

*The Gatesworth*

EMPLOYEE  
BENEFITS  
GUIDE

**2025**

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# Welcome!

As a new The Gatesworth Communities employee, I want to welcome you to a new career with our company. You can take pride in the fact that you are now a team member of a premier provider of skilled health care services. The Gatesworth Communities strives to provide excellent care for our residents and will help you attain excellence in your career with us.

An important part of your compensation package is the employee benefits made available to all eligible employees following 60 days of employment. This guide will give you an overview of all the available insurance benefit choices. Our H.R./ Benefits Team has worked hard to provide you with a broad choice of insurance benefits to protect you and your family in time of need. Please take the time to review the important information in this guide so you can make informed choices when selecting your benefits.

Please note, it is your decision whether to participate in any of the benefits offered. **It is mandatory to go through the benefit offering interview to hear about your benefit choices.** You can then enroll or decline any or all of the offerings.

To make the interview process as easy as possible, we have two ways for you to complete your enrollment:  
Call Center: We have a dedicated enrollment firm with counselors who are available to help you understand how each benefit can work for you. During the month prior to your benefit eligibility, you must find a time to call the enrollment center at 855-639-9102. The call center is open 8 AM -5 PM Central Time. You can have your benefit interview at that time if a counselor is available, or schedule an appointment for a future time. It's that simple.

Online:

Visit [chubb.benselect.com/mcknight](http://chubb.benselect.com/mcknight)

Your user name is your full social security number. Your password is the last 4 digits of your social security number and the last two digits of your year of birth.

Example: SSN 123-45-6789 DOB 01/01/2023

User name: 123456789

Password: 678923

Again, welcome aboard! Wishing you much success!

Sincerely,

Ben McCoy

CFO

## Medical Insurance

	\$2000 Deductible Plan		\$3000 Deductible Plan		\$5000 Deductible Plan		\$8000 Deductible Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible (Single/Family)	\$2,000/ \$4,000	\$4,000/ \$8,000	\$3,000/ \$6,000	\$6,000/ \$12,000	\$5,000/ \$10,000	\$10,000/ \$20,000	\$8,000/ \$16,000	\$15,000/ \$30,000
Out-of-Pocket Limit (Single/Family)	\$4,000/ \$8,000	\$7,000/ \$14,000	\$5,000/ \$10,000	\$10,000/ \$20,000	\$5,000/ \$10,000	\$10,000/ \$20,000	\$8,000/ \$16,000	\$15,000/ \$30,000

Services You May Need	\$2000 Deductible Plan In-network Provider	\$3000 Deductible Plan In-network Provider	\$5000 Deductible Plan In-network Provider	\$8000 Deductible Plan In-network Provider
<b>Health care provider's office or clinic visit</b>				
<b>Primary care visit to treat an injury or illness</b>	\$25 Copay per visit <i>Deductible Waived In-network</i>	\$25 Copay per visit <i>Deductible Waived In-network</i>	\$40 Copay per visit <i>Deductible Waived In-network</i>	\$40 Copay per visit <i>Deductible Waived In-network</i>
<b>Specialist visit</b>	\$50 Copay per visit <i>Deductible Waived In-network</i>	\$50 Copay per visit <i>Deductible Waived In-network</i>	\$60 Copay per visit <i>Deductible Waived In-network</i>	\$60 Copay per visit <i>Deductible Waived In-network</i>
<b>Other practitioner office visit</b>	Chiropractic Care - \$50 Copay per visit <i>(26 Maximum visits per calendar year)</i>  Acupuncture - Not Covered	Chiropractic Care - \$50 Copay per visit <i>(26 Maximum visits per calendar year)</i>  Acupuncture - Not Covered	Chiropractic Care - \$60 Copay per visit <i>(26 Maximum visits per calendar year)</i>  Acupuncture - Not Covered	Chiropractic Care - \$60 Copay per visit <i>(26 Maximum visits per calendar year)</i>  Acupuncture - Not Covered
<b>Preventive care/screening/immunization</b>	No charge <i>Deductible Waived for In and Out of Network. Immunizations to age 6 only.</i>	No charge <i>Deductible Waived for In and Out of Network. Immunizations to age 6 only.</i>	No charge <i>Deductible Waived for In and Out of Network. Immunizations to age 6 only.</i>	No charge <i>Deductible Waived for In and Out of Network. Immunizations to age 6 only.</i>
<b>Lab Tests</b>				
<b>Diagnostic test (x-ray, blood work)</b>	Office Setting: No Charge - <i>Deductible waived In Network.</i>  Outpatient Setting: 20% Coinsurance	Office Setting: No Charge - <i>Deductible waived In Network.</i>  Outpatient Setting: 20% Coinsurance	Office Setting: No Charge - <i>Deductible waived In Network.</i>  Outpatient Setting: No Charge - <i>Deductible Applies In &amp; Out of Network</i>	Office Setting: No Charge - <i>Deductible waived In Network.</i>  Outpatient Setting: No Charge - <i>Deductible Applies In &amp; Out of Network</i>
<b>Imaging (CT/PET scans, MRIs)</b>	20% Coinsurance	20% Coinsurance	No charge <i>Deductible Applies</i>	No charge <i>Deductible Applies</i>
<b>Prescription Drugs</b>				
<b>Generic drugs</b>	\$10 Copay, up to a 90 day supply.	\$10 Copay, up to a 90 day supply.	\$10 Copay, up to a 90 day supply.	\$10 Copay, up to a 90 day supply.
<b>Preferred brand drugs</b>	\$35 Copay, up to a 30 day supply. \$90 Copay, for a 90 day supply.	\$35 Copay, up to a 30 day supply. \$90 Copay, for a 90 day supply.	\$50 Copay, up to a 30 day supply. \$90 Copay, for a 90 day supply.	\$50 Copay, up to a 30 day supply. \$90 Copay, for a 90 day supply.
<b>Non-preferred brand drugs</b>	\$60 Copay, up to a 30 day supply. \$180 Copay, for a 90 day supply.	\$60 Copay, up to a 30 day supply. \$180 Copay, for a 90 day supply.	\$75 Copay, up to a 30 day supply. \$180 Copay, for a 90 day supply.	\$75 Copay, up to a 30 day supply. \$180 Copay, for a 90 day supply.
<b>Specialty drugs</b>	Minimum of 25% or \$250, up to a 30 day supply.	Minimum of 25% or \$250, up to a 30 day supply.	Minimum of 25% or \$250, up to a 30 day supply.	Minimum of 25% or \$250, up to a 30 day supply.

	\$2000 Deductible Plan In-network Provider	\$3000 Deductible Plan In-network Provider	\$5000 Deductible Plan In-network Provider	\$8000 Deductible Plan In-network Provider
	Prior authorization on select medications; <b>There is a separate out-of-pocket prescription limit on expenses. \$2,600/person, \$5,200/family.</b>	Prior authorization on select medications; <b>There is a separate out-of-pocket prescription limit on expenses. \$1,600/person, \$3,200/family.</b>	Prior authorization on select medications; <b>There is a separate out-of-pocket prescription limit on expenses. \$1,600/person, \$3,200/family.</b>	Prior authorization on select medications; <b>There is a separate out-of-pocket prescription limit on expenses. \$1,450/person, \$2,900/family.</b>
<b>Outpatient Surgery</b>				
<b>Facility fee</b> (e.g., ambulatory surgery center)	20% Coinsurance	20% Coinsurance	No charge <i>Deductible Applies</i>	No charge <i>Deductible Applies</i>
<b>Physician/surgeon fees</b>	20% Coinsurance	20% Coinsurance	No charge <i>Deductible Applies</i>	No charge <i>Deductible Applies</i>
<b>Immediate Medical Attention</b>				
<b>Emergency room services</b>	True ER: \$200 Copay per visit - <i>Deductible Waived</i> Non-true ER: Not Covered	True ER: \$200 Copay per visit - <i>Deductible Waived</i> Non-true ER: Not Covered	True ER: \$300 Copay per visit - <i>Deductible Waived</i> Non-true ER: Not Covered	True ER: \$300 Copay per visit - <i>Deductible Waived</i> Non-true ER: Not Covered
<b>Emergency medical transportation</b>	20% Coinsurance <i>In-network deductible applies to Out-of-network benefits</i>	20% Coinsurance <i>In-network deductible applies to Out-of-network benefits</i>	No Charge - <i>Deductible Applies</i> <i>In-network deductible applies to Out-of-network benefits</i>	No Charge - <i>Deductible Applies</i> <i>In-network deductible applies to Out-of-network benefits</i>
<b>Urgent care</b>	\$50 Copay per visit <i>Deductible Waived In-network</i>	\$50 Copay per visit <i>Deductible Waived In-network</i>	\$75 Copay per visit <i>Deductible Waived In-network</i>	\$75 Copay per visit <i>Deductible Waived In-network</i>
<b>Hospital Stay</b>				
<b>Facility fee (e.g., hospital room)</b>	20% Coinsurance <i>Prior authorization is required or benefit is reduced by \$250 per claim</i>	20% Coinsurance <i>Prior authorization is required or benefit is reduced by \$250 per claim</i>	No charge <i>Deductible Applies; Prior authorization is required or benefit is reduced by \$250 per claim</i>	No charge <i>Deductible Applies; Prior authorization is required or benefit is reduced by \$250 per claim</i>
<b>Physician/surgeon fee</b>	20% Coinsurance	20% Coinsurance	No charge <i>Deductible Applies</i>	No charge <i>Deductible Applies</i>
<b>Mental Health, Behavioral Health, Or Substance Abuse Needs</b>				
<b>Mental/Behavioral health outpatient services</b>	Office Visit: \$25 Copay - <i>Deductible waived In-Network</i> Other Outpatient Services: 20% Coinsurance	Office Visit: \$25 Copay - <i>Deductible waived In-Network</i> Other Outpatient Services: 20% Coinsurance	Office Visit: \$40 Copay - <i>Deductible waived In-Network</i> Other Outpatient Services: <i>No Charge - Deductible Applies In &amp; Out of Network</i>	Office Visit: \$40 Copay - <i>Deductible waived In-Network</i> Other Outpatient Services: <i>No Charge - Deductible Applies In &amp; Out of Network</i>
<b>Mental/Behavioral health inpatient services</b>	20% Coinsurance <i>Prior authorization is required or benefit is reduced by \$250 per claim</i>	20% Coinsurance <i>Prior authorization is required or benefit is reduced by \$250 per claim</i>	No Charge - <i>Deductible Applies</i> <i>Prior authorization is required or benefit is reduced by \$250 per claim</i>	No Charge - <i>Deductible Applies</i> <i>Prior authorization is required or benefit is reduced by \$250 per claim</i>
<b>Substance use disorder outpatient services</b>	Office Visit: \$25 Copay - <i>Deductible waived in-network</i> Other Out Patient Services: 20% Coinsurance	Office Visit: \$25 Copay - <i>Deductible waived in-network</i> Other Out Patient Services: 20% Coinsurance	Office Visit: \$40 Copay - <i>Deductible waived in-network</i> Other Out Patient Services: <i>No Charge - Deductible Applies In &amp; Out of Network</i>	Office Visit: \$40 Copay - <i>Deductible waived in-network</i> Other Out Patient Services: <i>No Charge - Deductible Applies In &amp; Out of Network</i>

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Medical Insurance



A UnitedHealthcare Company

	\$2000 Deductible Plan In-network Provider	\$3000 Deductible Plan In-network Provider	\$5000 Deductible Plan In-network Provider	\$8000 Deductible Plan In-network Provider
<b>Substance use disorder inpatient services</b>	20% Coinsurance <i>Prior authorization is required or benefit is reduced by \$250 per claim</i>	20% Coinsurance <i>Prior authorization is required or benefit is reduced by \$250 per claim</i>	No charge - Deductible Applies <i>Prior authorization is required or benefit is reduced by \$250 per claim</i>	No charge - Deductible Applies <i>Prior authorization is required or benefit is reduced by \$250 per claim</i>
<b>Pregnancy</b>				
<b>Prenatal and postnatal care</b>	Prenatal: No Charge - <i>Deductible waived in-network</i>  Postnatal: 20% Coinsurance	Prenatal: No Charge - <i>Deductible waived in-network</i>  Postnatal: 20% Coinsurance	Prenatal: No Charge - <i>Deductible waived in-network</i>  Postnatal: No Charge - Deductible applies In & Out of Network	Prenatal: No Charge - <i>Deductible waived in-network</i>  Postnatal: No Charge - Deductible applies In & Out of Network
<b>Delivery and all inpatient services</b>	20% Coinsurance	20% Coinsurance	No charge - Deductible Applies	No charge - Deductible Applies
<b>Recovery or Other Special Health Needs</b>				
<b>Home health care</b>	20% Coinsurance <i>60 Maximum visits per calendar year; Prior authorization is required or benefit is reduced by \$250 per claim</i>	20% Coinsurance <i>60 Maximum visits per calendar year; Prior authorization is required or benefit is reduced by \$250 per claim</i>	No charge - Deductible Applies; <i>60 Maximum visits per calendar year; Prior authorization is required or benefit is reduced by \$250 per claim</i>	No charge - Deductible Applies; <i>60 Maximum visits per calendar year; Prior authorization is required or benefit is reduced by \$250 per claim</i>
<b>Rehabilitation services</b>	\$50 Copay per visit - <i>Deductible waived In-network</i>  OT & PT outpatient: - <i>(20 Maximum visits per calendar year)</i>	\$50 Copay per visit - <i>Deductible waived In-network</i>  OT & PT outpatient: - <i>(20 Maximum visits per calendar year)</i>	\$60 Copay per visit - <i>Deductible waived In-network</i>  OT & PT outpatient: - <i>(20 Maximum visits per calendar year)</i>	\$60 Copay per visit - <i>Deductible waived In-network</i>  OT & PT outpatient: - <i>(20 Maximum visits per calendar year)</i>
<b>Recovery or Other Special Health Needs (continued)</b>				
<b>Habilitation services</b>	Not covered	Not covered	Not covered	Not covered
<b>Skilled nursing care</b>	20% Coinsurance <i>90 Maximum days per calendar year; Prior authorization is required or benefit is reduced by \$250 per claim</i>	20% Coinsurance <i>90 Maximum days per calendar year; Prior authorization is required or benefit is reduced by \$250 per claim</i>	No charge <i>Deductible Applies; 90 Maximum days per calendar year; Prior authorization is required or benefit is reduced by \$250 per claim</i>	No charge <i>Deductible Applies; 90 Maximum days per calendar year; Prior authorization is required or benefit is reduced by \$250 per claim</i>
<b>Durable medical equipment</b>	20% Coinsurance <i>Prior authorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases or benefit is reduced by \$250 per claim</i>	20% Coinsurance <i>Prior authorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases or benefit is reduced by \$250 per claim</i>	No charge <i>Deductible Applies; Prior authorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases or benefit is reduced by \$250 per claim</i>	No charge <i>Deductible Applies; Prior authorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases or benefit is reduced by \$250 per claim</i>
<b>Hospice service</b>	20% Coinsurance	20% Coinsurance	No charge <i>Deductible Applies</i>	No charge <i>Deductible Applies</i>
<b>Dental or Eye Care</b>				
<b>Eye exam</b>	Not covered	Not covered	Not covered	Not covered
<b>Glasses</b>	Not covered	Not covered	Not covered	Not covered
<b>Dental check-up</b>	Not covered	Not covered	Not covered	Not covered

**Great news!** We have made enhancements that provide you even greater access to prescription medications. You now have the option to receive certain generic, insulin, and brand name medications, all by mail and all at \$0 copayment!

Through these new options, you will save significant time and now even more money utilizing the Rx 'n Go simple and convenient mail-order program that delivers medications right to your home! **Rx 'n Go and your employer are thrilled to bring you Rx 'n Go, covering generic and insulin medications and Rx 'n Go Beyond, covering brand name medications!**

**\$0 COPAYMENT, \$0 SHIPPING COST  
90-DAY SUPPLY OF MEDICATIONS  
OUTSTANDING CUSTOMER SERVICE TEAM**



**Generics = U.S. Based Mail-Order Program**

- ✔ ~1,300 generic maintenance medications for members on the PPO plan covering major, chronic conditions
- ✔ Diabetic medications like insulin, needles & syringes for medications like Lispro, Humalog, Novolog, Levemir are also FREE
- ✔ Medications are shipped to your home from **GoGoMeds** in Southgate, KY in 7 business days

**How do I get my generic medications for free?**

- 1 Check Medication Availability:** Go to [rxngo.com](http://rxngo.com) to check if your generic or insulin medication will be covered.
- 2 Register in Minutes:** If your medication is covered through your employer and plan, register your account with Rx and shipping details.
- 3 Doctor Submits Rx with Auto-Refills:**
  - a. Phone: 888-697-9646
  - b. Fax: 888-697-0646
  - c. Escribe: GoGoMeds

*\*\* Please have 10 days on hand when placing your initial order. You will be placed on automatic refill if you have multiple fills due.*

**QUESTIONS?**

Contact customer service at: **888-697-9646**  
M-F 9am-7pm & Sat 9am-1pm EST  
Email: [pharmacy@gogomeds.com](mailto:pharmacy@gogomeds.com)



**Branded = International Mail-Order Program**

- ✔ ~160 brand name medications for members on the PPO plan covering chronic conditions
- ✔ Rx medications delivered in original branded manufacturing packaging
- ✔ Medications are shipped to your home within 4 weeks from our Canadian pharmacy partner in Winnipeg, CA. Please have 30-days of Rx with initial order

**How do I get my branded medications?**

- 1 Check Medication Availability:** [rxngo.com/beyond/branded-medications](http://rxngo.com/beyond/branded-medications)
- 2 Register in Minutes:** [rxngobeyond.com/sign-up](http://rxngobeyond.com/sign-up)
- 3 Doctor Submits Rx with Refills:**
  - a. Phone: 833-390-1043
  - b. Fax: 833-982-2460
  - c. Mail: Rx 'n Go Beyond  
PO Box 3003 Station Main  
Winnipeg MB R3C 4B5
- 4 New Medication?** If this is your first time taking the branded medication, please request for your doctor to write two prescriptions:
  - a. 30-days to be filled through a US retail pharmacy
  - b. Remaining year to be filled through Rx 'n Go Beyond program for FREE

**QUESTIONS?**

Contact customer service at: **833-390-1043**  
M-F 8am-7pm & Sat-Sun 8am-6pm EST  
Email: [support@rxngobeyond.com](mailto:support@rxngobeyond.com)

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Rx N Go Pharmacy Program



In addition to the current Rx n Go Generic Drug Program, Gatesworth will now be offering the Rx n Go & Beyond Program that provides NO COST BRAND NAME MEDICATIONS !! There are 140 Brand Name Medications you can obtain at NO COST via Rx n Go's Canadian pharmacy.

Below is a listing of brand name medications Gatesworth members are currently utilizing that are available under this program:

- Advair Diskus
- Biktarvy
- Breo Ellipta
- Combigan
- Descovy
- Edarbi
- Eliquis
- Farxiga
- Genvoya
- Jardiance
- Latuda
- Linzess
- Orlistat
- Spiriva
- Symbicort
- Synjardy XR
- Tivicay
- Trintellix
- Xarelto
- Xigduo XR

Specialty Injectable medications available

- Humira
- Enbrel
- Copaxone
- Cosentyx
- Stelara

**MEMBER SAVINGS:** The current copay for specialty medications is 25% to a maximum of \$250 per prescription. Under Rx n Go there is NO COPAY for the above five specialty medication!!!!



## Dental Insurance

	PPO
<i>Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as shown below. Network access varies by geographic location and zip code.</i>	
<b>Calendar year deductible</b> Individual Family limit Waived for	\$50 3 per family Preventive
<b>Annual Maximum Benefit</b>	<b>\$1,250 plus Maximum Rollover</b>
<b>Lifetime Orthodontia Maximum</b>	\$1000
<b>Dependent Age Limits</b>	26
<b>Preventive Care</b>	
<b>Oral Exams</b> <i>Once every 6 months</i>	100%
<b>Cleanings</b> <i>Once every 6 months</i>	100%
<b>Fluoride Treatment</b> <i>To age 14, once every 6 months</i>	100%
<b>X-Rays (Bitewings only)</b>	100%
<b>Sealants</b> <i>To age 16, once every 36 months</i>	100%
<b>Basic Care</b>	
<b>X-Rays (Other than Bitewings)</b> <i>Full-mouth series once every 60 months</i>	100%
<b>Fillings</b>	100%
<b>Simple Extractions</b>	100%
<b>Space Maintainers/Harmful Habit Appliances</b>	100%
<b>Major Care</b>	
<b>Bridges &amp; Dentures</b>	50%
<b>Endodontic Services (e.g. Root Canal)</b>	50%
<b>Implants</b>	50%
<b>Single Crowns</b>	50%
<b>Complex Extractions</b>	50%
<b>Repair &amp; Maintenance of Crowns, Bridges &amp; Dentures</b>	50%
<b>General Anesthesia</b>	50%
<b>Perio Maintenance Procedure</b> <i>Once every 6 months</i>	50%
<b>Combined Cleanings/Perio Maintenance Limit</b> <i>(2 in a 12 consecutive months period)</i>	50%
<b>Periodontal Services (e.g. Scaling and Root Planing)</b>	50%
<b>Periodontal Surgery</b>	50%
<b>Inlays, Onlays &amp; Veneers</b>	50%
<b>Orthodontia</b>	
<b>Orthodontia</b>	<b>50% for children (Orthodontia in Progress - covered)</b>

## Dental Insurance

	HMO Base	HMO Buy-Up
<b>Network</b>	First Commonwealth	First Commonwealth
<b>Annual Maximum</b>	Unlimited	Unlimited
<b>Office Visit Copay</b>	\$10	\$10
<b>Dependent Age Limits</b>	26	26
<b>Preventive Care</b>		
<b>Oral Exams</b>	\$0	\$0
<b>Cleanings</b>	\$0	\$0
<b>X-Rays Full Mouth</b>	\$0	\$0
<b>Fillings One Surface Amalgam</b>	\$20	\$0
<b>Fluoride Treatment</b>	\$0	\$0
<b>Sealants Per Tooth</b>	\$8	\$0
<b>Space Maintainers/Harmful Habits</b> <i>Fixed Bilateral Space Maintainer (Harmful Habit Appliances Not Covered)</i>	\$78	\$0
<b>Oral Cancer Screenings Age 40 or older, once/24 months</b>	\$50	\$50
<b>Endodontic (Root Canal)</b>		
Anterior	\$126	\$120
Molar	\$192	\$270
<b>Perio Maintenance Procedure</b>	\$28	\$0
<b>Periodontal (Scaling &amp; Root Planing) Per Quadrant</b>	\$42	\$0
<b>Perio Surgery</b>	\$210	\$380
<b>Repair &amp; Maintenance of Crowns, Bridges &amp; Dentures</b>		
Denture Reline Chairside	\$130	\$88
Denture Reline Laboratory	\$186	\$120
<b>General Anesthesia</b>	Covered with surgical procedure	Covered with surgical procedure
<b>Inlays, Onlays &amp; Veneers</b>		
2 Surface Inlay	\$368	\$320
3 Surface Onlay	\$400	\$360
Veneer	\$250	\$250
<b>Simple Extractions Per Tooth</b>	\$23	\$0
<b>Complex Extractions</b>		
Soft Tissue Impacted	\$62	\$114
Full Bony Impacted	\$96	\$160
<b>Bridges &amp; Dentures</b>		
Complete Denture	\$580	\$452
Partial Denture	\$620	\$500
<b>Single Crowns</b>		
Porcelain with Metal	\$430	\$375
Cast Metal	\$430	\$375
<b>Orthodontia (Orthodontia in Progress - Covered)</b>		
Comprehensive ortho for dep child to age 19	\$2,500	\$2,500
Comprehensive ortho for other members	\$2,800	\$2,800
<b>Bleaching Per Arch</b>	\$165	\$165

## Vision Insurance

Reimbursement Schedule		
Reimbursement Schedule	In-Network (Copay)	Out-of-Network (Before Copay)
Exams Copay	\$10	
Materials Copay	\$25	
<b>Eye Exams Benefit</b>	\$10	\$59 max
<b>Lenses Benefit</b>		
Single Vision	\$25	\$30 max
Bifocal	\$25	\$50 max
Trifocal	\$25	\$65 max
Lenticular	\$25	\$100 max
<b>Contact Lenses Benefit**</b>		
Medically Necessary	Covered after copay	\$210 max
Elective Materials	\$130 max (Copay waived)	\$120 max (Copay waived)
Elective Fitting and Evaluation	Included in the Contact Lens Allowance. 15% discount on the fee.	Included in the Contact Lens Allowance
Frames Benefit	\$130 retail max + 20% off balance	\$70 max
Costco, Walmart, Sam's Club Frame	\$70 retail max	Not Covered
Visions Upgrade Options Included	· Retail Chain Provider	Not Applicable
<b>Service Frequencies</b>		
Eye Exams	Once Every Calendar Year	
Lenses Benefit	Once Every Calendar Year	
Contact Lenses	Once Every Calendar Year	
Frames	Once Every Other Calendar Year	
Dependent Age Limits	26	

\*\*In lieu of eyeglass lenses and/or frames

## Hospital Indemnity Insurance

Group Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed, regardless of the actual cost of treatment.

Plan Description	
Hospital Admission	\$1,000 per insured per calendar year
Daily Hospital Confinement	\$100 per day, to a maximum of 60 days per calendar year
Hospital Intensive Care Unit Confinement	\$200 per day, to a maximum of 15 days per calendar year
Portability	Included
Wellness Benefit	\$50 per insured per calendar year
Family Coverage Options	Employee, Spouse, Child Employee must have coverage in order for spouse and child to have coverage.
Evidence of Insurability (Health Questions)	Employee/Spouse At initial enrollment, health questions are not required for the employee or spouse when first eligible.

### Wellness Benefit

**Coverage Amount \$50**  
Unum will pay the Wellness Benefit once per insured per calendar year while coverage is in force.

**Wellness tests are:**

<ul style="list-style-type: none"> <li>• Blood test for triglycerides;</li> <li>• Bone marrow aspiration or biopsy;</li> <li>• CA 15-3 (blood test for breast cancer);</li> <li>• CA-125 (blood test for ovarian cancer);</li> <li>• CEA (blood test for colon cancer);</li> <li>• Carotid Doppler;</li> <li>• Chest x-ray;</li> <li>• Colonoscopy;</li> <li>• Echocardiogram;</li> <li>• Electrocardiogram;</li> <li>• Fasting blood glucose test;</li> <li>• Fasting plasma glucose (FPG);</li> <li>• Hemoglobin A1C(HbA1c);</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible sigmoidoscopy;</li> <li>• Hemocult stool analysis;</li> <li>• Mammography;</li> <li>• Pap smear;</li> <li>• PSA (blood test for prostate cancer);</li> <li>• Serum cholesterol test to determine HDL and LDL levels;</li> <li>• Serum protein electrophoresis (blood test for myeloma);</li> <li>• Skin cancer biopsy;</li> <li>• Stress test on a bicycle or treadmill;</li> <li>• Thermography;</li> <li>• Thin prep pap test;</li> <li>• Two hour post-load plasma glucose; or</li> <li>• Virtual colonoscopy</li> </ul>
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## Accident Insurance

Group Accident insurance is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits. The accident base plan is guaranteed issue, so no health questions are required.

Covered Treatments/Services	
<b>Ambulance</b>	
ground	\$400
air	\$1,500
<b>Appliance</b>	\$100
<b>Blood/Plasma/Platelets</b>	\$400
<b>Chiropractic Care Services</b>	
Chiropractic Treatment	3 visits per covered accident, per calendar year
Chiropractic Care Services Dollar Amount"	\$25
<b>Emergency Room Treatment</b>	\$150
<b>Emergency Treatment in Physician Office/Urgent Care Facility</b>	
<i>Either ER room or Physician/Urgent Care benefit is payable once per covered accident</i>	
Physician	\$75
Urgent Care Facility	\$75
Hospitalization Benefits	
<b>Admission; or Intensive Care Unit Admission</b>	\$1,000 \$1,500
<i>Either Admission or Intensive Care Admission benefit is payable once per covered accident</i>	
<b>Confinement (per day up to 365 days per covered accident)</b>	\$200
<b>Intensive Care Unit Confinement (per day up to 15 days per covered accident)</b>	\$400
<b>Medical Imaging Test (MRI, MR, CT, CAT, EEG)</b>	\$200
<b>Outpatient Surgery Facility Service</b>	
Knee cartilage, ruptured disc, tendon/ligament/rotator cuff, eye injury, hernia	\$300
<b>Pain Management (epidural)</b>	\$100
<b>Physician Follow-up Visit</b>	2 visits
Physician	\$75
Urgent Care Facility or Hospital	\$75
<b>Rehabilitation Unit Confinement</b>	\$100
<i>(per day up to 15 days per covered accident, max of 30 days per calendar year)</i>	
Therapy Services	
Occupational, Physical, or Speech Therapy	10 visits
Therapy Services Dollar Amount	\$25
Travel (due to covered accident)	
<b>Lodging (per day up to 30 days per covered accident)</b>	\$150
<b>Transportation more than 50+ miles from residence</b>	\$0.40 per mile
<i>(up to three trips per covered accident; benefit for injured insured only; max 1200 miles per round trip)</i>	
<b>Transportation Maximum</b>	\$1,440
Covered Injuries and Surgical Procedures	
Burns	
<b>2nd Degree</b>	
35 or more square inches of the body surface	\$1,000
<b>3rd Degree</b>	
At least 10 square inches, but less than 20 square inches; or	\$2,500
At least 20 square inches, but less than 35 square inches; or	\$5,000
35 or more square inches of the body surface	\$10,000
<b>Burns - Skin Graft</b>	
Skin Graft for 2nd or 3rd degree burns	50%
Skin Graft for any other accidental traumatic loss of skin:	
At least 10 square inches, but less than 20 square inches; or	\$150
At least 20 square inches, but less than 35 square inches; or	\$250
35 or more square inches of the body surface	\$500

The Gatesworth  
2024 Benefit Enrollment Guide  
Accident Insurance



<b>Coma</b>		\$10,000
<b>Concussion</b>		\$150
<b>Dental (emergency)</b>		
crown		\$300
extraction		\$100
<b>Dislocation (separated joint)</b>	<b>Closed Reduction</b>	<b>Open Reduction</b>
Hip joint	\$3,000	\$6,000
Knee joint (except patella)	\$1,500	\$3,000
Ankle Bone or Bones of the Foot (other than toes)	\$1,200	\$2,400
Collar Bone (sternoclavicular)	\$750	\$1,500
Lower jaw	\$450	\$900
Shoulder	\$450	\$900
Elbow joint	\$450	\$900
Wrist joint	\$450	\$900
Hand (other than fingers)	\$450	\$900
Collar Bone (acromioclavicular and separation)	\$150	\$300
Finger or Toe joint	\$150	\$300
<i>Incomplete dislocation or dislocation reduction without anesthesia - 25% of the applicable amount for closed reduction of joint involved.</i>		
<b>Eye Injury</b>		\$300
<b>Fracture (broken bone)</b>	<b>Closed Reduction</b>	<b>Open Reduction</b>
Skull (except bones of face or nose), Depressed	\$3,750	\$7,500
Skull (except bones of face or nose), Non-depressed	\$1,500	\$3,000
Hip, Thigh (femur)	\$2,250	\$4,500
Vertebrae, Body of (excluding vertebral processes)	\$1,200	\$2,400
Pelvis	\$1,200	\$2,400
Leg (tibia and/or fibula)	\$1,200	\$2,400
Bones of the Face or Nose (except mandible or maxilla)	\$525	\$1,050
Upper Jaw, Maxilla (except alveolar process)	\$525	\$1,050
Upper Arm between Elbow and Shoulder (humerus)	\$525	\$1,050
Lower Jaw, Mandible (except alveolar process)	\$450	\$900
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$450	\$900
Vertebral Processes	\$450	\$900
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$450	\$900
Kneecap (patella)	\$450	\$900
Foot (except toes)	\$450	\$900
Ankle	\$450	\$900
Rib	\$375	\$750
Coccyx	\$300	\$600
Finger, Toe	\$75	\$150
<i>Chip fracture - 25% of the applicable amount for closed reduction of the bone listed above.</i>		
<b>Knee cartilage</b>		
torn with surgical repair		\$750
exploratory		\$150
<b>Laceration</b>		
Laceration(s) not requiring stitches		\$25
Repaired by stitches:		
total of all lacerations is less than two inches (5.08 centimeters) long		\$75
total of all lacerations is two to six inches (5.08 to 15.24 centimeters) long		\$300
total of all lacerations is greater than six inches (15.24 centimeters) long		\$600

<b>Prosthetic device</b>	
one	\$750
two or more	\$1,500
<b>Ruptured Disc with Surgical Repair</b>	\$800
<b>Surgery</b>	
open abdominal or thoracic	\$1,500
exploratory without repair	\$150
hernia repair	\$150
<b>Tendon, Ligament and Rotator Cuff</b>	
one with surgical repair	\$800
two or more with surgical repair	\$1,200
exploratory	\$150
<b>Tendon, Ligament and Rotator Cuff</b>	
one with surgical repair	\$800
two or more with surgical repair	\$1,200
exploratory	\$150
<b>Accidental Death/Dismemberment/Loss</b>	
<b>Accidental Death</b>	
<i>Once per lifetime; if payable, Accidental Death - Common Carrier is not payable</i>	
Employee	\$50,000
Spouse	\$20,000
Child	\$10,000
<b>Accidental Death - Common Carrier</b>	
<i>Once per lifetime; if payable, Accidental Death is not payable</i>	
Employee	\$150,000
Spouse	\$60,000
Child	\$30,000
<b>Accidental Dismemberment</b>	
<b>Initial Accidental Dismemberment</b>	
<i>One benefit per covered accident; if payable, Initial Accidental Loss is not payable</i>	
loss of both hands or both feet; or	\$15,000
loss of one hand and one foot: or	\$15,000
loss of one hand or foot; or	\$7,500
loss of two or more fingers, toes or any combination: or	\$1,500
loss of one finger or toe	\$750
<b>Catastrophic Accidental Dismemberment</b>	
<i>Once per lifetime; if payable, Catastrophic Accidental Loss is not payable</i>	
loss of both hands or both feet; or	
loss of one hand and one foot	
<b>Prior to age 65</b>	
employee	\$100,000
spouse	\$50,000
child	\$50,000
<b>Age 65 - 69</b>	
employee	\$50,000
spouse	\$25,000
child	\$25,000
<b>Age 70 and over</b>	
employee	\$25,000
spouse	\$12,500
child	\$12,500
<b>Accidental Loss - Paralysis, Sight, Hearing and Speech</b>	
<b>Initial Accidental Loss</b>	
<i>One benefit per accident; if payable, Initial Accidental Dismemberment is not payable</i>	
Permanent Paralysis, or	\$15,000
loss of sight of both eyes; or	\$15,000
loss of sight of one eye; or	\$7,500
loss of the hearing of one ear	\$7,500

<b>Catastrophic Accidental Loss</b>	
<i>Once per lifetime; if payable, Catastrophic Accidental Dismemberment is not payable</i>	
Permanent Paralysis, or loss of hearing of both ears; or loss of the ability to speak; or loss of sight of both eyes	
<b>Prior to age 65</b>	
employee	\$100,000
spouse	\$50,000
child	\$50,000
<b>Age 65 - 69</b>	
employee	\$50,000
spouse	\$25,000
child	\$25,000
<b>Age 70 and over</b>	
employee	\$25,000
spouse	\$12,500
child	\$12,500
Wellness Benefit (once per insured per calendar year)	\$50



## Critical Illness Insurance

Critical Illness insurance is designed to help employees offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness. The Critical Illness benefit is based on the amount of coverage in effect on the date of diagnosis of a critical illness or the date treatment is received according to the terms and provisions of the policy.

Plan Description	
<b>Type of Plan</b>	Critical Illness with Cancer
<b>Covered Conditions</b>	<p>For Critical Illness with Cancer: Cancer, Carcinoma in Situ (25%), Heart Attack, Coronary Artery Bypass Surgery (25%), Stroke, End Stage Renal (Kidney) Failure, Major Organ Failure, Permanent Paralysis as the result of a Covered Accident, Coma as the result of Severe Traumatic Brain Injury, Blindness, Benign Brain Tumor, Occupational HIV.</p> <p>Additional Covered Conditions for Dependent Children: -Cerebral Palsy -Cleft Lip or Palate -Cystic Fibrosis -Down Syndrome -Spina Bifida</p>
<b>Family Coverage Options</b>	Employee/Child, Spouse Note: Child coverage automatically included with Employee coverage
<b>Coverage Amount</b>	Employee Options - \$20,000 Spouse Options - \$10,000 Child - 50% of Employee Coverage Amount
<b>Guaranteed Issue Limit Amount</b>	Employee - \$20,000 Spouse - \$10,000
<b>Evidence of Insurability (Health Questions)</b>	Employee/Spouse Health questions are not required for amounts up to the guaranteed issue limit of \$20,000 for the employee and \$10,000 for the spouse. Health questions are required for amounts greater than the guaranteed issue limit for the employee and spouse. Dependent Children are covered for 50% of the Employee coverage amount without Evidence of Insurability.
<b>Pre-existing Condition Limitation</b>	Waived
<b>Benefit Waiting Period</b>	N/A
<b>Wellness Benefit</b>	\$50 per insured per calendar year.
<b>Portability</b>	Policy is fully portable if employee leaves job

## Lifetime Benefit Term Life Insurance

### Product Features

- Valuable life insurance protection through age 120!
- LifeTime Benefit Term life insurance up to \$250,000 for eligible actively at work employees.
- Life base insurance premiums are guaranteed never to increase through age 100.
- No medical exams required. Issuance of coverage depends upon answers to a few health questions.
- Provides paid-up death benefit values after only ten years, so if you decide to stop paying premiums at some time in the future, you are guaranteed paid-up coverage of a reduced amount.
- Flexible! You have the option to: Continue your coverage at the same premium; or Elect paid-up insurance coverage of a reduced amount after 10 years with no further premium payments—Guaranteed!
- Fully portable – you own it and take it with you when you leave your employment.
- Spouse and child coverage is available.
- Based on current interest rate assumptions the death benefit is designed to remain level through age 120 and fully paid up at age 100. In the event of a long term decline in interest rates, your coverage does contain a guarantee ensuring that the initial death benefit will last for the longer of 25 years or to age 70 and thereafter can never be less than 50% of your initial death benefit

### Issue Limits

#### Guaranteed Issue Eligibility- Defined Benefit\*

Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$75,000

Child Term Rider Coverage: Issue ages 15 days to 25 years; 25 units

Child Certificate Coverage:

Issue ages 15 days to 18 years; \$25,000

Issue ages 19 years to 25 years: Whatever \$3/wk will purchase

#### Conditional Guaranteed Issue Eligibility- Defined Benefit\*

Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$150,000

Spouse Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$75,000

#### Simplified Eligibility - Defined Benefit

Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$250,000

Spouse Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$125,000

Employee Coverage: Issue Ages 71 - 80; Maximum amount allowed is \$50,000

The maximum amount of coverage for any one life is limited to the SI maximum limits above even when multiple products are made available.

### Dependent Child Coverage and Eligibility

Employees may apply for coverage on a Dependent Child in one of the following two ways, but not both:

- **Dependent Child Optional Benefit Rider:**

Available on a Guarantee Issue basis.

*Exception: when a child rider is added to an existing employee or spouse LBT contract and the child is not newly eligible, the child is added on a Simplified Issue basis – see below\*.*

- **Dependent Child Individual LBT Certificate**

Available on a Guarantee Issue basis only at the Employee's initial eligibility period.

Employees applying for coverage on a child AFTER their initial eligibility period, may apply for coverage on a Simplified Issue basis – see below\*.

*Exception: when an Employee adds a newborn child (new step child or newly adopted child) after their initial eligibility period, they may apply for coverage on a Guarantee Issue basis.*

\*The Employee must answer all the required health questions on the child proposed for coverage on page one and two of the enrollment form which Chubb's Administrative Office will review to determine if the coverage applied for can be issued.

### Overview of Included Benefit Rider

**Accelerated Death Benefit Rider for Terminal Illness:** Automatically included at no cost. Allows an accelerated payment of 50% of the death benefit not to exceed \$100,000 if the insured's death is diagnosed to occur within a 12 month period.

### Overview of Optional Benefit Riders

*(Not all riders are available in all states. See certificate for full explanation and description of terms and benefits.)*

**Dependent Children Term Rider:** Issue ages from 15 days to age 25. One premium covers all eligible children – natural, step, adopted or any under legal guardianship. Coverage lasts to age 26 and may be converted up to 5 times the term amount. Maximum initial term amount is \$25,000.

Employees may apply for coverage on a Dependent Child in one of the following two ways, but not both: Dependent Child Optional Benefit Rider OR Dependent Child Individual LBT Certificate

\*Applies to employee enrollment only during initial eligibility for this coverage

**Waiver of Premium Rider:** Available only to employees. Issue ages from 20–55. Waives the base premium and all rider premiums after the 6th month of disability if the insured becomes totally disabled prior to age 60.

**Payor Waiver of Premium Rider:** Operates on the same basis as the Waiver of Premium, but waives premiums for any individual certificate of coverage on a spouse or child contract if the payor becomes totally disabled.

**Accelerated Death Benefit for Long Term Care (LTC) Rider:**

This is a plan sponsor determined benefit rider and, if selected, will be added to all certificates. This rider may be added only to employee or spouse contracts. Issue ages are 19–80 for employees and 19-70 for spouses. The insured must be certified as being chronically ill (unable to perform 2 out of 6 activities of daily living or be cognitively impaired) and be confined to a nursing home or assisted living facility, or be receiving home health care or adult day care. The accelerated LTC benefit is 4% of the current death benefit amount payable each month for up to 25 months. If death occurs prior to the end of the 25 month period, the remaining amount is paid as a death benefit.

**Restoration of Your Death Benefit**

Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to \$0. While inforce, this rider restores your life coverage to not less than 50% of the death benefit, up to a maximum of \$50,000, on which your LTC benefits were based. This rider assures there will be a death benefit available for your beneficiary up to your insured's age 121.

## Employer Paid Life Insurance and AD&D

When you are a full-time employee, the company provides term life insurance coverage at no cost to you. In the event of your death, our policy helps provide a financial safety net to your beneficiaries.

If you die while covered by this plan, the benefit is paid to the beneficiary (or beneficiaries) you designate during enrollment. Please make sure your beneficiary information is accurate.

### Product Features

**Carrier: Reliance Matrix**

**Benefit amount: \$15,000**

**Accelerated Death Benefit Rider**

## Supplemental Life Insurance and AD&D

### Product Features

**Carrier: Reliance Matrix**

**Offered in \$10,000 increments**

**Max of the lesser of 5x annual earnings or \$500,000**

**Guaranteed Issue up to \$50,000**

**Spouse offered in \$5,000 increments *(cannot get more than employee amounts)***

**Spouse Guaranteed issue up to \$50,000**

**Children offered in \$2,000 increments**

**Child coverage is 14 days to 6 months**

## Short-Term Disability Insurance

Plan Features	
<b>Weekly Benefit of 60% Salary up to \$2,000 per week</b>	
<b>Elimination Period Options:</b>	
<ul style="list-style-type: none"> <li>• Accident 7 days, Illness 7 days</li> <li>• Accident 30 days, Illness 30 days</li> </ul>	
<b>Duration Options</b>	
<ul style="list-style-type: none"> <li>• 25 Weeks</li> <li>• 22 Weeks</li> </ul>	
Plan Benefits	
Weekly Benefit	Elimination Period
Maximum Duration	
60% of weekly salary up to \$2,000 per week	<b>Option 1:</b> Benefits begin on: Accident: 8th day Illness: 8th day
	<b>Option 2:</b> Benefits begin on: Accident: 31st day Illness: 31st day
	<b>Option 1:</b> 25 weeks
	<b>Option 2:</b> 22 weeks
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 12 months prior to your effective date under this policy until you have been covered under the policy for 12 months, or if you remain treatment free for a period of 12 consecutive months.
<b>Integration of Benefits</b>	Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.
Additional Benefits	
<b>See your Schedule of Benefits on your Certificate for more information</b>	
Enrolling for Coverage	
<b>Eligibility:</b>	All employees in an eligible class. You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again, or may be responsible for the cost of required examinations.

## Flexible Spending Account (FSA)

### Plan Features

An FSA allows you to set aside before-tax dollars from your paycheck to cover qualified expenses that you would normally pay out of your pocket with after-tax dollars. You pay no federal income, state income, or Social Security taxes on the money you place in your FSA.

Employees who enroll are issued a FSA debit card for added convenience.

You can use your FSA debit card at approved providers to instantly access your account. It allows you to pay for eligible expenses and services at the point of service by automatically deducting the amount from your FSA.

No hassle and no waiting!

Funds you elect to contribute are available to the Healthcare FSA are available in full on the first day of the plan year. However, please plan your contributions carefully as any funds not used by the end of the plan year will be forfeited by the plan.

### Healthcare FSA

The healthcare FSA lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, copayments, or other out-of-pocket medical expenses can instead be placed in the healthcare reimbursement FSA pre-tax, to pay for these expenses.

The maximum contribution to the healthcare reimbursement FSA is \$3,200 per plan year.

For the Health Flexible Spending Account, you must submit claims no later than 90 days after the end of the Plan Year.

You will be allowed to carryover amounts left in your Health Flexible Spending Accounts, up to \$640 maximum, into the subsequent plan year.

### Examples of FSA Eligible Expenses

#### Healthcare Spending Account

- Doctor's visit copays
- Prescription drug copays
- Medical and dental deductibles
- Over-the-counter medications (with a written prescription)
- Hearing aids
- Eye glasses
- Contacts
- Contact lens solution
- Dental services
- Orthodontia
- Acupuncture
- Laser vision correction surgery

## Dependent Care FSA

### How it Works

A dependent care FSA is a flexible spending account that allows you to set aside pre-tax dollars for dependent care expenses, such as daycare, that allow you to work or look for work. You choose an annual election amount, up to \$5,000 per family. The money is placed in your account via payroll deduction, in equal installments, and then used to pay for eligible dependent care expenses incurred during the plan year.

### Dependent Care FSA Eligible Expenses

- Before school or after school care for
- children 12 and younger
- Custodial care for dependent adults
- Licensed day care centers
- Nanny / Au Pair
- Nursery schools or preschools
- Late pick-up fees
- Summer or holiday day camps



Employee Benefits

# Employee Assistance Program

Your well-being doesn't begin or end with your finances. It starts with — and is always about — you. Our team is here to help, anytime and anywhere. Read on for information about no-cost, confidential support you can access for life's challenges.



### Confidential emotional support

Our highly trained clinicians will listen to your concerns and help you or your immediate family members with a variety of issues and, if needed, refer you to other resources. Talk to us for:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts
- **Need to speak with someone? Receive up to three face-to-face sessions per issue/year.**



### Work-life solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events
- Locating pet care



### Financial resources

Our financial experts can assist with a wide range of issues. Talk to us about strategies pertaining to:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



### Identity theft services

We can help you repair your credit and restore your name with tools, such as:

- Support from legal and financial professionals
- Counseling to address emotional issues
- Work-life assistance



### Legal guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more.

**Need representation? Get a free 30-minute consultation and a 25% reduction in fees.**



EQUITABLE



Contact your Employee Assistance Program for 24/7 support, resources & information

**Call:** (833) 256-5115  
**TDD:** (800) 697-0353

**Online:** [guidanceresources.com](http://guidanceresources.com)  
**App:** GuidanceNow<sup>SM</sup>  
**Web ID:** EQUITABLE3





## Online will preparation

EstateGuidance® lets you quickly and easily create a will online at no cost. You can:

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children



## Online support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand training
- “Ask the Expert” personal responses to your questions

**Online:** [guidanceresources.com](http://guidanceresources.com)

**App:** GuidanceNow<sup>SM</sup>

**Web ID:** EQUITABLE3



## Phone/live support

Your Employee Assistance Program provides someone to talk to, and resources to consult whenever and wherever you need them.

**Call:** (833) 256-5115

**TDD:** (800) 697-0353

Direct, 24/7 access to a GuidanceConsultant<sup>SM</sup> who will answer your questions and, if needed, refer you to a counselor or other resources.

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