



ENROLLMENT GUIDE



2021-2022

*Scan the QR Code to login to
Employee Navigator*



CONTENTS & CONTACTS

TABLE OF CONTENTS

SECTION	PAGE
IMPORTANT CONTACTS	2
ENROLLMENT & ELIGIBILITY	3
MEDICAL/RX	4-6
DENTAL	7
VISION	7
LIFE INSURANCE & DISABILITY	8
FLEXIBLE SPENDING ACCOUNT (FSA)	9
HEALTH SAVINGS ACCOUNT (HSA)	10
BENEFIT ADVOCATE	11
ADDITIONAL INFORMATION -Carrier Flyers	12

IMPORTANT CONTACTS

PLAN	CONTACT	PHONE	WEBSITE/EMAIL
MEDICAL/RX	Priority Health	(800) 942-0954	www.priorityhealth.com
DENTAL	Guardian	(888) 600-1600	www.guardiananytime.com
VISION	EyeMed	(888) 362-7463	www.eyemed.com
LIFE INSURANCE	Guardian	(888) 600-1600	www.guardiananytime.com
DISABILITY	Guardian	(888) 600-1600	www.guardiananytime.com
FLEXIBLE SPENDING ACCOUNT	TASC	(800) 422-4661	www.tasconline.com
HEALTH SAVINGS ACCOUNT	Health Equity	(866) 346-5800	www.healthequity.com
BENEFIT ADVOCATE	Wilshire Benefits Group	(844) 870-2010	advocate@wilshirebenefits.com

HEALTH INSURANCE 101

Before you enroll, here are some common terms you need to know and understand:

1. COINSURANCE

The percentage of a covered healthcare service cost you pay after you've paid your deductible.

2. COPAYMENT

A fixed dollar amount you pay for healthcare services, such as doctor's visits, urgent care or emergency room services. Copayments track towards your out-of-pocket maximum, but do not apply towards the deductible.

3. DEDUCTIBLE

The amount you pay for certain covered healthcare services before your insurance plan starts to pay on your behalf.

4. OUT-OF-POCKET MAXIMUM

The most you will pay for healthcare services in one year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs for covered benefits (with some exceptions).

5. PREMIUM

This is the cost you will pay to participate in the employer health plan. Your premium is separate from your deductible and out-of-pocket maximum.

6. PREVENTIVE CARE

Routine healthcare services like check-ups, immunizations, and screenings for adults, women, and children.



WHO PAYS FOR YOUR HEALTHCARE

All Other

Once you have reached your out-of-pocket max, your plan will pay for any charged services covered by your plan

Out-of-Pocket Maximum

Your deductible, copays, and coinsurance track toward your out-of-pocket maximum

Coinsurance

You and your plan each pay a % after your deductible has been met

Deductible and Copays

You pay

Preventive Care

Your plan pays

Premium

You pay

MEDICAL/RX

Priority Health

In-Network	HMO \$1,500	PPO \$2,500	PPO \$4,000	PPO HSA \$2,500
Deductible Year	July 1—June 30			
Deductible	\$1,500/\$3,000	\$2,500/\$5,000	\$4,000/\$8,000	\$2,500/\$5,000
Coinsurance	0%	0%	20%	20%
Coinsurance Maximum	N/A	N/A	\$2,500/\$5,000	N/A
Out-of-Pocket Max	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$5,000/\$10,000
Office Visit	\$20 copay	\$20 copay	\$30 copay	20% after deductible
Virtual Visit	\$0 copay	\$0 copay	\$0 copay	Covered 100%
Specialist Visit	\$35 copay	\$35 copay	\$45 copay	20% after deductible
Preventive Visits	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Chiropractic Visits	\$20 copay	\$20 copay	\$30 copay	20% after deductible
Urgent Care	\$75 copay	\$75 copay	\$75 copay	20% after deductible
Emergency Room	\$150 after deductible	\$150 after deductible	\$150 after deductible	20% after deductible
Inpatient/Outpatient	0% after deductible	0% after deductible	20% after deductible	20% after deductible
PCP Required	Yes	No	No	No
HSA Compatible	No	No	No	Yes

Prescription Drug Coverage

Generic (Preferred/Non-preferred)	\$10	\$10	\$20	\$20 after deductible
Brand (Preferred/Non-preferred)	\$40/\$80	\$40/\$80	\$60/\$80	\$60/\$80 after deductible
Specialty (Preferred/Non-preferred)	\$40/\$80	\$40/\$80	20%-\$200/\$400	20%-\$200/\$400 after deductible

Semi-Monthly Employee Contributions*

Single	\$64.74	\$66.16	\$8.78	\$47.14
Employee + Spouse	\$124.37	\$127.10	\$16.87	\$90.56
Employee + Child(ren)	\$113.00	\$115.49	\$15.32	\$82.29
Family	\$174.56	\$178.40	\$23.67	\$127.12

*Employees with a spouse who is working and eligible for benefits through his/her employer and declines their employer benefits will be charged a spousal surcharge of \$100 per pay (\$200 monthly).

DENTAL & VISION

DENTAL-Guardian

Benefit Description	In-Network	Out-of-Network
Deductible	\$50/\$150	\$50/\$150
Preventative Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontics	50%	50%
Dental Maximum-Annual	\$1,000	\$1,000
Orthodontia Maximum-Lifetime	\$1,000	\$1,000
Semi-Monthly Employee Contributions		
Single	\$3.82	
Family	\$11.50	

VISION-EyeMed

Benefit Description	In-Network
Exam Frequency	Once per 12 months
Lenses Frequency	Once per 12 months
Contact Lenses Frequency	Once per 12 months (In lieu of lenses)
Frames Frequency	Once per 12 months
Exam Copay	\$10
Lenses Copay	\$25
Frame Allowance	\$130
Contacts Allowance	\$130
Semi-Monthly Employee Contributions	
Single	\$3.85
Employee + Spouse	\$7.32
Employee + Child(ren)	\$7.71
Family	\$11.33

BENEFIT ADVOCATE

Your Benefit Advocate is dedicated to helping you make the most of your benefits. Insurance can be difficult to understand, that's why we provide a dedicated phone and email line to answer your questions year round.

Your Benefit Advocate can help answer questions about your benefit options during open enrollment and questions that come up throughout the year.

Reach out to your benefit advocate for help with:

- Finding an in-network provider
- Questions on bills you receive from providers
- Claims you believe haven't paid correctly
- New ID cards
- Pharmacy or prescription issues
- Questions on how your benefits work
- Benefit coverage questions
- Benefit eligibility
- Employee Navigator questions
- And more

Your Benefit Advocate is available
Monday—Friday 8:30 AM—4:00 PM EST
advocate@wilshirebenefits.com
844-870-2010

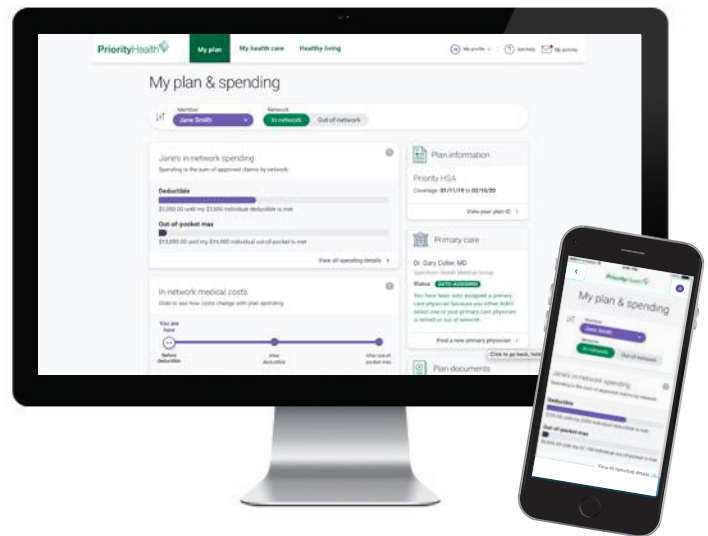
Accessing your plan

Managing your health insurance anytime, anywhere is easier than ever with Priority Health. When your plan becomes effective, download the Priority Health app from the App Store or Google Play, or visit member.priorityhealth.com to access your personalized health plan information anytime, anywhere.

Find the doctors you need, keep track of your spending and use tools to help you save money on the cost of your care. It's the smart way to get the most out of your health plan.

You'll be able to:

- Track spending balances to keep budgets in check
- Search claims and see a detailed breakdown of care and prescription costs
- View health insurance plan ID information—and share it with providers
- Set up a video visit and get virtual care, including prescriptions
- Find in-network doctors, hospitals, labs and more: *coming January 2021*
- Learn if a procedure is covered by your plan with the Am I Covered? tool
- Research the cost of care before you receive it through Healthcare Bluebook: *coming January 2021*
- Get healthy and stay healthy with personalized programs and activities
- Message experts to get fast answers and help with your plan



Download the app for account information on the go.

Not new to Priority Health? Log in to your Priority Health account and start browsing the Member Center for helpful plan tools and resources.

Visit the app or priorityhealth.com/member/center.

Receiving care

COMING TO YOUR ONLINE MEMBER ACCOUNT IN 2021

To find a doctor or research the cost of care, search easily in your account.

Looking for a provider?

You can search for providers by category, specialty, location and more in your online member account. Find a provider who fits your needs and your plan quickly and easily.

How it works:

- 1 | Log in at priorityhealth.com or download the Priority Health app to start your search.
- 2 | Use the *Am I covered?* feature on your homepage, select **providers** then set your location.
- 3 | Click through to Cigna to complete your search.

Looking for information on the cost of care?

Healthcare Bluebook provides cost transparency for procedures, tests and more, so you can know the cost before receiving care.

How it works:

- 1 | Log in at priorityhealth.com or download the Priority Health app to start your search.
- 2 | Use the *Am I covered?* feature on your homepage, select **procedures** then set your location.
- 3 | Click through to Healthcare Bluebook to complete your search

Not a member yet?

Browse Find a Doctor at priorityhealth.com/findadoc and select the plan type that best suits you. You'll be able to search for providers, facilities and more within that plan's network.

Preventive care

Find or fend off illnesses before they get serious.

At Priority Health, we include preventive health care services like flu shots and routine physical exams in all plans, at no cost.*

Preventive health care services help you avoid health problems, or detect them early when they are most treatable—before you feel sick or have symptoms. We pay in full for the preventive health care services that are listed in your plan benefits or in the Preventive Health Care Guidelines.

You'll find the full list of preventive care services in your member account. If you have questions or you would like a copy of our guidelines, please call our Customer Service team at the number on the back of your member ID card. You can also log in at priorityhealth.com to send us a message.

Examples of preventive care

FOR CHILDREN

- Well-child visits
- Vaccines for chicken pox, the flu and more

FOR ADULTS

- Routine physical exams
- Colon screenings
- Flu shots
- Cholesterol and diabetes screening labs

FOR WOMEN

- Breast cancer screenings
- Pap and HPV tests
- Contraceptives**



We're always improving our list of preventive care services to ensure that you get more opportunities to stay healthy and detect illness while it's most treatable. It's because of this that our list of services may change throughout a calendar year. We urge you to check the list on our website to see if new preventive care services are available to you. Visit priorityhealth.com/member and search **preventive care**.

*Most Priority Health plans include preventive health care at no cost to our members. There are a few plans that do not include preventive health care or have special guidelines: 1) Preventive care may be excluded or may include specific costs for certain services if the plan is grandfathered—typically an employer-sponsored plan that hasn't changed since 2010. 2) Contraceptives may be excluded from benefits for certain religious employers, eligible organizations or closely held for-profit companies with an exemption.

**Religious employers or other eligible organizations may not be required to offer contraceptive coverage. You can find out if your plan includes this service by calling Customer Service at the number listed on the back of your Priority Health member ID card.

Virtual care: 24/7 care when and where you need it

Seeing the doctor just got easier. Get care anytime, anywhere, from a board-certified doctor with virtual care. Great for things like pink eye, allergies, bites and stings, cold and flu, sinus issues and more.



Spectrum Health on-demand video visits are available **when you're in the state of Michigan**. How it works:

- 1** | Log into your member account at member.priorityhealth.com, select **virtual care** and then click **get started** with the Spectrum Health app.
- 2** | Select **download the Spectrum Health app** or visit mychart.spectrumhealth.org
- 3** | Log in or create an account and select **on-demand video visit**.
- 4** | You'll be asked a few health questions including a brief description of your current symptoms, and will need to complete the eCheck-in process before beginning your visit. Then, select **begin video visit** to be connected with a provider.



When you reside or travel outside Michigan, access virtual care through MDLIVE. How it works:

- 1** | **Connect with MDLIVE one of three ways:**
 - Log into your member account at member.priorityhealth.com, click **virtual care**, click **get started with MDLIVE**.
 - Download the MDLIVE: Talk to a Doctor 24/7 app.
 - Call MDLIVE at 800.400.6354.
 - Provide your **Priority Health ID number** on the front of your card.
- 2** | **Click or ask to schedule your appointment.**
- 3** | **You'll be asked a few health questions, including a brief description of your current symptoms.**
- 4** | **You'll be connected to a care provider.**



Need a prescription?

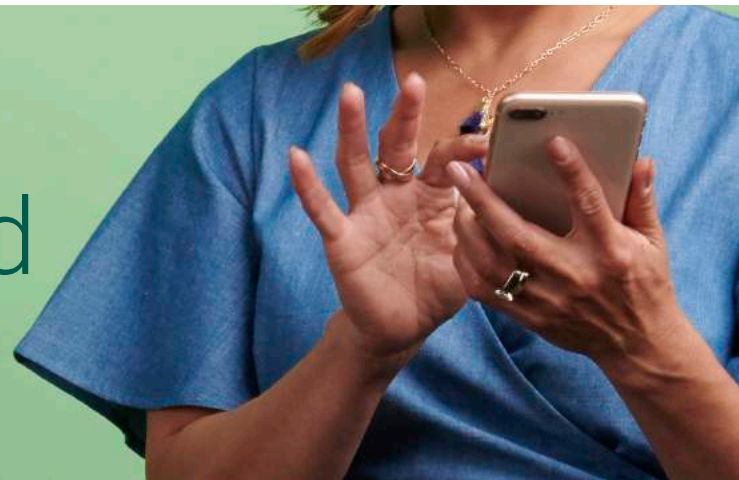
If you need a prescription, it'll be sent to your preferred pharmacy. And, we'll send the information about your virtual visit to your primary doctor.



Don't have a Priority Health member account?


Set one up today at priorityhealth.com. If you need assistance, contact Member account support at 833.207.3210.

Know your costs. Save on care. And get rewarded.



It's smart, and easy, with Priority Health.

Three things happen every time you use Cost Estimator to shop procedures, lab tests or office visits.

- 1 | You see your costs before you receive care.**
Before you schedule your next appointment, search for the medical service you need in Cost Estimator. Here's how:
 - Enter a procedure name and search for locations where that service is available.
 - Compare costs at those facilities in your network.
 - In some cases you can narrow your search by selecting a specific provider.
 - From the location pricing list, select a facility to see your personal out of pocket estimate.
- 2 | You save on procedures by choosing the best value options.**
Cost Estimator has saved over \$13 million in health care costs since it launched just four years ago.
- 3 | You may qualify to earn a Visa rewards card of \$50 to \$200.**
That's right. Many common procedures and tests are included in our Priority Rewards program, where we'll send you a reward for being a smart shopper. Here's how:
 - In your Cost Estimator search, choose a procedure or facility with a green trophy beside it. It looks like this: 
 - Receive that medical service at that facility within six months of your search.
 - Wait about three weeks for your Visa rewards card in the mail.
 - Use it for all kinds of items including medical services, health and wellness services, groceries and more.

Here's a breakdown of qualifying procedures that earn you a Visa rewards card.

Procedure type	Procedure	Reward
Bone and joint	Carpal tunnel surgery	\$100
Bone and joint	Anterior cruciate ligament knee surgery (ACL)	\$200
Bone and joint	Arthroscopic rotator cuff repair	\$200
Bone and joint	Knee arthroscopy	\$200
Bone and joint	Shoulder arthroscopy	\$200
Bone and joint	Total hip replacement (inpatient/outpatient)	\$200
Bone and joint	Total knee replacement (inpatient/outpatient)	\$200
Cardiac	Doppler exam of the heart	\$100
Cardiac	Heart echo imaging	\$100
Cardiac	Heart perfusion imaging	\$100
Diagnostic	Colonoscopy (with and without biopsy)	\$100
Diagnostic	Upper GI endoscopy (with and without biopsy)	\$100
Diagnostic	Sleep study	\$100
Diagnostic	Cystoscopy	\$200
Imaging	Most CTs	\$50
Imaging	Most MRIs	\$100
Outpatient	Nose plastic surgery (Rhinoplasty)	\$100
Outpatient	Nasal septum repair	\$200
Outpatient	Remove tonsils and adenoids	\$200
Outpatient	Ear tubes	\$200
Outpatient	Cataract surgery	\$200
Outpatient	Laparoscopic cholecystectomy	\$200
Outpatient	Lithotripsy	\$200
Women's health	Cesarean section delivery	\$200
Women's health	Vaginal delivery	\$200
Women's health	Hysteroscopy	\$200
Women's health	Breast biopsy	\$200
Women's health	Laparoscopy, excise lesions	\$200



You can also use Cost Estimator to price your prescription medications.

- Before visiting the pharmacy, search for your prescription.
- Get price estimates at local pharmacies as well as mail order options.
- *Bonus: If Cost Estimator finds a preferred generic drug available to you, it'll alert you. Talk to your doctor about these generics because they often save you money.*

Next time you need a medical service, remember to use Cost Estimator—it can save, and earn, you money. If you have any questions about Cost Estimator or PriorityRewards, call the number on the back of your member ID card.

Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

Global emergency travel assistance



You can call Assist America® for travel assistance services whenever you're 100 miles away from home or in another country for personal, vacation or business travel.*

Medical consultation, evaluation and referral

Assist America's Operations Center is available 24/7 and staffed with experienced, multi-lingual personnel who can make referrals to qualified medical providers near your location.

Foreign hospital admission assistance

Assist America fosters prompt hospital admission by validating your health plan or advancing funds as needed to the hospital.**

Emergency medical evacuation

If you or a covered dependent become ill or injured in an area of the globe where appropriate care is not available, Assist America will use whatever transportation, equipment and personnel are necessary to evacuate you safely to the nearest facility that meets their rigorous standards.

Medically supervised repatriation

Assist America, when deemed medically necessary, will provide transportation home or to a specified rehabilitation health facility with a medical or non-medical escort as required.

Two ways to access services using the contract information and Priority Health reference number on your member ID card:



Download the free Assist America mobile app available for iPhone and Android



Call Assist America's 24-hour Operations Center at 800.872.1414, TTY users call 711, (inside the US) or 609.986.1234, TTY users call 711, (outside the US)

Priority Health reference number:

Medicare plan members:
01-AA-PHP-12123M

Group and individual plan members (non-Medicare):
01-AA-PHP-12123

*Not available to PriorityMedicare D-SNP, most PriorityMedicare Employer Group, Medicaid or MICHild members.

**Funds must be reimbursed within 45 days of the date advanced.

Prescription assistance

When a prescription is lost or left behind, Assist America works with your prescribing physician and a pharmacy in the area of travel to replace your medicine. If necessary, Assist America will arrange for you to see a local doctor for a new prescription.

Care of minor children

If children are left unattended due to an injury or illness of an accompanying parent, Assist America will arrange and pay for them to return home to a family member, or they will arrange for local childcare. They will also arrange care for children who are left unattended at home due to the parent's unexpected absence. This could include transporting children to another family member or bringing a family member to the children, etc.

Compassionate visit

Assist America realizes that having a family member or friend present during a health crisis makes everyone feel more at ease and hastens the recuperation process. That's why they will arrange and pay the transportation costs for a loved one to join you if you are traveling alone and you're expected to be hospitalized for more than seven days.

Return of mortal remains

In the unfortunate event that you pass away while traveling, Assist America will arrange and pay for the necessary paperwork, body preparations and transport to bring your mortal remains home.

Lost luggage or document assistance

Assist America works with airlines to recover and deliver lost bags, works with transportation companies to replace lost travel tickets and contacts necessary agencies to solve issues of lost passports and other documents.

Interpreter and legal referral

Assist America can make recommendations for trustworthy legal counsel and interpreter services in any country. Bail bonds can be coordinated in jurisdictions where they are legal.

Critical care monitoring

Assist America maintains regular communication with patients and attending medical staff, closely monitoring the quality and course of treatment, and Assist America stays in close touch with the patient's family.

Pre-trip information

To help you be the most informed and prepared traveler possible, Assist America offers comprehensive pre-trip insights online at assistamerica.com. You can review country profiles, visa requirements, immunization regulations and security advisories.



Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2018.

You will receive these benefits if you meet the conditions listed in the policy.



Your dental coverage

PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
Your Network is	DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1000	\$1000
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1000	
Lifetime Orthodontia Maximum	\$1000	
Dependent Age Limits	26	



Your dental coverage

A Sample of Services Covered by Your Plan:

		PPO	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings‡	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
Surgical Extractions	80%	80%	
Major Care	Anesthesia*	50%	50%
	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Single Crowns	50%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



Your dental coverage

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.Guardianlife.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00021906

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al.
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,000 Maximum claims reimbursement	\$500 Claims amount that determines rollover eligibility	\$250 Additional dollars added to a plan's annual maximum for future years	\$350 Additional dollars added if only in-network providers were used during the benefit year	\$1,000 The limit that cannot be exceeded within the maximum rollover account



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

guardianlife.com

© Copyright 2020 The Guardian Life Insurance Company of America

2020-105050 (07/22)

Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experts, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

¹Office hours: Monday-Friday 6 a.m.–5 p.m. PST.



How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



Visit

ibhworklife.com



User ID

Matters



Password

wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week¹.

WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of Will Prep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.



How to access

To access WillPrep Services, you'll need a few personal details.



Visit

ibhwillprep.com



User ID

WillPrep



Password

GLIC09

For more information or support, you can reach out by phoning

1 877 433 6789.



College Tuition Benefit Program

Get closer to your college savings goals by earning valuable rewards that can help you pay for a loved one's tuition.

Paying for college is one of the most significant financial goals families face. That can mean decades of saving, but Guardian is able to help.

Our College Tuition Benefit Program gives you reward-based points when you sign up for a plan – helping you save and reduce the cost of tuition.

How it works



Every reward point equals \$1 off the cost of full tuition



You'll earn 2,000 points annually, per line of qualifying Guardian coverage purchased*



Every student on your account starts with 500 reward points

Tuition Reward points can be used at over 400+ four-year undergraduate colleges and universities across the U.S. that are in the SAGE network. Plus, Guardian dental members earn an extra 2,500 points after the fourth year.

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

* Except for Guardian Davis Vision Plan Rewards, which are provided by Davis Vision. The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states.



How to sign up

To set up your SAGE Scholars Tuition Rewards account, you'll need a few personal details.



User ID

Your Guardian
Group Plan Number



Password

Guardian

There are two important deadlines that must be met to utilize rewards points:

1. Adding Students and Pledging

Tuition Rewards: Students must be registered by the member by August 31 of the year when the student begins 12th grade. The last day for pledging earned Tuition Rewards to a student is August 31 of the year the student begins 12th grade. This is also the last day for a student to earn any Student Tuition Rewards from any source.

2. Submitting Student Tuition Rewards to member schools:

Using the college and university list available in the member's account, the member must submit a Tuition Rewards statement to any member school(s) a registered student applies to within ten days of the application being submitted.

Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

Electronic EOI keeps things simple

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for*:

- Basic life
- Voluntary life
- Short term disability
- Long term disability

*Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is not available in New York and New Hampshire. Electronic EOI is available using most internet browsers.



How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit'.

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor
(Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have

additional benefits.

Log into

eyemed.com/member

to see all plans included

with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
STANDARD PLASTIC LENSES		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Progressive - Standard	\$90 copay	Up to \$50
Progressive - Premium Tier 1 - 3	\$110 - 135 copay	Up to \$50
Progressive - Premium Tier 4	\$90 copay; 20% off retail price less \$120 allowance	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$32
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$130
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$130
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$210
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service
Frame	Once every 12 months from the date of service	Once every 12 months from the date of service
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service

(Plan allows member to receive either contact and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

INNOVATIVE ANSWERS FOR SMART SHOPPERS

There's more in store – online

IN-NETWORK. ONLINE. OUTSTANDING.

Eyesight changes. How you buy eyewear is changing, too. That's why you have several online shopping options to go with the thousands of store locations. We believe in benefits without boundaries.

Shop and buy frames, contacts and sunglasses, just like you would in the store – but from your computer, smartphone or tablet. It's fast, it's easy and it's all built into your vision benefits.

CONVENIENT ONLINE SHOPPING

- Choose from hundreds of brand-name frames and contacts.
- Instantly apply your in-network benefits at checkout.
- Enjoy free shipping and returns.

LENSCRAFTERS®	lenscrafters.com
OPTICAL™	targetoptical.com
Ray-Ban®	ray-ban.com
GLASSES.com	glasses.com
contactsdirect	contactsdirect.com

DON'T HAVE A CURRENT PRESCRIPTION?

Our provider locator on eyemed.com and the EyeMed Members App will help you find the right place for an eye exam

SEE THE GOOD STUFF

Register on eyemed.com or grab the member app (App Store or Google Play) now

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS®

PEARLE
EST. 1961
VISION

OPTICAL™



Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

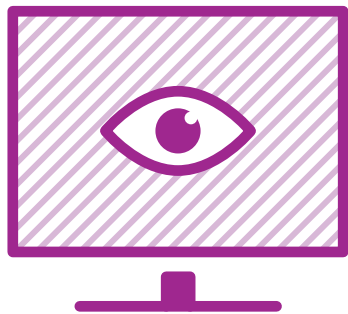
Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).



MOBILE EXPERIENCE



Track and manage all TASC benefits and access helpful tools, anywhere and anytime—with just one app!

The TASC mobile app includes special features that make it easy to keep TASC accounts safe and secure. We've made it even faster and easier to manage benefits on the go.

TASC Card Lock. Misplace a TASC Card? No worries. With a swipe of a finger, participants can lock access until they've located the card, then swipe it back on when found.

Fingerprint (Touch ID) and Facial Recognition. These capabilities protect participant account information without the hassle of remembering another password.

Picture to Pay. Take a picture of an eligible benefit expense then submit it via the TASC mobile app. There are no forms to fill out and no need to sign in to a website. Just click and submit and we'll take care of the rest.

Expense Eligibility Check. Not sure an item is eligible for reimbursement? Find out in seconds on the app. It's the quickest way to make sure benefits are being spent correctly.

Mobile Alerts¹. Participants are notified when we've received a request and when it's been paid, making it easy to stay on top of account activity and available funds.

Seamless Account Management. Our website, mobile app, and customer care call center make it easy for participants to manage their account and get the support they need, anytime and anywhere! Plus, account information is connected across all platforms, which means participants don't have to re-enter data or restart a process between devices.

TASC Wallet. These user-friendly features make benefits management simple and fast:

- **ATM Locator.** Finds the nearest ATM to withdraw cash from MyCash account via TASC Card.
- **Card Management.** Stores image of TASC Card; lets participants lock a card, report lost/stolen cards, or request more cards.
- **Card Holder.** Stores digital images of other important cards (insurance cards, rewards cards – even a gym membership card).
- **Receipt Repository.** Keeps benefits-related receipts in one convenient place.

The TASC mobile app. Just one more way we're making benefits smart, easy, and connected.



Search for "TASC" (green icon)

¹Standard message and data rates may apply.

CARD EXPERIENCE



Discover one-card convenience and hassle-free reimbursements. It's the fastest, easiest way to access benefit funds.



The hassles of carrying multiple cards and trying to remember which card pays for what are a thing of the past with the **TASC Card**. Just swipe this stacked card at the point of purchase and eligible expenses are paid automatically with smart technology to know which account to draw funds from. Every participating employee receives a TASC Card and has access to several value-added card features:

TASC Card Decline Protection. As a bonus, each TASC Card comes with card decline protection which means participants never have to deal with the hassle or embarrassment of having a card declined due to insufficient funds in a benefit or MyCash account. And if a participant doesn't have enough funds to cover a purchase, TASC will approve the transaction and pay the difference, then be reimbursed from the participant's bank account (up to a pre-authorized amount) linked to their TASC Card.

MyCash. When it's necessary to pay out-of-pocket and request a reimbursement, we make sure participants get their money back fast with MyCash. TASC deposits reimbursement payments directly into the linked MyCash account within 12 hours—faster than the speed of bank direct deposit. Participants can then use MyCash funds to cover non-benefit expenses everywhere Mastercard® is accepted or withdraw as cash from an ATM.

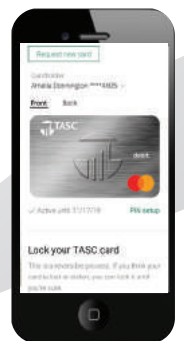
TASC Card Lock. If a TASC Card is lost or stolen, the participant can quickly disable it with TASC Card Lock online or via the TASC mobile app. If found, simply unlock the card to use it again.

TASC Wallet. This convenient organizer offers mobile and web access to the TASC Card with features like:

- **Card Management.** Stores image of TASC Card; lets participants lock a card, report lost/stolen cards, or request more cards.
- **Card Holder.** Stores digital images of other important cards (insurance cards, rewards cards – even a gym membership card).

The TASC Card is backed with seamless cross-channel customer care. Participants can get the help they need to manage their benefits and TASC Card through our website, mobile app, or call center.

The TASC Card. Just one more way we're making benefits smart, easy, and connected.



The TASC Card is issued by MetaBank, Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated.



Save up to 30% on eligible expenses

Enroll in a TASC Flexible Spending Account (FSA) so you can use pretax dollars to pay for common, everyday expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

NOTE: If you (or your spouse) enroll in an HSA Plan, you may only enroll in a Limited-Purpose Healthcare FSA (LPHSA). The eligible expenses under an LPHSA are limited to Dental and Vision expenses only.

Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages & dressings
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Diabetic care & supplies
- **Feminine care products** (tampons, pads, etc)
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- First aid kits & supplies
- Hearing aids & hearing aid batteries
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- **Personal Protection Equipment (PPE)** (facial masks, hand sanitizer, sanitizing wipes)*

- Physical exams
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy tests
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs & deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations & Flu Shots
- X-ray fees

Eligible OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs are reimbursable via FSA, HRA, and HSA without a prescription or physician's note if purchased on or after 01/01/2020.

Eligible OTC products include items that are primarily for a medical purpose, and are compliant with federal tax rules under IRS Code Section 213(d).

- Allergy, cough, cold, flu & sinus medications
- Anti-diarrheals, anti-gas medications & digestive aids
- Canker/cold sore relievers & lip care
- Family planning items (contraceptives, pregnancy tests, etc.)
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Itch relief (calamine lotion, Cortizone cream, etc.)
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers - internal/external (Tylenol, Advil, Bengay, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids & stimulants (nasal strips, etc.)
- Stomach & nausea remedies (antacids, Dramamine, etc)
- Wound Treatments/Washes (Hydrogen Peroxide, Iodine)

*PPE expenses must be used for the purpose of preventing the spread of coronavirus; eligible purchases made on or after 1/1/20 are available for reimbursement.

Continued on next page...



Use your TASC Card® to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.



Eligible Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

Eligible Dependent Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents

For more information regarding eligible expenses, please review IRS Publication 502/503 at irs.gov or ask your employer for a copy of your Summary Plan Description (SPD).

Eligible Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician’s signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose (non-compression)
- Varicose vein treatment
- Veneers
- Vitamins & dietary supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

ACCELERATE YOUR HEALTH SAVINGS

Combining a HealthEquity HSA with an HSA-qualified health plan delivers incredible benefits



BUILD HEALTH SAVINGS

Choose a low premium health plan.

HSA-qualified health plans offer the lowest premiums, enabling you to unlock immediate savings. Just put the money you would have paid toward traditional premiums into your HSA. Voila! Long-term health savings.



MAXIMIZE TAX SAVINGS

Pre-tax contributions help reduce your annual taxable income.

Your HSA earns tax-free interest and you never pay taxes or penalties when you withdraw HSA dollars for qualified expenses. See a full list of qualified medical expenses at [Learn.HealthEquity.com/QME](https://www.healthequity.com/QME)



KEEP YOUR MONEY—FOREVER

Spend it. Save it. Invest it.² It's yours.

Unlike flexible spending accounts (FSA), money in your HSA rolls over year after year—even if you change employers or health plans.

HSA triple-tax advantage¹

- Make pre-tax contributions
- Grow tax-free interest earnings
- Enjoy tax-free distributions for qualified medical expenses



SAVE FOR RETIREMENT

Your HealthEquity HSA works like a second 401(k).

Invest your HSA dollars into low-cost mutual funds, then watch your earnings grow tax-free. When you're 65, you can withdraw HSA dollars for any expense—you'll just need to pay regular income taxes. Of course, if you use that money for qualified medical expenses, you never pay taxes at all.³

¹HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

²Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, review the fund's prospectus.

³After age 65, if you withdraw funds for any purpose other than qualified medical expenses, you will be subject to income taxes. Funds withdrawn for qualified medical expenses will remain tax-free.

MAYBE YOU'VE HAD AN HSA BEFORE, BUT YOU'VE NEVER HAD AN HSA LIKE THIS



Get support 24/7

Call us day or night. Our US-based service team measures success by problems solved. We'll do whatever it takes.



Say goodbye to hassle

Log in and manage everything via our simple mobile app.⁴ Want to submit a claim? Easy. Just snap a photo and you're on your way.



Stay informed

Check out our vast library of webinars, tutorials, videos, calculators, and more. You'll find tips and tricks to make the most of your HSA.

JOIN FIVE MILLION+ HEALTH SAVERS

For more than two decades we've empowered some of the biggest companies in the world—and the smartest savers on the block.



Enroll today. Talk to your benefits team.
866.735.8195 | [HealthEquity.com/Learn](https://www.healthequity.com/learn)

⁴Accounts must be activated via the HealthEquity website in order to use the mobile app. HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life changing decisions. Copyright © 2020 HealthEquity, Inc. All rights reserved. OE_HSA_1-pager_August_2020

ENROLLMENT GUIDE COMPLIMENTS OF



The information in this guide is a summary and presented for illustrative purposes only. While every effort was taken to accurately report your benefits, discrepancies or errors are possible. In case of discrepancy between this Guide and the actual plan documents or plan certificates/riders, the actual plan document or certificates/riders will prevail. The company reserves the right to amend or terminate these benefits at any time. The information in this guide does not constitute a contract of employment. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

Wilshire Benefits Group, Inc. is a nationwide marketing program providing employee benefit services. Northwestern Mutual is the marketing name for The Northwestern Mutual Life Insurance Company, Milwaukee, WI (NM) (life insurance, annuities, disability insurance) and its subsidiaries. Wilshire Benefits Group, Inc. is independently owned and operated and not affiliated with NM or its subsidiaries. NM and Wilshire Benefits Group, Inc. are not broker dealers or investment advisors.