



Providence Medical Center

Employee Benefits Guide | 2024



Prime

Live Well. Work Well. Be Well.

EXCEPTIONAL CARE
EXCLUSIVE BENEFITS

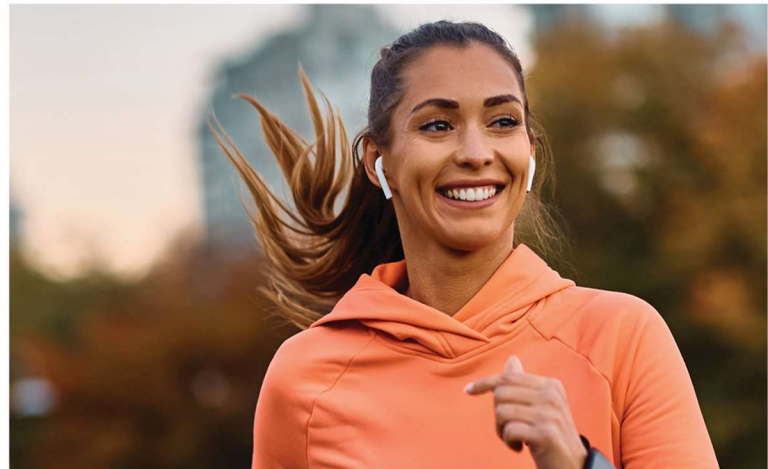


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While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For detailed information, please refer to the Plan Document/Summary Plan Description (SPD) or ehp.primehealthcare.com.

Medicare Part D Notice and AGA Medicare Options

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Summary Annual Report and Important Notices available in ehp.primehealthcare.com. For additional information on AGA Medicare Options refer to Other Benefits and Programs page.

For Assistance

Plan Type	Plan Providers	Phone Number	Website
Medical Prime Healthcare Employee Health Plan (EHP) <ul style="list-style-type: none"> • Referrals & Prior Authorization • PCP Elections and Changes • Claims • Tier 1 Prime Provider Directory 	EHP Customer Service	877-234-5227	ehp.primehealthcare.com Email a general inquiry: EHP@primehealthcare.com
Keenan Third Party Administrator (TPA) <ul style="list-style-type: none"> • Member Eligibility / Plan Design • Medical ID Cards • Explanation of Benefits 	TPA Customer Service	888-773-7218	www.keenan.com/benefits
Prescription Drugs	OptumRx OptumRx Specialty	866-339-3731 877-838-2907	www.optumrx.com
MERP (Medical Expense Reimbursement Plan)	Pinnacle	866-642-2932	www.prime.pinnacletpa.com
Dental	Delta Dental	888-335-8227	www.deltadentalins.com
Vision	Vision Service Plan	800-877-7195	www.vsp.com
Life/AD&D & Voluntary Disability <ul style="list-style-type: none"> • Life/AD&D • Optional Life • Voluntary STD • Voluntary LTD 	Sun Life Financial	800-247-6875	login.sunlifecconnect.com/ commonlogin/#/login/10
Emergency Travel Assistance	Sun Life Financial	Within U.S. 800-872-1414 Outside U.S. 609-986-1234	www.assistamerica.com
Identity Theft	Sun Life Financial	877-409-9597	www.assistamerica.com
EAP (Employee Assistance Program)	ComPsych	877-595-5284	www.guidanceresources.com
FSA and COBRA	HR Simplified	888-318-7472	www.mypretax.com
Voluntary Insurance	Trustmark Voluntary Benefits	800-918-8877	www.trustmarkbenefits.com/ Voluntary-Benefits
Financial Wellness & Identity Protection	Experian	855-797-0052	experian.myfinancialexpert.com/ login
MetLife Legal Plans	MetLife	800-821-6400	www.legalplans.com
Auto & Home	Farmers Insurance	800-438-6381	www.myautohome.farmers.com
Pet Insurance	Nationwide	Member Services 800-540-2016 Enrollment 877-738-7874	my.petinsurance.com/login benefits.petinsurance.com/ primehealthcare

Welcome to Prime Healthcare - Your Benefits

Providence Medical Center is proud to offer you a comprehensive variety of benefits and programs to enrich your life.

We want you to be healthy and cared for in the same way you care for our patients, families and the communities we serve. It is a unique privilege to provide care to each other through our Prime network of hospitals and providers. Don't miss out on this opportunity to enroll in these important benefits.

As a member of the Prime Healthcare family, we are pleased to offer three valuable medical options for you to consider.

1) PRIME EPO PLAN

Tier 1 Prime Healthcare Network

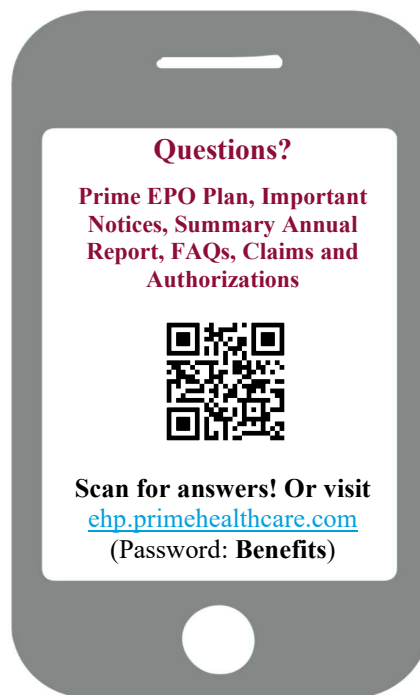
Staying within the Tier 1 Prime Healthcare Network, you will receive quality, compassionate award-winning care with better benefits, less cost, easier access and an expanded Tier 1 Prime Healthcare Network. Find your local Tier 1 Prime Provider Directory at ehp.primehealthcare.com/find-a-provider.

Advantages of the Tier 1 Prime Healthcare Network include:

- No annual deductible
- Minimal or no copays or coinsurance
- Easy access to the Tier 1 Prime Healthcare Network
- One of the best plans in the nation for quality, value and the least cost to members
- Award winning hospitals for quality
- Board certified physicians dedicated to your care, with more joining the Network every week
- Open access to any Prime inpatient or outpatient facility across the nation with no need of obtaining a prior authorization for covered services
- All covered services provided at any Prime facility are 100% covered at no cost to the member
- No prior authorization is required to see a Tier 1 Prime Healthcare Network Specialist for the initial and follow-up office visits, Preventive screening and services listed on the No Auth List (list available on company website ehp.primehealthcare.com)

Tier 2 BCBS BlueCard Network

When services are not available in the Tier 1 Prime Healthcare Network, with an approved prior authorization from Prime Utilization Management (UM) Department authorization, the Tier 2 BCBS BlueCard Network of services and providers can be used. If you obtain a service through a Tier 2 BCBS BlueCard Network facility or provider for a service that Prime Healthcare can provide, there will be no benefit coverage for the service unless prior approval is obtained from the Prime Healthcare UM Department. Prior approval is required and must be obtained by your Provider on your behalf.



2) MEDICAL EXPENSE REIMBURSEMENT PLAN

MERP is a voluntary plan available to employees who have access to alternate group medical and prescription drug coverage through a spouse or other source. This excellent benefit, with credits paid to you every pay period, can be a powerful way to avoid the impact of unexpected medical costs.

3) PRIME VALUE PLAN

The Prime Value Plan members have access to Tier 2 BCBS BlueCard Network Providers in addition to Tier 1 Prime Healthcare Network facilities and providers. **No authorization** is required for Tier 1 and Tier 2 Primary Care Provider (PCP). Initial consult to a Tier 1 Specialist doesn't need an authorization but all follow up needs an authorization to be submitted by your provider. All Tier 2 Specialist will need an authorization submitted by the provider on your behalf. Prime UM will review if requested services are a covered benefit. If services are available in the Tier 1 Prime Healthcare Network, Prime UM will notify members of the lower cost option available by utilizing that Network or Facility. The Prime Value Plan offers essential health benefits as specified under the Affordable Care Act.

Your Benefits (continued)

MAKING YOUR MEDICAL PLAN DECISIONS

As you review the medical plans, ask yourself these questions when deciding what's best for you this year:

- Do you expect to have high medical bills?
- Who else in your family will need health care coverage?
- Are you offered medical coverage from another source (your spouse's employer, for example) that better meets your needs? The MERP described on page 4 may be a great option for you.

EMPLOYEE BENEFITS THIRD PARTY ADMINISTRATOR

Prime Healthcare has selected Keenan EBTPA to help administer benefits for our Medical Plans. Keenan EBTPA handles member eligibility, plan benefits, claim inquiries and claims payments for the Medical Plan. For example, a member would call Keenan if he/she has questions about member responsibility for payment, how to file an appeal or need a new medical ID card.

Keenan's dedicated customer service number for Prime Healthcare is 888-773-7218. This number is printed on the back of your ID card. Keenan's Customer Service Department is available from 6:00 am to 5:00 pm PST, Monday through Friday.

Keenan provides an online resource for your Benefit, Eligibility & Claims Status needs. Members can now request an email reminder when a new Explanation of Benefits is available to view. Register at keenan-mesa.javelinaweb.com.

PRESCRIPTION DRUG COVERAGE

OptumRx administers our prescription drug plan. For your convenience, members can create an online account by logging onto www.optumrx.com or by calling OptumRx at 866-339-3731 or OptumRx Specialty at 877-838-2907.

Prescription drugs can play a vital role in maintaining or regaining your health. Providence Medical Center offers lower copays for a 90-day supply of maintenance drugs that help manage certain chronic conditions.

The Prime EPO plan offers lower copays for a 90-day supply of Maintenance Drugs for the following chronic conditions:

- Asthma
- Diabetes
- High Blood Pressure
- Heart Disease
- High Cholesterol

PHARMACY BENEFITS

For additional information regarding Pharmacy Benefits, please refer to Your Prescription Drugs Benefits page of the guide.

DENTAL, VISION, LIFE, DISABILITY AND OTHER VALUABLE PROGRAMS

Providence Medical Center is proud to offer many benefit programs to you and your eligible family members. Providence Medical Center will continue to offer the following valuable coverages:

- Delta Dental PPO
- Vision Service Plan (VSP)
- Life and AD&D
- Optional Life/Voluntary Disability
- MetLife Legal Plans
- Experian – *New Benefit!*
- Trustmark Voluntary Plans – *only offered during Open Enrollment*

Medical Expense Reimbursement Plan (MERP)

The Medical Expense Reimbursement Plan (MERP) is a benefit available to employees who have access to alternate medical and prescription drug coverage through their spouse or another source. This plan can help you avoid unexpected medical costs.

MERP covers medical expenses, which means you can receive reimbursement for copays, coinsurance, and deductibles that you incur under your alternate group plan, up to a maximum amount of **\$9,450 for individuals or \$18,900 for families**.

There is **NO COST** to join the MERP program for eligible employees and their dependents. However, there may be a cost associated with enrolling in an alternate group insurance plan.

HERE ARE SOME HELPFUL DEFINITIONS TO BETTER UNDERSTAND HOW MERP WORKS:

Medical Expense Reimbursement Plan (MERP): This plan reimburses employees and their dependents for eligible out-of-pocket medical expenses incurred under an alternate group medical coverage.

Medical Care Expenses: These are the deductibles, copays, and coinsurance for eligible expenses that you incur under your alternate group medical plan.

Alternate Group Medical Plan: This refers to any non-Prime Healthcare group medical coverage that is available to you through your spouse's employer, another employer, or any other source. It does not include certain types of plans, such as High Deductible Health Plans (HDHP) with an active Health Savings Account (HSA), Medicaid, Medicare, TRICARE, Healthcare Exchange Policies, Individual policies, or Limited Benefit Health Plans.

HERE ARE THE ELIGIBILITY REQUIREMENTS FOR MERP:

- New hires or newly eligible full-time and part-time employees and their dependents
- Existing full-time and part-time employees and their dependents who are currently enrolled in a Prime Healthcare Medical Plan
- Employees who were already enrolled in MERP in 2023

WHEN YOU CAN ENROLL

- **Annual Open Enrollment:** Your yearly chance to enroll. Ask your HR department for your location's dates.
- **Qualifying Event:** Life changes like marriage, birth, or shifts in spouse's employment status.
- **Spouse's Annual Open Enrollment:** Your window to another enrollment opportunity.
- **New Employee:** Welcome aboard!

HOW TO ENROLL

- Enroll in an alternate group medical plan (usually your spouse's) and waive coverage on a Prime Healthcare Medical Plan.
- Enroll in the MERP at your online enrollment site.

CLAIM FILING OPTIONS:

- Use your debit card to pay the co-pay or deductibles at the time of service.
- Use the phone app to file a claim and upload receipts.
- Use the portal to file a claim and upload receipts.
- Complete a paper claim form and email it to MERP@pinnacletpa.com, fax it to (949) 253-5420 or mail it to:

Pinnacle Claims Management Inc.
P.O. Box 2220
Newport Beach, CA 92658

Looking for the claims form or more information? Head over to prime.pinnacletpa.com and click on the resources tab.

Who Can You Cover?

WHO IS ELIGIBLE?

Eligible Employee

Full-Time employees regularly scheduled to work 60 hours per pay period are eligible for medical benefits the first of the month following or coinciding with two months from the date of hire. Eligibility for other coverage will remain 72 hours per pay period.

Part-Time employees regularly scheduled to work 40 hours per pay period are eligible for benefits the first of the month following or coinciding with two months from the date of hire.

Plan	Full-Time	Part-Time
Medical Expense Reimbursement Plan (MERP)	X	X
Prime EPO Plan	X	X
Prime Value Plan	X	X
Delta Dental PPO	X	X
VSP Plan B - Basic	X	X
VSP Plan C - Premium	X	X
Life/AD&D	X	
Optional Life	X	X
Voluntary Short-Term Disability	X	X
Voluntary Long-Term Disability	X	X
Employee Assistance Program	X	X
Flexible Spending Account	X	X
MetLife Legal Plans	X	X
Experian	X	X

Dependents

You can enroll the following family members in our medical, dental, vision and dependent life plans.



Your spouse:

- Married Spouse
- Common Law Spouse

Your children:

- Under the age of 26 are eligible to enroll. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
- Dependent children (under age 26) employed with Prime Healthcare are eligible to enroll as either dependent under a parent's medical plan, if the parent also works for Prime Healthcare, or under their own Prime Healthcare plan as an employee, but not both.

Please refer to the Dependent Eligibility Chart page in this Benefits Guide or the Plan Document/Summary Plan Description for complete details on how benefits eligibility is determined.

NOTE:

Married Spouse or Common Law Spouse who are eligible for medical coverage under their own employer's plan are not eligible to enroll in the medical plan. However, they can enroll in the dental, vision and dependent life plans.

OPT-OUT CREDIT

Employees selecting the Opt-Out credit must annually waive the medical benefit and elect the Opt-Out credit through the online enrollment portal and provide the alternate insurance carrier's name and policy number.

Enrollment in another Prime Healthcare medical plan does not qualify as other coverage.

WHEN CAN I ENROLL?

Employees must complete the enrollment process as soon as possible to ensure timely benefits upon the Benefits Effective Date. If you do not enroll within 31 days from your Benefits Effective Date, you will not be allowed to change your plan selections or add dependents until the next Annual Open Enrollment generally held in October/November (starting January 1), unless you have a qualifying life event. Qualified changes in status typically follow a life event such as marriage, divorce, birth or adoption.

Dependent Eligibility Chart

Employees are required to substantiate their dependents before applying for benefits each year. This is to ensure that our plans are compliant with the law. The eligibility criteria outlined below is defined by dependent type for your reference. Employees must present the appropriate **document(s)** to Human Resources, and your information will remain protected and confidential. Approved dependents will then be entered into the enrollment system. Prime Healthcare reserves the right to request original documents. Tip: To verify dependent(s) download your IRS transcript at <https://www.irs.gov/individuals/get-transcript>.

Dependent Type	Eligibility	Supporting Documents
Spouse	<p>Married Spouse</p> <p>NOTE: A Federal Tax Return filed as “Head of Household” does NOT meet the eligibility guidelines. If presented to HR your Spouse will be considered ineligible to enroll as your dependent.</p>	<p>One of the following documents will be accepted:</p> <ul style="list-style-type: none"> Federal Tax Return (1040), current filing period IRS Transcript, current filing period If Married and filing separately, Employee is required to present both Federal Tax Returns. Each return must indicate “Married Filing Separately” status and include the name and SSN of the Spouse. If newly Married, within the last 12 months you may present a Government Issued Marriage Certificate.
Common Law Spouse	Spouse as recognized by law	Notarized Affidavit of Common Law Marriage
Natural Birth Child Birth to Age 26 ¹	Biological Child	<p>One of the following documents will be accepted:</p> <ul style="list-style-type: none"> Federal Tax Return (1040), current filing period IRS Transcript, current filing period Birth Certificate Qualified Medical Child Support Order (QMCSO)
Stepchild Birth to Age 26 ¹	Child of current Spouse (Married or Common Law)	<p>One of the following documents will be accepted PLUS the Birth Certificate²:</p> <ul style="list-style-type: none"> Federal Tax Return (1040), current filing period IRS Transcript, current filing period Notarized Affidavit of Common Law Marriage <p>NOTE: Original birth certificate alone will not validate the stepchild’s eligibility. Employee/Spouse relationship must also be substantiated.</p>
Adopted Child Birth to Age 26 ¹	Adopted Child Eligible at the time of placement	<p>One of the following documents will be accepted:</p> <ul style="list-style-type: none"> Federal Tax Return (1040), current filing period IRS Transcript, current filing period Court Documents naming Employee/Spouse as Guardian Adoption Record Qualified Medical Child Support Order (QMCSO)
Legal Guardianship/ Legal Custody Birth to Age 18	Child is in the custody of the Employee/Spouse or under the protection of	Federal Tax Return (1040), current filing period (<i>not required if named as guardian in the last 12 months</i>) AND Court Documents naming Employee/Spouse as Legal Guardian/Custodian

- Age 26 limit applies to Medical, Dental, Vision and Dependent Child Life Coverage.
- The birth certificate must include the employee’s spouse’s name as parent.

Making Benefit Changes During the Year

Other than during annual Open Enrollment, you may only make changes to your benefit elections if you experience a qualifying event or qualify for a “special enrollment.” If you qualify for a mid-year benefit change, you may be required to submit proof of the change or evidence of prior coverage.

QUALIFYING EVENTS INCLUDE:

- **Change in legal marital status**, including marriage, divorce, legal separation, annulment, and death of a spouse.
- **Change in number of dependents**, including birth, adoption, placement for adoption, or death of a dependent child.
- **Change in employment status that affects benefit eligibility**, including the start or termination of employment by you, your spouse, or your dependent child.
- **Change in work schedule**, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between Part-Time and Full-Time employment that affects eligibility for benefits.
- **Change in a child's dependent status**, either newly satisfying the requirements for dependent child status or ceasing to satisfy them.
- **Change in place of residence or worksite**, including a change that affects the accessibility of network providers.
- **Change in your health coverage or your spouse's coverage** attributable to your spouse's employment (including MERP).
- **Change in an individual's eligibility for Medicare or Medicaid.**
- **A court order** resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child.
- **An event that is a “special enrollment” under the Health Insurance Portability and Accountability Act (HIPAA)** including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.
- **An event that is allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act.** Under provisions of the Act, employees have **60 days** after the following events to request enrollment:
 - Employee or dependent loses eligibility for Medicaid (known as Medi-Cal in CA) or CHIP (known as Healthy Families in CA).
 - Employee or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP.



If you must make mid-year changes to your insurance (adding/dropping dependents), contact Human Resources and provide supporting documents within 31 days of the change in status.

Prime EPO Plan

Members have access to our own valued providers in the Tier 1 Prime Healthcare Network. Take advantage and receive the maximum benefit by using a Prime Healthcare facility and network of Physicians. Establishing a primary care physician ensures you have a physician dedicated to coordinating your medical care. To view a list of services that do not require prior authorization when rendered at or by a Tier 1 contracted provider, visit ehp.primehealthcare.com. **Better benefits, less cost and easier access.**

Tier 1 Prime Healthcare Network	
Annual Deductible	None
Annual Out-of-Pocket Maximum	\$1,350 Individual / \$2,700 Family
Office Visit <ul style="list-style-type: none"> • Primary Care Physician (PCP) • Pediatrician • Specialist 	\$10 copay \$10 copay \$20 copay
Preventive Care Service	No charge
Chiropractic¹ (20 visit limit per calendar year)	\$20 copay
Lab and X-ray	No charge at a Prime Hospital or Facility; Office visit copay applies
Inpatient Hospital Services / Outpatient Hospital Services, Surgical Service	No charge
Urgent Care	\$20 copay
Emergency Room	\$25 copay (copay waived if admitted)
Ambulance	\$250 copay per trip
Rehab Therapy¹ Physical, Occupational, Speech (30 visit combined limit per calendar year)	No Charge at a Prime Hospital or Facility; or \$10 copay
Dialysis¹: 39 lifetime visits	No charge
Home Health Care¹ (100 visit limit per calendar year)	20% coinsurance
Durable Medical Equipment	20% coinsurance
Bariatric Procedure <ul style="list-style-type: none"> • Prime Facility / Physician Care 	Facility: \$500 copay plus 20% coinsurance / Physician: 50% coinsurance
Sleep Study <ul style="list-style-type: none"> • Home Study / Prime Sleep Lab • DME Supplies 	\$100 copay / \$250 copay 20% coinsurance

1. Visit limits are combined with Tier 1 Prime Healthcare Network and Tier 2 BCBS BlueCard Network.

For detailed plan information, please refer to the Plan Document/Summary Plan Description (SPD) in SharePoint or ehp.primehealthcare.com.



And remember ... as a member of the Prime Healthcare family, by staying within the Prime Healthcare Network, you will receive your care from our award-winning Prime Healthcare hospitals and physicians ... at little or no cost to you!

Prime EPO Plan (continued)

The Tier 2 BCBS BlueCard Network is used when a service is not available in the Tier 1 Prime Healthcare Network. Your treating Provider must submit a referral for services and receive prior authorization from Prime UM. Services obtained without prior authorization may not be covered and may become your responsibility to pay in full.

Prior authorization is required for most services outside of Tier 1 or Prime Network. Contact Prime Employee Health Plan (EHP) Customer Service at 877-234-5227 with any questions on the referral and authorization requirement.

Tier 2 BCBS BlueCard Network	
Annual Deductible	\$1,500 Individual / \$3,000 Family
Annual Out-of-Pocket Maximum	\$7,750 Individual / \$15,500 Family
Office Visit	
<ul style="list-style-type: none"> • Primary Care Physician (PCP) • Pediatrician • Specialist 	<ul style="list-style-type: none"> \$40 copay \$10 copay \$60 copay
Preventive Care Service	No charge
Chiropractic¹ (20 visit limit per calendar year)	\$40 copay
Lab and X-ray	Deductible plus 20% coinsurance
Inpatient Hospital Services / Outpatient Hospital Services, Surgical Service	\$500 copay plus Deductible and 20% coinsurance / \$250 copay plus Deductible and 20% coinsurance
Urgent Care	\$40 copay
Emergency Room	\$200 copay plus 20% coinsurance, No Deductible (copay waived if admitted)
Ambulance	\$250 copay per trip, No Deductible
Rehab Therapy¹ Physical, Occupational, Speech (30 visit combined limit per calendar year)	\$40 copay
Dialysis¹: 39 lifetime visits	20% coinsurance, No Deductible
Home Health Care¹ (100 visit limit per calendar year)	Deductible plus 20% coinsurance
Durable Medical Equipment	20% coinsurance, No Deductible
Bariatric Procedure	Not covered
Sleep Study	
<ul style="list-style-type: none"> • Home Study / BCBS BlueCard Sleep Lab • DME Supplies 	<ul style="list-style-type: none"> \$200 copay / \$500 copay 20% coinsurance, No Deductible

1. Visit limits are combined with Tier 1 Prime Healthcare Network and Tier 2 BCBS BlueCard Network.

Note: 1.5 benefit may be available at a Tier 2 BCBS BlueCard Network provider for services not available in the Tier 1 Prime Healthcare Network within a 50-mile radius of the employee's hospital. Prior authorization is required to receive this 1.5 benefit for Tier 2 coverage at Tier 1 cost to apply. For additional information, please find the 1.5 FAQ located in ehp.primehealthcare.com/faqs.

For detailed plan information, please refer to the Plan Document/Summary Plan Description (SPD) in SharePoint or ehp.primehealthcare.com.

Prime Value Plan

The Prime Value Plan members have access to Tier 2 BCBS BlueCard Network Providers in addition to Tier 1 Prime Healthcare Network facilities and providers. **No authorization** is required for Tier 1 and Tier 2 Primary Care Physician (PCP). Initial consult to a Tier 1 Specialist doesn't need an authorization but all follow up needs an authorization to be submitted by your provider. All Tier 2 Specialist will need an authorization submitted by the provider on your behalf.

Forms are available on our website: chp.primehealthcare.com/forms

Tier 1 Providers can be located at: chp.primehealthcare.com/find-a-provider/ (Note: Clear filters before searching)

Tier 2 Providers can be located at: bcbs.com/find-a-doctor

The Prime Value Plan offers essential health benefits as specified under the Affordable Care Act.

Tier 1 Prime Healthcare Network	
Annual Deductible	\$2,500 Individual / \$5,000 Family
Annual Out-of-Pocket Maximum	\$3,000 Individual / \$6,000 Family
Office Visit	
• Primary Care Physician (PCP)	\$20 copay
• Specialist	\$40 copay
Preventive Care Service	No charge
Chiropractic¹ (20 visits limit per calendar year)	20% coinsurance, No Deductible
Lab and X-ray	Office visit copay applies; 20% coinsurance, No Deductible at a Prime Hospital or Facility
Inpatient Hospital Services	Deductible plus 20% coinsurance
Outpatient Hospital Services – Surgical	Deductible plus 20% coinsurance Ambulatory Surgical Center: \$250 copay plus Deductible and 20% coinsurance
Urgent Care	\$40 copay, No Deductible
Emergency Room	\$300 copay (copay waived if admitted)
Ambulance	\$300 copay plus Deductible and 30% coinsurance per trip
Rehab Therapy¹ Physical, Occupational, Speech (24 visit combined limit per calendar year)	20% coinsurance, No Deductible
Dialysis¹: 39 lifetime visits	20% coinsurance, No Deductible
Home Health Care¹ (24 visit limit per calendar year)	20% coinsurance, No Deductible
Durable Medical Equipment	20% coinsurance, No Deductible

1. Visit limits are combined with Tier 1 Prime Healthcare Network and Tier 2 BCBS BlueCard Network.

For detailed plan information, please refer to the Plan Document/Summary Plan Description (SPD) in SharePoint or chp.primehealthcare.com.



And remember ... as a member of the Prime Healthcare family, by staying within the Prime Healthcare Network, you will receive your care from our award-winning Prime Healthcare hospitals and physicians ... at little or no cost to you!

Prime Value Plan (continued)

The Prime Value Plan provides access to the Tier 2 BCBS BlueCard Network of facilities and providers. Prime UM will review if requested services are a covered benefit.

Contact Prime Customer Service at 877-234-5227 with any questions on the referral and authorization requirement.

Tier 2 BCBS BlueCard Network	
Annual Deductible	\$5,000 Individual / \$10,000 Family
Annual Out-of-Pocket Maximum	\$6,100 Individual / \$12,200 Family
Office Visit <ul style="list-style-type: none"> • Primary Care Physician (PCP) • Specialist 	\$60 copay, No Deductible \$100 copay plus 20% coinsurance
Preventive Care Service	No charge
Chiropractic¹ (20 visit limit per calendar year)	Deductible plus 60% coinsurance
Lab and X-ray	Deductible plus 60% coinsurance
Inpatient Hospital Services	\$500 copay plus Deductible and 60% coinsurance
Outpatient Hospital Services – Surgical	Deductible plus 60% coinsurance Ambulatory Surgical Center: \$750 copay plus Deductible and 60% coinsurance
Urgent Care	\$100 copay plus Deductible and 60% coinsurance
Emergency Room	\$300 copay plus Deductible and 60% coinsurance (copay waived if admitted)
Ambulance	\$300 copay plus Deductible and 30% coinsurance per trip
Rehab Therapy¹ Physical, Occupational, Speech (24 visit combined limit per calendar year)	Deductible plus 60% coinsurance
Dialysis¹: 39 lifetime visits	Deductible plus 60% coinsurance
Home Health Care¹ (24 visit limit per calendar year)	Deductible plus 60% coinsurance
Durable Medical Equipment	Deductible plus 60% coinsurance

1. Visit limits are combined with Tier 1 Prime Healthcare Network and Tier 2 BCBS BlueCard Network.

For detailed plan information, please refer to the Plan Document/Summary Plan Description (SPD) in SharePoint or chp.primehealthcare.com.

Your Prescription Drug Benefits

Prescription drugs coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. If you enroll in medical coverage, you will automatically receive coverage for prescription drugs. OptumRx is the Pharmacy Benefits Manager.

PRIME EPO PLAN

OptumRx	
Annual Out-of-Pocket Maximum	Combined with Tier 2 Medical Out-of-Pocket Maximum
Retail Pharmacy <ul style="list-style-type: none"> • Generic • Formulary Brand 	Up to 30-day Supply \$10 copay \$30 copay
Maintenance Drugs (After 2nd refill) <ul style="list-style-type: none"> • Generic • Formulary Brand 	\$20 copay \$60 copay
Specialty Drugs (Available through OptumRx Specialty Pharmacy) <ul style="list-style-type: none"> • Generic • Formulary Brand 	Up to 30-day Supply \$200 copay \$300 copay
Mail Order <ul style="list-style-type: none"> • Generic • Formulary Brand 	Up to 90-day Supply \$20 copay \$60 copay
Prescription Drugs for the following conditions: <ul style="list-style-type: none"> • Asthma • Diabetes • High Blood Pressure • Heart Disease • High Cholesterol 	Up to 90-day Supply Generic: \$10 copay Formulary Brand: \$30 copay

PRIME VALUE PLAN

OptumRx	
Annual Out-of-Pocket Maximum	Combined with Tier 2 Medical Out-of-Pocket Maximum
Retail Pharmacy <ul style="list-style-type: none"> • Generic • Formulary Brand 	Up to 30-day Supply \$25 copay \$100 copay
Maintenance Drugs (After 2nd refill) <ul style="list-style-type: none"> • Generic • Formulary Brand 	\$50 copay \$200 copay
Specialty Drugs (Available through OptumRx Specialty Pharmacy) <ul style="list-style-type: none"> • Generic • Formulary Brand 	Up to 30-day Supply \$200 copay \$300 copay
Mail Order <ul style="list-style-type: none"> • Generic • Formulary Brand 	Up to 90-day Supply \$50 copay \$200 copay

For detailed plan information, please refer to the Plan Document/Summary Plan Description (SPD) in SharePoint or chp.primehealthcare.com.

Pharmacy Benefits

DISPENSE AS WRITTEN (DAW)

Brand medications will automatically be substituted with generic medications of equal clinical efficacy and safety providing greater value to you. If a brand medication is necessary, a member and physician can request an authorization.

Prescription orders will be filled based on this policy therefore a generic will be substituted, and the least cost will be incurred. Please note that a brand medication may require prior authorization to avoid higher copays and costs. Non-formulary medications may also incur greater costs when clinically equal formulary medications are available. If you have noticed an increase in the cost of some of the medications you are taking, it may be because there is a generic equivalent available to you at less cost or the medication is not on formulary and there is an equivalent formulary medication available to you.



OPTUMRX UTILIZATION MANAGEMENT PROGRAM

Certain prescriptions will require a review before they are covered by your prescription plan.

During the review, your doctor can provide us with more detailed information about your prescription so we can make sure its use falls within your plan's rules. These rules are based on the product information approved by the Food and Drug Administration (FDA) as well as published clinical trials and guidelines. We want to make sure you get the safest, most effective medication available.

FREE DIABETIC METERS

Members who are diabetics are eligible to participate in the OptumRx Free Meter Program.

Members may order a ContourNext branded meter by calling 1-800-401-8440 or ascensiadiabetes.com. Mention ID Code CTR-OPX.

SPECIALTY DRUGS

Specialty Drugs, such as Injectables, have to be obtained through Optum Specialty Pharmacy. Members can contact OptumRx Specialty by calling 877-838-2907.

HOME DELIVERY FROM OPTUMRX HOME DELIVERY

Convenient home delivery from OptumRx Home Delivery is required by your plan. Members can continue to fill medication at a retail pharmacy every month, but will pay a higher cost for long-term maintenance medication when filled at a retail pharmacy versus taking advantage of the lower copy when using home delivery.

It's easy to get home delivery and avoid paying a higher cost at retail. Just log in or register at www.optumrx.com/public/landing or by calling OptumRx at 866-339-3731.



Your Dental Benefits

Regular visits to your dentist can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

Providence Medical Center provides you with comprehensive coverage through Delta Dental of California. To locate a network provider, visit www.deltadentalins.com.

Plan Benefits	Delta Dental PPO	
	In-Network*	Out-of-Network*
Calendar Year Maximum	\$2,000	\$1,000
Calendar Year Deductible		
• Individual	\$25	\$50
• Family	\$75	\$150
Diagnostic and Preventative	No charge	20%
Basic Services	20%	
• Fillings		
Endodontics	20%	
• Root Canals		
Periodontics	20%	
• Gum Treatment		
Major Services	50%	
• Crowns, inlays, onlays & cast restorations		
Prosthodontics	50%	
• Bridges, dentures and implants		
Orthodontic Benefits	50%	
• Orthodontia (Child and Adult)		
• Lifetime Maximum	\$1,500	

* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

For detailed plan information, please refer to the Evidence of Coverage (EOC) in SharePoint or ehp.primehealthcare.com.

Your Vision Benefits

Routine vision exams are important, not only for correcting vision, but because they can detect other serious health conditions. Vision Service Plan (VSP) provides members with access to a large network of vision care providers. To locate a network provider, visit www.vsp.com. Your vision benefit can now be used at a VSP participating retail location. To access this benefit, simply inform the retail provider that you have VSP and they will handle the rest. The benefits received at a retail location will be at the same coverage level as a VSP network doctor's office, with the exception of Walmart, Sam's Club and Costco.

Plan Benefits	Choice Plan B – Basic Plan	Choice Plan C – Premium Plan
	In-Network*	In-Network*
Examination	\$20 copay	\$10 copay
Materials	\$20 copay	\$20 copay
Frames	\$170 allowance** 20% savings on the amount over your allowance \$95 Walmart/Sam's Club/Costco frame allowance**	\$180 allowance** 20% savings on the amount over your allowance \$100 Walmart/Sam's Club/Costco frame allowance**
Eyeglass Lenses <ul style="list-style-type: none"> • Single Vision Lenses • Lined Bifocal Lenses • Lined Trifocal Lenses • Impact-resistant lenses for dependent children 	Covered in full	Covered in full
Lens Enhancements <ul style="list-style-type: none"> • Standard Progressive Lenses • Premium Progressive Lenses • Custom Progressive Lenses • Anti-Glare Coating • Scratch-Resistant Coating 	Covered in full \$95 to \$105 copay \$150 to \$175 copay Not Covered Not Covered	Covered in full \$95 to \$105 copay \$150 to \$175 copay \$30 copay Covered in full
Contacts (in lieu of lenses and frames) <ul style="list-style-type: none"> • Contacts • Contact Lens Exam 	Up to \$150 allowance Up to \$60 copay	Up to \$150 allowance Up to \$60 copay
Frequency <ul style="list-style-type: none"> • Eye Exam • Lenses or Contact Lenses • Frames 	Once every calendar year Once every calendar year Once every other calendar year	Once every calendar year Once every calendar year Once every calendar year

* For additional information on Out-of-Network benefits, please refer to VSP's Benefit Summary.

** Since Walmart, Costco and Sam's Club already discount its pricing, the plan discounts will not apply (i.e., lens options and additional pair of glasses).

For detailed plan information, please refer to the Evidence of Coverage (EOC) in SharePoint or chp.primehealthcare.com.

Cost of Coverage

FULL-TIME EMPLOYEES

For employees that enroll in MERP - there is no cost to the employee! Prime pays for out-of-pocket costs, and you can take advantage of the per pay period credit received when waiving the medical plan.

The amount the Employee pays and the amount Prime pays is shown by pay period. There are 26 pay periods in the year.

Prime EPO Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Amount You Pay	\$25.00	\$69.76	\$57.07	\$142.70
Amount Prime Pays	\$371.70	\$763.32	\$692.69	\$1,106.92
Total Per Pay Period	\$396.70	\$833.08	\$749.76	\$1,249.62

Refer to the Quit for Life program in the 2024 Benefits Guide or on SharePoint to learn about the definitions of “Tobacco Free” and “Tobacco User” information and how to qualify for the Tobacco Free rate by completing a tobacco cessation program. Tobacco Users pay a surcharge of \$13.85 per pay period.

Prime Value Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Amount You Pay	\$47.61	\$111.22	\$92.87	\$185.35
Amount Prime Pays	\$191.82	\$367.66	\$338.11	\$532.98
Total Per Pay Period	\$239.43	\$478.88	\$430.98	\$718.33

Delta Dental PPO Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Amount You Pay	\$13.00	\$27.50	\$31.70	\$46.58
Amount Prime Pays	\$2.13	\$1.45	\$1.67	\$2.45
Total Per Pay Period	\$15.13	\$28.95	\$33.37	\$49.03

Voluntary Vision	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
VSP Plan B – You Pay	\$3.50	\$5.61	\$5.73	\$9.43
VSP Plan C – You Pay	\$4.19	\$6.71	\$6.85	\$11.05

Cost of Coverage (continued)

PART-TIME EMPLOYEES

For employees that enroll in MERP - there is no cost to the employee! Prime pays for out-of-pocket costs, and you can take advantage of the per pay period credit received when waiving the medical plan.

The amount the Employee pays and the amount Prime pays is shown by pay period. There are 26 pay periods in the year.

Prime EPO Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Amount You Pay	\$94.90	\$209.28	\$174.39	\$348.80
Amount Prime Pays	\$301.80	\$623.79	\$575.37	\$900.81
Total Per Pay Period	\$396.70	\$833.07	\$749.76	\$1,249.61

Refer to the Quit for Life program in the 2024 Benefits Guide or on SharePoint to learn about the definitions of “Tobacco Free” and “Tobacco User” information and how to qualify for the Tobacco Free rate by completing a tobacco cessation program. Tobacco Users pay a surcharge of \$13.85 per pay period.

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Quit for Life[®] Tobacco Cessation Program

The Quit For Life[®] Program is the nation's leading nicotine dependence coaching program. Quit For Life creates a personalized plan to quit using nicotine, provides support as they execute that plan, and re-engages those who relapse. The program uses a structured, evidence-based approach to quitting, paired with engaging tools and resources developed with the member in mind. A mix of digital tools and behavior change content, expert one-on-one and group coaching led by highly trained Coaches, and nicotine replacement therapy (NRT) supports participants when they need it and how they want it provided.

With Quit For Life, participants receive the following:

Convenient Tools

- Our proprietary, interactive website and mobile app offers online support tools that complement coaching sessions and enable for further exploration
- A course of NRT (patch or gum) mailed in conjunction with each participant's established quit date

Access to Coaches and Expert-led Online Education

- Expert-led online tobacco cessation and stress management content that provide participants with additional education and support between sessions
- One-on-one coaching sessions with a Quit Team to support and guide participants through the quitting process; unlimited inbound support is available
- Online Group coaching sessions to create a sense of community and facilitate peer learning
- Unlimited inbound Quit Coach support for up to one year using toll-free phone, live chat and text

Engaging Experience

- Tailored motivational emails throughout the quitting process
- Text messaging service that provides personalized, interactive messages, urge management support as well as planning and motivational support
- Personalized, digital dashboard that tracks program progress

Quit for Life offers a personalized, yet structured approach with each member.

If you are ready to quit, please call 866-784-8454, or visit www.quitnow.net.

TOBACCO USER SURCHARGE

If you select the Tobacco Free rate for your employee medical plan (refer to rate sheet), you are declaring that you are tobacco free and are attesting to the following:

1. You have not used any tobacco products during the past 30 days, you are currently tobacco free, and you will not use tobacco products during the 2024 benefits year;
2. You understand that tobacco products include cigarettes, cigars, chewing or pipe tobacco, any other tobacco products, and electronic cigarettes or "vapes" that include nicotine, regardless of the frequency or method of use;
3. You understand that misrepresentation of your tobacco use status may result in the imposition of the Tobacco User surcharge for the entire year.

If you select the **Tobacco User** rate for your employee medical plan (refer to rate sheet), you are declaring that you are a current Tobacco User of one or more of the tobacco products previously mentioned. Please note that you have the alternative option of qualifying for the Tobacco Free rate by completing the Quit For Life tobacco cessation program during the 2024 benefit plan year, offered at no cost to employees.

If you are a current tobacco user and want to receive a waiver of the Tobacco User surcharge, you must:

1. Contact the Quit for Life Tobacco Cessation Program and sign up for the program, and
2. Once you have successfully completed five (5) phone-based coaching sessions, confirmation will be sent to your employer from Quit for Life. You will then receive the Tobacco Free medical premium rate for the remainder of the plan year.

A reasonable alternative option for meeting the requirements for waiver of the Tobacco Use surcharge is available to any employee for whom it is unreasonably difficult to satisfy the requirement, or for whom it is medically inadvisable to attempt to satisfy the requirement.

Flexible Spending Accounts (FSAs)

A Flexible Spending Account (FSA) lets you set aside money before it is taxed through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. You must re-enroll in this program each year. HR Simplified administers this program.

HEALTH CARE FSA

For 2024, you may contribute up to **\$3,050** in pre-tax dollars to cover eligible health care expenses. The entire amount you set aside is available to you on your coverage effective date. This plan offers a benefit debit card for your convenience.

The Health Care FSA allows you to pay for a variety of health care expenses incurred by you, your spouse, and your children up to age 26. Some examples of the expenses you could pay with your Health Care FSA:

- Medical and dental deductibles and copays
- Orthodontia
- Vision exams, eye glasses and laser vision surgery
- Hearing aids
- Other services not considered cosmetic and aren't covered by your medical, dental or vision benefit plans.

DEPENDENT CARE FSA

For 2024, you may contribute up to **\$5,000** in pre-tax dollars to cover eligible dependent care expenses. If you and your spouse file separate tax returns, your maximum contribution is **\$2,500**.

The entire amount you set aside is not available right away.
- Funds are available as they are deducted from your paycheck

Eligible dependent care expenses include nursery schools and day care centers for your children under age 13, or for an adult tax dependent. Refer to IRS Publication 503 on www.irs.gov under the "Forms & Instructions" link for information regarding eligible Dependent Care FSA expenses.

Note: Employees with an annual salary of \$110,000 or more will not be able to enroll in the Dependent Care FSA plan

How FSAs Work

- 1. PLAN** – You estimate how much your health care and/or dependent care expenses might be for the 2024 calendar year (or portion thereof depending on your coverage effective date). Then you decide how much you want to put into your account(s), subject to the plan limit.
- 2. CONTRIBUTE** – The amount you set aside will automatically be deducted from your paychecks in equal amounts throughout the year.
- 3. COLLECT** – As you incur your eligible expenses, the amount you owe can be reimbursed by completing a claim form and submitting it with the required documentation to HR Simplified.

Claims can be submitted **online**, through the HR Simplified mobile app (free and available for both Apple and Android devices), by **mail** or **fax**.

- **FSA Debit Card** – You can also pay for eligible expenses using your FSA Debit Card. If you use your FSA Debit Card, you may be asked to submit your receipt to HR Simplified as proof of an eligible expense, so be sure to keep all your receipts.

Important!

The **FSA Grace Period** is an extended period of coverage at the end of every plan year that allows you extra time to incur expenses to use your remaining Flexible Spending Account balance after the close of the plan year. The Grace Period is 2 ½ months (through March 15th of the following year). If you do not use your remaining balance in the account, you will lose it at the end of the Grace Period.

Important Dates

Plan Starts	First day of Eligibility
Plan Ends	December 31 st
Last Day for Spending	March 15 th of following year
Last Day to Submit Claims	June 15 th of following year

Life Insurance

LIFE AND AD&D

Life and Accidental Death & Dismemberment (AD&D) Insurance is an important part of your comprehensive benefits package. For peace of mind, and the financial protection for you and your family in the event of death or a serious accident, benefit eligible employees are automatically enrolled in the Life and AD&D Insurance program through Sun Life Financial.

Employee Life Amount	1 x Base Annual Earnings up to a maximum of \$500,000
Employee AD&D Amount	1 x Base Annual Earnings up to a maximum of \$500,000

Taxes: Due to IRS regulations, an employer paid life insurance benefit of more than \$50,000 is considered a taxable benefit. You will see the value of the benefit included in your W-2.

Employee benefits reduce to 67% at age 70, 50% at age 75 and terminate at retirement.

OPTIONAL LIFE

Optional Life Insurance provides you additional life insurance to protect your family's financial security. Coverage is provided by Sun Life Financial at affordable group rates.

Employee Optional Life Amount	Increments of \$10,000 up to lesser of 5 x Base Annual Earnings or \$1,000,000
Spouse Optional Life Amount	Increments of \$5,000 up to a maximum of \$150,000 not to exceed 50% of employee benefit
Child(ren) Optional Life Amount	Increments of \$2,500 up to a maximum of \$10,000 not to exceed 50% of employee benefit

Employee benefits reduce to 67% at age 70, 50% at age 75 and terminate at retirement.

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Evidence of Insurability (EOI), also called “proof of good health”, is required if you decline coverage during your initial eligibility period and then want coverage at a later date.

All late entrants and increases of coverage require Evidence of Insurability.

Sun Life Financial will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life Financial may arrange for you to take a medical exam (at Sun Life Financial's expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life Financial approves the application.

Guarantee Issue: When newly eligible, you can elect Optional Life coverage up to the Guarantee Issue amounts without having to provide Evidence of Insurability (EOI).

The initial Guarantee Issue amounts are as follows:

- Employee*:
 - \$250,000 if under age 65
 - \$100,000 if age 65-69
 - \$20,000 if age 70-79
 - \$1,000 if age 80 or older
- Spouse**: \$50,000
- Child(ren):
 - \$10,000 (12 months up to 26 years of age)
 - \$500 (birth up to 12 months of age)

* Based on employee age as of January 1, 2024.

** Spouse benefits terminate at Spouse age 70.



Disability Insurance

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Short-Term Disability coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as Workers' Compensation, Social Security and Sick Pay. Vacation hours are not considered to be another source of income. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition.

Coverage is provided by Sun Life Financial. No Evidence of Insurability is required; however, a Pre-Existing Condition exclusion applies.

Weekly Benefit Amount	Plan pays 60% of covered weekly earnings
Maximum Weekly Benefit	\$2,500
Benefits Begin After:	
• Accident	7 days of disability
• Sickness	7 days of disability
Maximum Payment Period	25 weeks

VOLUNTARY LONG-TERM DISABILITY INSURANCE

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like Workers' Compensation, Social Security and Sick Pay. Vacation hours are not considered to be another source of income.

Coverage is provided by Sun Life Financial. No Evidence of Insurability is required; however, a Pre-Existing Condition exclusion applies.

Monthly Benefit Amount	Plan pays 60% of covered monthly earnings
Maximum Monthly Benefit	\$5,000
Benefits Begin After:	
• Accident	180 days of disability
• Sickness	180 days of disability
Maximum Payment Period	To age 65 or Social Security Normal Retirement Age



Voluntary Programs

Voluntary benefits are available through Trustmark. These benefits are optional and do not replace any of your other benefit coverages. For costs and complete coverage details, talk to a Benefits Counselor during annual Open Enrollment. The following information is provided to help you make an informed decision on what coverages suit your situation when it is time to enroll.

Please note: You are only able to make elections during the Open Enrollment period.

Voluntary Benefit Plans are not subject to ERISA and are offered to employees as a convenience only and are not endorsed by Prime Healthcare.

Scan for more information on Trustmark benefits.



- Select I Am a Member from the upper right corner;
- Select Benefit Guide and Plan Information;
- Scroll down to “for the benefit guide and all other plan information” and select “Please Click Here”;
- Select your facility from the upper right corner and enter Benefits as the password
- Scroll down and select “Benefit Information”;
- Scroll down and select Voluntary Programs

TRUSTMARK® HOSPITAL STAYPAY INSURANCE®

Hospital stays can be really expensive, and health insurance might not cover everything. You may have copays, deductibles and other surprise expenses. Trustmark Hospital StayPay helps take away the fear of what a hospital trip might cost. It’s designed to pair with your medical plan; when you combine the two, you can be more confident in your protection. You can get cash benefits for hospital stays due to a covered sickness or accident, normal childbirth or mental wellness/addiction recovery. You also have flexibility to adjust your benefit as your needs change.

TRUSTMARK® UNIVERSAL LIFE/LIFEEVENTS® INSURANCE WITH LONGTERM CARE BENEFIT

Trustmark Universal Life is permanent life insurance. In addition to providing a death benefit, it can help pay for long-term care services. The Universal LifeEvents® option gives you a higher death benefit during your working years for the same price, and a higher long-term care benefit that never reduces. Your price won’t increase due to age, and your policy builds cash value over time.

Universal LifeEvents death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary.

TRUSTMARK® ACCIDENT INSURANCE

Accident insurance from Trustmark pays you to help with the cost of covered accidents, at work or outside of work. It can help with things like medical co-pays and deductibles, getting to and from the hospital, and your everyday expenses. It covers accidental injuries like broken bones, burns and concussions. It also covers services like using an ambulance, checking into a hospital and getting physical therapy. Benefits are paid in cash, and you can use them for whatever you need most. This way you can recover with fewer worries about money.

TRUSTMARK® CRITICAL ILLNESS INSURANCE

A major illness can have hidden costs, even if you have health insurance. Trustmark Critical Illness insurance pays cash straight to you when you are diagnosed with a covered illness, including covered cancers. Other covered illnesses may include heart attack, stroke, kidney failure, major organ transplant and more. It also pays towards a routine screening test each year. You get paid no matter what your health insurance covers, and you can use the money for whatever you need. This way, when you get really sick, you can focus on your health and worry less about your wallet.

Plan forms GUL.205/IUL.205, CACI-82001, A-607, HII 119 and applicable riders are underwritten by Trustmark Insurance Company, Lake Forest, Illinois. Underwriting conditions may vary and determine eligibility for the offer of insurance. Benefits, availability, exclusions and limitations may vary by state and may be named differently. Your policy/certificate will contain complete information. Trustmark®, LifeEvents® and Trustmark Hospital StayPay® are registered trademarks of Trustmark Insurance Company.

Other Benefits and Programs

We are pleased to offer other valuable programs for you and your family.

AGA MEDICARE OPTIONS

Have Medicare questions?

Learn about the different Medicare plan choices from licensed and certified AGA Medicare Options Insurance agents in the comfort of your home.

AGA Medicare Options independent agents are dedicated to providing objective Medicare information and recommendations to help you make the right choice for you and your family. They can discuss topics that include:

AGA Medicare Option...

- Determining your eligibility
- Benefits, timeframes, and enrollment periods
- Assessing your healthcare needs
- Assuring that your plan covers your medications at the lowest cost
- Finding plans that are accepted by your physicians and hospitals of choice
- Simplifying the enrollment process

Common question:

What are Medical Advantage Plans?

Medicare Advantage Plans is an option worth learning before selecting a medical plan.

About AGA Medicare Options

AGA agents specialize in the Medicare market and have been helping Medicare beneficiaries find the most suitable plan selection for their needs since 1993. They are licensed and certified and abide all state and CMS regulations.



Call today to get in touch with an independent agent at 800-549-1880, TTY 711. Monday – Friday, 8:30am-5pm (PST). By calling the number, you will be directed to a licensed insurance agent.

EXPERIAN - NEW BENEFIT!

Financial Wellness & Identity Protection

My financial Expert by Experian provides you and your covered family members with robust financial tools to help you achieve your credit and financial goals. The program also provides you with industry leading Identity Protection services to help you monitor any potential threats to your identity and alerts you if there are any areas of concern.

In addition, you will have access to a suite of proactive digital privacy tools to help you keep passwords and other personal information private and secure while surfing the web.

Program features include:

- Personalized financial and credit insights and recommendations to help you achieve your goals
- Automated budgeting and cash flow management tools powered by AI
- Debt analysis and financial goal tracking
- Real-time credit alerts and easy disputes
- Device protection services: Secure VPN, Password Manager, Safe-Browser
- Credit monitoring – Real time alerts
- Free credit report access – quarterly tri-bureau and daily Experian
- Credit Lock – push of one button
- Social Media Monitoring
- Child Monitoring

As an Experian subscriber, you will have access to a robust mobile app with one-touch 24-7 assistance from a world class Resolution Center Support Team that will work with you until your issues are completely resolved. For more information, contact Experian at 855-797-0052 or visit their website at experian.myfinancialexpert.com/login.

EMPLOYEE ASSISTANCE PROGRAM

ComPsych provides you with an Employee Assistance Program (EAP) that is designed to help you manage life's challenges. Everyone needs a helping hand once in a while, and your EAP can provide confidential access 24/7. It can refer you to professional counselors and services that can help you resolve emotional health, family and work issues. This benefit is provided at no cost to you and is available to all household members.

EAP Services include:

- Employee Assistance Program (EAP)
- FamilySource®
- LegalConnect®
- FinancialConnect®
- EstateGuidance®
- GuidanceResources® Online

Other Benefits and Programs (continued)

IDENTITY THEFT PROTECTION

With your Sun Life coverage, you receive an ID-theft protection services provided by Assist America, at no cost to you. Identity theft is a serious crime. Each year, millions of Americans have their personal financial information stolen and must spend a significant amount of time and money to restore their records. If you ever become a victim of identity theft, you don't have to face it alone.

You have the support of a powerful Identity Theft Protection program through Assist America's SecurAssist® Identity Protection program. It provides:

- 24/7 telephone support and step-by-step guidance by anti-fraud experts
- an expert case worker who is assigned to you and will help you notify your credit bureaus and file paperwork to correct your credit reports
- help canceling stolen cards and reissuing new cards
- help notifying police, financial institutions, and government agencies.
- Internet fraud monitoring
- To activate these identity protection services, visit: www.assistamerica.com/sunlife

You can help stop identity theft before it happens:

- You can securely register up to 10 credit or debit cards for 24/7 surveillance.
- Registered cards are monitored using sophisticated web crawling technology that watches underground chat rooms where thieves are selling, and trading stolen personal information.
- You receive early warning of potential threats and are notified if your identity has been misused.

EMERGENCY TRAVEL ASSISTANCE

With your Sun Life coverage, you receive an emergency travel assistance program services provided by Assist America, at no cost to you. If you have a medical emergency while you are more than 100 miles away from home, you don't have to face it alone. With one simple phone call, you can be connected to Assist America's staff of medically trained, multilingual professionals who can advise you in a medical emergency, 24/7.

You have immediate access to:

- pre-qualified, multilingual doctors, hospitals, pharmacies, and dentists anywhere in the world
- medical consultation, evaluation, and referral
- hospital admission guarantee
- emergency medical evacuation
- lost prescription assistance
- legal and interpreter services and more

You or your family (whether traveling together or separately) can activate Assist America's emergency services with one call to the number on your Assist America ID card, whether you are on vacation or on a business trip (spouse business travel excluded).

METLIFE LEGAL PLANS – ENHANCED!

Beyond the broad list of covered legal matters already included in the MetLife Legal Plan, an additional four hours of coverage for non-covered services is included **as well as reproductive law assistance**, both at no additional cost to you. Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you can trust. With MetLife Legal Plans, you have access to the expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you are buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step. Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys or use an attorney outside of our network and be reimbursed some of the cost.

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee of **\$16.50** conveniently paid through payroll deduction, an expert is on your side as long as you need them. For more information, contact MetLife Legal Plans at 800-821-6400 or visit their website at www.legalplans.com.

Other Benefits and Programs (continued)

NATIONWIDE PET INSURANCE

My Pet Protection® and My Pet Protection from Nationwide® helps you provide your pets with the best care possible by reimbursing you for vet bills. You receive cash back for accidents, illnesses, hereditary conditions and more. Choose 50% or 70% reimbursement for the level of coverage that fits your needs*. Base plans have a \$250 annual deductible and \$7,500 maximum annual benefit.

You're free to use any vet and will get additional benefits for emergency boarding, lost pet advertising and more. Nationwide's 24/7 vethelpline® is available as a free service to all pet insurance members.

You can enroll at benefits.petinsurance.com/primehealthcare or by calling 877-738-7874. Your premium payment is arranged directly with Nationwide.

*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

AUTO AND HOME INSURANCE

Farmers GroupSelect Auto & Home offers a voluntary group auto and home program that provides you with access to insurance coverage for your personal insurance needs. With Farmers GroupSelect Auto & Home you can take advantage of valuable features and benefits:

- You can receive up to a 15% employee group discount
- Save more with multi-policy discounts when you insure both your home and auto

- Choose from a variety of insurance policies to meet your coverage needs including: condo, renters, boat, personal excess liability, personal property, motorcycle, and recreational vehicle insurance
- You may apply for group auto and home insurance at any time. Take advantage of these savings today and call 800-438-6381 and mention your discount code BSK or by visiting www.myautohome.farmers.com.

Your premium payment is arranged directly with Farmers Insurance.

