

BENEFITS & REMUNERATION

2024



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.	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, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	<u>Specialist</u> visit	\$50 <u>copay</u> per visit, <u>deductible</u> does not apply.	Not Covered	If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	<u>Preventive care/screening/immunization</u>	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	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
	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 welcometouhc.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 welcometouhc.com	Tier 1 – Your Lowest Cost Option	Retail: \$7 <u>copay, deductible</u> does not apply Mail-Order: \$14 <u>copay, deductible</u> does not apply	Not Covered	Provider means pharmacy for purposes of this section. 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 <u>specialty drugs</u> , 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: \$30 <u>copay, deductible</u> does not apply Mail-Order: \$60 <u>copay, deductible</u> does not apply	Not Covered	
	Tier 3 – Your Mid-Range Cost Option	Retail: \$45 <u>copay, deductible</u> does not apply Mail-Order: \$90 <u>copay, deductible</u> does not apply	Not Covered	
	Tier 4 – Specialty Medications	Retail: \$75 <u>copay, deductible</u> does not apply Mail-Order: \$150 <u>copay, deductible</u> does not apply	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	Not Covered	None
	Physician/surgeon fees	20% <u>coinsurance</u>	Not Covered	None
If you need immediate medical attention	<u>Emergency room care</u>	\$250 <u>copay</u> per visit, <u>deductible</u> does not apply.	\$250 <u>copay</u> per visit, <u>deductible</u> does not apply.	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None

* For more information about limitations and exceptions, see the plan or policy document at welcometouhc.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>Urgent care</u>	\$50 <u>copay</u> per visit, <u>deductible</u> does not apply.	Not Covered	If you receive services in addition to <u>Urgent care</u> visit, additional <u>copays</u> , <u>deductibles</u> , or <u>coinsurance</u> may apply e.g. surgery.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	Not Covered	None
	Physician/surgeon fees	20% <u>coinsurance</u>	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	First 20 visits per year: No Charge After 20 visits: \$25 <u>copay</u> per visit, <u>deductible</u> does not apply.	Not Covered	<u>Network</u> Partial hospitalization/intensive outpatient treatment: \$25 <u>copay</u> per visit, <u>deductible</u> does not apply.
	Inpatient services	20% <u>coinsurance</u>	Not Covered	None
If you are pregnant	Office visits	No Charge	Not Covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> .
	Childbirth/delivery professional services	20% <u>coinsurance</u>	Not Covered	Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery facility services	20% <u>coinsurance</u>	Not Covered	None
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	Not Covered	Limited to 60 visits per calendar year.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	Not Covered	Limits per calendar year: Physical, Speech, Occupational: combined limit 60 visits; Cardiac and Pulmonary: Unlimited
	<u>Habilitative services</u>	20% <u>coinsurance</u>	Not Covered	Services are provided under and limits are combined with <u>Rehabilitation Services</u> above.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	Not Covered	Limited to 60 days per calendar year (combined with inpatient rehabilitation).
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	Not Covered	None
	<u>Hospice services</u>	20% <u>coinsurance</u>	Not Covered	None
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	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

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

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.)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when travelling outside - the U.S. 	<ul style="list-style-type: none"> • 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.)		
<ul style="list-style-type: none"> • Bariatric Surgery • Chiropractic (Manipulative care) – 24 visits per calendar year 	<ul style="list-style-type: none"> • Hearing aids - \$1,500 per calendar year 	<ul style="list-style-type: none"> • Routine eye care (adult) - 1 exam per 1 year

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.cciio.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.

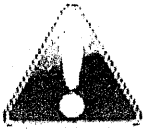
Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-633-2474.

Navajo (Dine): Dinek'ehgo 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 welcometouhc.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.

<p>Peg is Having a Baby (9 months of in-<u>network</u> pre-natal care and a hospital delivery)</p>	<p>Managing Joe's type 2 Diabetes (a year of routine in-<u>network</u> care of a well-controlled condition)</p>	<p>Mia's Simple Fracture (in-<u>network</u> emergency room visit and follow up care)</p>
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<ul style="list-style-type: none"> ■ <u>The plan's overall deductible</u> \$1,300 ■ <u>Specialist copay</u> \$50 ■ <u>Hospital (facility) coinsurance</u> 20% ■ <u>Other coinsurance</u> 20% 	<ul style="list-style-type: none"> ■ <u>The plan's overall deductible</u> \$1,300 ■ <u>Specialist copay</u> \$50 ■ <u>Hospital (facility) coinsurance</u> 20% ■ <u>Other coinsurance</u> 20% 	<ul style="list-style-type: none"> ■ <u>The plan's overall deductible</u> \$1,300 ■ <u>Specialist copay</u> \$50 ■ <u>Hospital (facility) coinsurance</u> 20% ■ <u>Other coinsurance</u> 20%
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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)

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)

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:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,300
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,500
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,860

In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$150
<u>Copayments</u>	\$900
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$1,050

In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,300
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$40
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,640

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_Civil_Rights@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 LƯU Ý: 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 đài 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 무료전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong 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 **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج بداخل مخلص المزاي والتغطية هنا (Summary of Benefits and Coverage, SBC).

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj 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 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 Benefit 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。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان ذکر شده در این خلاصه مزایا و پوشش (Summary of Benefits and Coverage- SBC) تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेबाएं, निःशुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारांश के भीतर सूचीबद्ध टोल फ्री नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតចេញថ្លៃ ដែលមានកត់នៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការកំបង់ (Summary of Benefits and Coverage, SBC) នេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shóodí Naaltsoos Bee 'Aa'áhayání dóó Bee 'Ak'é'asti' Bee Baa Hane'í (Summary of Benefits and Coverage, SBC) biyi' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).

Home is where your health is®



dispatchhealth®

Same-day, in-home medical care

**DispatchHealth® brings medical care to you,
in the comfort of your home.**

Getting the medical care you need can be inconvenient and expensive—that's why we're bringing you a new way to receive medical care. DispatchHealth is teamed up with the City and County of Denver to offer safe, convenient and affordable medical care in your home for urgent health needs that do not require an ER visit.* Get the care you need and recover comfortably at home.

How it works

1

Request care: You can request DispatchHealth's services by calling 888-646-9870 or visiting our website at DispatchHealth.com. We are available 8 a.m. – 10 p.m., 7 days a week including holidays. No pre-registration required!

2

Explain Your Symptoms: You'll provide a few details about your illness or injury and other information like your primary care provider's name.

3

A Medical Team You Can Trust: We arrive within a few hours to provide treatment. Each team includes a nurse practitioner or physician assistant, along with a medical technician. An on-call emergency medicine physician is always available by phone for consultations.

4

We Take Care of the Rest: We will call in any prescriptions you might need, update your doctor and work directly with the City and County of Denver to process billing.



**For non-life-threatening injuries
and illnesses, call DispatchHealth
at 888-646-9870.**

Available 8 a.m. – 10 p.m., 7 days a week, including
holidays. www.DispatchHealth.com.

What DispatchHealth treats

We treat simple to complex illnesses and minor injuries, all from the comfort of your home.

- Bronchitis
- COVID-19 symptoms
- Croup
- Diarrhea, nausea, and vomiting
- Dehydration
- Fever
- Flu
- Headache and migraine
- Nosebleeds
- Respiratory infections
- Pneumonia
- Shortness of breath with COPD
- Significant skin infections
- Strains, sprains and minor fractures
- Urinary tract infections
- Weakness
- **And more**

Procedures we perform include:

- EKG
- IV fluids, medications and antibiotics
- Stitches
- Splinting
- Lancing of abscess (boil)
- Advanced on-site blood testing
- Urinary catheter insertion
- Rapid infectious disease testing (flu, COVID-19, strep, mono, etc)
- **And more**

What DispatchHealth does not treat

If you are experiencing any of the following symptoms, call [911](tel:911).

- Chest pain
- Confusion
- Hallucination
- Intentional overdose or suicidal thoughts
- Loss of consciousness
- Loss of vision
- Moderate to severe shortness of breath
- Rectal bleeding
- Severe abdominal pain
- Stroke symptoms: numbness or weakness on one side, difficulty speaking, swallowing or walking
- Vomiting blood

An affordable healthcare solution

We've got you covered.

DispatchHealth is in-network with the City and County of Denver and is often the same out-of-pocket cost of an in-network urgent care center. The percentage of the total bill you're responsible for is determined by your insurance plan.

"DispatchHealth's medical team listened to my issues, thoroughly went through the diagnosis, wrote a prescription and advised on recovery—all from the comfort of my couch. DispatchHealth is amazing!"

– Andrea W.



Available 8 a.m. – 10 p.m.,
7 days a week, including holidays.

888-646-9870 or DispatchHealth.com

*For life-threatening and time-sensitive injuries and illnesses, patients should call 911 or go to the nearest emergency room. DispatchHealth shouldn't be used in a life-threatening emergency and doesn't replace your primary care provider. DispatchHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ©2023 DispatchHealth. All Rights Reserved.



Say hello to Self Care from AbleTo

On-demand access to self-help for stress and emotional well-being

Get access to self-care techniques, coping tools, meditations and more—anytime, anywhere. With Self Care, you'll get personalized content that's designed to help you boost your mood and shift your perspectives. Tap into tools created by clinicians that are suggested for you based on your responses to a short, optional assessment. Self Care is here to help you feel better—and it's available at no additional cost to you.



Daily mood tracking

Answer daily questions to record your current mood, identify patterns and self-assess your progress.



Meditation tools

Explore classic methods of relaxation—like deep breathing and positive visualization—in the moment when you need them.



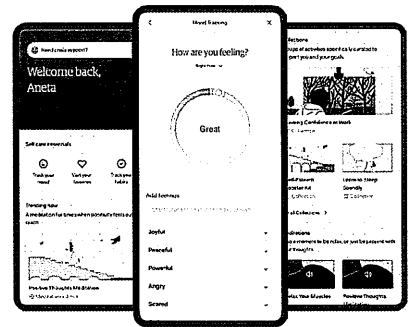
Collections

Build life skills with curated content, tools and resources for the stuff that matters most to you—from work life balance to sleep, and much more.



Personalized roadmap

Track your progress, set goals and make strides through weekly check-ins—Self Care helps you create a roadmap to support your self-guided journey to better mental health.



Ready to get started?

- Visit ableto.com/begin
 > Have your health plan ID handy
- Follow the steps to sign up
- Begin your self-care program

Learn more

Visit ableto.com/begin > Have your health plan ID handy

United
Healthcare



Self Care by AbleTo should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained within Self Care is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Self Care may not be available for all groups in District of Columbia, Maryland, New York, Pennsylvania, Virginia or West Virginia and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the Self Care terms of use.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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Pay for care and save money with an FSA

What kind of FSA is right for you?

A flexible spending account (FSA) lets you set aside money to help pay for health and/or dependent care. You keep more of your money because you don't pay taxes on the money you put into your FSA. The amount you save depends on how much you put into your FSA and your income tax rate.

There are 2 types of FSAs

- 1 **Health care FSA** – Use it for eligible health care expenses like medical, pharmacy, dental and vision services and supplies
- 2 **Dependent care FSA** – Use it for eligible dependent care expenses like child care and elder care services and programs

How an FSA works

You decide how much money you want to put into your FSA

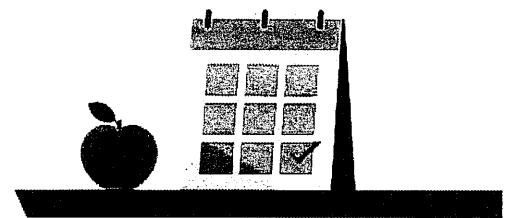
Not sure how much to put in your FSA? Use the FSA Savings Calculator on welcometouhc.com/fsa.

Money is taken from your paycheck—before taxes

When the plan year begins, money is deducted from your paycheck before federal, state or Social Security taxes are taken out. The money is placed into your FSA.

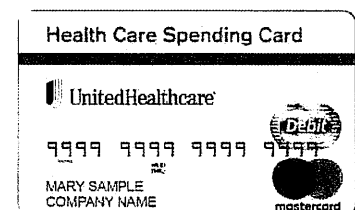
You can use money in your FSA to pay for eligible expenses

The entire amount of your health care FSA is available the first day of the plan year. You don't have to wait until the money is in the account. If you sign up for a dependent care FSA, money must be in your FSA to be able to use it.



Remember

You'll need to re-enroll in your FSA each plan year.



An easier way to pay

Your FSA may come with a UnitedHealthcare Health Care Spending Card Mastercard^{®,1} which can be used to pay for eligible expenses by phone, online or at anyplace that accepts Mastercard.

FSA eligible expenses

These lists include some of the eligible expenses that you can pay for with your FSA(s). See your FSA benefit documents or visit [irs.gov](https://www.irs.gov) for a full list of expenses and rules.

Health care FSA

- Acupuncture
- Blood sugar test kits
- Breast pumps and lactation supplies
- Chiropractor visits
- Doctor visits, X-rays and lab work
- Health plan deductible, coinsurance and copayments
- Hearing aids and batteries
- LASIK eye surgery
- Over-the-counter medicines
- Prescriptions (retail and mail)
- Sunscreen (SPF 30 or higher and may require a prescription)
- Surgery, excluding cosmetic surgery

Dependent care FSA

Child care expenses:

- Before and after school care and extended care programs for dependents under age 13
- Babysitter (he/she cannot be your child, under age 19 and a tax dependent)
- Child care and qualified child care centers for dependents under age 13
- Nursery school
- Preschool

Elder care expenses:

- Adult day care center for dependents age 13 or older who are not able to support themselves
- Elder care while you work (in your home or someone else's)
- Senior day care



Take charge of your FSA

With myuhc.com[®] it's easier to:

- Submit your claims
- Track account balances
- Turn on direct deposit for fast reimbursements

[Learn more](#)

Visit welcometouhc.com/fsa



¹ May not be available to some members. Please see your FSA benefit documents.

A flexible spending account is not insurance.

Mastercard[®] is a registered trademark of MasterCard Worldwide. This card is issued by Optum Bank[®] pursuant to license by Mastercard[®] International.

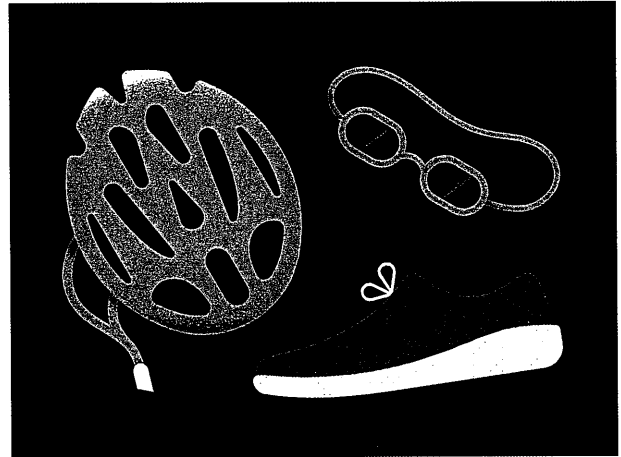
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One Pass Select™

Rediscover your passion for health

With One Pass Select, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members (18+) can get started with One Pass Select on January 01, 2024.



Find your fit with One Pass Select



At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you, no matter what your fitness level and interests are.



In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.

\$29/Mo

Classic

11,000+ gym locations

\$64/Mo

Standard

12,000+ gym and premium locations

\$99/Mo

Premium

14,000+ gym and premium locations

\$144/Mo

Elite

16,000+ gym and premium locations



Learn more about One Pass Select* at [OnePassSelect.com](https://www.onepassselect.com).

Enroll in One Pass Select starting on January 01, 2024

*Eligible One Pass Select members will not be able to enroll in One Pass Select until January 01, 2024.

An enrollment fee will apply


Or get started with a digital-only plan for \$10/Mo

All tiers Classic or above come with grocery and home essentials delivery at no extra cost.



One Pass Select is a voluntary program featuring a subscription based nationwide gym network, digital fitness and grocery delivery service. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships, digital fitness or grocery delivery services may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships or services under this program, as applicable. One Pass Select is a program offered by Optum. Subscription costs are payable to Optum.



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



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

Prosthetics (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

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—intraoral	\$ 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	Alveoplasty in conjunction with extractions—per quadrant	\$ 35.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant	\$ 35.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant	\$ 70.00
D7321	Alveoplasty 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—extraoral 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

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

Adjunctive general service	Member pays
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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 medications, 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
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D9972	External bleaching in office—per arch	\$125.00
D9975	External bleaching in home—per arch	\$125.00

Orthodontics	Member pays
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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.



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.

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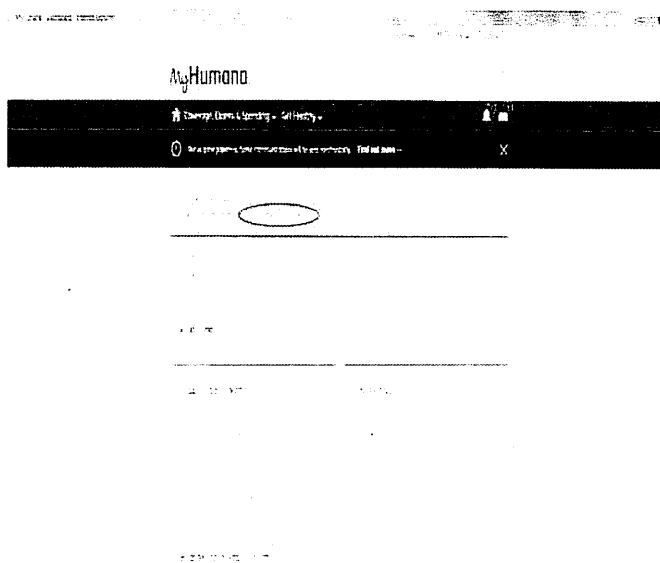
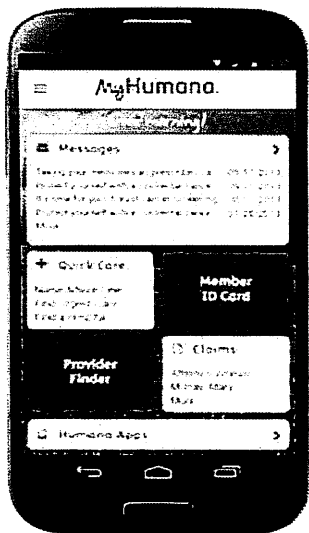
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How to view a copy of your dental identification (ID) card

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

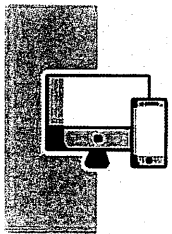
The goal is to help you achieve lifelong well-being through a balanced sense of purpose, belonging, health and security.

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



Alternative medicine

Immediate savings. That's what this discount can mean to you. These holistic approaches provide you a natural option for pain relief. You'll get on-the-spot discounts of up to 30% when you receive services from the WholeHealth Network providers. Choose from:

- Chiropractic
- Massage therapy
- Acupuncture

To find a provider in your area, visit the WholeHealth Choices website at Humana.WholeHealthMD.com. If you prefer, call WholeHealth at **866-430-8647**.



Hearing aids

Good hearing is important to your health. That's why Humana provides access to the TruHearing® program, which saves you 30%–60% on hearing aids. TruHearing customers save an average of \$1,700 per hearing aid when compared to national average prices. TruHearing provides hearing solutions for virtually every type of hearing loss, and:

- Care from a professional in your area
- A 60-day trial and 3-year warranty
- 80 batteries for each nonrechargeable aid
- 1 year of free follow-up visits

Visit the TruHearing website at www.truhearing.com to learn more or make an appointment by calling **888-403-3937** Monday – Friday, 9 a.m. – 9 p.m., Eastern time.



Identity monitoring and protection services

Protect yourself and your loved ones with identity monitoring and protection services provided by CyberScout®. At every stage of life, this benefit provides expert support to help detect fraud, monitor credit activity and resolve any identity-related issues. There are three packages available to Humana members. You can choose the package that fits your budget. All options include:

- Medical identity theft monitoring
- Internet monitoring
- Credit bureau monitoring, including credit score
- Unlimited access to expert fraud specialists for proactive and identity theft resolution assistance

If you prefer, call **866-4-ASSIST (866-427-7478)** to find out more. You don't need a referral. However, some Humana medical plans offer coverage for some alternative services. If you have a Humana medical plan, please review your Certificate of Coverage/Summary Plan Description for specific benefits. The discounts offered are not insurance and are not intended as a substitute for insurance.



Humana

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The discounts offered through the Special Discounts Program (the program) are not insurance or insured benefits. The program is subject to change or may be discontinued, without notice and at any time. The program is not available to members that reside in Illinois, Missouri and Texas. The program is only available to Humana group members. The program is not available to Medicare or Medicaid members. The discount vendors may impose additional eligibility requirements, including but not limited to: age, valid Social Security number, internet and email access. The program only provides for discounts on select products or services from participating discount vendors. The relationship between these vendors and Humana is that of independent contractors. The discount vendors are not providers, partners, employees or agents of Humana. Humana has not reviewed or endorsed and makes no representations, express or implied, about these discount vendors or the products or services available from such vendors. The vendors are solely responsible to you for the provision of these products and services. You should independently review the products and services and the discount vendors before purchasing. Humana expressly disclaims all liability for any care or services rendered by these vendors and all liability if vendors refuse to honor the discounts.

Acupuncture and massage therapy services provided by Healthways WholeHealth Networks also may be covered by your health plan. We strongly encourage you to use your health plan benefits whenever possible. This program is not considered insurance. You are responsible for paying the Healthways WholeHealth providers at the reduced rate for services you receive from them through this program. Humana does not credential providers who participate in the discount program. This program is subject to change at any time and not available where prohibited by law. Your agreed upon discount applies to all services not covered by insurance or federal programs, and doesn't include nutraceuticals, supplies or supplements.

Humana

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)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you.

877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

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

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog - Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

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

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

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.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódaáhí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Career Source Broward

G000CSVY

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 10/11/23

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.

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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: <ul style="list-style-type: none"> - 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.





Voluntary Term Life Insurance

FOR EMPLOYEES OF CAREER SOURCE BROWARD

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 20 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 child(ren) 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	5 times annual salary, up to \$100,000	\$400,000, in increments of \$10,000, but no more than 5 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$10,000	100% of employee's benefit, up to \$200,000
Child(ren)	\$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	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent child(ren). Child(ren) include those up to age 26.</p> <p>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.</p>
Accidental Death & Dismemberment (AD&D) Benefit Amount	<p>For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit.</p> <p>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.</p>

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.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to increase your coverage at your next enrollment by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Additional AD&D Benefits	<p>In addition to basic AD&D benefits, you are protected by the following benefits:</p> <ul style="list-style-type: none"> - Seat Belt - Airbag - Common Carrier - Paralysis - Coma

Portability	Allows you to continue this insurance program for yourself and your dependents 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 or class membership 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	
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 .

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 20 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?

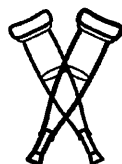
The benefits payable are based on the following:

- 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 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: <ul style="list-style-type: none"> • 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.
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Reasonable Accommodation	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.
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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.
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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.





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.

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.

> 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

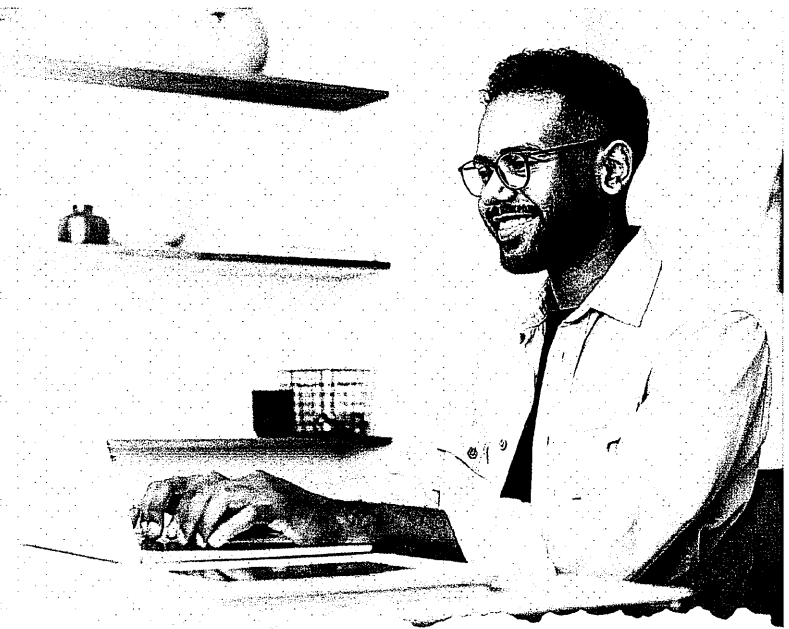
All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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.

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Sessions per year (per household) conducted by face-to-face* counseling or telehealth (text, chat, phone, or video) via a secure, HIPAA compliant portal

*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
Exclusive Provider Network	<ul style="list-style-type: none"> ▪ National network of more than 10,000 licensed clinical providers for face-to-face counseling ▪ National network of more than 30,000 licensed clinical providers for telehealth counseling ▪ Network continually expanding to meet customer needs ▪ Flexibility to meet individual client/member needs
Access	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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
Employee Family Work/Life Services	<ul style="list-style-type: none"> ▪ Child care resources and referrals ▪ Elder care resources and referrals
Online Services	<ul style="list-style-type: none"> ▪ An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> ▪ Current events and resources ▪ Family and relationships ▪ Emotional well-being ▪ Financial wellness ▪ Substance abuse and addiction ▪ Legal assistance ▪ Physical well-being ▪ Work and career ▪ Bilingual article library
Employee Communication	<ul style="list-style-type: none"> ▪ All materials available in English and Spanish
Eligibility	<ul style="list-style-type: none"> ▪ 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)	<ul style="list-style-type: none"> ▪ 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
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations
- Translation and Interpreter Services for emergency situations while traveling internationally

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



613210 *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



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



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U.S. call toll free:

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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. Additional limitations may apply. Please contact AXA for specifics.



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 do 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.

We Make Evidence of Insurability Easy



Evidence of Insurability is simply a statement that proves a person is healthy enough to insure. This application process allows you to provide information about you and/or your dependents' health history in order to be considered for coverage.

Evidence of Insurability (EOI) Is Required When:

- You request a coverage amount greater than the guaranteed issue (an amount that is guaranteed to be issued to applicants regardless of their health status)
- Coverage is requested outside of your initial benefit enrollment period

To aid us in making a decision of whether to cover the person and/or their dependents, the EOI review may include:

- Questions or details about health conditions provided on the application
- Statement from your physician
- Medical examination

Our medical exams, which include a blood draw and urine sample, must be conducted by our highly reputable mobile medical contractor, American Para Professional Systems (APPS), and can be done in the comfort of your own home or business and are scheduled at your convenience.

All medical information is private and confidential, and is used for underwriting purposes only.

How to Submit an Electronic Application (eApp)

1. Contact your Benefits Administrator to discuss your specific request.
2. After your Benefits Administrator prepares your eApp, you will receive an email that contains a PIN and a link to the EOI form (the PIN is good for 14 days).
3. Click on the link and enter your unique PIN to gain access to a pre-populated application.
4. Simply complete the required fields and submit the form. The form is delivered directly to Mutual of Omaha's EOI underwriting system.
5. Once your application is submitted, you will receive an email regarding next steps.



Underwritten by
United of Omaha Life Insurance Company
Companion Life Insurance Company
Mutual of Omaha Affiliates

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Home office: Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company, 425 Broadhollow Road, Second Floor Melville, NY 11747. Companion Life Insurance Company is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply.



Available Services When You Need Help the Most

Career Source Broward
GooC8VY



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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Three sessions per year (per household) conducted by face-to-face* counseling or telehealth (text, chat, phone or video) via a secure, HIPAA compliant portal

*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
Exclusive Provider Network	<ul style="list-style-type: none"> ▪ National network of more than 10,000 licensed clinical providers for face-to-face counseling ▪ National network of more than 30,000 licensed clinical providers for telehealth counseling ▪ Network continually expanding to meet customer needs ▪ Flexibility to meet individual client/member needs
Access	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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
Employee Family Work/Life Services	<ul style="list-style-type: none"> ▪ Child care resources and referrals ▪ Elder care resources and referrals
Online Services	<ul style="list-style-type: none"> ▪ An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> ▪ Current events and resources ▪ Family and relationships ▪ Emotional well-being ▪ Financial wellness ▪ Substance abuse and addiction ▪ Legal assistance ▪ Physical well-being ▪ Work and career ▪ Bilingual article library
Employee Communication	<ul style="list-style-type: none"> ▪ All materials available in English and Spanish
Eligibility	<ul style="list-style-type: none"> ▪ 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)	<ul style="list-style-type: none"> ▪ 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

EVIDENCE OF INSURABILITY (EOI)

What You Need to Know



Understanding Evidence of Insurability (EOI)

- EOI applications are only valid for 90 days from the signature date
- Mutual of Omaha may require a physical examination and bloodwork

Instances When EOI Submission is Required

- When an applicant elects over the Guarantee Issue Amount
- When insurance is elected more than 31 days after the date an Employee/Spouse is eligible
- When VTL, VSTD and VLTD are elected outside of an open enrollment
- When an Annual Enrollment is **not** an Open Enrollment

Instances When EOI Submission is not Required

- When there are no changes to in force benefits or benefit amounts
- To decrease or drop in force benefits or benefits amount
- For Accidental Death and Dismemberment (AD&D)
- To Insure Eligible Dependent Children
- For timely New Hires electing the guaranteed issue or under

Annual Increase Option (AIO)

For Voluntary Term Life Only

Many contracts have an option that allows the employee only to increase their in force VTL amount by an increment/times salary without the submission of EOI.

HOWEVER, there are some rules that must be met:

- AIO is for the Employee only and does not apply to the Spouse unless specified in the contract
- Employee must have had an Employee VTL election prior to this increase, they cannot increase from zero
- If previously waived, they must submit an EOI
- Employee can keep increasing increments up to the GI amount, once the GI amount is met an EOI is needed
- If the election prior to the increase was already in excess of the GI amount, due to prior Underwriting approval, the increase can take place without another EOI review
- If Employee is Grandfathered with an amount above the GI, EOI is required one time only and if approved, EOI is no longer needed for AIO

Annual Increase Option (AIO)

For Voluntary Term Life Only

- Open Enrollments (approved by underwriting) allow eligible employees and dependents who previously waived coverage to enroll for an amount up to the guaranteed issue amount without submitting EOI



Underwritten by
United of Omaha Life Insurance Company
Companion Life Insurance Company
Mutual of Omaha Affiliates

Benefit Amounts

Completing 'Section 4: Requested Coverage Amount' on the EOI application is required, enrollment forms do not suffice.

- Spouse and Child(ren) may elect up to 50% or 100% (if contract allows) of the employee's amount

Annual Salary

- Employees may elect up to a multiple of their annual salary as specified in the policy, which cannot exceed the Maximum Benefit Amount
- Salary should be updated prior to EOI review
- Frequent salary updates are important otherwise the elected amount will be adjusted based on the salary reflected in our system during review

Qualifying Life Events

When an employee is currently insured and experiences a qualifying life event, election changes are permitted up to the guaranteed issue amount without EOI.

- To INCREASE Employee and/or Spouse Benefit Amounts it **MUST** be the result of a Qualifying Life Event and requested within 31 days of the event, or EOI would be required

Reduction Schedule | Employee & Spouse

- Majority of group Life and VTL policies include a reduction of coverage as an Employee ages

EOI Listing Report

We have a real time EOI listing report that is available on the Mutual of Omaha employer access site that provides real time EOI status.

- Includes reasons why a file is in a pending state
- Example: Pending/Paramed Exam, Pending/Attending Physician Statement, Pending/Application received is incomplete
- Search criteria fields allow you to customize the data you want returned
- You can get what you need, right when you need it. Most of our Ben Admin/Payroll processing companies reference the report right at or before payroll cutoff. This ensures they capture any recent approvals and make the payroll changes right away
- Accessing the report is much more efficient than waiting on a written notice to arrive in the mail

Pin EOI

Any list bill group set up with Employer Access can generate a pre-populated EOI form and email it directly to the plan member.

- Once the User enters a coverage or amount that would require EOI, Employer Access prompts the Plan Administrator to send a pre-populated EOI form. That prompt appears as a red box with verbiage that states: "An approved Evidence of Insurability form is required prior to coverage taking effect. Send a pre-populated EOI form (this is a hyperlink) for the following coverage(s):"
- The employee receives an email from the Benefit Administrator containing a PIN number that is used to access their personalized online form




Humana Vision plan

Broward County BOCC

Summary of benefits

Vision member services

 877-398-2980

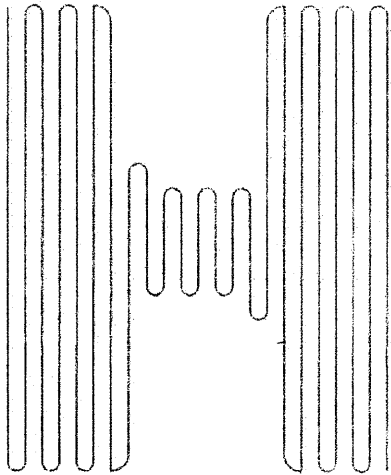
Humana

BROWARD
COUNTY
FLORIDA





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 imaging ¹	\$10 Up to \$39	Up to \$50 Not covered
Contact lens exam options²		
• Standard contact lens fit and follow-up	\$0	Not covered
• Premium contact lens fit and follow-up	10% off retail	Not covered
Frames³	\$230 allowance 20% off balance over \$230	\$80 allowance
Standard plastic lenses⁴		
• Single vision	\$15	Up to \$50
• Bifocal	\$15	Up to \$75
• Trifocal	\$15	Up to \$100
• Lenticular	\$15	Up to \$125
Covered lens options⁴		
• UV coating	\$15	Not covered
• Tint (solid and gradient)	\$13	Not covered
• Standard scratch-resistance	\$0	Not covered
• Standard polycarbonate - adults	\$0	Not covered
• Standard polycarbonate - children <19	\$0	Not covered
• Standard anti-reflective coating	\$40	Not covered
• Premium anti-reflective coating	Premium anti-reflective coatings as follows:	Premium anti-reflective coatings as follows:
- Tier 1	\$57	Not covered
- Tier 2	\$68	Not covered
- Tier 3	80% of charge	Not covered
• Standard progressive (add-on to bifocal)	\$0	Up to \$50
• Premium progressive	Premium progressives as follows:	Premium progressives as follows:
- Tier 1	\$0	Not covered
- Tier 2	\$120	Not covered
- Tier 3	\$135	Not covered
- Tier 4	\$90 copay, 80% of charge less \$120 allowance	Not covered
• Photochromatic / plastic transitions	\$50	Not covered
• Polarized	20% off retail	Not covered
Contact lenses⁵ (applies to materials only)		
• Conventional	\$130 allowance 15% off balance over \$130	\$115 allowance
• Disposable	\$130 allowance	\$115 allowance
• Medically necessary	\$0	\$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
- Lenses or contact lenses
- Frame

Once every calendar year
Once every calendar year
Once every calendar year

Once every calendar year
Once every calendar year
Once every calendar year

Diabetic Eye Care: care and testing for diabetic members

- Examination
 - Up to (2) services per calendar year
- Retinal Imaging
 - Up to (2) services per calendar year
- Extended Ophthalmoscopy
 - Up to (2) services per calendar year
- Gonioscopy
 - Up to (2) services per calendar year
- Scanning Laser
 - Up to (2) services per calendar year

\$0
\$0
\$0
\$0
\$0

Up to \$77
Up to \$50
Up to \$15
Up to \$15
Up to \$33

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.

⁵ Plan covers Contact Lenses or Frames/Lenses , but not both.

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.*

* Thompson Medical Inc.

Humana



Questions?

Check out [Humana.com](https://www.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**.
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العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721

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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عربى (Arabic)

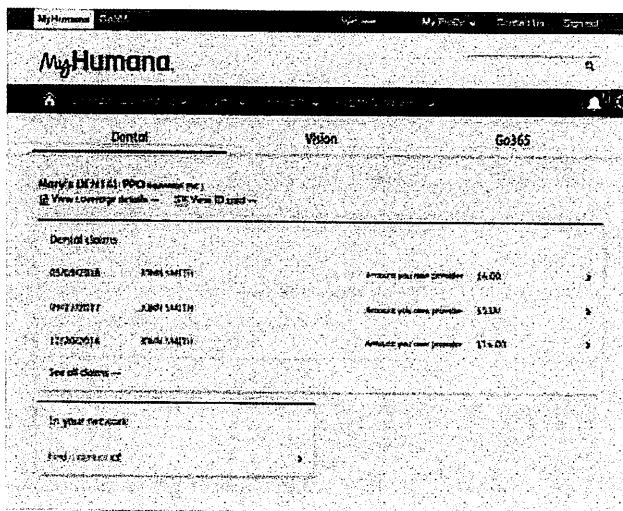
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



MyHumana: Your vision health plan at your fingertip

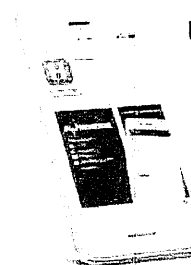
Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs. It's available anytime, anywhere.

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 personal health plans
- Check with providers to verify your plan and
ask questions about your plan
- Find the location of your provider
- View plan and member details
- 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

Humana.com

Vision member services

877-398-2980





In the Network	Out of the Network
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Deductible*—Before the plan pays, you'll pay all costs up to:

Employee/Family	\$50/\$150	\$50/\$150
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Coinsurance*—Once the deductible is met, the plan pays:

Diagnostic and preventive services (deductible waived)	100%	70%
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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
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Orthodontic services:

Child(ren) to age 19	50%	50%
Lifetime ortho maximum	\$1,000	\$1,000



WE SPECIALIZE IN MEDICAL CERTAINTY

Through your employer, you have an exclusive membership to 2nd.MD, a virtual expert medical consultation and navigation service. We connect you with a board-certified, elite specialist for a virtual expert medical consultation via phone or video from the comfort of home.

2nd.MD specializes in medical certainty by providing access to elite specialists for questions about:

- Diseases, cancer, or chronic conditions
- Surgeries or procedures
- Medications and treatment plans

WHO IS ELIGIBLE?

2nd.MD is confidential, fast and no additional cost to you and covered dependents on the UnitedHealthcare medical plan.

GET STARTED TODAY

Call at 1.866.269.3534
Visit www.2nd.MD/activate
or download our 2nd.MD app



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CALL 911 IMMEDIATELY IF YOU ARE HAVING A MEDICAL EMERGENCY. 2nd.MD is not an emergency service. 2nd.MD is an independent resource to support you in receiving information from Expert Medical Specialists. 2nd.MD does not practice medicine or provide patient care and is independent from the Specialists providing the expert medical consultations.

The information provided through 2nd.MD does not constitute medical advice and does not diagnose, treat or prescribe treatment of medical conditions. All information provided in connection with 2nd.MD is for informational purposes only, and does not create a physician-patient treatment relationship. Information provided through 2nd.MD does not substitute medical diagnosis or treatment from your treating physician, and you should discuss the information provided with your treating physician before making any decisions. The 2nd.MD service may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

HOW IT WORKS: 3 Simple Steps

- 1. ACTIVATE YOUR ACCOUNT AND REQUEST A CONSULT**
Visit www.2nd.MD/activate, download our app or call us at 1.866.269.3534
- 2. SPEAK WITH A NURSE**
Explain your medical issues and an experienced nurse will handle the rest, including collecting medical records and connecting you with a leading specialist who is an expert in your condition.
- 3. CONSULT WITH A LEADING SPECIALIST**
Get information about your diagnosis, treatment plan and next steps in care from a nationally recognized specialist. Consult via video or phone at a time that works best for you, including evenings and weekends!

AFTER YOUR CONSULTATION

You'll receive a written summary of your consultation so you're prepared for a conversation with your treating doctor or we can refer you to another in-network doctor in your area.

See how one member avoided an unnecessary surgery and learned how to manage her rare condition.





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

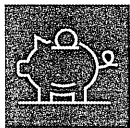
Pre-tax contributions you make reduce your taxable income for the year. These contributions and all associated earnings won't be taxed until you withdraw them – boosting account growth.

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.

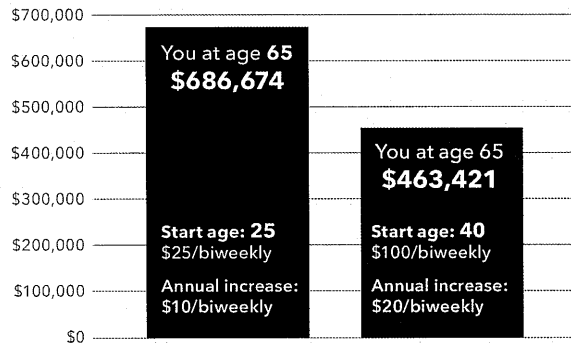
Unlike other retirement accounts, you don't have to qualify for an exception to avoid the 10% IRS penalty tax on withdrawals of your contributions and associated earnings before age 59½. Just remember that your 457 plan is designed to help you meet your retirement goals. Any withdrawals prior to retirement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

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.

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since 1974



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- Administrative Hearings
- Small Claims
- Name Change
- Civil Injunctions
- Landlord/Tenant Matters as Tenant

Family Law*+

- Contested & Uncontested Divorce
- Annulments
- Spousal Support
- Paternity Action
- Child Support/Custody
- Post-Decree Enforcement Action
- Post-Decree Modification Action
- Equitable Distribution of Marital Assets

Other Family Law

- Pre/Postnuptial Agreements
- Domestic Adoption
- Domestic Violence
- Elder Law Matters

Criminal Law

- Misdemeanor Defense
- Juvenile Defense
- Habeas Corpus
- Trial Coverage up to \$15,000

Consumer-Seller Protection

- Consumer Protection Matters
- Personal Property Protection
- Trial Coverage up to \$15,000

Contingency Matters**

- Personal Injury
- Auto Accidents
- Slip and Fall
- Medical Malpractice

Document Preparation & Review

- Demand Letters
- Quit Claim Deeds
- Personal Affidavit
- Promissory Note
- Bill of Sale/Personal Contract
- Lease Agreement

Immigration Matters

- Visa Extension
- Naturalization
- Deportation (Removal)

Traffic Violations

- Moving Traffic Violations
- First Offense DUI
- License Revocation & Suspension

Real Estate Transactions

- Review and/or Preparation of Purchase Agreement, Mortgage, and Deed
- Purchase/Sale of Primary Residence
- Refinancing of Primary Residence
- Real Estate Disputes
- Neighbor Disputes

Financial Matters

- Debt Collection & Garnishment Defense
- IRS Audit Protection
- Foreclosure+
- Limiting Creditor Harassment
- Ch. 7 & 13 Bankruptcy+

Estate Planning

- Living Will
- Powers of Attorney
- Wills & Testamentary Trusts for Minors
- Codicils
- Estate Administration/Probate
- Uncontested Guardianship or Conservatorship

Other Legal Matters

- Insurance Law
- Standard Business Incorporation

Added Value Services

- Online Legal Library
- DIY Legal Documents
- 24/7 Emergency Line
- Financial Coaching
- Tax Coaching
- Discounted Tax Return Preparation (\$195 flat fee for all schedules & forms)
- Mobile App
- Identity Theft Restoration Program

*Contested matters subject to 15-hour limitation, discount thereafter

**First \$1,000 exempt from fee. Subject to State and Federal Statutes

+Subject to 120-day waiting period

Attorney's fees are paid in full for all covered legal matters when you utilize a Network Attorney. Receive a 33.3% discount 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 available.

Protect Your Money and Your Reputation With Identity Defender®

Covered services include, but are not limited to:

Monitoring (Dark Web)

- Compromised Credentials
- Account Takeover
- Address
- Bank Account Number
- Debit Card Account
- Credit Card Account
- Driver's License
- eMail
- Medical Insurance ID
- Passport Number
- Phone Number
- Social Security Number

Credit

- Instant Credit Inquiry Alerts
- 1 Bureau Credit Report Monitoring
- 1 Bureau Quarterly Credit Report and Score
- Credit Score Simulator
- Monthly Credit Score Tracker
- Manage Credit Freeze

Social Media

- Inappropriate Activity
- Hacked Account
- Impersonation Accounts
- Scams, Malware and Phishing

Fraud

- Fraud Alert Reminders
- Identity Threat Alerts
- Medical ID Fraud Protection
- Change of Address Monitoring
- Court Records Monitoring
- Smart SSN Tracker

Recover

- Lost Wallet Protection
- Fully Managed Identity Restoration
- Restoration for Pre-Existing Identity Thefts
- Ransomware Resolution
- \$25K Ransomware Reimbursement
- \$1 Million Identity Theft Insurance

Support

- 24/7 U.S. Customer Support
- Online Resources: Forms, Calculators, and Other Tools
- Junk Mail Opt Out
- Solicitation Call Opt Out

Mobile App

- Two-Factor Authentication
- Apple and Android
- Mobile Attack Control
- Mobile VPN

Coverage extends to the employee, employee's spouse, and unlimited eligible dependent children up to age 26.

Identity provided in collaboration with



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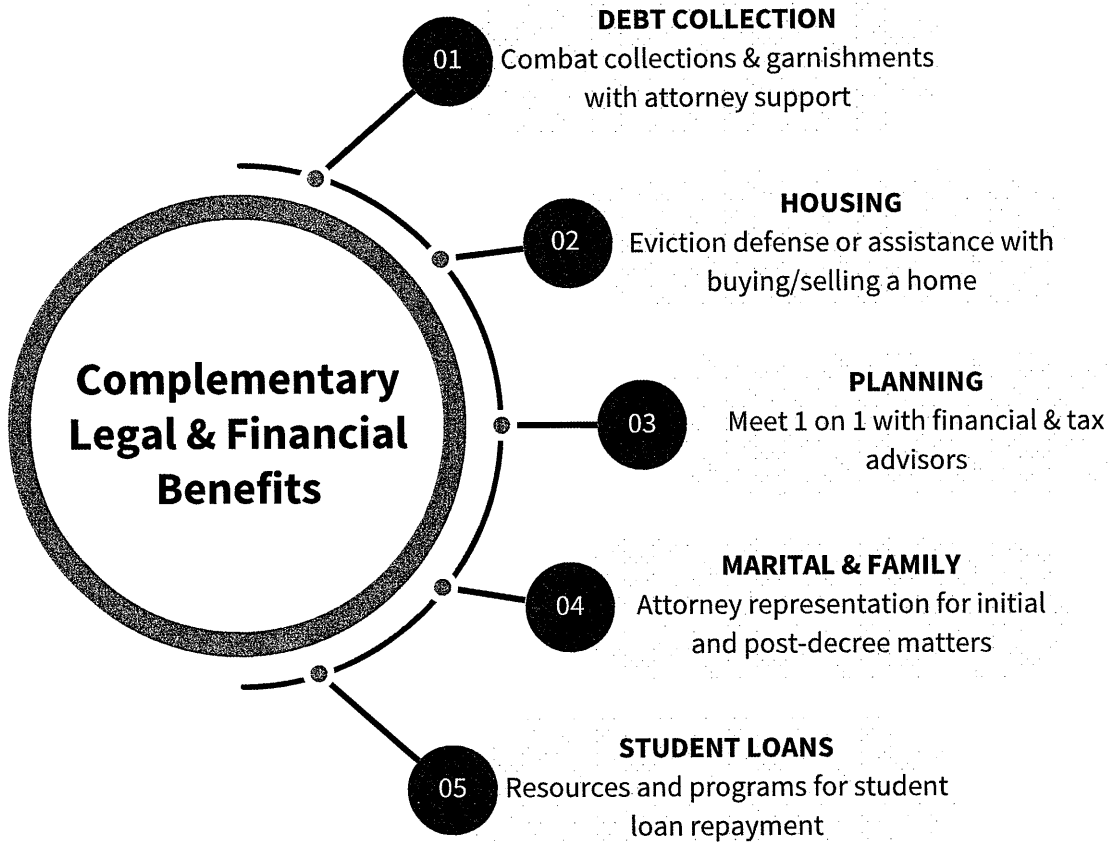
\$16.75 per month

Family & Identity Defender®

\$9.95 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.

5 Ways Enrolling in U.S. Legal Services Helps You Achieve Legal & Financial Success



Financial wellness dashboard included at no cost within your legal plan.

1 What is it?

A confidential, personalized online financial wellness dashboard located within the U.S. Legal Member Portal.

Set and track your financial well-being score, and review personalized content, resources, and tools based on your unique interactions.

2 How does it work?

Start with a 3-5 minute financial wellness assessment which will provide insight into your financial circumstances.

After the assessment, book a telephone or Zoom meeting with a financial advisor to review and address questions and areas of concern.

Advanced algorithms work to personalize your dashboard providing you tools and resources to meet your individual financial needs.

3 What does it cost?

These resources and consultations are included in the cost of the legal plan - one low premium for comprehensive holistic legal and financial wellness.

Have your personal tax returns prepared for a \$195 flat fee, plus a free review of your prior year's return.

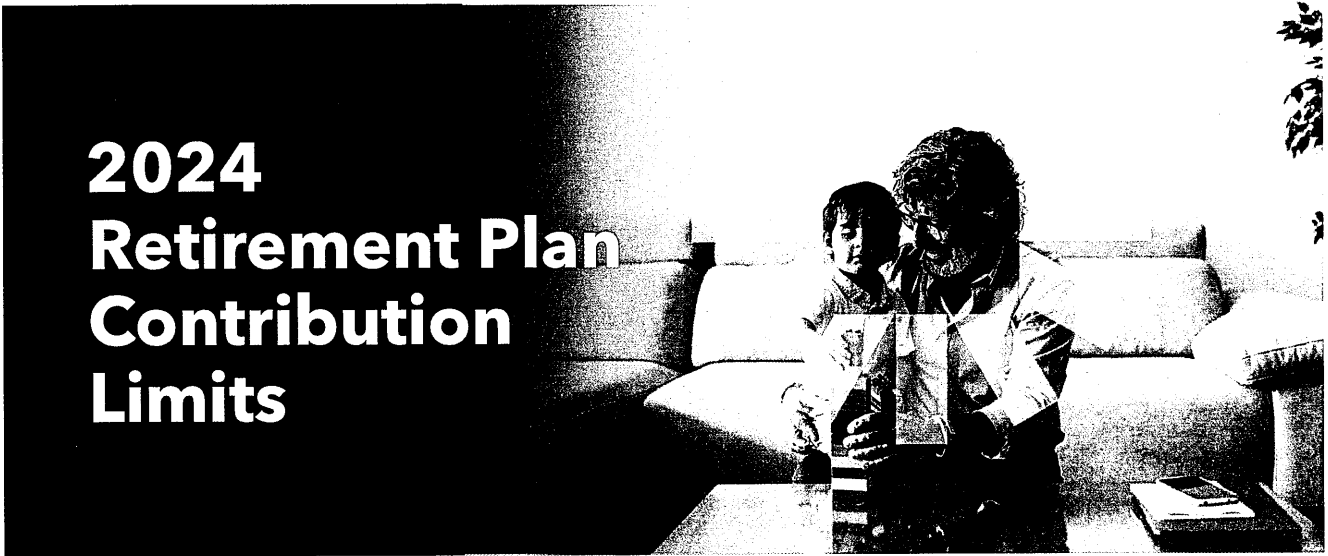
4 Who can use it?

Along with the enrolled employee, up to three additional people in the employee's family can access the online content and resources.

800.356.LAWS | uslegalservices.net | info@uslegalservices.net



Best Money Moves: 833-997-1232
Pathwise: 1-800-203-4156



2024 Retirement Plan Contribution Limits

The IRS has announced updated retirement plan contribution limits for 2024. Below is a snapshot of the updated limits:

Plan or Account Type	2024	2023
457(b)	\$23,000	\$22,500
401(a)*	\$69,000	\$66,000
401(k)	\$23,000	\$22,500
403(b)	\$23,000	\$22,500
Traditional and Roth IRAs	\$7,000	\$6,500

- More information about the 2024 contribution limits, including the Age 50 Catch-Up and Pre-Retirement Catch-Up limits, is available at www.missionsq.org/contributionlimits.
- Detailed information is available from the [IRS](https://www.irs.gov).
- **Take Action:** Even a small increase can go a long way to securing your retirement. **Log in to** your MissionSquare account today to increase your contribution.

Questions? Contact your MissionSquare Retirement Plans Specialist for more information.

*Limitations may apply to defined benefit plans. Please contact your defined benefit plan administrator should you require additional information.



2024 BENEFIT PLAN RATES: MONTHLY RATES

DENTAL INSURANCE		
TIER	HUMANA/COMPBENEFITS (DHMO)	UNITEDHEALTHCARE (PPO)
Employee	\$11.75	\$35.66
Emp+Spouse/DP	\$21.11	\$70.78
Emp+Child	\$23.48	\$83.02
Emp+Family	\$28.17	\$118.14

VISION INSURANCE	
TIER	HUMANA
Employee	\$8.90
Emp+Spouse/DP	\$17.86
Emp+Child	\$16.92
Emp+Family	\$26.60

2024 MONTHLY PREMIUMS & CONTRIBUTIONS FOR HEALTH – CDH HIGH

(Deductions for Domestic Partner coverage will be split between pre- and after-tax deductions.)

Tier of Coverage	2024 Premium	2024 CSBD Contribution	2024 CSBD Contribution %	2024 Employee Contribution	2024 Employee Contribution %
Employee	\$1090.72	\$1090.72	100.00%	\$0	0.00%
Employee + Spouse/DP	\$2,345.94	\$2,118.63	89.37%	\$227.31	10.63%
Employee + Children	\$2,005.91	\$1910.24	94.77%	\$95.67	5.23%
Employee + Children + 26	\$2,051.91	\$1910.24	93.10%	\$141.67	6.90%
Employee + Family	\$3,428.97	\$2,762.17	80.56%	\$666.80	19.14%
Employee + Family +26	\$3,474.97	\$2,762.17	79.49%	\$712.80	20.51%



2024 BENEFIT PLAN RATES: EMPLOYEE BI-WEEKLY RATES

DENTAL INSURANCE		
TIER	HUMANA/COMPBENEFITS (DHMO)	UNITEDHEALTHCARE (PPO)
Employee	\$5.42	\$16.46
Emp+Spouse/DP	\$9.74	\$32.67
Emp+Child	\$10.84	\$38.32
Emp+Family	\$13.00	\$54.53

VISION INSURANCE	
TIER	HUMANA
Employee	\$4.11
Emp+Spouse/DP	\$8.24
Emp+Child	\$7.81
Emp+Family	\$12.28

(Deductions for Domestic Partner coverage will be split between pre- and after-tax deductions.)

HEALTH INSURANCE UNITED HEALTHCARE – Biweekly Rates	
TIER OF COVERAGE	CDH HIGH OPTION
Employee	0
Emp+Spouse/DP	\$104.91
Emp+Child/ren	\$44.16
Employee + Child/ren + 26	\$65.38
Emp+Family	\$307.75
Employee + Family +26	\$328.98

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
7	Executive Secretary	\$54,200	\$84,000
12	Vice President (HR, QA, BS, COM)	\$95,600	\$148,200
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
6	Accountant 1	\$ 54,000.00
8	Accountant 2	\$ 76,693.07
4	Accounts Payable Coordinator	\$ 41,613.78
9	Adult Programs Administrator	\$ 79,000.00
6	Assistant Program Manager	\$ 53,000.00
7	Audit Compliance Coordinator	\$ 57,000.00
4	Community Liaison	\$ 40,950.00
9	Controller	\$ 80,000.00
17	General Counsel	\$ 227,765.64
5	Human Resources Assistant	\$ 61,452.03
6	Legal Secretary	\$ 52,349.44
5	Multimedia Design & Marketing Specialist	\$ 53,818.26
8	Network Administrator	\$ 82,827.43
18	President/CEO	\$ 243,360.00
4	Purchasing Coordinator	\$ 40,950.00
7	Quality Assurance Analyst	\$ 62,000.00
10	Sr. Mgr. Career Center Services	\$ 92,000.00
14	Sr. Vice President of Finance	\$ 130,000.00
13	Sr. Vice President of Operations	\$ 121,039.40
8	Systems Analyst/Programmer	\$ 78,000.00

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 23-24

Employee Name	Carol Hylton	Ronald Moffett	Rochelle Daniels	Mark Klinecicz	Kaminnie S Kangal	
Title	President /CEO	Executive VP of Admin	General Council	Executive VP of Operations	SR VP of Finance	
Salary	\$245,340.00	\$158,112.41	\$228,136.29	\$153,103.21	\$130,000.02	
Bonuses						
Earned Leave Distribution	\$14,976.00	\$4,021.45	-	\$8,405.12	\$3,333.34	
Cash Equivalents						
Cash Equivalents Description						
Severance Pay						
Retirement Benefits (Pension Plan Accruals and Contributions)						
Employer-Paid Insurance Benefits	\$24,361.64	\$26,164.59	\$1,515.16	\$23,714.46	\$14,005.13	
Deferred Compensation	\$53,313.24	\$11,163.50	\$11,163.50	\$11,163.50	\$10,453.91	
Real Property Gifts						
Real Property Gifts Description						
Other Payouts						
Other Payouts Description						
Total Cash Compensation	\$337,990.88	\$199,461.95	\$240,814.95	\$196,386.29	\$157,792.40	
Present Value of Vested Benefits including, but not limited to, Retirement, Accrual Leave and Paid Time Off	\$74,686.56	\$28,337.67	\$41,974.21	\$26,371.81	\$21,095.33	
Percentage of Total Compensation from Federal or State Funds	79.05%	92.35%	94.40%	96.86%	79.05%	

EXHIBIT E

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

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

Kaminnie S Kangal

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 benefits, i.e., those the employee is entitled to, for which the Board has not yet been required to fund.

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**

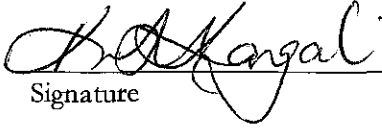
FY 22-23

Employee Name	Carol Hylton	Ronald Moffett	Rochelle Daniels	Mark Klincewicz	Kaminnie S Kangal	
Title	President /CEO	Executive VP of Admin	General Council	Executive VP of Operations	SR VP of Finance	
Salary	\$235,938.45	\$152,053.56	\$219,394.31	\$145,518.08	\$97,266.41	
Bonuses						
Earned Leave Distribution	\$1,560.00	-	\$50,539.73	\$7,060.70	-	
Cash Equivalents						
Cash Equivalents Description						
Severance Pay						
Retirement Benefits (Pension Plan Accruals and Contributions)						
Employer-Paid Insurance Benefits	\$22,150.10	\$24,057.97	\$1,233.39	\$21,927.01	\$12,804.70	
Deferred Compensation	\$12,399.72	\$10,249.98	\$10,249.98	\$10,249.98	\$8,014.34	
Real Property Gifts						
Real Property Gifts Description						
Other Payouts						
Other Payouts Description						
Total Cash Compensation	\$272,048.27	\$186,361.51	\$281,417.41	\$184,755.77	\$118,085.45	
Present Value of Vested Benefits including, but not limited to, Retirement, Accrual Leave and Paid Time Off	\$74,526.00	\$23,580.37	\$21,844.39	\$22,120.78	\$14,434.72	
Percentage of Total Compensation from Federal or State Funds	79.04%	96.73%	93.02%	96.99%	79.04%	

EXHIBIT E

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

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

Kaminnie S Kangal

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.

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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 benefits, i.e., those the employee is entitled to, for which the Board has not yet been required to fund.

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 Equivalent: 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.