order 20-44)

Entity Name: **CareerSource Broward FY 21-22 (continued page 2)**

Employee Name	Christine Azor					
Title	Sr VP of Finance					
Salary	\$151,426.66					
Bonuses						
Cashed-In Leave						
Cash Equivalents						
Cash Equivalents Description						
Severance Pay						
Retirement Benefits (Pension Plan Accruals and Contributions)						
Employer-Paid	\$11,726.96					

Insurance Benefits						
Deferred Compensation	\$9,065.44					
Real Property Gifts						
Real Property Gifts Description						
Other Payouts						
Other Payouts Description						
Total Compensation	\$172,219.06					
Present Value of Vested Benefits including, but not limited to, Retirement, Accrual Leave and Paid Time Off	\$8,531.88					
Percentage of Total Compensation from Federal or State Funds	83%					

Under penalties of perjury, I declare that I have read the foregoing schedule of Total Compensation of Executive Leadership and Other Specified Employees and that the facts stated in it are true.

Christine Azor

Signature

Christine Azor

Printed Name

Sr. VP of Finance

Title

Definitions:

Executive Leadership: Chief executive officer/executive director of the board and those reporting directly to that position.

Cash Equivalents: Gift cards, vouchers, tickets, or other items of monetary value.

Other payouts: Cell phone allowances, tuition, gym memberships, car allowances, etc.

Employer-Paid Insurance Benefits: Amount of insurance paid by the employer for health, vision, life, dental, disability, etc. (does not include taxes such as FICA, reemployment, etc.)

Present Value of Vested Benefits including, but not limited to, Retirement, Accrual Leave and Paid Time Off: Current discounted value of any vested benefit available to the employee at fiscal year end.

EXHIBIT E
TOTAL COMPENSATION OF EXECUTIVE LEADERSHIP AND OTHER SPECIFIED EMPLOYEES
(Subsection 445.007(13), Florida Statutes, and Executive Order 20-44)

Entity Name:

CareerSource Broward

Employee Name	Carol Hylton	Ron Moffett	Rochelle Daniels	Christine Azor	Michael Bateman	Tony Ash
Title	President/CEO	Executive VP	General Counsel	SVP Finance	VP Quality Assurance	VP of CBR
Salary	\$200,000.00	\$129,900.17	\$195,018.37	\$141,248.10	\$107,016.76	\$103,601.34
Bonuses						
Cashed-In Leave	\$3,846.15	\$5,329.23	-	-	-	\$3,625.01
Cash Equivalents						
Cash Equivalents Description						
Severance Pay						
Retirement Benefits (Pension Plan Accruals and Contributions)						
Employer-Paid Insurance Benefits	\$11,704.17	\$10,344.78	\$1,678.59	\$7,813.77	\$7,461.48	\$10,804.29
Deferred Compensation	\$7,774.99	-	\$5,625.25	\$5,625.25	\$5,625.25	\$2,351.98
Real Property Gifts						
Real Property Gifts Description						
Other Payouts	-	-	-	-	-	\$50.00
Other Payouts Description						
Total Compensation	\$223,325.31	\$145,574.18	\$202,322.21	\$154,687.12	\$120,103.49	\$120,432.62
Present Value of Vested Benefits including, but not limited to, Retirement, Accrual Leave and Paid Time Off	\$50,830.77	\$8,403.53	\$33,592.48	\$15,498.03	\$26,992.38	\$13,416.65
Percentage of Total Compensation from Federal or State Funds	89%	93%	94%	89%	100%	100%

Under penalties of perjury, I declare that I have read the foregoing schedule of Total Compensation of Executive Leadership and Other Specified Employees and that the facts stated in it are true.


Signature

Carol H. Hov
Printed Name

President
Title

Definitions:

Executive Leadership: Chief executive officer/executive director of the board and those reporting directly to that position.

Cash Equivalents: Gift cards, vouchers, tickets, or other items of monetary value.

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