



2023 Plan Year



Benefits Overview

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Benefit Eligibility

Eligible Employees

Full time active employees are eligible to participate in our benefits programs. Coverage of these plans ends the last day of the month in which termination of employment occurs.

- ◆ An employee must be classified as full time and regularly scheduled to work an average of 30 hours per week.
- ◆ New Hires become eligible the first day of the month following the waiting period.
- ◆ Part time employees working an average of 30 hours per week must be classified as PT-30 in our system in order to be offered benefits.

Your Eligible Dependents

- ◆ Your legal spouse*
- ◆ Your children up to the end of the month of their 26th birthday.
- ◆ Your adopted children up to the end of the month of their 26th birthday.
- ◆ Your stepchildren up to the end of the month of their 26th birthday.*
- ◆ Any children for whom you are the legal guardian up to the last day of the month of their 26th birthday.
(Court documents required)
- ◆ Dependents totally and permanently disabled. Subject to verification.

* Once a divorce is finalized, your ex-spouse (and related step-children) are no longer eligible dependents. Please notify EIN Benefits within 30 days.

Benefit Enrollment Process

Eligible employees will receive an email from Prism prompting you to enroll in benefits. Clicking the link inside the email will take you to the registration page. Once registered you can complete your benefits enrollment.

Once you have made your elections, you will not be able to change them until the next open enrollment period without a qualifying event.

If you do not enroll in benefits within your new hire enrollment period/open enrollment period you will need a qualifying event to do so outside of open enrollment.

Please note:

We collect a month in advance for benefits, meaning if your benefits begin January 1st we would begin deductions on December 1st. It is important that you enroll as soon as possible once you receive your link. If you wait until your effective date or later to enroll you will be behind on premiums and may be subject to possible double deductions to get caught up.

Qualifying Life Events FAQ

How do I make changes outside of open enrollment?

Qualifying Events trigger a special enrollment period that make you eligible to make changes to your coverage outside of open enrollment.

How do I enroll or cancel coverage during the special enrollment period?

Contact the benefits department at benefits@einllc.com to let us know you have a qualifying life event. We will tell you what proof of event documentation we need and help you make your changes.

What events are considered qualifying life events?



Getting married or divorced



Losing coverage



Having or adopting a baby



Loss of someone on your plan



Turning 26

How long do I have to make the change?

Under IRS guidelines, you have **30 days** from the date of the event to inform us of your event and make changes to your coverage.

What if it is outside of the 30 days?

Once the thirty days have passed you must wait until the following open enrollment to make changes.

EIN follows the IRS guidelines for determining a qualifying event.

Please contact the Benefits Department for more information.

304-204-8700

benefits@einllc.com

Dental insurance

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

With six plans to choose from you can choose the best plan for you and your family that falls within your budget.

With Guardian, no matter which plan you choose you will have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings.

You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier I reimbursement level you will maximize your savings.

Oral Health Rewards Program

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

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

How maximum rollover works

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



Staying healthy

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

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

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

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

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

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

****ALL PRICING WILL BE AVAILABLE IN PRISM DURING OPEN ENROLLMENT****



Your dental coverage

BASIC PLAN

Your Dental Plan

	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	Gold *, Silver *	Non-Contracted
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	60%	60%
Major Care	30%	30%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	\$1000 (applies to all levels)	
Lifetime Orthodontia Maximum	Not Applicable (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	



Automatic rollover

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

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

BASIC PLAN continued

A Sample of Services Covered by Your Plan:

		<i>Plan pays (on average)</i>	
		Tier 1	Tier 2
		100%	100%
Preventive Care	Cleaning (prophylaxis) Frequency:	Once Every 3 Months (applies to all levels)	
	Fluoride Treatments Limits:	100%	100%
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings [‡]	60%	60%
Major Care	Anesthesia*	30%	30%
	Bridges and Dentures	30%	30%
	Dental Implants	30%	30%
	Inlays, Onlays, Veneers**	30%	30%
	Perio Surgery	30%	30%
	Periodontal Maintenance Frequency:	Once Every 6 Months (applies to all levels)	
	Repair & Maintenance of Crowns, Bridges & Dentures	30%	30%
	Root Canal	30%	30%
	Scaling & Root Planing (per quadrant)	30%	30%
	Simple Extractions	30%	30%
	Single Crowns	30%	30%
	Surgical Extractions	30%	30%

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.Guardianlife.com to confirm your Dentist's tiered participation.



Your dental coverage

BASIC PLUS PLAN

Your Dental Plan

	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	Gold *, Silver *	Non-Contracted
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	60%	60%
Major Care	50%	50%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	\$1000 (applies to all levels)	
Lifetime Orthodontia Maximum	Not Applicable (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	



Automatic rollover

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

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



BASIC PLUS PLAN continued

A Sample of Services Covered by Your Plan:

		Plan pays (on average)	
Preventive Care	Cleaning (prophylaxis) Frequency:	Tier 1	Tier 2
		100%	100%
	Fluoride Treatments	Once Every 3 Months (applies to all levels)	
	Limits:	100%	100%
	Oral Exams	Under Age 14 (applies to all levels)	
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings†	60%	60%
Major Care	Anesthesia*	50%	50%
	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Perio Surgery	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:	Once Every 6 Months (applies to all levels)	
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Root Canal	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%
	Simple Extractions	50%	50%
	Single Crowns	50%	50%
	Surgical Extractions	50%	50%

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Your dental coverage

ENHANCED STANDARD PLAN

Your Dental Plan

	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	Gold *, Silver *	Non-Contracted
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	70%	70%
Major Care	40%	40%
Orthodontia	40%	40%
Annual Maximum Benefit	\$1500 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover Amount	\$500	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	\$1500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	

Automatic rollover



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

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,500 Maximum claims reimbursement	\$700 Claims amount that determines rollover eligibility	\$350 Additional dollars added to a plan's annual maximum for future years	\$500 Additional dollars added if only in-network providers were used during the benefit year	\$1,250 The limit that cannot be exceeded within the maximum rollover account

ENHANCED STANDARD PLAN continued

A Sample of Services Covered by Your Plan:

		Plan pays (on average)	
		Tier 1	Tier 2
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 3 Months (applies to all levels)	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14 (applies to all levels)	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings†	70%	70%
	Perio Surgery	70%	70%
	Periodontal Maintenance	70%	70%
	Frequency:	Once Every 6 Months (applies to all levels)	
	Root Canal	70%	70%
Major Care	Scaling & Root Planing (per quadrant)	70%	70%
	Anesthesia*	40%	40%
	Bridges and Dentures	40%	40%
	Dental Implants	40%	40%
	Inlays, Onlays, Veneers**	40%	40%
	Repair & Maintenance of Crowns, Bridges & Dentures	40%	40%
	Simple Extractions	40%	40%
	Single Crowns	40%	40%
	Surgical Extractions	40%	40%
Orthodontia	Orthodontia	40%	40%
	Limits:	Child(ren) (applies to all levels)	

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Your dental coverage

ENHANCED PREMIER PLAN

Your Dental Plan

	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	Gold *, Silver *	Non-Contracted
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$2000 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)	
Rollover Threshold	\$800	
Rollover Amount	\$400	
Rollover Amount	\$600	
Rollover Account Limit	\$1500	
Lifetime Orthodontia Maximum	\$1500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	



Automatic rollover

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

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$2,000 Maximum claims reimbursement	\$800 Claims amount that determines rollover eligibility	\$400 Additional dollars added to a plan's annual maximum for future years	\$600 Additional dollars added if only in-network providers were used during the benefit year	\$1,500 The limit that cannot be exceeded within the maximum rollover account

ENHANCED PREMIER PLAN continued

A Sample of Services Covered by Your Plan:

		Plan pays (on average)	
		Tier 1	Tier 2
		100%	100%
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 3 Months (applies to all levels)	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14 (applies to all levels)	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
Basic Care	X-rays	100%	100%
	Fillings†	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	Once Every 6 Months (applies to all levels)	
	Root Canal	80%	80%
Major Care	Scaling & Root Planing (per quadrant)	80%	80%
	Anesthesia*	50%	50%
	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Simple Extractions	50%	50%
	Single Crowns	50%	50%
	Surgical Extractions	50%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren) (applies to all levels)	

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Your dental coverage

ENHANCED ELITE PLAN

10/20/2023

Your Dental Plan

	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	Gold *, Silver *	Non-Contracted
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	90%	90%
Major Care	60%	60%
Orthodontia	50%	50%
Annual Maximum Benefit	\$5000 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)	
Rollover Threshold	\$1000	
Rollover Amount	\$500	
Rollover Amount	\$750	
Rollover Account Limit	\$1500	
Lifetime Orthodontia Maximum	\$1500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	



Automatic rollover

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

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$5,000 Maximum claims reimbursement	\$1,000 Claims amount that determines rollover eligibility	\$500 Additional dollars added to a plan's annual maximum for future years	\$750 Additional dollars added if only in-network providers were used during the benefit year	\$1,500 The limit that cannot be exceeded within the maximum rollover account

ENHANCED ELITE PLAN continued

A Sample of Services Covered by Your Plan:

		Plan pays (on average)	
		Tier 1	Tier 2
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 3 Months (applies to all levels)	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14 (applies to all levels)	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings†	90%	90%
	Perio Surgery	90%	90%
	Periodontal Maintenance	90%	90%
	Frequency:	Once Every 6 Months (applies to all levels)	
	Root Canal	90%	90%
	Scaling & Root Planing (per quadrant)	90%	90%
Major Care	Anesthesia*	60%	60%
	Bridges and Dentures	60%	60%
	Dental Implants	60%	60%
	Inlays, Onlays, Veneers**	60%	60%
	Repair & Maintenance of Crowns, Bridges & Dentures	60%	60%
	Simple Extractions	60%	60%
	Single Crowns	60%	60%
	Surgical Extractions	60%	60%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren) (applies to all levels)	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.Guardianlife.com to confirm your Dentist's tiered participation.

Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age.

Even if you have perfect eyesight, it is important to have regular eye exams to make sure you're still seeing clearly.

Vision insurance covers benefits not typically included in medical insurance plans. Things like routine eye exams, allowances towards the purchase of eyeglasses and contacts as well as discounts on corrective Lasik surgery.

With two plans to choose from, there is a plan to meet the needs of you and your family.



Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes.

Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.



Your vision coverage

DAVIS VISION PLAN

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Target®, Sam's Club®, Pearle®, Visionworks®,. You can also use your network benefits online at Visionworks®,.com, glasses®,.com, or 1800contacts®,.com.

Your Vision Plan	Full Feature - Designer	
Your Network is	Davis Vision	
Copay		
Exams Copay	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 25	
Sample of Covered Services	You pay (after copay if applicable):	
	In-network	Out-of-network
Eye Exams	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$126
Frames	80% of amount over \$200*2	Amount over \$48
Contact Lenses (Elective and conventional)	85% of amount over \$200*	Amount over \$105
Contact Lenses (Planned replacement and disposable)	85% of amount over \$200*	Amount over \$105
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	50% at Visionworks and 30% at other in network providers	No discounts
Laser Correction Surgery Discount	Savings of 40-50% off national average price thru Davis laser vision network	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)††	Every calendar year	
Frames	Every two calendar years	
Network discounts (glasses and contact lens professional service)	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
Dependent Age Limits	26	
Visit www.Guardianlife.com and click on "Find a Provider"		

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

Davis

- ††Benefit includes coverage for glasses or contact lenses, not both.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- *Additional discounts are not available at all private practice locations. Costco, Walmart, Sam's Club, glasses.com, and 1800contacts.com do not allow additional discounts.



Your vision coverage

VSP VISION PLAN

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Copay		
Exams Copay	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 25	
Sample of Covered Services	You pay (after copay if applicable):	
	In-network	Out-of-network
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$200 ¹	Amount over \$46
Contact Lenses (Elective)	Amount over \$200	Amount over \$100
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	Up to \$60	Not Applicable
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses) ^{††}	Every calendar year	
Frames	Every two calendar years ^{†††}	
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam.	
Dependent Age Limits	26	
Visit www.Guardianlife.com and click on "Find a Provider"		

VSP

- ^{††}Benefit includes coverage for glasses or contact lenses, not both.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- ¹Extra \$20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.



Life Insurance

VOLUNTARY LIFE

Benefits	Voluntary Life
Employee Life Benefit Amount	\$10,000 to \$500,000 in \$10,000 increments
Benefit Minimum	\$10,000
Benefit Maximum	\$500,000
Waiver of Premium	If disabled, insurance will continue until age 65 or until no longer disabled.
Guarantee Issue (Employee)	\$300,000
Spouse Life Benefit Amount	\$5,000 to \$250,000 in \$5,000 increments, not to exceed 50% of worksite employee's amount.
Guarantee Issue (Spouse)	\$25,000
Age Reduction (Employee and Spouse)	Reduces to 65% at age 65 and to 50% at age 70.
Child(ren) Life Benefit Amount	14 days to 26 years (26 years if a full-time student); subject to state limitations
Infant	Birth to 14 Days
Infant Benefit Amount	\$500
Guarantee Issue (Child)	\$10,000
AD&D Benefits	100% of life benefit to a maximum of \$500,000
Portability	Included without evidence of insurability
Conversion	Included
Accelerated Benefits	80% of the death benefit; minimum of \$10,000; maximum of \$500,000, subject to state limitations
Common Carrier	Included



Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

VOLUNTARY DISABILITY PLANS

Short term disability insurance

Short-Term Disability	
Coverage amount	50% of salary to maximum \$1000/week
Maximum payment period: Maximum length of time you can receive disability benefits.	25 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 8
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1000 in coverage

Coverage amount	50% of salary to maximum \$5000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 181
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 181
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$5000 in coverage

Long term disability insurance

Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer an increased benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

The child must be covered at the time the accident occurred and be 18 years of age or younger.

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.



Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through your employer.



Your accident coverage

VALUE PLAN

ACCIDENT	
COVERAGE - DETAILS	
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$50,000 Spouse \$25,000 Child \$10,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: \$300 Rollover Maximum: \$150 Fund Maximum: \$600
FEATURES	
Air Ambulance	\$750
Ambulance	\$200
Blood/Plasma/Platelets	\$100
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$1,000 18 sq inches To 35 sq inches: \$500/\$2,000 Over 35 sq inches: \$1,500/\$6,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$25/visit, up to 6 visits
Coma	\$2,500
Concussions	\$250



Your accident coverage

VALUE PLAN continued

FEATURES (Cont.)

Diagnostic Exam (Major)	\$100
Dislocations	Schedule up to \$1,000
Doctor Follow-Up Visits	\$25, up to 6 treatments
Emergency Dental Work	\$100/Crown, \$25/Extraction
Emergency Room Treatment	\$75
Epidural Anesthesia Pain Management	\$50, 2 times per accident
Eye Injury	\$200
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	\$20/day, up to 30 days
Fractures	Schedule up to \$2,000
Gun Shot Wound	\$500
Hospital Admission	\$500
Hospital Confinement	\$150/day - up to 1 year
Hospital ICU Admission	\$1,000
Hospital ICU Confinement	\$300/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$75
Joint Replacement (Hip/Knee/Shoulder)	\$1,500/\$750/\$750
Knee Cartilage	\$250
Laceration	Schedule up to \$200
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$300
Outpatient Therapies	\$50/day, up to 10 days
Post-Traumatic Stress Disorder	\$300
Prosthetic Device/Artificial Limb	1: \$250 2 or more: \$500
Rehabilitation Unit Confinement	\$50/day, up to 15 days
Ruptured Disc With Surgical Repair	\$250
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,000 Hernia: \$200
Surgery (Exploratory or Arthroscopic)	\$300
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$300/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$3,000
X - Ray	\$30



Your accident coverage

ADVANTAGE PLAN

ACCIDENT	
COVERAGE - DETAILS	
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$50,000 Spouse \$25,000 Child \$10,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: \$400
	Rollover Maximum: \$200
	Fund Maximum: \$800
FEATURES	
Air Ambulance	\$1,000
Ambulance	\$300
Blood/Plasma/Platelets	\$200
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$1,700 18 sq inches To 35 sq inches: \$850/\$3,350 Over 35 sq inches: \$2,500/\$10,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$5,000
Concussions	\$400



Your accident coverage

ADVANTAGE PLAN continued

FEATURES (Cont.)

Diagnostic Exam (Major)	\$150
Dislocations	Schedule up to \$2,000
Doctor Follow-Up Visits	\$50, up to 6 treatments
Emergency Dental Work	\$200/Crown, \$50/Extraction
Emergency Room Treatment	\$150
Epidural Anesthesia Pain Management	\$75, 2 times per accident
Eye Injury	\$200
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	\$20/day, up to 30 days
Fractures	Schedule up to \$3,000
Gun Shot Wound	\$750
Hospital Admission	\$750
Hospital Confinement	\$225/day - up to 1 year
Hospital ICU Admission	\$1,500
Hospital ICU Confinement	\$450/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$150
Joint Replacement (Hip/Knee/Shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$300
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$150/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$500
Outpatient Therapies	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$75/day, up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,250 Hernia: \$250
Surgery (Exploratory or Arthroscopic)	\$300
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$400/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$4,000
X - Ray	\$40



Your accident coverage

PREMIER PLAN

ACCIDENT	
COVERAGE - DETAILS	
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$50,000 Spouse \$25,000 Child \$10,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: \$500 Rollover Maximum: \$250 Fund Maximum: \$1,000
FEATURES	
Air Ambulance	\$1,250
Ambulance	\$400
Blood/Plasma/Platelets	\$200
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$2,000 18 sq inches To 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$15,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$7,500
Concussions	\$500



Your accident coverage

PREMIER PLAN continued

FEATURES (Cont.)

Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$3,000
Doctor Follow-Up Visits	\$75, up to 6 treatments
Emergency Dental Work	\$300/Crown, \$75/Extraction
Emergency Room Treatment	\$250
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	\$30/day, up to 30 days
Fractures	Schedule up to \$4,000
Gun Shot Wound	\$1,000
Hospital Admission	\$1,000
Hospital Confinement	\$300/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$600/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$200
Joint Replacement (Hip/Knee/Shoulder)	\$3,500/\$1,750/\$1,750
Knee Cartilage	\$750
Laceration	Schedule up to \$400
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$200/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$600
Outpatient Therapies	\$50/day, up to 10 days
Post-Traumatic Stress Disorder	\$500
Prosthetic Device/Artificial Limb	1: \$750 2 or more: \$1,500
Rehabilitation Unit Confinement	\$100/day, up to 15 days
Ruptured Disc With Surgical Repair	\$750
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,500 Hernia: \$300
Surgery (Exploratory or Arthroscopic)	\$400
Tendon/Ligament/Rotator Cuff	1: \$750 2 or more: \$1,500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$5,000
X - Ray	\$50

Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.



Critical illness insurance is a supplemental policy for people who already have health insurance.

It provides you with an additional payment to cover expenses like deductibles, treatments and living costs.



Your critical illness coverage

CRITICAL ILLNESS		
Benefit Amount(s)	Employee may choose a lump sum benefit up to \$30,000. Please see your cost illustration for a full list of available benefit amounts.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Spouse Benefit	50% of employee's lump sum benefit	
Child Benefit- children age Birth to 26 years	50% of employee's lump sum benefit	
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70	
Employee Per Year Limit	\$50	
Spouse Per Year Limit	\$50	
Child Per Year Limit	\$50	

Hospital indemnity insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

If you are admitted to a hospital for a covered sickness or injury, you'll receive payments that can be used to cover all sorts of costs, including:

- Deductibles and co-pays.
- Travel to and from the hospital for treatment.
- Childcare service assistance while recovering.



Hospital Indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more of a financial safety net for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you—even if you didn't incur any out of pocket expenses.



Your hospital indemnity coverage

OPTION 1

Hospital Indemnity	
Option 1	
Coverage Details	
Benefits	
Hospital/ICU Admission	\$500 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$200 per day, limited to 30 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable (See Limitations and Exclusions section for details on treatment of maternity)
Child(ren) Age Limits	Children age birth to 26 years
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.	

OPTION 2

Hospital Indemnity	
Option 1	
Coverage Details	
Benefits	
Hospital/ICU Admission	\$1,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$200 per day, limited to 30 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable (See Limitations and Exclusions section for details on treatment of maternity)
Child(ren) Age Limits	Children age birth to 26 years
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.	

OPTION 3

Hospital Indemnity	
Option 1	
Coverage Details	
Benefits	
Hospital/ICU Admission	\$2,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$200/\$400 per day, limited to 30 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable (See Limitations and Exclusions section for details on treatment of maternity)
Child(ren) Age Limits	Children age birth to 26 years
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.	

WHAT IS A FSA?

A Flexible Spending Account (FSA) is a pre-tax program your employer sponsors that allows you to save Federal, state and Social Security (FICA) taxes on eligible expenses. When you enroll in a FSA, you increase your take-home pay and improve your bottom line!



Health Flexible Spending Account – allows you to set aside pre-tax dollars to pay for medical, dental and vision expenses incurred by you and/or your eligible dependents. Eligible expenses include co-pays, prescriptions, eyeglasses and dental work.

Dependent Care Flexible Spending Account – This plan allows you to set aside pre-tax dollars to pay for daycare, babysitters, after school programs, day camp programs and eldercare facilities.

This account does NOT reimburse medical expenses for your dependents. It is for qualified daycare expenses only.



Beginning January 1st our FSA is moving from P&A to HealthEquity.



Saving money now and in the future

health savings account (HSA)

Want to reduce your taxable income and increase your take-home pay? Enroll in an HSA today and start saving money for eligible health care expenses for you, your spouse and your tax dependents.

What do people love about the HSA?

- You can contribute pretax and post-tax dollars.
- Unused funds roll over from year to year.
- Your HSA stays with you even if you switch employers, change health plans or retire.
- If you have an HSA somewhere else, you can transfer the balance to your new HSA.
- Your money can earn interest — plus, you can enjoy investment options.

Are you eligible for an HSA?

To enroll in an HSA, you must be enrolled in a qualified high-deductible health plan (HDHP). In addition, you cannot have:

- Other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible
- A general-purpose health care flexible spending account (FSA) or health reimbursement arrangement (HRA) in the same year (and neither can your spouse)
- Medicare or TRICARE
- Veterans Affairs (VA) medical benefits that have been used in the prior three months — except in cases where the hospital care or medical services were for a service-connected disability
- A status as a dependent

Some common eligible expenses may include:

- Deductibles, copays and coinsurance
- Eligible prescriptions
- Vision care, including LASIK eye surgery
- Dental care, including orthodontia

Take care of your HSA and it may grow

- There aren't many accounts where you can make tax-free contributions and tax-free withdrawals, and enjoy tax-free growth.** So why not use your HSA to help maximize your potential to save for your future?
- Once you have a minimum balance (typically \$1,000) in your HSA, you can open an investment account. There are a variety of mutual funds to choose from. There are also no transfer or trading fees and no minimum investment amount for a trade request.

- Annual contribution limits include contributions made by both you and your employer (if applicable).
- You can make a one-time, tax-free transfer from an Individual Retirement Account (IRA). This amount counts toward your HSA annual contribution limit.
- If you're age 55 or older, you can contribute up to an additional \$1,000 annually.
- If you use your HSA for ineligible expenses, you'll need to pay income taxes and a 20 percent penalty tax on that amount. **Note:** If you're age 65 or older or disabled at the time of this withdrawal, you won't have to pay the penalty tax. However, you're still responsible for paying income taxes.
- Save your itemized statements, detailed receipts and any Explanation of Benefits (EOB) statements for your expense records.

****Employees must be enrolled in the \$3500 HDHP to be eligible. ****

Beginning January 1st our HSA is moving from PayFlex to HealthEquity

