



Gallagher Choice

VOLUNTARY BENEFITS
GUIDE

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Introduction

Welcome to Gallagher vChoice. This unique program allows you to fill in the benefit gaps based on you and your family's individual needs. By carefully selecting and combining competitive insurance companies and providers, Gallagher vChoice offers you choices and convenience not found anywhere else.

Who is eligible?

After completing your employer's probationary period, all "actively at work" eligible employees are qualified to enroll in Gallagher vChoice. Dependents are also eligible to enroll in certain benefits.

When and how do I enroll?

You may enroll when you first become eligible or during annual open enrollment. You may also enroll or change coverage if you have a qualified change in status. These are the only times you are eligible to enroll in Gallagher vChoice.

To enroll, you must log in to the Gallagher vChoice enrollment website and complete your elections. Some benefits require additional forms to be completed before coverage becomes effective. Please see "How to Enroll" for further details.

Generally, changes can only be made at open enrollment. There are a few exceptions:

- You may enroll a new spouse or new child within one month of the date of marriage or birth/adoption.
- You may terminate your spouse if divorced or legally separated, or he/she dies or becomes disabled for more than one month.
- You must terminate any child who no longer qualifies as a dependent.
- You may change your coverage if, loss or gain of other coverage has occurred.
- You must terminate coverage if you are transferred to an employment status not eligible to participate in Gallagher vChoice; however, continuation of coverage is available for some policies. Please refer to the policy listings in this guide for more details.
- You may change or terminate coverage if either you or your spouse goes on an unpaid leave of absence.

Changes due to qualifying events must be consistent with the event.

What occurs at open enrollment?

At open enrollment, you can add or delete dependents and enroll in or terminate any coverage. Adding or increasing coverage may require that you submit an Evidence of Insurability form. Once you have been approved for coverage, the insurance company cannot cancel it due to declining health.

If you had a salary change during the prior year, any affected coverage will be automatically adjusted at open enrollment. In addition, costs may change due to a change in rates by the insurance company. Some policies' rates will increase as you age.

Who can I call if I have a question or need help?

Gallagher vChoice is co-sponsored by your employer and Arthur J. Gallagher & Co. A team of Benefit Advocates is available to answer questions and provide help when you need it.

Arthur J. Gallagher & Co.
777 - 108 Ave NE, Suite 200
Bellevue, WA 98004-5120

425.454.6000
Toll Free: 800.542.3737
Fax: 425.454.9622

Who pays if I have a claim?

All claims are paid by the underwriting insurance company.

If you need to make a claim, contact your employer to begin the necessary paperwork. A team of Benefit Advocates is also available assist you during the process. To contact a Benefit Advocate, please call 800.542.3737.

Where can I get information about my coverage?

This guide contains general information regarding coverage available through Gallagher vChoice. Detailed information can be found in the Certificates of Coverage. To receive a Certificate of Coverage, please contact your employer.

Important Terms

Eligibility Date

This is the effective date of coverage.

Evidence of Insurability (EOI)

Document used for medical underwriting. You may be required to complete this form if you choose to enroll after your initial eligibility date or you request an amount over the Guarantee Issue.

Guarantee Issue

The amount of coverage you are guaranteed to receive without completing a medical questionnaire.

Principal Sum

The amount of coverage you purchase.

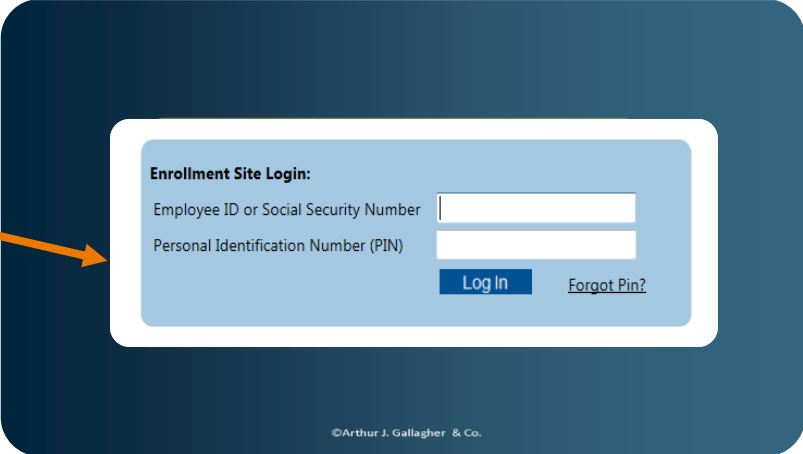
How to Enroll

You may enroll in Gallagher vChoice through the enrollment website. If you have any questions regarding your benefits or enrollment, please contact your employer or a Benefit Advocate.

Enrolling in Gallagher vChoice

- Enrollment Site: www.GallaghervChoiceEnroll.com
- PIN: The last four digits of your Social Security Number followed by the two digit year of your birth.
Ex: Someone born in 1980 and with a SSN of 123-45-6789 would have the PIN 678980.

Enter in the administrative website address in your Internet browser. On the home page, enter your Social Security and Password (details above) and click on "Log In".

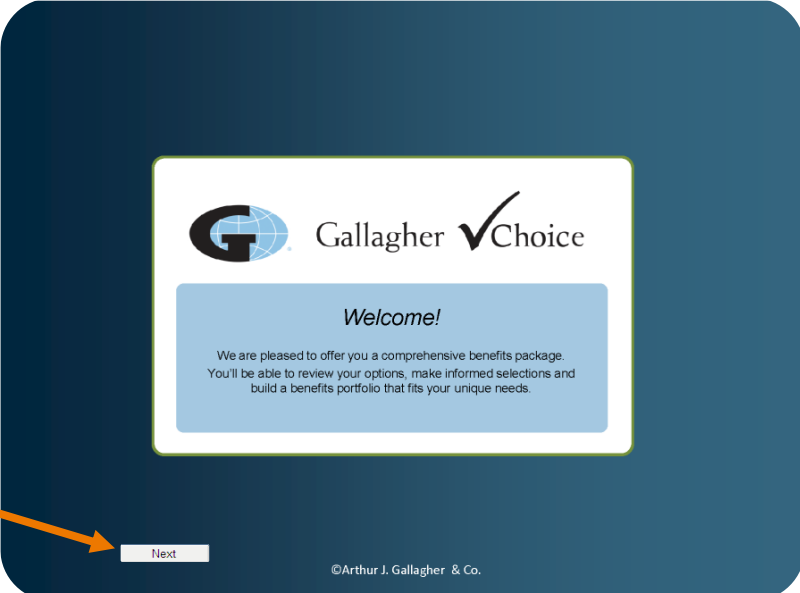


The screenshot shows the "Enrollment Site Login" page. It features two input fields: "Employee ID or Social Security Number" and "Personal Identification Number (PIN)". Below the fields are two buttons: "Log In" and "Forgot Pin?". The page is set against a dark blue background with a white-bordered login box.

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Click "Next" to begin the enrollment process. Fill in the requested information on each screen, clicking "Next" once complete.

Elections and/or changes will not be finalized until you have reached the end of all coverage options, PIN has been signed, and you receive your Summary of Benefits confirmation.



The screenshot shows the "Welcome!" page of the Gallagher vChoice enrollment site. It features the Gallagher vChoice logo at the top, followed by the text "Welcome!". Below this, a message states: "We are pleased to offer you a comprehensive benefits package. You'll be able to review your options, make informed selections and build a benefits portfolio that fits your unique needs." At the bottom of the page, there is a "Next" button.

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Term Life Insurance

As your lifestyle, family and income changes, so does your need for life insurance. Now is a good time to review your life insurance protection and make sure it has kept pace with inflation and your changing needs. You have the opportunity to enroll in a special voluntary life plan sponsored by your employer and underwritten by UNUM.

Benefits

You may elect term life insurance coverage in an amount between 1 to 5 times your annual earnings up to \$500,000 (individual options are listed on the Gallagher vChoice enrollment website). Your spouse/domestic partner may enroll in coverage up to 50% of the approved employee amount. You may elect \$10,000 of coverage for each of your eligible children (coverage is reduced to \$1,000 for children between birth to 6 months old).

If you (or your spouse/domestic partner) would like to increase the term life insurance coverage, you must wait until the next open enrollment period to do so. You may also be required to submit a medical Evidence of Insurability form to UNUM for approval.

Benefits are paid to your designated beneficiary in the event you die from any cause (except as noted in the Exclusions and Limitations below). If you enroll your spouse/domestic partner or child, you will automatically be the beneficiary of your spouse/domestic partner's or child's coverage.

Eligibility

Term life insurance is available to:

- Employee
- Spouse/Domestic Partner
- Children to age 26 (includes your natural offspring, adopted children, stepchildren, domestic partner's dependents and foster children)
- (PEBB not eligible)

You must enroll in employee term life coverage in order to enroll your spouse/domestic partner and/or dependents.

Please note: Dependent Coverage: Insurance coverage is not allowed if that dependent is totally disabled on the date that insurance would otherwise be effective. **This means you may not enroll or increase coverage if your dependent meets the definition of "Totally Disabled".**

If your eligible dependent is totally disabled, your dependent's coverage will begin on the first of the month following the date your eligible dependent no longer is totally disabled. This provision does not apply to a newborn child while dependent insurance is in effect.

"Totally disabled" means that, as a result of an injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life threatening condition.

Exclusions and Limitations

As is permitted under the Age Discrimination and Employment Act, your maximum allowable coverage will be reduced to:

- 65% of your coverage amount at age 70
- 50% of your coverage amount at age 75

Continuation of Coverage

Continuation of coverage options are available should you wish to continue term life insurance when you would otherwise lose coverage (i.e., your employment terminates). Please see your employer for details.

Guaranteed Coverage

Your coverage may be guaranteed if you enroll during your initial open enrollment period or within 31 days of first becoming benefit eligible. Guarantee Issue is only available during the initial enrollment period. Spouse/domestic partner Guarantee Issue amounts are 50% of the employee amounts and \$10,000 per child.

Please note: You will be billed your election amount up to the Guarantee Issue beginning on your eligibility date. Any amount you elect in excess of the Guarantee Issue will be effective the first day of the month following approval from underwriting.

If you are electing an amount above the Guarantee Issue you must complete the Evidence of Insurability form. If you or your family wishes to enroll more than 31 days after you become eligible, you must wait until the next open enrollment. Guarantee Issue coverage will not be available to you at that time and you must complete an Evidence of Insurability form.

For current participants: Please be aware that if you are declined due to adverse health for any amounts above the Guarantee Issue, you will be locked at Guarantee Issue regardless of any future salary changes.

Important Notes

Waiver of Premium

If you become totally disabled before age 60 and your disability lasts at least 9 months, you may be eligible for a Waiver of Premium. You must complete the Waiver of Premium application. If the application is approved, your coverage will continue, at no cost to you, as long as you are under age 65 and continue to remain disabled. Please see your employer for further information.

Accelerated Benefits

If a doctor certifies you are terminally ill and not expected to live more than 12 months, you may request up to 75% of your life insurance amount be paid to you. Please see your employer for further information.

Accidental Death & Dismemberment

This benefit covers you against accidents occurring on or off the job, in or away from home, with no geographical limits. Accidental Death & Dismemberment insurance is offered through The Standard.

Benefits

You may purchase coverage for yourself in multiples of \$100,000 up to \$500,000 (not to exceed 10 times your annual earnings). Spouse/Domestic Partner in multiples of \$50,000 up to \$250,000 (not to exceed 50% of your coverage), and \$10,000 for your Children.

If a covered loss occurs while insured under this plan, benefits are payable to you, if living. Benefits payable because of loss of your life or coma will be paid to the Beneficiary you name.

The amount payable is a percentage of the AD&D Insurance Benefits or the Dependents AD&D Insurance Benefits in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss	Percentage Payable
a. Life	100%
b. One Hand or One Foot.....	50%
c. Sight in one eye, speech, or hearing in both ears	50%
d. Two or more of the Losses listed in b. and c. above	100%
e. Thumb and index finger of the same hand.....	*25%
f. Quadriplegia	**100%
g. Hemiplegia	**50%
h. Paraplegia	**75%
i. Uniplegia	**25%
j. Coma	***1%

* No AD&D Insurance Benefits will be paid for Loss of thumb and index finger of the same hand if an AD&D Insurance Benefit is payable for the Loss of that entire hand.

** No AD&D Insurance Benefit will be paid for loss of function of a hand or foot if an AD&D Insurance Benefit is payable for Quadriplegia, Hemiplegia, Uniplegia or Paraplegia involving that same hand or foot.

***Per month of the remainder of the AD&D Insurance Benefit payable for Loss of life after reduction by any AD&D Insurance Benefit paid for any other Loss as a result of the same accident. Payments for coma will not exceed a maximum of 12 months.

No more than 100% of your AD&D Insurance Benefit will be paid for all Losses resulting from one accident.

Additional Benefits

- Seat Belt Benefit
- Air Bag Benefit
- Repatriation Benefit
- Career Adjustment Benefit
- Child Care Benefit
- Higher Education Benefit

Guaranteed Coverage

Accidental Death & Dismemberment coverage is offered on a guaranteed issue basis – no medical questions must be answered in order to enroll in coverage.

Eligibility

AD&D insurance is available to:

- Employee
- Spouse/Domestic Partner
- Children to age 26 (includes your natural offspring, adopted children, stepchildren, domestic partner's dependents and foster children)
- (PEBB not eligible)

Active Work Requirement

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase in your insurance will not become effective until the date after you complete one full day of Active Work as an eligible Member.

Additional Features

- Higher Repatriation Benefit - provides coverage for unexpected hardship during employee travel, both for business and leisure. If an insured employee's death occurs while traveling more than 200 miles from the employee's residence, The Standard helps cover the expenses incurred when transporting the remains back home.

The Standard's Family Benefits Package extends financial assistance to eligible family members in the event of an employee's accidental death for which AD&D insurance benefits are payable:

- Higher Education Benefit. Pays for qualifying tuition expenses incurred by an employee's eligible children. The benefit is paid annually per child, for a maximum of four consecutive years beginning on the date of the employee's death. The benefit will not exceed \$5,000 per year, or the cumulative total of \$20,000 or 25 percent of the employee's AD&D insurance benefit - whichever is less.
- Career Adjustment Benefit. Pays for qualifying tuition expenses incurred by an employee's eligible spouse for training aimed at obtaining employment or increasing earnings within 36 months of the date of the insured's death. The benefit will not exceed \$5,000 per year, or the cumulative total of \$10,000 or 25 percent of the employee's AD&D insurance benefit - whichever is less.
- Career Child Care Benefit. Pays for qualifying child care costs incurred by an employee's spouse in order to work or obtain training aimed at securing employment or increasing earnings within 36 months after the date of the employee's death. The benefit will not exceed \$5,000 per year, or the cumulative total of \$10,000 or 25 percent of the employee's AD&D insurance benefit - whichever is less.

Exclusions

No AD&D Insurance Benefits are payable if the accident or Loss is caused or contributed to by any of the following:

1. War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature
2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing official duties.
4. The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a Physician.
5. Sickness or Pregnancy existing at the time of the accident or exposure.
6. Heart attack or stroke.
7. Medical or surgical treatment or diagnostic procedure for any of the above.
8. Boarding, leaving, or being in or on any kind of aircraft. However, this exclusion will not apply if the person who suffers the Loss is a fare paying passenger on a commercial aircraft.

Short Term Disability

An unexpected loss of income due to disability can cause severe financial hardship. A short term disability plan can replace lost income when you are disabled because of a non work-related injury or sickness (including pregnancy, alcoholism, drug addiction, mental and nervous conditions). The short term disability program is offered through Mutual of Omaha.

Benefits

Benefit payments begin following a period of 14 days of total disability due to a non-work related sickness or injury. Upon approval, you will receive 60% of your basic weekly earnings up to a \$500 maximum weekly benefit. Weekly payments will continue for 11 weeks, as long as you remain disabled due to sickness or injury.

Please see the Gallagher vChoice enrollment website for your coverage levels.

Eligibility

Short term disability insurance is available to eligible employees only.

Exclusions and Limitations

Benefits are not payable if:

- Satisfactory proof of disability is not provided to Mutual of Omaha,
- Your Disability results from an act of declared or undeclared war;
- Results from Your Participation in a Riot or Your commission of or attempt to commit a felony or any type of assault or battery,
- Arises out of or in the course of employment with the policyholder for which you are entitled to benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier;
- Results, whether You are sane or insane, from:
 - an intentionally self-inflicted Injury or Sickness; or
 - attempted suicide;
- Occurs while you are incarcerated or imprisoned for any period exceeding 31 days,
- Is solely a result of a loss of a professional license, occupational license, or certification.

Continuation of Coverage

Continuation of coverage options are available should you wish to continue your disability insurance when you would otherwise lose coverage (i.e., your employment terminates). Please see your employer for details.

- You must be age 69 or less;
- You must not be disabled;
- You must not be retired;
- You must not be on a leave of absence from the employer
- You must not be unable to work for the employer due to a labor strike;
- You cannot be covered under any similar individual or group disability insurance plan or policy; and
- You must have been insured under the group disability plan offered by the employer (named in Section 1), and the plan it replaced (if applicable), for at least twelve consecutive months immediately prior to the date your eligibility for insurance under the group plan ended
- Continuation of Short Term Disability premiums will change at the time of electing coverage. See continuation form for costs.

Guaranteed Coverage

Guaranteed coverage is offered on a guaranteed issue basis – no medical questions must be answered in order to enroll in coverage.

Important Notes

Pre-Existing Condition

A pre-existing condition is any sickness or injury for which you have received medical treatment, consultation, care or services (including diagnostic measures or taking prescribed drugs or medicine) during the 3 months prior to the coverage effective date. A disability resulting from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for 6 months following the coverage effective date.

Partial Disability Benefit

If you are disabled and you are able to generate current earnings of at least 20% of your weekly earnings, yet not more than 99% of your weekly earnings, you may be eligible to receive a partial Short Term Disability benefit.

Partial disability benefits are reduced by earnings from any form of employment and end on the earliest of:

- The date you cease to be partially disabled;
- The date your earnings exceed 85% of your pre-disability income; or
- The date the maximum benefit duration ends.

Coverage Effective Date If You Are Currently Disabled

If you are unable to work when your coverage would otherwise have become effective, your coverage effective date will be deferred until you have been actively at work for one full day and have worked at least 15 out of the 20 working days immediately preceding the coverage effective date.

Long Term Disability

Many people are concerned about whether they have enough life insurance, but few give enough thought to disability coverage. Long term disability protection plans can replace lost income resulting from accidents, heart attacks, and even complicated pregnancies. The long term disability benefit is offered through Mutual of Omaha.

Benefits

Benefit payments begin following a period of 3 months of total or partial disability. Payments will continue for up to 5 years or to *SSNRA (depending on which duration you elect). Upon approval, you will receive 60% of your basic monthly earnings up to a \$5,000 maximum monthly benefit. Benefits are reduced by your Social Security benefits, Workers Compensation, other employer-sponsored disability benefits or retirement plans, and earnings from any form of employment. Please see the Gallagher vChoice enrollment website for your coverage levels.

*Social Security Non-Retirement Age

Eligibility

Long term disability insurance is available to eligible employees only.

Exclusions and Limitations

Disability caused by mental or nervous disorders are covered to a lifetime maximum of 24 months (unless you are continuously confined in a hospital or institution at the end of the 24 month period).

This policy does not cover loss by or resulting from any one or more of the following:

- results from an act of declared or undeclared war or armed aggression;
- results from Your Participation in a Riot or Your commission of or attempt to commit a felony or any type of assault or battery;
- results, whether You are sane or insane, from:
 - an intentionally self-inflicted Injury or Sickness; or
 - attempted suicide
- results from Alcohol and Drug Abuse and/or Substance Abuse, except as specifically provided in the Limitations Section;
- results from a Mental Disorder, except as specifically provided in the Limitations Section;
- is caused by Alcohol and Drug Abuse and/or Substance Abuse, while You are 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, or if none, by Us;
- occurs while You are incarcerated or imprisoned for any period exceeding 31 days; or
- is solely a result of a loss of a professional license, occupational license, or certification.

Reduction Schedule

Age at Disability	5 year Benefit	Age at Disability	To SSNRA Benefit
Less than Age		Less than Age 60	To Age SSNRA
65	60 months	60	To SSNRA; or 3 years and 6 months, whichever is longest
66	48 months	61	To SSNRA; or 3 years and 6 months, whichever is longest
67	36 months	62	To SSNRA; or 3 years and 6 months, whichever is longest
68	24 months	63	To SSNRA; or 3 years, whichever is longest
69 and Over	12 months	64	To SSNRA; or 2 years and 6 months, whichever is longest
		65	To SSNRA; or 2 years, whichever is longest
		66	To SSNRA; or 1 years and 9 months, whichever is longest
		67	To SSNRA; or 1 years and 6 months, whichever is longest
		68	To SSNRA; or 1 years and 3 months, whichever is longest
		69 and Over	To SSNRA; or 1 year, whichever is longest

Continuation of Coverage

Continuation of coverage options are available should you wish to continue your disability insurance when you would otherwise lose coverage (i.e., your employment terminates). Please see your employer for details.

- You must be age 69 or less;
- You must not be disabled;
- You must not be retired;
- You must not be on a leave of absence from the employer
- You must not be unable to work for the employer due to a labor strike;
- You cannot be covered under any similar individual or group disability insurance plan or policy; and
- You must have been insured under the group disability plan offered by the employer (named in Section 1), and the plan it replaced (if applicable), for at least twelve consecutive months immediately prior to the date your eligibility for insurance under the group plan ended
- Continuation of Short Term Disability premiums will change at the time of electing coverage. See continuation form for costs.

Guaranteed Coverage

Guaranteed coverage is offered on a guaranteed issue basis – no medical questions must be answered in order to enroll in coverage.

Important Notes

Pre-Existing Condition

A pre-existing condition is any sickness or injury for which you have received medical treatment, consultation, care or services (including diagnostic measures or taking prescribed drugs or medicine) during the 12 months prior to the coverage effective date. A disability from any such sickness or injury will be covered only if it begins after you have been continuously insured under the policy for 12 months, unless no treatment was received for 12 consecutive months after your coverage effective date.

Total Disability Benefit

In order to receive the total benefit amount, you must be deemed “totally disabled.” Total disability is your inability to perform each of the material duties of your occupation due to a sickness or injury. After 24 months, it means you are unable to perform the main duties of any gainful occupation for which your training, education or experience will reasonably allow.

Partial Disability Benefit

You may be eligible for a partial disability benefit if you are unable to perform one or more main duties of your occupation, or are unable to perform them full-time, due to a sickness or injury. To receive a partial disability benefit for longer than 24 months, you will need to satisfy an 85% earnings test. For more information, please contact a Benefit Advocate at 800.542.3737.

Critical Illness

Medical insurance alone can't stop a major diagnosis from draining your finances. Copays, deductibles, alternative treatments — these unexpected expenses add up quickly. Critical Illness insurance provides an affordable option for easing the financial burden that can come with a serious illness. Under this plan, children are automatically covered at no extra cost. The critical illness benefit is offered through Standard Insurance Company.

Benefits

Critical illness insurance will pay a lump sum benefit upon diagnosis of a covered critical illness. You may select one of the following benefit amounts for yourself: \$15,000. You can also select \$15,000 for your spouse. Children are automatically included at 25% of your amount.

Covered Illness	Maximum Benefit
<ul style="list-style-type: none"> • Cancer • Heart Attack • Stroke • End-Stage Renal Disease • Major Organ Transplant • Coma • Paralysis • Blindness • Occupational Hepatitis • Occupational HIV • 21 Childhood Diseases 	100% of the Benefit Amount
<ul style="list-style-type: none"> • Carcinoma in Situ • Severe Coronary Artery Disease 	25% of the Benefit Amount

Health Screening Benefit (\$50 per year)

- | | |
|--|--|
| <ul style="list-style-type: none"> • Mammography • Stress test on bicycle or treadmill • Pap Smear • Lipid Panel ABI – Screening for peripheral vascular disease • PSA (Blood Test for Prostate Cancer) • CA 15-3 for Breast Cancer • CEA Blood Test for Colon Cancer • Biopsies for cancer • HPV vaccination | <ul style="list-style-type: none"> • Bone density screening • EKG • Complete Blood Count (CBC) • Hemoglobin A1C • Colonoscopy • Breast Ultrasound • CA 125 for Ovarian Cancer • Hemocult Stool Analysis • Comprehensive Metabolic Panel (CMP) • Abdominal aortic aneurysm ultrasound |
|--|--|

Eligibility

Critical illness coverage is available to the following. Please note, an employee must enroll in order to cover any dependents.

- Employee (18 -70 years old)
- Spouse/Domestic Partner (18-70 years old)
- Children to age 26 (includes your natural offspring, adopted children, stepchildren, domestic partner's dependents and foster children)

Exclusions and Limitations

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or act of War.
- Attempted suicide or other intentionally self-inflicted Injury, while sane or insane.
- Committing or attempting to commit an assault, felony, act of terrorism, or actively participating in a violent disorder or riot.
- Alcoholism or drug addiction.
- Initial diagnosis outside of the United States.
- Elective surgery or other procedure which:

Does not promote the proper function of the body or prevent or treat sickness or injury.

Is directed at improving the insured's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement.

This exclusion will not apply to a Critical Illness caused or contributed to by donation of an organ or tissue.

Continuation of Coverage

Continuation of coverage is available should you wish to continue critical illness insurance when you would otherwise lose coverage (i.e., your employment terminates). Please see your employer for details.

Guaranteed Coverage

Critical Illness coverage is offered on a guaranteed issue basis – no medical questions must be answered in order to enroll in coverage.

Important Notes

Additional Occurrence Benefit:

If you are diagnosed with a different and subsequent covered illness at least 90 days after the diagnosis of the first critical illness, you will receive an additional critical illness insurance benefit.

Recurrence Benefit:

If you are diagnosed with a covered illness again after a treatment free period of 12 months, you will receive 25 percent of the original benefit amount.

Pre-Existing Condition

Preexisting conditions can affect your coverage if they occurred at any time during the 12 month period just before the date your or your dependent's insurance or an increase in coverage amount becomes effective. Preexisting conditions are defined as:

A mental or physical condition (whether or not diagnosed or misdiagnosed) for you or your dependent consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures including self-administered procedures or taking prescribed drugs or medications.

A mental or physical condition that was discovered or suspected as a result of any medical examination, including a routine examination.

You or your dependent will not be covered for a critical illness (or an increase in coverage) if it is caused or contributed to by a preexisting condition or medical or surgical treatment of a preexisting condition. The preexisting condition will be covered if, on the day you or your dependent incur the critical illness:

You or your dependent have been continuously insured under the group policy for 12 months.

You have been actively at work for at least a full day after the end of that 12 months.

Accident

Nobody plans to have an accident — and most people don't budget for one, either. Accident insurance helps you pay for out-of-pocket expenses medical insurance won't cover. If your covered child gets injured while participating in an organized sport, you'll receive an additional 25 percent of the total benefit paid. It's an affordable way for you to keep your financial lives moving in the right direction. The accident benefit is offered through Standard Insurance Company.

Benefits

The following table lists benefits available through the accident policy.

Accident/Injury	Benefit Amount
Accident Emergency Treatment	\$150
Accident Follow-Up Visit (up to 2 visits per person, per accident)	\$50
Accidental Death*	
Employee	\$50,000
Spouse/Domestic Partner	\$25,000
Child	\$12,500
*The accidental death benefit increases if the accidental death occurs on a common carrier. Employee-\$100,000; Spouse/Domestic Partner-\$50,000; Child-\$25,000	
Accidental Dismemberment*	
Loss of two or more digits	5% of Accidental Death benefit
Loss of one hand; or one foot; loss of sight of one eye; loss of hearing of one ear	15% of Accidental Death benefit
Loss of one hand and one foot; loss of both hands or both feet; or the loss of sight of both eyes; or loss of hearing in both ears	30% of Accident Death benefit
Admission*	
Hospital Admission Benefit	\$1,000
Intensive Care Unit Admission Benefit	\$750
*Note: The Intensive Care Unit Admission Benefit pays in addition to the Hospital Admission Benefit.	
Ambulance	
Ground Ambulance Benefit	\$300
Air Ambulance Benefit	\$800

Accident/Injury	Benefit Amount
Appliance and Prosthetic Device	
Appliance Benefit (crutches, etc.)	\$100
Prosthetic Device Benefit	\$500 for one device \$1,000 for two or more devices
Blood/Plasma/Platelets Administration	
	\$300
Burns*	
2nd degree burns covering at least 15% of the body surface	\$200
2nd degree burns covering over 15% of the body surface	\$1,000
3 rd degree burns covering at least 15% of the body surface	\$5,000
3rd degree burns covering over 15% of the body surface	\$10,000
Burn requiring skin graft	additional 25% of the applicable burn benefit
Coma	
	\$7,500
Complete Dislocation (Separated Joint)	
Hip	Closed Reduction: \$2,500 Open Reduction: \$5,000
Knee (except patella)	Closed Reduction: \$900 Open Reduction: \$1,800
Ankle – bone/bones of the foot (other than toes)	Closed Reduction: \$800 Open Reduction: \$1,600
Collarbone (sternoclavicular)	Closed Reduction: \$800 Open Reduction: \$1,600
Lower jaw	Closed Reduction: \$800 Open Reduction: \$1,600
Shoulder	Closed Reduction: \$800 Open Reduction: \$1,600
Elbow	Closed Reduction: \$800 Open Reduction: \$1,600
Wrist	Closed Reduction: \$800 Open Reduction: \$1,600
Bone/bones of the hand (other than fingers)	Closed Reduction: \$800 Open Reduction: \$1,600
Collarbone (acromioclavicular and separation)	Closed Reduction: \$400 Open Reduction: \$800
One toe or finger	Closed Reduction: \$150 Open Reduction: \$300
<p>Note: If an Insured Person sustains more than one dislocation in a Covered Accident, payment is made for each dislocation. There is not a maximum benefit amount for dislocation. Partial dislocations are paid at 25% of the associated dislocation.</p>	

Accident/Injury	Benefit Amount
Concussion	\$150
Confinement*	
Hospital Confinement Benefit	\$200 per day, up to 365 days
Intensive Care Unit Confinement Benefit	\$200 per day, up to 15 days
Rehabilitation Unit Confinement Benefit	\$100 per day, up to 15 days
*Note: The Intensive Care Unit Confinement Benefit pays in addition to the Hospital Confinement Benefit.	
Emergency Dental Work	
Broken tooth repaired with a crown, denture or implant	\$200
Broken tooth resulting in extraction	\$100
Eye Injury*	\$200
Family Lodging	\$175 per night, up to 30 days per covered accident.
Fracture (Broken Bone)*	
Skull (except bones of face or nose), depressed skull fracture	Closed Reduction: \$4,000 Open Reduction: \$8,000
Skull (except bones of face or nose), Simple non-depressed skull fracture	Closed Reduction: \$1,500 Open Reduction: \$3,000
Hip)	Closed Reduction: \$2,500 Open Reduction: \$5,000
Vertebral column	Closed Reduction: \$1,200 Open Reduction: \$2,400
Pelvis	Closed Reduction: \$1,200 Open Reduction: \$2,400
Leg (Hip to knee)	Closed Reduction: \$2,000 Open Reduction: \$4,000
Leg (Knee to ankle)	Closed Reduction: \$1,200 Open Reduction: \$2,400
Bones of face or nose	Closed Reduction: \$500 Open Reduction: \$1,000
Arm	Closed Reduction: \$500 Open Reduction: \$1,000
Lower jaw, mandible (except alveolar process)	Closed Reduction: \$550 Open Reduction: \$1,100
Shoulder blade (scapula) and/or collarbone (clavicle, sternum)	Closed Reduction: \$550 Open Reduction: \$1,100

Accident/Injury	Benefit Amount
Fracture (Broken Bone)* continued	
Vertebral processes	Closed Reduction: \$500 Open Reduction: \$1,100
Forearm (radius and/or ulna), hand, wrist (except fingers)	Closed Reduction: \$550 Open Reduction: \$1,100
Kneecap (patella)	Closed Reduction: \$550 Open Reduction: \$1,100
Foot (except toes)	Closed Reduction: \$550 Open Reduction: \$1,100
Ankle	Closed Reduction: \$550 Open Reduction: \$1,100
Rib	Closed Reduction: \$400 Open Reduction: \$800
Coccyx	Closed Reduction: \$500 Open Reduction: \$1,000
Finger, toe	Closed Reduction: \$100 Open Reduction: \$200
*Note: If an Insured Person sustains more than one fracture in a Covered Accident, payment is made for each fracture. There is not a maximum benefit amount for fractures. Chip fractures are paid at 25% of the associated fracture.	
Major Diagnostic Exam	\$200
Laceration (cut)	
Total of all lacerations is less than 2 inches long	\$75
Total of all lacerations is at least 2 but less than 6 inches long	\$200
Total of all lacerations is 6 inches or longer	\$500
Physical or Occupational Therapy	\$50 per day, up to 3 days
Surgery	
Open Abdominal; Thoracic surgery	\$1,500
Ruptured Disc with surgical repair	\$750
Exploratory and Arthroscopic Surgery	\$200
Knee Cartilage Torn – repair	\$750
Knee Cartilage Exploratory Surgery	\$200
Tendon; Ligament or Rotator Cuff Surgery	
one	\$750
two or more	\$1,000
Transportation - benefit covers insured persons required to travel more than 100 miles one way from his or her residence for treatment of Injuries resulting from a Covered Accident. This benefit is not payable when the Insured Person is transported by an ambulance.	\$150, up to 30 days per Insured Person per covered accident.
X-Ray	\$50

Additional Benefits

Youth Organized Sports Benefit

A Youth Organized Sports benefit is included with child coverage. If a covered child aged 18 or younger is injured while playing an organized sport, an additional 25% of the total benefit will be paid.

Automobile Accident Benefit

The Automobile Accident Benefit pays an additional \$500 if the insured is injured in an automobile accident.

Eligibility

Accident coverage is available to:

- Employee (18-70 years old)
- Spouse/Domestic Partner (18-70 years old)
- Children to age 26 (includes your natural offspring, adopted children, stepchildren, domestic partner's dependents and foster children)

Exclusions and Limitations

- Benefits are not payable if the accident was caused or contributed by any of the following:
- War or act of War.
- Suicide or other intentionally self-inflicted Injury, while sane or insane.
- Committing or attempting to commit an assault, felony, act of terrorism, or actively participating in a violent disorder or riot.
- Sickness existing at the time of the Accident, including any medical or surgical treatment or diagnostic procedure for a
- Sickness.
- Travel or flight in or on any aircraft (certain exceptions apply, including as a fare paying passenger on a regularly
- scheduled commercial flight).
- Engaging in high risk sports or activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests.
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a Covered
- Accident.
- Riding in or driving any automobile in a race, stunt show, or speed test.
- Cosmetic surgery, unless such surgery or procedure is necessary to correct a deformity or restore bodily function
- resulting from a Covered Accident.
- Any Accident which arises out of or in the course of the insured's incarceration in a jail, penal, or correctional institution.

Continuation of Coverage

Continuation of coverage is available should you wish to continue injury/accident insurance when you would otherwise lose coverage (i.e., your employment terminates). Please see your employer for details.

Guaranteed Coverage

Accident coverage is offered on a guaranteed issue basis – no medical questions must be answered in order to enroll for coverage.

Vision

Taking care of your eyes is important. Regular eye examinations can not only determine your need for corrective eyewear, but also may detect general health problems (such as diabetes and high cholesterol) in their earliest stages. To round out your health benefits, you have the option to buy vision insurance on a voluntary basis, at discounted group rates. Vision is offered through Vision Service Plan (VSP).

Benefits

The vision policy covers a variety of services, including eye exam, lenses and contact lenses. When covered in full services are obtained from a VSP Preferred Provider, you will have no out-of-pocket expense other than any applicable copays.

VSP Signature Plan Details

Benefit	VSP Preferred Provider	Open Access Provider
WellVision® Exam	Covered in full	Reimbursed up to \$50
Single Vision Lenses	Covered in full	Reimbursed up to \$50
Line Bifocal Lenses	Covered in full	Reimbursed up to \$75
Lined Trifocal Lenses	Covered in full	Reimbursed up to \$100
Lenticular Lenses	Covered in full	Reimbursed up to \$125
Frame	Covered up to \$250 allowance (\$50 wholesale) 20% discount on any amount exceeding retail allowance	Reimbursed up to \$70
Contact Lenses – Elective (instead of glasses)	Covered up to \$250 allowance (in lieu of lenses and frames) The \$25 materials co-pay does not apply to elective contacts	Reimbursed up to \$105
Contact Lenses – Necessary	Covered in full	Reimbursed up to \$210

VSP Signature Plan Highlights

WellVision Exam	\$10.00 copay – Every 12 months Thorough eye exams can detect symptoms of serious eye conditions and health conditions, like diabetes and high cholesterol.
Prescription Glasses & Contact Lenses	\$25 copay
Contact Lens Exam – Fitting and Evaluation (when choosing contacts)	Standard and premium fit: covered in full after copay Contact lens fitting and evaluation exam – not to exceed a \$60 co-pay when services are received from a VSP provider.
Lenses	Every 12 months In addition to covered-in-full (single vision, bi-focal and tri-focal) lenses, VSP Preferred Providers offer cost controls on all non-covered lens options, saving you an average of 35% to 40% off their normal fees. You also receive a 30% discount off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% discount off from any VSP doctor within 12 months of your last WellVision Exam.
Frames	Every 24 months Retail frame allowances are backed by a guaranteed wholesale allowance. This means you receive the same value no matter which VSP Preferred Provider you visit. You also receive 20% off any amount exceeding your allowance.
Contact Lenses	Every 12 months Members receive a \$250 materials allowance every 12 months (this is in lieu of lenses and frames and the \$25 materials copay does not apply to Elective Contacts) Necessary contact lenses are covered-in-full (from a VSP provider) for members who have specific conditions for which contact lenses provide better visual correction. (The \$25 materials co-pay does apply for necessary contacts)
Primary EyeCare Plan SM	\$20 copay – as often as needed VSP Preferred Providers provide supplemental coverage for specialty eyecare services and conditions, such as pink eye and other urgent eyecare needs. You can see your VSP Preferred Provider without a referral.
Laser VisionCare Program	VSP contracted laser centers provide discounts for laser surgery, including PRK, LASIK and Custom LASIK. ³ Discounts average 15% off or 5% off if the laser center is offering a promotional price. ⁴ Members who've had PRK, LASIK or Custom LASIK vision correction surgery can use their covered-in-full benefit for sunglasses instead of a prescription pair of glasses.
Low Vision	Low vision is vision loss sufficient enough to prevent reading and performing daily activities. With pre-approval from VSP, low vision supplemental testing is covered every 2 years. VSP will pay 75% of the cost for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) per member every 2 years.
Retinal Screening	VSP Preferred Providers offer guaranteed pricing on retinal screening. This ensures that you won't pay more than \$39 for a routine retinal screening.

- 1 30% discount applies to glasses purchased the same day as your eye exam from the same VSP Preferred Provider who provided the exam. You will also receive 20% off unlimited additional pairs of glasses valid through any VSP Preferred Provider within 12 months of the last covered eye exam.
- 2 Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member.
- 3 LaserVision Care discounts are only available from VSP-contracted facilities.

Eligibility

Vision coverage is available to:

- Employee
- Spouse/Domestic Partner
- Children to age 26 (includes your own natural offspring, adopted children, stepchildren, domestic partner's dependents and foster children)

Exclusions and Limitations

There may be some materials and services with either limited or no coverage under this plan. Please contact VSP for more information.

Continuation of Coverage

Continuation of coverage options are available should you wish to continue vision insurance when you would otherwise lose coverage (i.e., your employment terminates). Please see your employer for details.

Guaranteed Coverage

Vision coverage is offered on a guaranteed issue basis – no medical questions must be answered in order to enroll for coverage.

Important Notes

VSP Preferred Providers

When covered services are obtained from a VSP Preferred Provider, you will have no out-of-pocket expense other than any applicable copays. For services obtained through an Open Access Provider, you will be reimbursed up to a specified amount.

Long Term Care (Plan Frozen – New enrollment not allowed)

Long-term care is the assistance received when someone needs help with two or more activities of daily living – such as dressing, eating, moving around, bathing and toileting – or when someone suffers a severe cognitive impairment such as a stroke or Alzheimer’s. Most people don’t think about long-term care until it affects someone close to them. With more than 13 million people in the United States needing long-term care today, the importance of planning ahead and being prepared is critical. The long term care benefit is offered through CNA.

Benefits

There are two different long term care plans available.

	PLAN A	PLAN B
Maximum daily benefit for nursing home care and alternate care facility ¹	\$120	\$160
Maximum daily benefit for community based care ²	\$72	\$96
Corresponding lifetime maximum benefit ³	\$87,600 (730 X \$120)	\$292,000 (1,825 X \$160)
Waiting period ⁴	90 calendar days	90 calendar days
Temporary bed holding benefit ⁵	\$2,520	\$3,360
Emergency alert ⁶	\$72	\$96
Caregiver training benefit ⁷	\$216	\$288
Caregiver benefit ⁸	\$900	\$1,200

¹ 100% of the eligible expense per day of nursing home care or care provided in an alternate care facility, up to the maximum nursing home care benefit chosen by you. An eligible expense is the actual expense paid by you for the services covered by the policy.

² 100% of the eligible expenses per day of community based care, up to 60% of the maximum nursing home care benefit chosen by you.

³ The lifetime maximum benefit is a pool of money the insured can use for all eligible long term care expenses. The lifetime maximum benefit will automatically increase when your daily benefit for nursing home increases.

⁴ A licensed healthcare practitioner must certify you as chronically ill and having a qualifying impairment that is expected to last for 90 calendar days.

⁵ Your plan will pay 100% of the eligible expense not to exceed the maximum daily benefit for nursing home care, up to 21 calendar days per year, to hold your bed in the nursing home during your absence.

⁶ Independent living at home may require the ability to summon help quickly with an emergency alert system. Monthly rental or lease fees for such equipment are covered up to an amount equal to the daily community based care benefit.

⁷ Your plan will pay 100% of the actual expense incurred for caregiver training up to the caregiver benefit stated above. Caregiver training of this type is covered up to a total of three times the community based care benefit.

⁸ Your plan will pay 25% of your chosen daily maximum benefit up to 30 days per year for various types of informal care (i.e., non-licensed caregivers). This benefit is paid *in addition* to the community based care benefit.

Eligibility

Long Term Care is available to:

- N/A (Frozen)

Continuation of Coverage

Continuation of coverage options are available should you wish to continue long term care insurance when you would otherwise lose coverage (i.e., your employment terminates). Please see your employer for details.

Pet Insurance

Recent advances in veterinary medicine mean pets can live longer, healthier lives. Pet insurance can help ensure your pets get necessary care when they need it. Pet insurance is offered through Pets Best Insurance.

Benefits

Pet insurance covers a wide variety of routine and emergency care. All plans reimburse a percentage of your vet bill for treatment related to accidents and illnesses.

To see full plan details, get a quote and enroll in coverage, go to www.petsbest.com/EBAJG.

Pets Best Coverage Plans for Illness, Accidents & Injuries

Additional Coverage for Routine Care Available

Eligibility

Pet insurance is available to employees, families and friends. Simply visit Pets Best online to sign up for discounted coverage.

Exclusions and Limitations

Some exclusions and limitations apply. For more information, please visit petsbest.com/EBAJG or call Pets Best at 877.738.7237.

Continuation of Coverage

Pet insurance is an individual policy. You will be able to continue pet insurance so long as premiums are paid, regardless of your employment status.

Important Notes

Premium Payment

Please note you will be billed directly from Pets Best for your elected coverage – premiums are not payroll deducted.

The intent of this outline is to briefly highlight key features of your plan and is not to replace your insurance contract, certificate or booklet. We have compiled information into summary form to outline answers to questions we most commonly receive. If this benefit outline does not address your specific benefit needs, you should contact the insurance carrier or refer to their contract, certificate or booklet for more specific information and limitations. The information provided in the enclosed material is for comparative and informational purposes only. Actual claims paid are subject to the terms and conditions of the individual carriers' contracts. Please review the carriers' contracts for more detailed information on the plans being offered. The descriptions in this brochure are HIGHLIGHTS only. Should any conflict arise between this brochure and the contracts underwritten by the insurance companies, the contracts will govern in all cases.



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