
Employee Benefit Enrollment Guide



RED DIAMOND HOME LOANS LLC (3266)

July 1, 2024 - June 30, 2025

Welcome to Open Enrollment!

RED DIAMOND HOME LOANS LLC (3266) offers you and your eligible family members a comprehensive and valuable benefit program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family. You will find more detailed information about each of these benefits in the following pages of this booklet. The benefits discussed in this book will be effective July 1, 2024 - June 30, 2025, unless you are a new hire. New hires will be eligible for benefits following their waiting period, which is the 1st Following 30 Days of full time employment.

If you have any questions regarding open enrollment, your benefits options or how to enroll in coverage, please contact AccessHR, our enhanced, on-demand customer service team (formerly the Customer Care Center) at 1-866-497-4222 or accesshr@gnapartners.com.



Insurance Basics



Who is eligible?

If you are a full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this document.

The following family members are also eligible for coverage: spouse, children up to age 26 (married or unmarried), and guardianship children.



When am I eligible?

During open enrollment, all benefit eligible employees are allowed to enroll in the benefit plans. Your benefits will be effective for the plan year located on the cover of this booklet. Open enrollment elections must be submitted prior to the date listed below. New hire online enrollments must be completed prior to the portal closing, 15 days after the onboarding is complete. New hire benefits will become effective once you have satisfied the company waiting period.

Enrollment Portal Opens:

June 4, 2024

Enrollment Portal Closes:

June 10, 2024

New Hire Waiting Period:

1st Following 30 Days



How do I enroll?

The first step is to review your current benefit elections. Next, decide on your benefit elections for the upcoming plan year. You must make your elections online using G&A Partners' online benefits enrollment tool. For instructions on how to log into your G&A Partners online benefit enrollment account, please refer to the "Online Benefit Enrollment Instructions" page.



What is a qualifying event?

Once you have made your elections, you will not be able to change them until the next open enrollment period, unless you have a qualified change in status. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in a child's dependent status, death of a spouse, change in residence, commencement or termination of adoption proceedings, change in employment status, or change in coverage under another employer-sponsored plan. If you have a qualifying event or change in status, please let G&A Partners know within 30 days so we can instruct you on what documentation will be required to ensure necessary changes are made. After 30 days, you will not be able to make changes until open enrollment, unless you experience another qualifying event.



Online Enrollment Instructions

We are pleased to provide you with important information regarding your benefits and how to enroll online. Complete benefit enrollment information is available online at the link provided below for you to review. Please adhere to the enrollment and change deadlines set forth to ensure timely processing.

Enrollment will need to be completed online. If your enrollment is not completed by the deadlines below, your insurance elections will be defaulted to your prior year elections.

| | |
|--------------------|---------------|
| Enrollment Opens: | June 4, 2024 |
| Enrollment Closes: | June 10, 2024 |

NOTE: FSA and HSA are ACTIVE enrollments requiring you to make a new election if you wish to participate in the upcoming plan year.

How to Access Your Online Benefit Enrollment Profile:

<https://worksight2.gnapartners.com>

Username: Worksight Email

Password: Worksight Password

How to Get Started:

1. Log into the system using your unique username and password as described above.
2. Click on the Benefits Tile.
3. You will land on the Welcome page. Click "Next" at the bottom of page to advance through the enrollment.
4. Your available medical plan options will appear on the first screen. Use the toggle buttons to add dependents to the coverage. Click "Select" on the medical plan you wish to enroll in. You may click "Compare" to see additional plan information. When you have finished selecting or waiving the medical coverage, click the "Next" button at the bottom of the page.
5. Continue through each screen either selecting or waiving the coverage.
6. After completing all coverage options and clicking the "Next" button, you will see a Benefit Summary list of all enrollments and waived plans. Scroll to the bottom and click the "Submit" button.
7. Sign your name exactly as it shows in Worksight (and at the top of the enrollment portal). This is the last step to submit. When you see your confirmation form, your enrollment is complete. This can be saved for your records.

You will not have the opportunity to enroll again until the next open enrollment unless you experience an IRS Qualified Life Event during the benefit year. Please see the required disclosures page of this booklet to obtain copies of the qualifying events or family status changes.

Questions?

If you have questions or need help logging in, please contact the G&A Partners AccessHR Team.

Hours: Monday – Friday | 7:30 a.m. – 7:00 p.m. CST

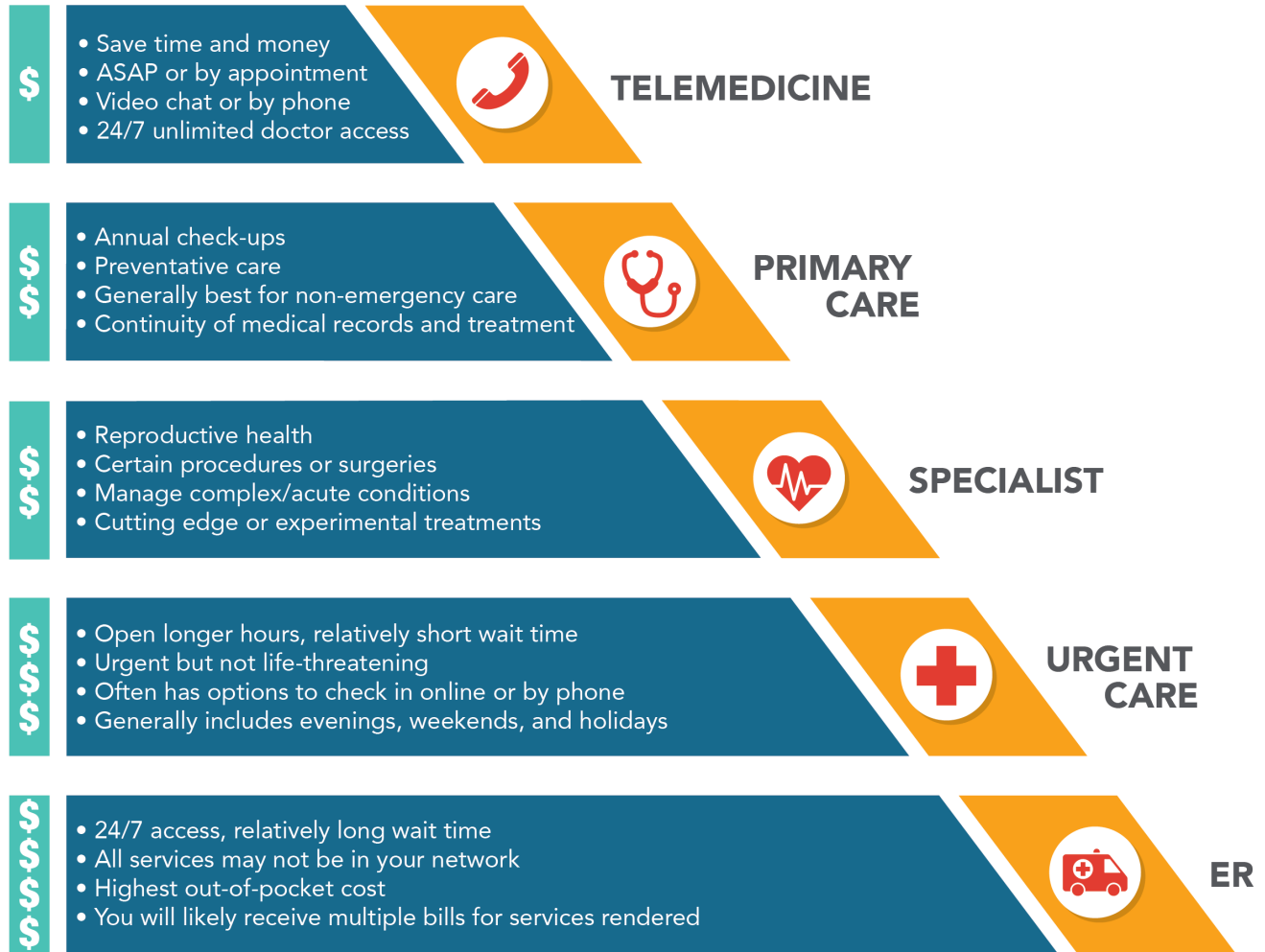
Phone: 1-866-497-4222 | Email: accessshr@gnapartners.com



Where Do I Go for Medical Care?

Knowing your options when it comes to seeking non-emergency care can help you save time and money. If you aren't sure where to go for medical care, use this chart to determine which health care provider will best suit your needs.

IMPORTANT: If you are experiencing a true emergency, always dial 911!



Still not sure where to go for medical care?

Check with your primary care physician or health insurance provider to see if they have a 24-hour nurse line!



Medical Overview

Carrier: Blue Cross Blue Shield of Texas
 Phone Number: 1-800-521-2227 (PPO), 1-877-299-2377 (HMO)
 Website: www.bcbstx.com

| | BCBSTX PPO \$1500 80% | BCBSTX PPO \$3500 80% | BCBSTX HDHP \$5000 100% |
|---------------------------------------|--------------------------|--------------------------|----------------------------|
| Plan Type | PPO | PPO | HDHP PPO |
| Provider Network | Blue Choice | Blue Choice | Blue Choice |
| PCP / Referral Required | No | No | No |
| Plan Features | In-Network | In-Network | In-Network |
| Deductible (Indiv) | \$1,500 | \$3,500 | \$5,000 |
| Deductible (Fam) | \$3,000 | \$7,000 | \$10,000 |
| Deductible Schedule | Calendar Year | Calendar Year | Calendar Year |
| Coinsurance | 80% | 80% | 100% |
| Out of Pocket Max (Indiv) | \$4,500 | \$7,000 | \$5,000 |
| Out of Pocket Max (Fam) | \$9,000 | \$14,000 | \$10,000 |
| In-Patient Hospital | Ded & 20% | Ded & 20% | Ded & 0% |
| Emergency Room | \$250 + Ded & 20% | \$350 + Ded & 20% | Ded & 0% |
| Urgent Care | \$55 | \$75 | Ded & 0% |
| Office Visit Copays | | | |
| Primary Care | \$20 | \$25 | Ded & 0% |
| Specialist | \$45 | \$60 | Ded & 0% |
| Preventive | \$0 | \$0 | \$0 |
| Prescriptions | | | |
| RX Out of Pocket (Indiv) | \$1,000 | \$1,000 | Combined |
| Rx Deductible (Indiv) | None | None | Combined |
| Tier 1 | \$10 | \$10 | Ded & 0% |
| Tier 2 | \$35 | \$40 | Ded & 0% |
| Tier 3 | \$50 | \$60 | Ded & 0% |
| Tier 4 | \$150 | \$150 | Ded & 0% |
| Monthly Employee Contributions | | | |
| Employee Only | \$557.12 | \$483.69 | \$358.83 |
| Employee & Spouse | \$1,795.04 | \$1,635.66 | \$1,364.59 |
| Employee & Child(ren) | \$1,578.86 | \$1,434.49 | \$1,188.97 |
| Employee & Family | \$2,828.53 | \$2,597.37 | \$2,204.27 |

Wellness benefits are covered at 100%, with no copay if the physician's office bills the visit as wellness/preventative. You may view complete summaries at www.gnapartners.com/sbc. For all plans, please refer to plan documents out-of-network benefits. HDHP plans are the only plans that may be HSA compatible. For all plans, please review the complete benefit summaries and certificates for all limitations, exclusions, and coverage detail. Plan documents always prevail. Rates are contingent upon final underwriting.



How to Find an In-Network Doctor

Blue Cross and Blue Shield of Texas (BCBSTX) makes it easy to find an in-network doctor, hospital or other provider via their website or mobile app!

Always check your provider's network status, and use providers in-network to:

- Maximize your benefits
- Limit out of pocket costs
- Take advantage of BCBSTX network discounts!

BCBSTX Website

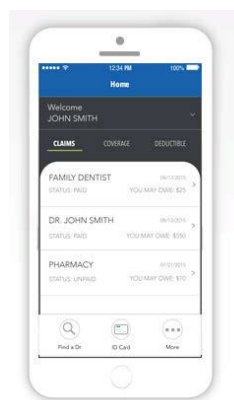
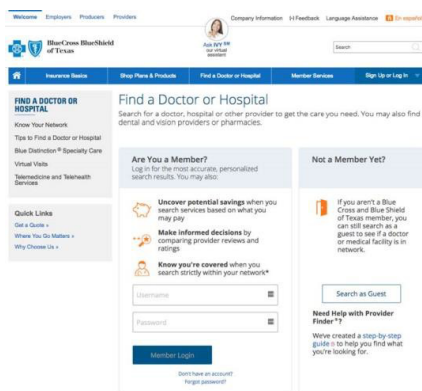
Visit www.bcbstx.com/find-a-doctor-or-hospital and follow the prompts to access

BCBSTX's online provider finder search feature. If you are not a member yet, click "Search as Guest" and select the plan's network under the "Plans" drop-down menu. For PPO and HDHP plans, select the Blue Choice PPO network. Enter the location for your search and browse by category, enter a doctor's name, or enter a specialty.

For HMO plans, select the Blue Essentials HMO network and follow the same prompts as above. You must designate a network participating Primary Care Physician (PCP) for you and your dependents. Once you find your PCP, click on their name to find the PCP ID in Provider Highlights. If you are newly enrolling, you will need to enter the PCP ID into your medical plan's enrollment with G&A Partners.

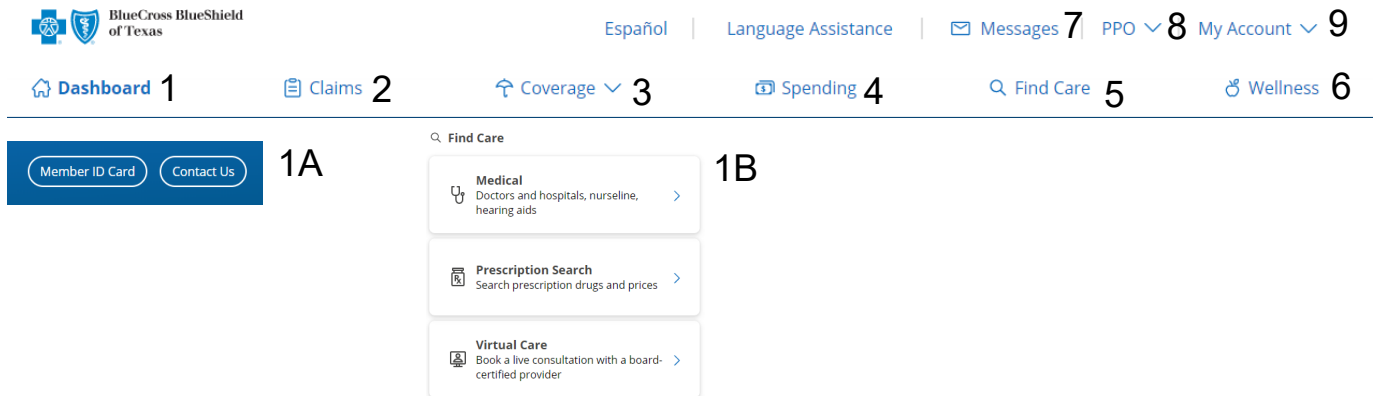
BCBSTX App

You can also search for an in-network doctor using the BCBSTX app, which is available for download in both the App Store and the Google Play Store. For more information about the app, visit www.bcbstx.com/mobile.



Register for BCBSTX

On or after your effective date, you may register for BCBSTX's member portal. Visit www.bcbstx.com/member and navigate to the "Sign up or log in to your account" button. You will use the information provided on our BCBSTX ID card to complete the registration process.



1. Dashboard: The dashboard contains items from 1A and 1B, as well as snapshots of Coverage, Recent Claims and Spending.
2. Claims: View and organize details, such as payments, dates of service, provider names, claims status and more.
3. Coverage: Coverage has 2 sections, one for Coverage and Benefits and the other for Prior Authorizations and Referrals.
4. Spending: Shows how much of the yearly deductible and out of pocket maximum amounts have been met.
5. Find Care: Use the Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions. You can also estimate costs and get information on the 24/7 Nurseline.
6. Wellness: Contains programs, wellness guides and articles to help you make more informed health care decisions.
7. Messages: Learn about updates to your benefit plan and receive promotional information via secure messaging.
8. Plan Type: The type of plan, group name, and effective date of your coverage.
9. My Account: The section to find My Health History, Profiles & Preferences, Forms & Documents, Contact Us, ID Card, and Logout button.



Health Savings Account

A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical expenses. With an HSA, you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options. You must be enrolled in a qualified High Deductible Health Plan (HDHP) to participate in an HSA.

Please note that enrollment in the HSA will always be an active enrollment. This means that you must make a new election each year to continue to make contributions.

HSA Benefits Include

- Fund account with pretax contributions
- Funds and account are yours
- Funds roll over year to year
- Contributions may be changed anytime
- Pay via debit card

2024 Calendar Limits

- Individual: \$4,150
- Family: \$8,300
- 55+: Additional \$1,000

HSA Contributions are subject to calendar year limits set forth by the IRS.

How to Enroll

- Enroll in HDHP
- Setup HSA account (HSA Bank or private vendor)
- Complete direct deposit form
- Submit direct deposit form to accesshr@gnapartners.com

HSA Bank

You may use any bank for your HSA; however, G&A Partners has a strategic partnership with HSA Bank. You may set up an account, view the plan requirements, limits, and FAQs on their website at www.hsabank.com.



Flexible Spending Account - Medical

Carrier Information

| | |
|----------------------|----------------|
| Carrier | Wex |
| Contact Phone Number | 1-866-451-3399 |
| Website | www.wexinc.com |

Plan Details

| | |
|---------------------------|---|
| Plan Type | Health |
| FSA Plan Year | July 1, 2024 - June 30, 2025 |
| 2024 Calendar Year Limits | \$3,200 (\$100 minimum election required) |
| Rollover | Minimum of \$25 up to maximum of \$500 |
| Reimbursement | Debit card or online |

The Flexible Spending Account (FSA) will continue to be offered through Wex (rebranded from Discovery Benefits). The FSA is an active enrollment requiring you to make a new election if you wish to participate in the upcoming plan year. New debit cards will be issued to all new participants.

An FSA is another way to use pre-tax dollars for health care expenses. Below is a partial list of permissible expenses incurred by you, your spouse, or qualified dependents that are reimbursable through a FSA:

- Office visits
- Urgent Care
- Emergency room
- Medication
- Eye exam
- Eye glasses and contact lenses
- X-Rays
- Laboratory fees
- Surgery
- Disabled dependent care
- Ambulance
- Dental treatment (excluding teeth whitening)

For more information regarding FSA expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD). You can also find helpful information and rates online at <https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses>.



Please refer to the plan documents for each plan for the entire list of limitations, exclusions, coverage, etc., including out-of-network benefits. Plan documents, limitations and exclusions always prevail. You may update your beneficiary at any time by calling G&A Partners at 1-866-497-4222. *Rollover funds will be available following 90 day claim run out period.



Flexible Spending Account - Dependent Care

Carrier Information

| | |
|----------------------|----------------|
| Carrier | Wex |
| Contact Phone Number | 1-866-451-3399 |
| Website | www.wexinc.com |

Plan Details

| | |
|---------------------------|---|
| Plan Type | Dependent Care |
| FSA Plan Year | July 1, 2024 - June 30, 2025 |
| 2024 Calendar Year Limits | \$5,000 (\$100 minimum election required) |
| Rollover | Not eligible |
| Reimbursement | Debit card or online |

Below is a partial list of permissible expenses incurred by you, your spouse, or qualified dependents that are reimbursable through a Dependent Care Account (DCA):

Eligible Expenses:

- Fees for daycare
- Before- and after-school programs for children under the age of 13
- Nanny expenses
- Nursery school
- Summer day camp

Ineligible Expenses:

- Activity fees
- Food, clothing or entertainment for dependents
- Late payment charges

For more information regarding DCA expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD). You can also find helpful information and rates online at <https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses>.



Please refer to the Summary of Benefits & Coverage (SBC) for each plan for the entire list of limitations, exclusions, coverage, etc., including out-of-network benefits. Plan documents, limitations and exclusions always prevail. You may update your beneficiary at any time by calling G&A Partners at 1-866-497-4222.



Telemedicine

Teladoc through G&A Partners gives enrolled members access to convenient quality care by phone or video.

| Carrier Information | |
|--|--|
| Carrier Name | Teladoc |
| Phone | 1-800-Teladoc (835-2362) |
| Website | www.teladoc.com |
| Mobile App | Teladoc |
| Plan Details | |
| Eligibility | Employee Spouse or Domestic Partner Children* up to age 26 |
| Funding | Voluntary |
| Monthly Rates | |
| Employee Only | \$10.00 |
| Employee & Dependents* | \$10.00 |
| *Teladoc defines dependents as: spouse, domestic partner, biological, adopted and step children up to the age of 26. You may also add other children who live in your household for no additional charge by contacting Teladoc directly. Other individuals (i.e. parent or adult children) may be added for \$55 a visit by contacting Teladoc directly. | |



| Services Provided | Cost per Visit |
|---|----------------|
| General Medical Care and Advice** Teladoc doctors can treat many medical conditions, including: cold & flu symptoms, allergies, bronchitis, skin problems, respiratory infection, and more! | \$0 |
| Nutrition Convenient, effective nutrition consultations with a registered dietitian (sessions average 30-45 minutes). For an additional fee, custom weekly meal plans can be developed. | \$59 |



*You must register yourself and your dependents in order to obtain services.

**Limit 15 general medical care visits per participant per year.



Welcome to Teladoc

24/7 access to doctors by phone or video

You have Teladoc as part of your benefits, which means you can talk to a licensed doctor by phone or video from wherever you are. Make sure your account is set up so you can be ready when you need us.

1. Set up your account (if you are new to Teladoc)

Using the app- In the app store the title will be Teladoc Health: Virtual care. Once you have downloaded the App, select "Set up your account".

Using the website- When you go to the website click on "Register Now", located in the upper right corner. <https://www.teladoc.com/>

2. Set up your account (if you have another active account with Teladoc).

Using the app- Log out of the app. Re-open the app and select "Set up your account".

Using the website- - When you go to the website click on "Sign up", located in the upper right corner. You will begin registration. We encourage downloading the app to your phone. If you turn on "notification" and location for Teladoc as "always" we will remind you that you have Teladoc as you pull into the parking lot of an urgent care or ER.

For all those registering:

3. Enter basic contact information

Provide some information about yourself to confirm your eligibility. When typing in your name make sure it is the name as it appears on your paycheck. Provide your DOB and zip code, the email you provide should not be (or have been) used with any other Teladoc account. May we suggest using the email provided by your employer. We'll confirm we found your benefits by using your employers name and you'll continue

creating your account. **There will not be a need to enter a code or an ID. Do not check the box for stating you have a code or ID.**

4. Create your account

Enter your address and phone number, create a username and password, pick security questions and agree to terms and conditions.

Do you want Teladoc to send you a text before you walk into an urgent care or ER. We can save you time, money, and keep you away from germs. The app set-up will ask permission to send you notices, please select yes. Also go into your phone settings and turn location to “always” under Teladoc. With the notice feature on the app will remind you to use Teladoc when appropriate as you come near an urgent care or ER. This could save you up to thousands of dollars in unnecessary medical cost.

Teladoc is a flexible and comprehensive program that offers acute care, mental health, and more. Once you have access to the app look around and see all that is available. You will also want to tap on “Health Info” in the lower left hand corner of the app. Next tap on medical history and answer the questions. Once you complete the health history you able to have a consultation.

Already registered? [Sign in now](#) | Or call **1-800-TELADOC (835-2362)**



The right care when you need it most.

[Ways we help](#) | [Our doctors](#) | [FAQs](#) | [Contact us](#)



Dental Overview

Carrier: Guardian
 Phone Number: 1-800-541-7846
 Website: www.guardiananytime.com

| | Guardian DHMO | Guardian PPO 1000 | Guardian PPO 1500 | Guardian PPO 2000 | Guardian PPO 3000 |
|---|-----------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Network | Managed DentalGuard | DentalGuard Preferred | DentalGuard Preferred | DentalGuard Preferred | DentalGuard Preferred |
| Preventive Care | | | | | |
| Exams, Cleanings, X-Rays not subject to deductible | \$5 Copay | 100% | 100% | 100% | 100% |
| Basic Treatment | | | | | |
| Fillings, simple tooth extractions | Copay + Scheduled Fee | 80% | 100% Value / 80% NAP | 100% Value / 80% NAP | 100% Value / 80% NAP |
| Major Treatment | | | | | |
| Major oral surgery, crowns, endodontic and periodontal | Copay + Scheduled Fee | 50% | 60% Value / 50% NAP | 60% Value / 50% NAP | 60% Value / 50% NAP |
| Deductibles | | | | | |
| Calendar Year | No Deductible | \$50 Individual \$150 Family | \$50 Individual \$150 Family | \$50 Individual \$150 Family | \$50 Individual \$150 Family |
| Plan Maximums | | | | | |
| Annual maximum benefit includes preventive, basic and major treatment | Unlimited | \$1,000 Per Person | \$1,500 Per Person | \$2,000 Per Person | \$3,000 Per Person |
| Orthodontia Lifetime Maximum | No Maximum | \$1,000 Per Person | \$1,000 Per Person | \$1,000 Per Person | \$2,000 Per Person |
| Orthodontia Age | Children to 18 | Children to 19 | Children to 19 | Children to 19 | Children & Adults |
| Monthly Employee Deductions | | | | | |
| Employee Only | \$10.00 | \$22.00 | \$29.00 | \$32.00 | \$40.00 |
| Employee & Spouse | \$18.00 | \$44.00 | \$63.00 | \$70.00 | \$85.00 |
| Employee & Child(ren) | \$25.00 | \$58.00 | \$80.00 | \$90.00 | \$115.00 |
| Employee & Family | \$29.00 | \$80.00 | \$110.00 | \$125.00 | \$160.00 |

For all G&A-sponsored master plans, you may view complete summaries at www.gnapartners.com/sbc. Please refer to the Summaries of Benefits & Coverage for a complete list of out-of-network benefits, limitations, exclusions, and coverage detail. Plan documents always prevail.



Guardian Plans Comparison

Guardian allows you to pick between Value and Network Access Plans (NAP). The main advantage to each plan is highlighted below:

Value Plan: This plan offers better benefits coverage if you use an in-network provider

NAP: This plan gives you the freedom to choose in and out-of-network network providers

If you do not designate a Value or NAP election, the default enrollment will be the Value Plan. Please see additional details for both plans outlined below:

- The rates are the same for either plan
- You may change your plan at open enrollment
- You may save up to 30% on office visits by enrolling in the value plan



Value Plan

Network Access Plan

| | Value Plan | Network Access Plan |
|---|---|---|
| Out-of-network | Benefits are based on the discounted fee schedules agreed upon by our network dentists. Any amount that is charged over the fee schedule is the responsibility of the patient. | Benefits are based on usual, customary and reasonable (UCR) charges that dentists in your area charge for each procedure. |
| Coinsurance | Preventive services are covered 100%. Coverage for other services is higher than the Network Access Plan. | Preventive services are covered 100%. Coverage for other services is lower than the Value Plan. |
| Save money using network providers | If you always use network providers, consider the Value Plan. With higher co-insurance levels, your out-of-pocket costs are reduced for in-network dentists. | If you want freedom to choose between in-network and out-of-network providers, consider the Network Access Plan. Coverage out-of-network is not limited to the discounted fees our in-network dentists charge. |



Guardian DHMO Sample Schedule

Below is a sample of the charges that you might see if you are covered under the DHMO dental plan. Ultimately, please ensure you contact your dentist and Guardian to verify costs. You may view the full schedule at www.gnapartners.com/sbc.

No Charge

| | |
|---------------------|-------------|
| Oral evaluation | Bitewings |
| Pulp vitality tests | Prophylaxis |
| Diagnostic casts | Fluoride |
| Intraoral | Pulp cap |
| Resin composite | |

Crown, Bridge & Other Cast Restorations

| | |
|-------|-------|
| Inlay | \$225 |
| Crown | \$290 |
| Onlay | \$250 |

Endodontics/Periodontics

| | |
|-----------------------|-----------|
| Pulp cap | No Charge |
| Root canal – bicuspid | \$160 |
| Root canal – molar | \$230 |
| Gingivectomy – per | \$100 |
| Periodontal | \$35 |

Orthodontic Treatment

| | |
|---|---------|
| Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months. | \$2,285 |
|---|---------|

Primary Care Dentist

You will be required to submit the provider ID number when you enroll. To find a provider in-network, visit www.guardiananytime.com. In the event that you do not submit a provider ID number, a provider will be assigned to you. Network restrictions apply.



DHMO copays may vary. Ensure you obtain pricing from your provider prior to receiving services. This is just a sample of the complete schedule. Please note, you will have no out of network benefits and all benefits will be paid according to the contracted rate with the dentist.



Vision Overview

Carrier: VSP (through Guardian)
 Phone Number: 1-877-814-8970
 Website: www.guardiananytime.com

| Vision Examination | Base PPO | Buy Up PPO |
|---|---------------------|---------------------|
| Once every 12 months | \$20 exam copay | \$10 exam copay |
| Spectacle Lenses | In-Network | In-Network |
| Once every 12 months (Single, Bifocal, Trifocal) | \$20 material copay | \$20 material copay |

| Frames | Base PPO | Buy Up PPO |
|----------------------|--|-------------------|
| | Amount over \$130 | Amount over \$200 |
| Once every 24 months | Members receive an additional fixed copayment on lens options including anti-reflective and scratch-resistant coatings. After copay, standard polycarbonate available at no charge for dependents to age 19. | |

| Contact Lenses | Base PPO | Buy Up PPO |
|--------------------------------------|-------------------|-------------------|
| Evaluation & Fitting | 15% of UCR | 15% of UCR |
| Elective (conventional & disposable) | Amount over \$130 | Amount over \$150 |
| Medically Necessary | 100% | 100% |

Contact lenses are in lieu of spectacle lenses and a frame. The contact lens allowance is applied to professional services (evaluation and fitting fee) and materials.

| Monthly Employee Deductions | Base PPO | Buy Up PPO |
|-----------------------------|----------|------------|
| Employee Only | \$6.00 | \$11.00 |
| Employee & Spouse | \$12.00 | \$19.00 |
| Employee & Child(ren) | \$14.00 | \$20.00 |
| Employee & Family | \$20.00 | \$30.00 |

For all G&A-sponsored master plans, you may view complete summaries at www.gnapartners.com/sbc. Please refer to the plan documents for an entire list of out-of-network benefits, limitations, exclusions, and coverage detail. Plan documents always prevail.



Employer Paid

Life Insurance Overview

Carrier Information

| | |
|----------------------|----------------|
| Carrier | Unum |
| Contact Phone Number | 1-866-679-3054 |
| Website | www.unum.com |

Plan Details

| | |
|-------------------------|---|
| Group Number | 0219704-002 (Employer Paid) |
| Life Insurance Volume | G&A Unum - \$20,000 |
| AD&D Volume | G&A Unum - \$20,000 |
| Employee Premium | \$0.00 |
| Age Reduction | Age 65, or less than 70, benefit is reduced to 65% of life insurance coverage amount. |

What is a beneficiary?

A beneficiary is the person or entity you name in a life insurance policy to receive the death benefit. You may update your beneficiary at any time by contacting G&A Partners at 1-866-497-4222.

What is Accidental Death and Dismemberment Insurance (AD&D)?

AD&D insurance provides benefits to your beneficiary in the event of your accidental death or to you in the event of accidental dismemberment (loss of limbs, sight, hearing, etc.)

Who pays for this life insurance?

Basic life insurance is paid for by your employer. This is offered at no cost to you. If you have the option and elect voluntary life insurance, you will see those deductions on your paycheck.



Upon termination of your employment, you have the option to convert your group life insurance into an individual life insurance policy. For more information regarding life insurance conversion/porting options, please contact G&A Partners directly within 30 days of your coverage termination by calling 1-866-497-4222. Please refer to the plan documents for each plan for the entire list of limitations, exclusions, coverages, etc. Plan documents, limitations and exclusions always prevail. You may update your beneficiary at any time by calling G&A Partners at 1-866-497-4222.



Voluntary

Life Insurance Overview

Carrier Information

| | |
|----------------------|----------------|
| Carrier | Unum |
| Contact Phone Number | 1-866-679-3054 |
| Website | www.unum.com |

Plan Details

| | |
|-------------------------|--|
| Funding | Voluntary |
| Group Number | 0219705 (Voluntary) |
| Eligibility | All active full-time employees |
| Employee Benefit Volume | Up to 5 times salary in increments of \$10,000; Not to exceed \$500,000 |
| Spouse Benefit Volume | Up to 100% of employee amount in increments of \$5,000; Not to exceed \$500,000 |
| Child(ren) Benefit | Birth to 6 months: \$1,000 / 6 months to age 26: \$10,000 |
| Guaranteed Issue Amount | For New Employees Employee: \$200,000 / Spouse: \$50,000 / Child: \$10,000 |
| Age Reduction | Age 65, or less than 70, benefit is reduced to 65% of life insurance coverage amount |

Voluntary Life/AD&D Monthly Rates

| Age | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
|-----------------|---------------------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|
| Employee Rate | \$0.85 | \$0.95 | \$1.15 | \$1.25 | \$1.95 | \$2.80 | \$4.16 | \$7.56 | \$11.47 | \$21.39 | \$35.27 | \$51.75 |
| Spouse Rate | \$0.85 | \$0.95 | \$1.15 | \$1.25 | \$1.95 | \$2.80 | \$4.16 | \$7.56 | \$11.47 | \$21.39 | \$35.27 | \$51.75 |
| Child(ren) Rate | \$2.25 for \$10,000 | | | | | | | | | | | |

$$\text{Coverage Amount} / 10,000 \times \text{Rate} = \text{Monthly Costs}$$



**Please note, if your dependent is also covered as an employee under the same voluntary life policy, at the time of claim, dependent coverage will only be paid out under the primary policy. Please refer to the plan documents for additional details.

Upon termination of your employment, you have the option to convert your group life insurance into an individual life insurance policy. For more information regarding life insurance conversion/porting options, please contact G&A Partners directly within 30 days of your coverage termination by calling 1-866-497-4222. Please refer to the plan documents for each plan for the entire list of limitations, exclusions, coverages, etc. Plan documents, limitations and exclusions always prevail. You may update your beneficiary at any time by calling G&A Partners at 1-866-497-4222.



Evidence of Insurability (EOI)

When your election exceeds the guaranteed issue amount for Voluntary Life Coverage, you will be required to complete an EOI to determine insurability. This form may be completed online.

<https://securehealth.unum.com/generichome>

Access code: 3HNUPPJ

Type of Enrollment Event

You will be asked to specify the Event Type for your enrollment. Below is an explanation of each event type (please consult your HR Representative if you are unsure).

- Annual Re-Enrollment: I am electing coverage during the annual enrollment period.
- Newly Eligible: This is the first time I have been eligible for coverage.
- Late Entrant: I did not apply when I was first eligible.
- Status change: There has been a change in my family status (marriage, birth, etc.).
- Coverage Increase: I am electing a higher level of coverage.

Coverage Amount

When completing your questionnaire, you will be required to differentiate the amount of coverage you are requesting according to the categories below:

- Total Requested Amount: This is the total amount of voluntary life insurance coverage you are requesting, including the amount requiring approval.
- Amount Requiring Health Info (Underwriting): The amount of life insurance that is pending; the difference between the total you are requesting and the guaranteed issue.

Approval Process

Once you complete the EOI, Unum will notify you if your additional coverage request has been approved, denied, or if they need additional information. Applicable premiums for amounts over guaranteed issue will not be deducted until your EOI is approved.

If you have any questions, contact Unum 1 (800) 421-0344. Hours are Monday - Friday 7:00 a.m. – 7:00 p.m. CST.



Disability

Plan Information

| | |
|----------------------|---|
| Carrier | Unum |
| Group Number | 0219704-002 (Employer Paid) / 0604827 (Voluntary) |
| Contact Phone Number | 1-866-679-3054 |
| Website | www.unum.com |

Plan Details

Short-Term Disability

| | |
|------------------------|---|
| Eligibility | All active full-time employees |
| Benefit Percentage | 60% of weekly earnings |
| Maximum Benefit Amount | \$1,500 per week |
| Elimination Period | Injury: 14 days / Sickness: 14 days |
| Duration | Up to 11 weeks for non-maternity disabilities. Our UNUM policy is 6 weeks for maternity (2 weeks elimination period & 4 weeks of benefits) regardless of delivery type. |
| Funding | Unum STD BASE Voluntary |

| Age | 15-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Rate | \$0.70 | \$0.79 | \$0.66 | \$0.54 | \$0.51 | \$0.50 | \$0.59 | \$0.75 | \$0.91 | \$1.02 | \$1.02 |

To calculate your cost per paycheck for coverage, complete the calculations below:

Annual Salary / 52 = Weekly Salary x Benefit % = Your Weekly Benefit

Your Weekly Benefit / 10 = ___ x Your Rate = Your Monthly Cost

Your Monthly Cost x 12 = Annual Cost / # Paychecks Per Year = Cost Per Paycheck*

*Final cost may vary slightly due to rounding.

Plan Details

Long-Term Disability

| | |
|------------------------|---|
| Eligibility | All active full-time employees |
| Benefit Percentage | 60% of monthly earnings |
| Maximum Benefit Amount | \$7,500 per month |
| Elimination Period | 90 days |
| Duration | Up to Social Security normal retirement age |
| Pre-existing condition | 12/24 |
| Funding | Unum LTD BASE Voluntary |

| Age | 15-24 | 25-40 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Rate | \$0.13 | \$0.20 | \$0.36 | \$0.55 | \$0.86 | \$1.13 | \$1.41 | \$1.65 | \$1.73 | \$1.32 | \$1.08 |

To calculate your cost per paycheck for coverage, complete the calculations below:

Annual Salary / 100 x Your Rate = Annual Cost / # Paychecks/Year = Cost/Paycheck*

Please refer to the Summary of Benefits & Coverage (SBC) for each plan for the entire list of limitations, exclusions, coverages, etc., including out-of-network benefits. Plan documents, limitations and exclusions always prevail. You may update your beneficiary at any time by calling G&A Partners at 1-866-497-4222.



Accident

Unum’s group accident plan helps employees protect themselves and their family members from the financial risk of out-of-pocket medical expenses by paying out cash benefits if a qualifying accident occurs.

| Plan Details | |
|------------------|--|
| Eligibility | All active full-time employees, spouses, and/or child(ren) |
| Benefit Amount | Flat-dollar benefit varies based on claim type. See Schedule of Benefits for details. |
| Coverage | On and off the job |
| Wellness Benefit | \$75 per insured, per calendar year |
| Funding | Voluntary |

| Monthly Rates | |
|-----------------------|---------|
| Employee Only | \$18.51 |
| Employee + Spouse | \$30.78 |
| Employee + Child(ren) | \$32.91 |
| Employee + Family | \$45.18 |

Accident coverage in action:

An illustrative example of how accident coverage can help with medical expenses:

| 40-year-old claimant | | | |
|--|----------------|--------------------------------------|----------------|
| Accident: Fall at home | | | |
| Injury: Anterior Cruciate Ligament (ACL) tear (<i>knee injury</i>) | | | |
| Out-of-pocket expenses incurred: | | Benefits paid: | |
| Emergency room copay: | \$100 | Emergency room visit: | \$150 |
| Deductible: | \$1,000 | Appliance (knee brace): | \$100 |
| Coinsurance for surgery (\$3,500 x 25%): | \$875 | Outpatient surgery facility service: | \$300 |
| Copay for six physical therapy visits: | \$120 | Surgical ligament tear repair: | \$800 |
| Total out-of-pocket expenses: | \$2,095 | Physical therapy sessions: | \$150 |
| | | Total benefits paid: | \$1,500 |

Costs of treatment and benefit amounts may vary. Example is based on the Level 2 schedule of benefits.

Please refer to plan documents for limitations and exclusions, as well as full benefit details.



Critical Illness

Unum's critical illness program provides a lump-sum payment in the event you are diagnosed with an illness covered by the plan.

| Plan Details | |
|-------------------------------------|---|
| Funding | Voluntary |
| Eligibility | All active full-time employees, spouses, and/or child(ren) |
| Maximum Benefit Amount | Up to \$10,000 |
| Pre-Existing Conditions | 12-month exclusion |
| Waiting Period | Diagnosis must occur at least 30 days after the coverage effective date to be eligible for benefits |
| Wellness Benefit | \$75 per insured, per calendar year |
| Dependent Coverage | All eligible children are automatically covered at 50% of the employee benefit amount for no additional cost |
| Spouse Coverage | Spouses ages 17-64 are eligible for up to \$10,000 with employee purchase |
| Covered Conditions | Heart attack, blindness, major organ failure, end-stage renal (kidney) failure, occupational HIV, benign brain tumor, coronary artery bypass surgery (pays 25% of lump sum benefit) |
| Covered Conditions with Time Limits | Stroke: evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event Coma: resulting from severe traumatic brain injury lasting for a period of 14 or more consecutive days Permanent Paralysis: complete and permanent loss of the use of two or more limbs for continuous 90 days as a result of a covered accident |
| Cancer Conditions | Carcinoma in situ (pays 25% of lump sum benefit) |

| Monthly Rates | | | | | | | | | | | |
|---------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|
| Age | 15-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
| Non-Tobacco | \$8.20 | \$8.70 | \$10.70 | \$13.70 | \$18.40 | \$24.40 | \$31.40 | \$40.60 | \$51.30 | \$57.40 | \$101.00 |
| Tobacco | \$11.10 | \$12.90 | \$17.20 | \$24.10 | \$34.30 | \$46.40 | \$61.20 | \$77.30 | \$92.10 | \$95.90 | \$153.10 |

Please refer to plan documents for limitations and exclusions, as well as full benefit details.



Voluntary Benefit Claim

When you need to file a claim, the last thing you need is a confusing or complicated process holding up your benefit payments. Please see the below instructions for filing voluntary claims as well as the Wellness Reimbursement claim for the Accident and Critical Illness plans.

How to file a voluntary benefit claim for Life, STD, LTD, Accident, or Critical Illness:

- Download a claim form online at www.unum.com or call 1-800-635-5597.
- Complete the employee/patient information section and authorization form.
- Have your employer complete the employer section of the form.
- Have your doctor complete the attending physician's statement.
- Mail or fax the forms directly to Unum using the contact information on the form.

How to file a wellness reimbursement claim under Accident or Critical Illness:

Remember that you may also file a reimbursement claim for covered health screening test for up to \$75 per calendar year.

Common health screening tests covered by the wellness benefit include:

- Blood test for triglycerides
- Fasting blood glucose test
- Mammography
- Pap Smear
- Colonoscopy
- PSA Test

To file a wellness reimbursement claim, visit www.unum.com or call 1-800-635-5597. Please be prepared to provide the following information:

- Name and Social Security Number of the policy holder
- Name of the claimant
- Physician's name and/or facility name
- Test that was performed



the coverage
they need
the way you want



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Exam Fees, Diagnostics, and Treatments for Covered Conditions

- Accidents
- Hereditary Conditions
- Dental Disease
- Illnesses
- Behavioral Issues
- Cancer

Customizable Options

Annual Limit - from \$3,000 to unlimited.

Reimbursement Percentage - 90%, 80%, or 70% of your eligible vet bill.

Annual Deductible - select \$100, \$250, or \$500.

You'll only need to satisfy it once per 12-month policy period.

Add Preventive Care Coverage - Get reimbursed scheduled amounts for things that protect your pet from getting sick, like vaccines, dental cleanings, and screenings for a little more per month.

Select Accident-Only Coverage - If you're just looking to have some cushion when your pet gets hurt, you can choose coverage that only includes coverage for accidents.

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*Group discount is not available for HI and TN. Group discount available for eligible group members in all other states. Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit www.aspcapetinsurance.com/terms. Products, schedules, and rates may vary and are subject to change. Discounts may vary and are subject to change. More information available at checkout. Preventive Care coverage reimbursements are based on a schedule. Complete Coverage™ reimbursements are based on the invoice. Insurance products are underwritten by either Independence American Insurance Company (NAIC #26581. A Delaware insurance company located at 11333 N. Scottsdale Rd, Ste. 160, Scottsdale, AZ 85254), or United States Fire Insurance Company (NAIC #21113, Morristown, NJ). Please refer to your policy forms to determine the underwriter for your policy. Insurance is produced by PTZ Insurance Agency, Ltd. (NPN: 5328528. Domiciled in Illinois with offices at 1208 Massillon Road, Suite G200, Akron, Ohio 44306). (California residents only: PTZ Insurance Agency, Ltd., d.b.a PIA Insurance Agency, Ltd. CA license #0E36937). The ASPCA® is not an insurer and is not engaged in the business of insurance. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution. U0923-COVERAGE



The Medical Bill Saver advantage



- Negotiations for medical/dental bills with a non-covered balance of \$400 or more
- Expert use of critical pricing-trend information to obtain discounts from providers
- Easy-to-read Savings Result Statement summarizing the outcome of the negotiation
- Provider sign-off on payment terms and conditions
- Speedy provider payments

Employee Assistance Program services are available 24/7 at:



1-800-854-1446 (multi-lingual)
www.unum.com/lifebalance

As health care costs continue to rise, many people have trouble paying medical expenses that insurance doesn't cover. Luckily, Unum's EAP — with the Medical Bill Saver feature — can help.

How does it work?



When a covered employee has a medical or dental bill totaling over \$400 in out-of-pocket costs, our skilled negotiating team works with the provider(s) to get a discount. Successful negotiations can save employees hundreds, and sometimes thousands, of dollars.



Our experts can also show employees how to keep bills lower in the future — for example, by using in-network providers.



By helping reduce employees' out-of-pocket-costs, Medical Bill Saver can make consumer-driven health plans (CDHPs) more attractive — and more effective.

Medical Bill Saver is one more way the Unum Employee Assistance Program helps employees manage the stresses of modern life.

Real stories. Real people. Real results.

MEDICAL BILL SAVER: CASE #1

Issue: An employee had an outstanding bill for surgery performed at an out-of-network hospital.

Resolution: Unum's EAP service worked with the provider to reduce the bill.



Billed Charges.....\$5,032
Negotiated Discount 50%
Savings.....\$2,516

MEDICAL BILL SAVER: CASE #2

Issue: An employee received a bill for a dental implant that was not covered by her dental plan.

Resolution: Unum's EAP service worked with the provider, who agreed to accept a lower fee.



Billed Charges.....\$1,600
Negotiated Discount 55%
Savings.....\$880

MEDICAL BILL SAVER: CASE #3

Issue: Following a surgery, an employee received a large bill from a non-participating anesthesia group.

Resolution: Unum's EAP service negotiated an arrangement that reduced the employee's responsibility.



Billed Charges.....\$3,275
Negotiated Discount 38%
Savings.....\$1,245

* The savings in these case studies cannot be guaranteed. Results may vary.



Other Ancillary Products

Providing ancillary benefits is a great way to show your employees you care about their health and wellbeing. Here are a few additional products to round out your benefits package:

Employee Assistance Programs (EAP)

G&A offers an EAP program powered by Unum that provides several helpful resources that you, your employees, and your families can use anytime – day or night. Counseling services can cover

- **Family:** Counseling, childcare, divorce
- **Health:** Addiction, health habits
- **Money:** Budgeting, debt, retirement
- **Work:** Career, work relationships

Visit www.unum.com/lifebalance (no username or password required) to view online resources and tools or call 1-800-854-1446 to speak with a masters-level consultant.

Travel Protection

Whether you're traveling for business or pleasure to a foreign country, or you are just traveling 100+plus miles from home, Unum's emergency travel assistance program can help with:

- Medical evaluations
- Legal/interpreter referrals
- Prescription assistance
- Medical repatriation
- Critical care monitoring
- Hospital admission

Within the U.S., call 1-800-872-1414 | Outside the U.S., call +1 609-986-1234
Reference #: 01-AA-UN-762490 | Employer: G&A Partners

Note: The products above are all value added programs offered directly through the carrier and are not sponsored by G&A Partners. Please contact the individual carrier for each product if you have any questions.



Disclosures

Federal legislation passed as the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about a very important provision in the plan that may, in certain instances, allow you or your dependents special enrollment rights should you decline enrollment when initially eligible.

You may view your Section 125 plan information, amendments, and other important plan documents at www.gnapartners.com/sbc.

Special Enrollment Rights:

Individuals who initially refused coverage because they had other health coverage may apply after losing eligibility for the other coverage due to the following reasons:

- Legal separation, divorce, death, termination of employment
- Reduction in hours
- Employer contributions toward that other coverage have terminated
- Termination of the other plan
- Exhaustion of COBRA continuation or state continuation
- Loss of coverage from another plan provided, unless due to failure to pay
- Loss of coverage under Medicaid or CHIP

Marriage, Birth, Adoption or Placement for Adoption:

Application can be submitted when an employee has a new dependent such as a newborn, a newly adopted child or placement for adoption of a child under the age of 18; or when the employee gets married. A child, who becomes a new dependent as a result of marriage, is eligible as of the date of the marriage. Other children who were dependents prior to the marriage, birth or adoption event, may not enroll until the group's annual enrollment period. Coverage becomes effective on the date of birth, adoption, or marriage if your enrollment is received within 31 days of the birth, adoption, or marriage.

You received a copy of all required notices upon hire, including:

- COBRA Initial Rights
- Children's Health Insurance Plan (CHIP) Information
- Women's Health Parity Rights
- Exchange Notice
- Patient Protection
- Wellness Program Disclosure (if applicable)
- Newborn Act
- Notice of Special Enrollment Rights



Questions

Please contact G&A Partners AccessHR team if you need help with any of the following:

- Questions about your benefits
- Escalated claims information
- Payroll deduction questions
- Assistance locating in-network providers
- Assistance printing ID cards
- Or any other questions!

G&A Partners AccessHR Team

Hours: Monday – Friday | 7:30 a.m. – 7:00 p.m. CT

Phone: 1-866-497-4222 | Email: accesshr@gnapartners.com



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In the case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please contact G&A Partners.



Whether you need full-service HR support or help in a few key areas, G&A Partners provides the people, processes and technology you need to grow your business faster and take better care of your employees.

Visit us online or give us a call today to learn more about how G&A Partners' comprehensive HR solutions can help you achieve your business goals and spend less time dealing with the administrative hassles of HR, benefits and payroll.

gnapartners.com 866.497.4222

