

A photograph of a man and a woman in a professional setting. The man, on the left, has dreadlocks and a beard, wearing a blue button-down shirt. The woman, on the right, has blonde hair in a ponytail, wearing a light-colored cardigan over a patterned blouse. They are both looking down at a document held by the woman, with the man pointing at it. The background is softly blurred, suggesting an office or classroom environment.

2019/2020

BENEFIT GUIDE

William C Abney Academy

AXIOS HRSM :: ATTRACT.
:: RETAIN.
:: DEVELOP.

NOTICE OF PATIENT PROTECTION

You do not need prior authorization from the Health Benefit Plan for or from any person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. However, the health care professional may be required to comply with certain procedures, including obtaining authorization for certain services, following a pre-approved treatment plan, or following certain procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact our service team at (844) 44-AXIOS.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ALSO KNOWN AS "JANET'S LAW"

You do not need prior authorization from the Health Benefit Plan for or from any person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. However, the health care professional may be required to comply with certain procedures, including obtaining authorization for certain services, following a preapproved treatment plan, or following certain procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact our service team at (844) 44-AXIOS.

HIPAA PRIVACY

The group health plan complies with the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These requirements are described in a Notice of Privacy Practices that was previously given to you. A copy of this notice is available upon request from the Human Resources office.

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the other employer stops contributing toward the cost of the other coverage). However, you must request enrollment within 30 days after the other coverage ends (or after the employer stops contributing toward the cost of the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. To request special enrollment or obtain more information, contact our service team at (844) 44-AXIOS or email service@axioshr.com.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying for your employer health plan premiums. The following list of states is current as of January 31, 2017.

ALABAMA – Medicaid Site: http://myalhipp.com/ Phone: 1-855-692-5447	LOUISIANA – Medicaid Site: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Phone: 1-866-251-4861 Site: http://myakhipp.com/ Email: CustomerService@MyAKHIP.com Medicaid Eligibility:	MAINE – Medicaid Site: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIP (855-692-7447)	MASSACHUSETTS – Medicaid and CHIP Site: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711	MINNESOTA – Medicaid Site: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739
FLORIDA – Medicaid Site: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	MISSOURI – Medicaid Site: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 1-573-751-2005
GEORGIA – Medicaid Site: http://dch.georgia.gov/medicaid Phone: 1-404-656-4507 Click on Health Insurance Premium Payment (HIPP)	MONTANA – Medicaid Site: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Site: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Site: http://www.indianamedicaid.com Phone: 1-800-403-0864	NEBRASKA – Medicaid Site: http://dhhs.ne.gov/Children_Family_Services/7633_AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-
IOWA – Medicaid Site: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562	NEVADA – Medicaid Medicaid Site: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid Site: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	NEW HAMPSHIRE – Medicaid Site: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 1-603-271-5218
KENTUCKY – Medicaid Site: http://chfs.kv.gov/dms/default.htm Phone: 1-800-635-2570	NEW YORK – Medicaid Site: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) – CONTINUED

NEW JERSEY – Medicaid and CHIP Medicaid Site: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-609-631-2392 CHIP Site: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	TEXAS – Medicaid Site: https://www.gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid Site: http://www.ncdhs.gov/dma Phone: 1-919-855-4100	UTAH – Medicaid and CHIP Medicaid Site: http://health.utah.gov/medicaid Phone: 1-877-543-7669 CHIP Site: http://health.utah.gov/chip
NORTH DAKOTA – Medicaid Site: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	VERMONT – Medicaid Site: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid Site: http://www.insureoklahoma.org Phone: 1-888-365-3742	VIRGINIA – Medicaid and CHIP Medicaid Site: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Site: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
OREGON – Medicaid Site: http://www.oregonhealthykids.gov Phone: 1-800-699-9075 http://www.hijossaludablesoregon.gov	WASHINGTON – Medicaid Site: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
PENNSYLVANIA – Medicaid Site: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462	WEST VIRGINIA – Medicaid Site: http://www.dhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820 HMS Third Party Liability
RHODE ISLAND – Medicaid Site: http://www.eohhs.ri.gov Phone: 1-401-462-5300	WISCONSIN – Medicaid and CHIP Site: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid Site: http://www.scdhhs.gov Phone: 1-888-549-0820	WYOMING – Medicaid Site: https://wequalitycare.acs-inc.com/ Phone: 1-307-777-7531
SOUTH DAKOTA - Medicaid Site: http://dss.sd.gov Phone: 1-888-828-0059	

For the most current list of state premium assistance programs or for more information on enrollment rights, contact either of the following:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1 (866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1 (877) 267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137

**NOTICE OF CREDITABLE COVERAGE (REVISED 2016)
IMPORTANT NOTICE FROM AXIOS HR ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE
FOR ALL AETNA LARGE GROUP HEALTH PLANS**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Axios HR Large Group Health Plan through Aetna and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Axios HR has determined that the prescription drug coverage offered by the Axios HR Large Group Health Plan (LGHP) through Aetna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Axios HR LGHP coverage will not be affected. The Axios HR LGHP is designed to work in partnership with Medicare Part D and will coordinate benefits accordingly. If you elect to remain with the Axios HR LGHP and enroll in Medicare Part D, the Axios HR plan will be your primary coverage and Medicare Part D will be secondary.

If you do decide to join a Medicare drug plan and drop your current Axios HR LGHP coverage, be aware that you and your dependents will be able to get this coverage back only upon a qualifying event or annual enrollment.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Axios HR LGHP and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Axios HR Service Team at (616) 949-2525 for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Axios HR changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage: Visit www.medicare.gov or call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for [their telephone number](#)) for personalized help. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Axios HR
528 4th Street
Grand Rapids, MI 49504
(616) 949-2525

Top Four Reasons to Choose a Health Savings Account

1. 30% of Employees Choose an HSA Option

HSAs have hit a tipping point in terms of popularity with employees. 25% of employees nationally choose an HSA plan and more than 30% of the employees Axios services elect an HSA plan.

2. HSA is the Lowest Cost Option

HSAs have gained popularity as overall costs have increased because HSA plans cost much less than traditional health plans.

3. Employees with HSAs Make Smarter Healthcare Choices

HSAs cost less, not only because of their higher deductible, but also because HSAs tend to change employee behaviors. According to a recent study conducted by McKinsey & Company, employees with an HSA were more value-conscious and attentive to wellness and prevention. The study found that employees with an HSA plan were:

- 50% more likely to ask about costs
- 30% more likely to get an annual exam
- 25% more likely to engage in healthy behaviors
- 20% more likely to comply with treatment regimens
- Three times more likely to choose a less expensive healthcare option

4. Help Employees Save For the Future

A significant portion of expenses in retirement will be medical expenses and most employees have not saved enough for retirement. Providing employees an HSA gives them a very powerful tool to save for these costs.

What is an HSA?

An HSA is a special account that owned by an individual and can be used to pay for current and future medical expenses.

- Contributions can be made by the employer or the individual
 - If made by the employer, it is not taxable to the employee
 - If made by the individual, it can be pre-tax if direct deposited or an “above-the-line” deduction at tax time
- Unused funds can be rolled over or carried forward and used in future years
- Contributions are fully vested upon deposit and earnings on the account are tax free
- Distributions are tax free for qualified medical expenses
- HSAs work in conjunction with an insurance plan that does not cover first dollar medical expenses and is considered a “Qualified High Deductible Health Plan” (QHDHP)
- Those 65 and older may also use the HSA account for non-medical expenses and “ineligible” medical expenses, such as the purchase of a “Medigap” policy or Medicare supplemental insurance

2019 HSA Limits: Single - \$3,500, Family - \$7,000

(all contributions)



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- Change your doctor
- See past activity

Manage claims



- See claims by date
- Pay your bill
- Get a bill breakdown

See coverage and costs



- Get coverage details
- See out-of-pocket costs
- Compare costs
- Read doctor reviews

Manage prescriptions

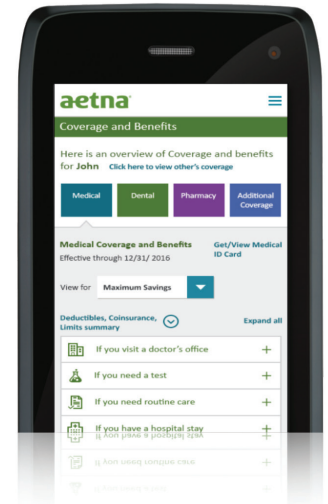


- Find a pharmacy
- Order medicine
- Price drugs to save
- Learn side effects
- Ask a pharmacist

Stay healthy



- Take a health assessment
- Try health coaching
- Start a wellness program
- Get treatment options
- Save on gyms, vision and more



Go healthy, and we'll go with you. Visit your member website at **aetna.com**.

In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company. For all other states, health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). In Florida by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

This material is for information only. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. Estimated costs not available in all markets. The tool provides an estimate of what would be owed for a particular service based on the plan at that very point in time. Actual costs may differ from an estimate if, for example, claims for other services are processed after the estimate is provided but before the claim for this service is submitted. Or if the doctor or facility performs a different service at the time of the visit. Health maintenance organization (HMO) members can only look up estimated costs for doctor and outpatient facility services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to a **aetna.com**.

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Finding costs and care

Ways to find the best value, top-notch care

Online information about doctors and hospitals

You're probably keeping an eye on health care costs these days. Like most people, you want to keep your out-of-pocket costs as low as possible. But you also want to make sure your whole family gets quality care.

Our online tools can help you do both. Use them and you'll be able to:

- Get an idea of what you'll pay before you go to the doctor or hospital
- Find high-performing doctors and facilities near you

Our cost estimator tool can help you save

In fact, people who used our Member Payment Estimator tool before receiving care saved an average of \$170 out of pocket on 34 common procedures.*

THIS IS NOT INSURANCE. THIS IS AN ADDITIONAL SERVICE AVAILABLE WITH THE MEDICAL PLAN.

*Member Payment Estimator Study. Aetna Informatics and Product Strategy. August 2012.

**Not all hospitals or facilities will display for a given area due to data and/or contractual limitations. While we make every attempt to validate the accuracy of the cost information, we do not guarantee the accuracy of any particular cost amount.

***Estimated costs not available in all markets. The tool gives you an estimate of what you would owe for a particular service based on your plan at that very point in time. Actual costs may differ from the estimate if, for example, claims for other services are processed after you get your estimate but before the claim for this service is submitted. Or if the doctor or facility performs a different service at the time of your visit. Health maintenance organization (HMO) members can only look up estimated costs for doctor and outpatient facility services.

Member Payment Estimator makes it easy to compare costs for many common medical services** at different doctors and hospitals.

And it calculates what Aetna will pay for a service or procedure — and what you'll pay out of pocket.***

How? The tool factors in your plan's benefits details — like your deductible, coinsurance and copays. As well as our negotiated rates with providers in our network.

You can shop and compare with Member Payment Estimator.

The Aetna logo is displayed in a bold, lowercase, sans-serif font. The letter 'a' is stylized with a horizontal bar that extends to the left and curves slightly upwards. A registered trademark symbol (®) is located to the upper right of the 'a'.

aetna.com

A great way to compare doctors

Compare 5-star ratings and reviews

Whether you are looking for a doctor or using the tool that compares costs:

- Star ratings will automatically appear in your search results. Ratings are based on a 5-star system. Five stars are considered the best.
- Three review summaries (also known as snippets) will also appear.* To read more than just the snippet, click on the link that says "View more or add a review." You'll then be redirected to DocSpot.**

We've teamed with DocSpot because it gives you a broader picture of how a doctor is perceived. In other words, you'll get insight from many people — not just Aetna members.

Our online directory helps you find specialists

Looking for high-performing doctors? Consider doctors in our Aexcel® network.***

Aexcel doctors are specialists in 12 areas, including obstetrics and gynecology, plastic surgery, and cardiology. They meet certain standards for quality care and cost efficiency.

You can find them in our online directory. They have a blue star by their name.

How about facilities known for quality care?

Institutes of Quality® facilities are hospitals and other medical facilities that have met strict standards for care quality and efficiency. They specialize in:

- Bariatric (weight-loss) surgery
- Orthopedic (joint, spine) procedures
- Cardiac (heart) care

And depending on your plan, you may even pay less when you visit Aexcel specialists or use Institutes of Quality facilities.

*Review snippets do not appear on the Aetna Mobile app. But you can click on a link that will take you to DocSpot, where you can read reviews.

**Since 2010, DocSpot.com has been compiling provider data in a free search tool that lets members find the right doctor based on their needs. It includes more than 1.5 million reviews/ratings for over 250,000 providers from over 20 sources. DocSpot also provides links that will redirect you to the original sources so you can see the full context if desired.

***The Aexcel network is only available in select locations. Aexcel is not available with HMO plans.

In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company (Aetna). For all other states, health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company. In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Health benefits and health insurance plans contain exclusions and limitations. Aexcel designation is only a guide to choosing a physician. Members should confer with their existing physicians before making a decision. Designations have the risk of error and should not be the sole basis for selecting a doctor. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to aetna.com.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

Policy forms issued in Idaho by Aetna Health of Utah Inc. include: HI HGrpAg 03, HI SG HGrpAg 02.

Policy forms issued in Idaho by Aetna Life Insurance Company (Aetna) include: GR-23, GR-29/GR-29N, GR-9/GR-9N, AL HGrpPol 03, AL SG HGrpPol 02.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 01, HO HGrpPol 01.



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SET UP YOUR ACCOUNT IN **3 EASY STEPS**



Contact Teladoc 24/7/365

Access to Teladoc's nationwide network of board-certified doctors is available to you by phone, video or mobile app.



Talk with a physician

A doctor will review your medical history and contact you in minutes.



Resolve the issue

A doctor will diagnose and prescribe medication, if medically necessary, to the pharmacy of your choice.

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Talk to a doctor anytime for **\$40 or less!**

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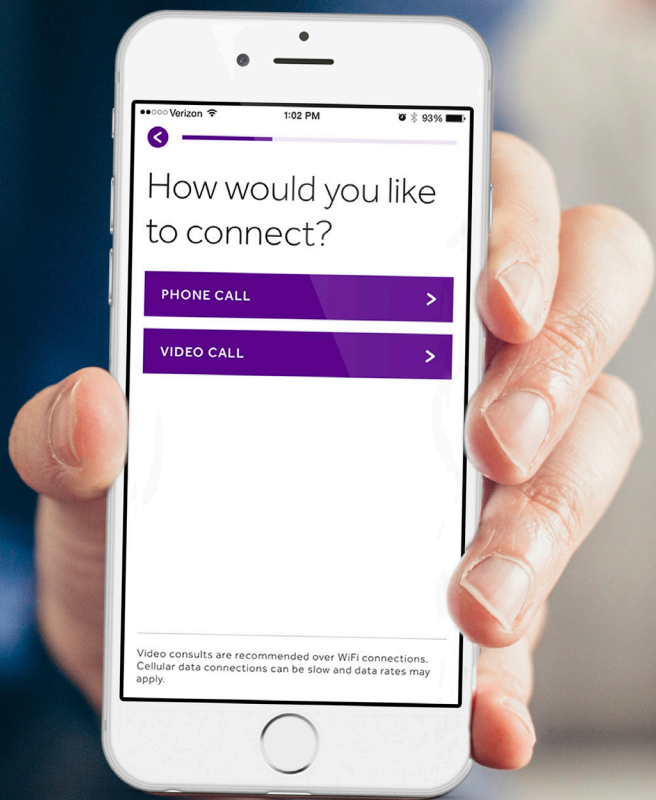
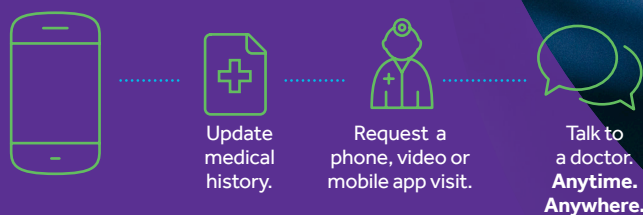
 [Teladoc.com/Aetna](https://www.teladoc.com/Aetna)

 1-855-Teladoc (835-2362)



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- Sinus problems
- **And more!**

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Teladoc's wait time



Talk to a doctor in **less than 10 minutes**
(median call back time)

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the Mobile App!

Available on the iPhone
App Store

ANDROID APP ON
Google play

made available through
aetna®



With your consent, Teladoc can send consult results to your primary care physician.

*median call back time

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You've got
Teladoc!



made available through

aetna[®]



Healthcare happens here.

Access licensed doctors anywhere..

Teladoc[®] is a convenient and affordable option for a variety of medical services, including **General Medical**, **Dermatology** and **Behavioral Health**. Access quality healthcare from the comfort of home, during your lunch break or while traveling. You can even get a prescription sent to your local pharmacy, when medically necessary.

- Connect with a licensed doctor, dermatologist or therapist
- Over **1,000,000** telehealth visits performed
- **95%** member satisfaction
- Speak with a doctor in less than **10 minutes***
- Teladoc doctors average **20 years** of experience*

General Medical **\$40 or less/visit**

- Board-certified doctors are available 24/7 by web, phone or app
- Treat flu, allergies, sinus infection, rash, sore throat and more

Dermatology **\$75/visit**

- Log into your account to upload images of your skin issue
- Receive a response through Teladoc's secure online message center within two business' days
- Treat on-going or complex issues like psoriasis, eczema, acne and more

Behavioral Health

- Schedule a video appointment seven days a week
- Support for anxiety, eating disorders, depression, family issues and more

Appointments available by video only to members and eligible dependents 18 and older

Psychiatrist
Initial visit **\$160/session**
Ongoing visit **\$90/session**

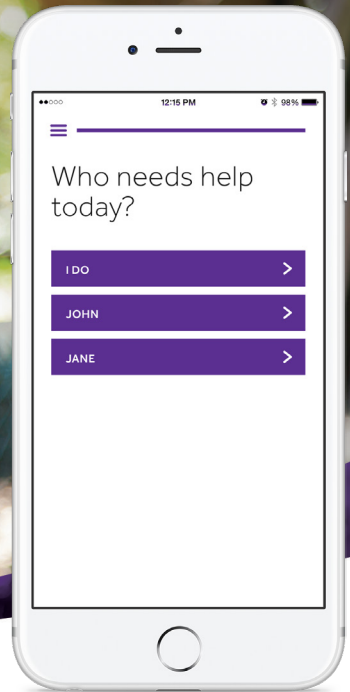
**Psychologist,
licensed clinical
social worker,
counselor or therapist** **\$80/session**

Get started:
Teladoc.com/Aetna

Call:
1-855-Teladoc (835-2362)



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Giving **caregivers** a hand

As a caregiver for a loved one, you have enough to worry about. That's why Teladoc® gives you a convenient and affordable way to provide care, letting you arrange a 2- or 3-way video or phone visit with a doctor 24/7 for **just \$45/visit**. Add the individual you care for to your Teladoc account, even if they're not covered by your health plan.



1. ADD A CARE RECIPIENT

Add a care recipient by logging into your account and clicking "Add a Care Recipient."



2. AUTHORIZATION

Teladoc will email the care recipient for authorization or allow you to upload legal documents



3. FILL OUT THE HEALTH HISTORY

Health history can be completed by care recipient or caregiver.



4. REQUEST VISIT

Caregiver or care recipient schedules a visit.

Add loved ones to your Teladoc account



Visit: [Teladoc.com](https://www.teladoc.com)





attainSM

by **aetna**[®]

**THE ATTAIN BY AETNASM APP IS A
FIRST-OF-ITS KIND HEALTH
EXPERIENCE DESIGNED IN
COLLABORATION WITH APPLE.**

It combines your health history with your Apple Watch activity to offer personalized goals, achievable actions and big rewards – like an Apple Watch or gift cards from popular retailers.

Medical – Wellness:

NEW Aetna Attain Health & Wellness App

1) Stay Active & Achieve Activity

Goals: Provides you with personalized daily & weekly activity goals, based on your age, sex and weight.

2) Sustain Everyday Health:

Offers weekly challenges, where you can earn points for taking actions that improve your overall health and well-being.

3) Receive Personalized Health

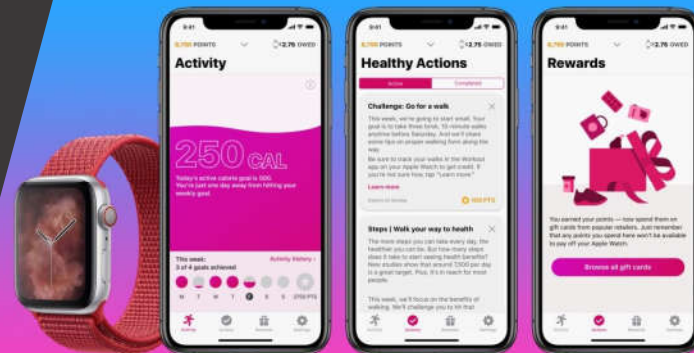
Notifications for Key Health Moments:

Recommends personalized healthy actions based on an your health history as well as Apple Watch sensor data. Recommendations are based on clinical guidelines.

4) Earn Rewards:

By completing activity goals and recommended healthy actions, you earn reward points, which can be redeemed to:

- A) Defray the cost of the Apple Watch
- OR
- B) Select gift cards to popular national retailers.





HEALTH IS THE **REAL WIN**™

attainSM
by aetna[®]

FREQUENTLY ASKED QUESTIONS (FAQS)

Q: What is the Attain by AetnaSM app?

A: The Attain by Aetna app is a first-of-its kind health experience designed in collaboration with Apple[®]. It combines your health history with your Apple Watch[®] activity to offer personalized goals,* achievable actions and big rewards.

Q: Who is eligible for Attain?

A: Any employee enrolled in an Aetna[®] medical plan, plus their enrolled spouse and age 18+ dependents.

Q: I waived medical coverage but elected dental or vision only. Am I eligible?

A: Attain is only for members with an Aetna medical plan.

Q: How does Attain work?

A: Use an Apple Watch

Order the base model Apple Watch Series 3 (38 mm) through the Attain app. You'll be able to earn it with points over 24 months. Or you can upgrade to other Apple Watch features and series for an additional up-front cost. Already have an Apple Watch? You can use your own (Series 1 or later).

Crush your goals

Hit your daily activity goals and complete healthy actions to earn points. Activity goals are based on your weight and sex. Healthy action goals are based on your personal health history. Activity from your Apple Watch — along with your health history — will power your experience.

Earn rewards

Monthly activity goals offset the cost of the Apple Watch Series 3 (38 mm) over 24 months. You can also upgrade for an additional fee, which is paid up front. Or use your points to get gift cards from popular retailers.

Q: How do I enroll in Attain?

A: Just go to the App Store[®] and download the Attain by Aetna app. Once downloaded, you'll need to log in with your Aetna member user name and password.

Q: Can I withdraw from Attain once I am enrolled?

A: Yes, you can withdraw from Attain at any time. Just keep in mind that if you purchased your Apple Watch through the app, you'll be responsible for paying off the remaining balance. Your credit card will be charged on a monthly basis or you can pay it off in full before withdrawing.

Q: When can I download and start participating in the Attain app?

A: The app will be available for download in Spring 2019 for all eligible members at your renewal, beginning on June 1, 2019.

FAQS CONTINUED

Q: What devices do I need to participate in Attain?

A: Attain is designed for the iOS platform and requires an iPhone® 5S or newer and an Apple Watch Series 1 or later.

Q: Are Aetna members required to participate in Attain?

A: Attain is a voluntary program and members aren't required to participate.

Q: Can my spouse, who is also an employee and Aetna plan member, participate in Attain?

A: Yes, your spouse is eligible to participate in Attain as long as they have Aetna medical coverage.

Q: Can my dependent child, who is an Aetna medical plan member, participate in Attain?

A: Yes, your child is eligible to participate in Attain as long as they're 18 and enrolled in Aetna medical coverage.

Q: How is my data secured?

A: Data security is top priority for Aetna. All Attain health data is encrypted on the device, in transit and on Aetna's and Apple's servers. It's then stored in a highly secure environment using industry-leading practices fully in compliance with HIPAA.



Have questions about Attain?

Call us at **1-833-288-2461**.

*Goals and suggested health actions should not replace your doctor's advice. If you have a medical condition that prevents you from meeting your goals, or if your doctor advises you not to take part in physical activity, there may be an opportunity for you to earn the same reward in a different way.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Apple Watch Series 4 (GPS + Cellular) requires an iPhone 6 or later with iOS 12 or later. Apple Watch Series 4 (GPS) requires an iPhone 5 or later with iOS 12 or later. Apple Watch Series 3 (GPS + Cellular) requires an iPhone 6 or later with iOS 11 or later. Apple Watch Series 3 (GPS) requires an iPhone 5s or later with iOS 11 or later.

Apple, the Apple logo, Apple Watch and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc.

Explore more at
ATTAINBYAETNA.COM.

A photograph of a middle-aged man with a goatee, wearing a blue basketball jersey with white and yellow trim, dribbling a basketball on an outdoor court. He is smiling and looking towards the camera. Another person in a maroon shirt is partially visible on the left.

The time is now

Say goodbye to smoking
The best is yet to come

Ready to put out that last cigarette and say goodbye to smoking? You'd be amazed by how fast your health can improve once you quit. And how much better you can feel after you do. With the right tips and support, you can break the habit. And change your life in ways you never knew were possible.

aetna[®]

[aetna.com](https://www.aetna.com)

Make way for a healthier you

Choosing to stop smoking seriously has its benefits. Here's what can happen if you quit today:

- Your heart will start to recover the very next day
- Your risk for heart disease will drop sharply after two years
- You'll lower your risk for cancer in areas such as your mouth, throat and lungs
- Your sense of smell and taste will improve
- You'll save money
- You'll protect your family from breathing second-hand smoke



Choosing to quit smoking is worth it. For you, your health and all your best days ahead.
For more tips on how to quit, just visit aetna.com.

Your best tips for quitting

It's no secret that quitting isn't always easy. But there are tips and resources to help get you started. And things you can do to stay smoke-free for good.

Join a support group. Buddy up. You'll love connecting with others who are trying to quit, too.

Remember your "why." Why do you want to quit? Remind yourself, and write it down every time you feel the urge to smoke again.

Avoid triggers. Skip alcohol, coffee and social events. Just until you're less tempted.

Keep yourself busy. Use this as an opportunity to find another hobby or to learn something new.

Plan ahead. Before you start quitting, it's good to know what to expect. To learn more, just visit smokefree.gov/ready-to-quit.

Stay positive. Stay strong. If you slip up one day, just refocus and try again. You got this.

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This message is for informational purposes only, is not medical advice and is not intended to be a substitute for proper medical care provided by a physician. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna® plans, refer to aetna.com.

aetna®

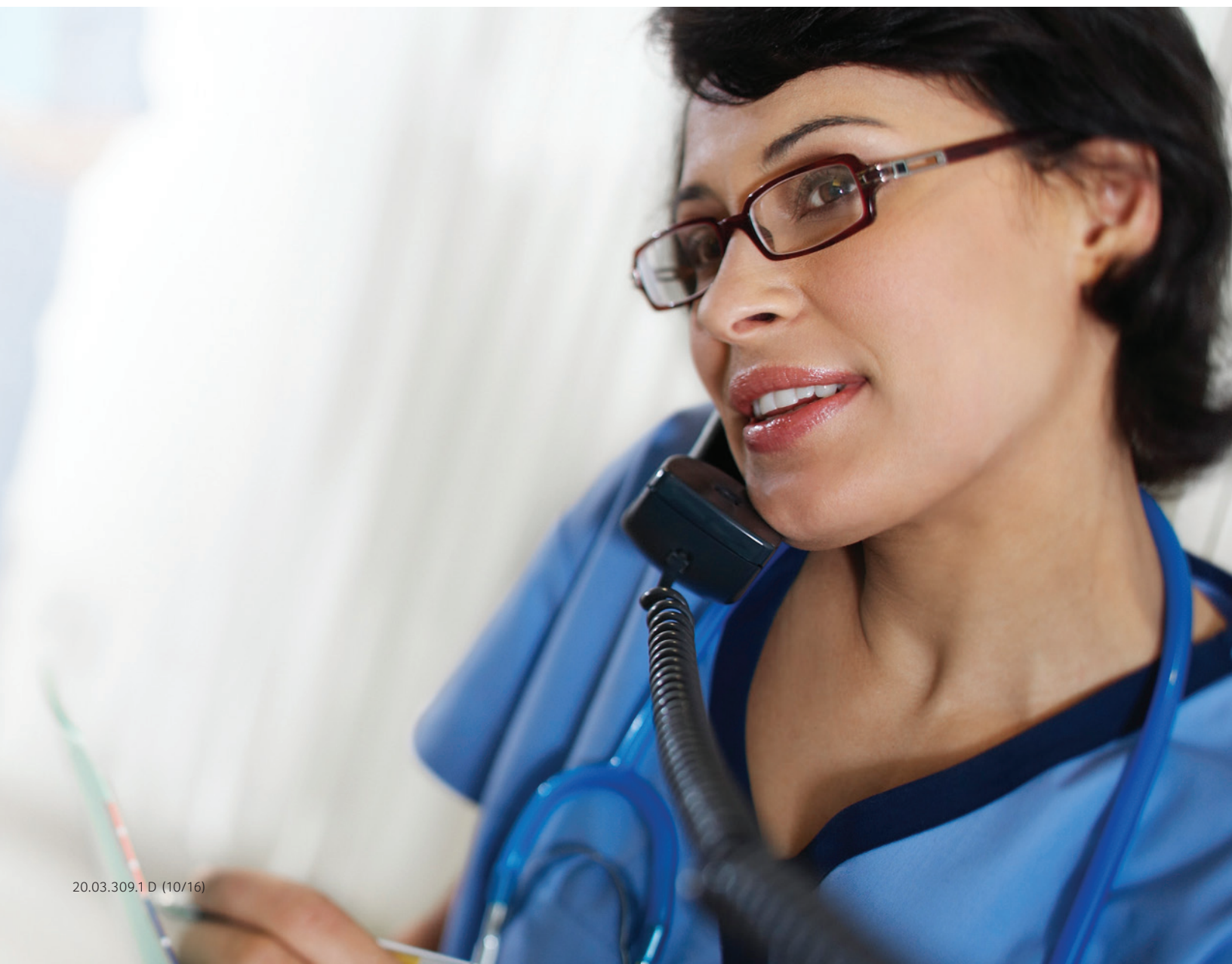
Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna[®]

Informed Health[®] Line

Get your health questions
answered anytime, anywhere

www.aetna.com



Call our 24-hour nurse line for your health questions

When your health question can't wait, you have a resource to turn to — the Informed Health Line.

With one call, you can:

- Get information on a wide range of health and wellness topics
- Get emails from a nurse with videos that are relevant to your question or topic
- Make smarter health care decisions
- Find out more about a medical test or procedure
- Get help preparing for a doctor's visit

It's toll-free. And you can call as many times as you need to — at no extra cost.

Get health information online, too

If you like to dig for health information on the web, you'll love this site.

You can:

- Use the symptom checker
- Learn about a medical test that's coming up
- Research a new medication you're taking and more

Log in to your secure member website at www.aetna.com. Choose "Health Programs," then "24-Hour Nurse Line."

Ways to get health information fast

- Call a nurse at **1-800-556-1555**. For speech or hearing impaired, dial **711**.*
- Visit your secure member website at www.aetna.com.

Get health information — when and where you need it.

Call **1-800-556-1555 (TTY: 711)**.*
Or log in to www.aetna.com.

*Ask the relay operator to dial **1-800-556-1555** and select the option to speak to a nurse.

Health insurance plans are offered, underwritten or administered by Aetna Life Insurance Company and its affiliates (Aetna).

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

www.aetna.com



**minute
clinic**® the walk-in clinic
at CVS/pharmacy®

Neighborhood wellness services to help you lose weight, stop smoking and more

Want to start working on your health goals? Can't seem to find the time? Now you have a fast and easy way to get started. Aetna and MinuteClinic, the walk-in medical clinic inside select CVS/pharmacy locations, have come together to bring wellness services to you — right in your own neighborhood.

Trying to quit smoking? Concerned with your weight? Interested in understanding your health screening numbers? It's easy to get the answers.

Follow these steps:

1. Visit your neighborhood MinuteClinic.
2. Bring this flyer with you when you meet with a MinuteClinic clinician.
3. Show your Aetna medical ID card.
4. Choose from the following services:
 - Smoking/tobacco use coaching
 - Weight management coaching
 - Health screening results counseling (for screenings performed at MinuteClinic)

Your Aetna medical plan's preventive benefits may cover these wellness services. If you have questions about your coverage, please call the toll-free number on your Aetna medical ID card.

MinuteClinic clinicians will work one-to-one with you to help you reach your goals. It's personal and confidential. The details about your sessions will stay private. If you like, MinuteClinic can send your doctor a copy of your records to keep everyone up to date.

Wellness services close to home — on your schedule

Visit your neighborhood MinuteClinic when you can. It's open seven days a week, including evenings and weekends. You don't need an appointment. Just walk in. Meet with a MinuteClinic clinician on your schedule. Go online to find a location near you. Visit www.minuteclinic.com. Or, call the MinuteClinic call center at **1-866-389-ASAP (2727)** for clinic locations and current wait times.

We understand. Your time is valuable. So is your health. We make it easy for you to meet with a MinuteClinic clinician and take another step along your path to wellness. It's right in your own neighborhood.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Aetna is not responsible for any component of the wellness coaching session. These coaching sessions are provided by a third party. This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Aetna and MinuteClinic do not guarantee any particular results from the wellness coaching program. Health benefits and health insurance plans contain exclusions and limitations. Not all services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and group size and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



Live well with
on-the-spot savings



Aetna Discount Program

Inside —

- Gym memberships
- Weight-loss programs
- Eyewear and exams
- Massage and more

www.aetna.com

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Healthy, sharp vision

Savings on eyewear and exams

Plenty of prescription savings

If your vision isn't 20/20, you'll love discounts on:

- Designer frames
- The latest in lens technology
- Non-disposable contact lenses
- Sunglasses, and more

Great rates on eye exams

Your eye exams are always discounted. So even if your plan covers your first exam, you can save on another one from any participating doctor.

Lots of locations

You can visit many doctors in private practice. Plus, national chains like JCPenney Optical, LensCrafters®, Target Optical®, Sears OpticalSM and Pearle Vision®.¹ You can find them all on your member website at www.aetna.com.

More eye-openers

- Savings on LASIK laser eye surgery
- Replacement contact lenses, delivered to your door

You can even save on eyeglass chains, lens cases and cleaners, and nonprescription sunglasses.

Built-in plan discounts with no referrals, claims or limits. Your family can use them, too.

*GlobalFit website. www.globalfit.com/fitness. March 2016.

**By HealthAdvocate™, through GlobalFit.

***By Les Mills™ On Demand and Trainer On Demand, through GlobalFit.

¹EyeMed Select Network and Provider List. January 1, 2016.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.



A fit, fabulous you

Savings on gyms and personal training

Discounts on gym memberships

Get the lowest rates at your choice of over 10,000 gyms* (and growing) in the GlobalFit® network.

Plus, these sign-up perks:

- Flexible membership options
- Free guest pass (at most gyms)
- Easy billing
- Travel, transfer or freezing privileges at some gyms

Keep in mind these savings are for new gym members.

You can find more details on www.globalfit.com/fitness.

A healthier you from home

If staying home is more your style, you have choices.

Health coaching

Get one-on-one support** to quit smoking, ease stress, lose weight and more. *On your schedule.*

Personal training

With an On Demand*** program, it's easy to get fit in private, at your pace. Your sessions air from any computer or mobile device. Just choose solo or group training.

At-home weight-loss program

Your body is your business. So you get weight-loss tips, menus and weigh-ins ... right in the privacy of your home.

Savings on home exercise equipment

Build your body — and your home gym — with discounts on home exercise helpers like Zumba® equipment.



A natural health boost

Savings on massage and more



Hearing your world better

Savings on hearing aids and exams

Natural therapy services

You can try these services[†] at a discount off the normal fee.

- Ease your stress and tension with **massage therapy**.
- Heal pain or stress points with **acupuncture**.
- Relieve neck and back pain with **chiropractic care**.
- Get advice from registered dietitians with **nutrition services**.

It's easy: You can find program professionals at www.aetna.com. Just bring your Aetna ID card to your visit.

Natural products, too

You can also order healthy items you use every day, like **over-the-counter vitamins** and **yoga equipment**.

Plus:

- Aromatherapy
- Natural body care products
- Herbal and nutritional supplements

Ready to browse and buy? Just log in to your member website at www.aetna.com for easy ordering instructions.

You have options

With Hearing Care Solutions, you get:

- **Discounts** on a large choice of hearing aids
- **A three-year supply of batteries**, then you can join a discount battery mail-order program
- **Free in-office service** of hearing aids for one year
- **Free routine cleanings** and battery door replacements for one year after purchase from the original provider

With Amplifon Hearing Health Care, you get:

- **Discounts** on many styles of hearing aids, including programmable and digital hearing aids from leading makers
- **Savings** on hearing exams and hearing aid repairs
- **Free follow-up services** for one full year
- **A two-year supply of batteries**



How to get started

Once you're an Aetna member, just log in to your member website at www.aetna.com. It's the place to take care of your benefits. Your place to save, too.

You can:

- Find a vision, hearing or natural therapy professional
- Start personal training
- Buy health products
- Sign up for a weight-loss program
- Get a free gym trial, and more

[†]Through the ChooseHealthy® program, which is made available through American Specialty Health Administrators, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.



A healthier body with a little help

Savings on weight-loss plans

Nutrisystem® discounts

You get plans to help you lose the weight and keep it off. That is, savings on any 28-Day Nutrisystem® Success™ weight-loss meal plan.* And a larger discount on auto-delivery.**

You also get:

- Over 150 menu items
- Daily protein shakes packed with nutrition
- Online tools and coaching

Jenny Craig® discounts

Jenny Craig can help you take charge of that “I’m ready now” moment.

With the Jenny Craig All Access program, you get***:

- Your first month free (food not included)
- Support to meet your goals and keep up the good work
- Ten percent off all food going forward

Jenny Craig foods free you from worrying about what to eat.

CalorieKing® discounts

Here’s support based on *your* body. Just try the program free for seven days.† Then choose a program: monthly or yearly (bigger discount).††

You also get:

- Savings on products in the CalorieKing online store
- A diary to track calories and activity
- A calorie and carb database for your favorite foods

*The Aetna discount does not apply to any plan in which you are already enrolled. To receive the discounted rate, you must wait until your current plan ends. If you are enrolled in auto-delivery, you must cancel it and then re-enroll to receive the discounted rate.

**Offer good on new 28-day auto-delivery orders only. With auto-delivery, you receive a discount off Nutrisystem’s regular 28-day plan price and free shipping to the continental U.S. only.

***Fifty percent discount on \$99 enrollment fee. Monthly membership fee of \$19 required. Plus the cost of food. Plus the cost of shipping, if applicable. Member is responsible for all payments for the Jenny Craig program. Active program enrollment and program eligibility status required, which includes meeting with a consultant and adhering to the full Jenny Craig meal plan based on stage of weight loss. Food discount not applicable to shipping cost and only valid for personal consumption. New enrollment in the Jenny Craig All Access program is required in order to receive food discount, even if participant is already enrolled in another Jenny Craig program. No cash value. Not valid with any other offer or discounts. Only available at participating locations and Jenny Craig Anywhere. Not valid at jennycraig.com. New members only. Restrictions apply.

†You can cancel your program membership at any time during the first seven days by logging in to your CalorieKing account and following the instructions in “Payment and Account Details” under “Account Settings.” If you do not cancel during the first seven days, your credit card will be charged on the eighth day.

††If you are already a CalorieKing member, you will need to end your current account and rejoin to receive the Aetna discount.

If you require language assistance, please call the Member Services number on your Aetna ID card, and an Aetna representative will connect you with an interpreter. If you’re deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you’re calling.

Si usted necesita asistencia lingüística, por favor llame al número de Servicios al Miembro que figura en su tarjeta de identificación de Aetna, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain benefits. Discounts offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. Check any insurance benefits you have before using these discount offers, as those benefits may result in lower costs to you than using these discounts. Discount offers are not guaranteed and may be discontinued at any time. Aetna makes no payment to the discount vendor. You are responsible for the full cost of the discounted services. Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products may be subject to a warranty from the manufacturer. Aetna makes no representations or warranties, and disclaims all product warranties. Aetna has no liability for providing or guaranteeing service and assumes no liability for the quality of service rendered. Aetna may receive a percentage of the fee paid to a discount vendor. Information is believed to be accurate as of the production date; however, it is subject to change. Gym services are provided by GlobalFit and health coaching through HealthAdvocate. Products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPO). Natural health care services providers are credentialed using ASH Networks’ credentialing policies and procedures, which are consistent with URAC accreditation and NCQA certification requirements. LASIK surgery discounts are offered by the U.S. Laser Network. Providers are independent surgeons and are not agents of EyeMed, Aetna or their affiliates.

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna[®]

Simple Steps To A Healthier Life[®] Health Assessment

Learn about your health, lower your health risks

www.aetna.com



You can take the first step to improving your health

Make a difference in your health in just a few minutes. Fill out a simple health assessment. It asks questions about your health history and habits.

It can:

- Help you learn more about your health risks, so you can take steps to lower them
- Provide strategies to improve your health and well-being
- Give you personalized health results to share with your doctor

Three steps to take your health assessment

1. Log in to your secure member website at www.aetna.com. New to the site? Just click “Register.”
2. Scroll over “Health Records.”
3. Choose the “Take a health assessment” link — and go!

You can easily finish in one sitting. But you can always come back later. We’ll save your answers.

What questions to expect

We’ll ask you about things you do every day, like eating and sleeping. And have you tell us about any medical conditions you may have. You’ll also see questions about your *modifiable health risks*. These are health habits you can change. For example, your eating and exercise habits and whether you use tobacco products.

Tip: Try to have your latest numbers from any screening tests or a physical exam on hand — your last blood pressure reading, cholesterol values and your weight.

*You may be eligible; check your benefits plan.

In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company (Aetna). For all other states, health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company. In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

The information provided by the Simple Steps To A Healthier Life program is not meant to be either a recommendation for medical treatment or a diagnosis of medical condition. Participants should consult their health care provider for the advice and care appropriate for their specific medical needs. This material is for information only and is not an offer or invitation to contract. Health benefits and health insurance plans contain exclusions and limitations. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

Policy forms issued in Idaho by Aetna Health of Utah Inc. include: ID COC V001 2015 ACA, ID GrpAg01 2015.

Policy forms issued in Idaho by Aetna Life Insurance Company (Aetna) include: GR-23, GR-29/GR-29N, GR-9/GR-9N, AL HCOC 02, AL HGrpPol 01.

www.aetna.com

Your responses are kept confidential

The health assessment is on a secure site. It’s protected with a password. So the details you give us are safe, too.

More reasons to take your health assessment

- **You’ll feel better.** You can learn to make good food choices. Stop smoking. Or start working out. You might even work with a health coach to manage your diabetes.*
- **Keep dollars in your pocket.** When you’re healthier, you spend less on health care. We give you the support you need to get healthy and stay healthy.
- **You’ll get programs and resources that are all about you.** Based on the information you share in your health assessment, we’ll recommend programs to meet your health needs. Or you can talk with a health coach.*

This could be the most important step you take for your health. Log in to your secure member website and fill out your health assessment.

Questions? Call the number on your member ID card.



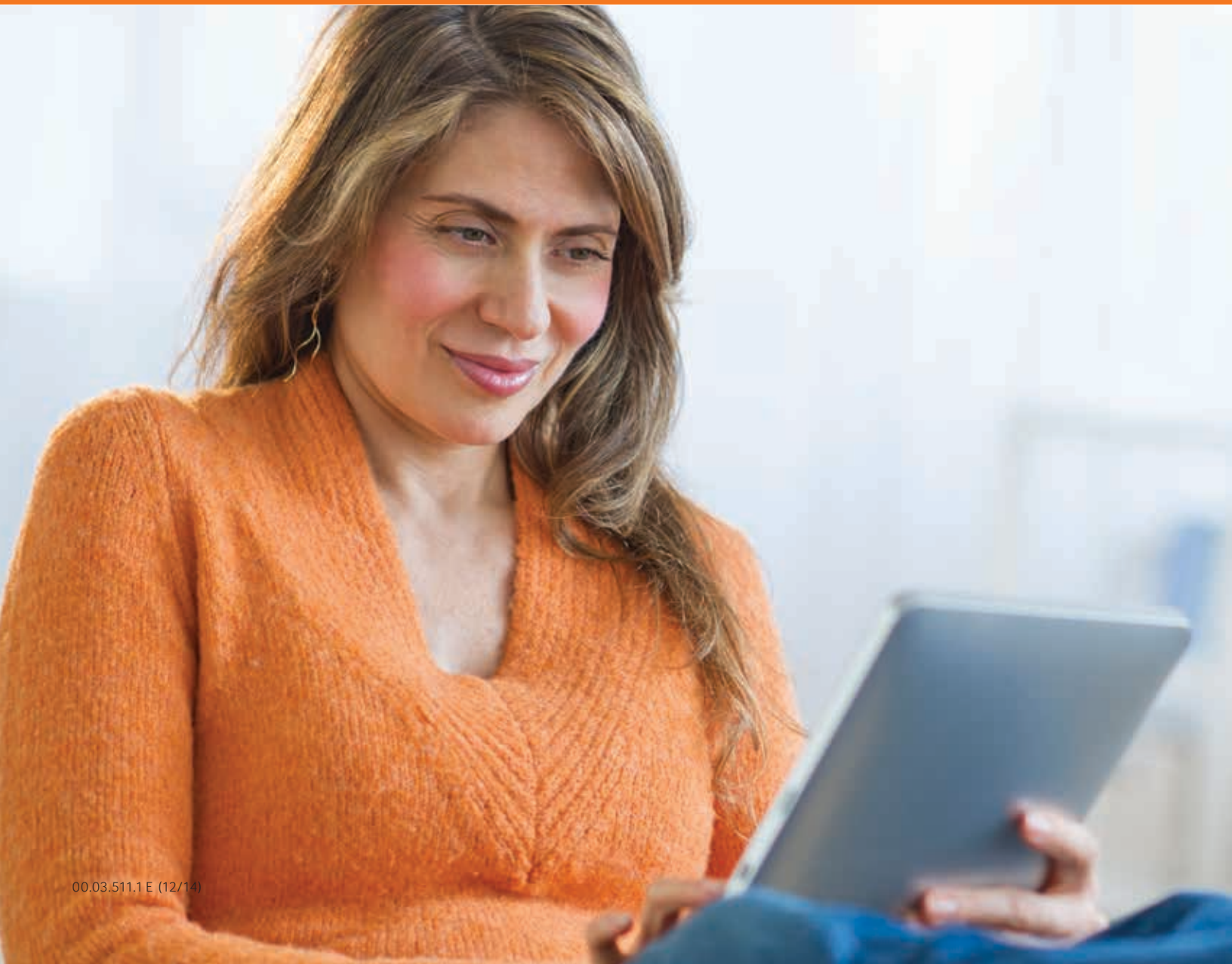
Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna[®]

Taking health one step at a time

Simple Steps To A Healthier Life[®]
Online Health Coaching Sessions

www.aetna.com



Your health. Your goals. Your pace. Our support.

Simple Steps To A Healthier Life online health coaching programs let you choose the area of your health you would like to focus on. And you set the pace, so you can accomplish your health goals in your own time.

Each program is divided into small steps, so you can benchmark your progress along the way.

Smart, interactive and fun — our online health coaching programs will provide you with strategies for success and support to meet your goals.

Our online health coaching programs won't cost you a penny. Simple Steps To A Healthier Life is part of your health benefits and insurance plan.

Making health easy

- Commit to the steps that are right for you.
- Work at your own pace.
- Inspire yourself. We give you the tools and resources to succeed in taking small steps. And each success can help you move closer to achieving even greater goals.
- Share your success with family and friends on your favorite social media sites to get their support.
- Set reminders to help you keep on track.

You choose a health direction. We offer a variety of online health coaching programs. You can choose from:

- Be Tobacco Free
- Manage Diabetes
- Have a Healthy Back
- Get Heart-Healthy by Managing Cholesterol
- Stress Less
- Weigh Less
- Live Well with Asthma
- Eat Healthier, and more

Health benefits and health insurance plans are offered, underwritten or administered by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

The information provided by the Simple Steps To A Healthier Life program is not meant to be either a recommendation for medical treatment or a diagnosis of medical condition. Participants should consult their health care provider for the advice and care appropriate for their specific medical needs. This material is for information only and is not an offer or invitation to contract. Health benefits and health insurance plans contain exclusions and limitations. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

www.aetna.com

It's all about you, and your health

Get healthy, then stay healthy. These online health coaching sessions can help. If you already have a health condition, the programs will give you new ways to give your health the attention it deserves.

You get:

- **A personalized plan.** It's created just for you, based on information you shared at the start of the program.
- **Convenient tools, tips and features to help you succeed and have fun.** Set reminders to help you stay on track. Get important information about your health choices.
- **Online coaching sessions that fit your schedule.** You set the pace, and you can work on sessions where and when you want.

How to start

1. Log in to your secure member website at www.aetna.com. New to the site? Just click "Register."
2. Scroll over "Health Records."
3. Choose the "Take a health assessment" link — and go!

Take the simple path to good health. Log in at www.aetna.com to start a program.

Questions? Call the number on your member ID card.



Aetna DocFind - Provider Search Instructions

How to use Docfind Step 1:

Visit www.Aetna.com

Under **Individuals & Families**, Select **Find a Doctor**.

The screenshot shows the Aetna website navigation menu. The 'Individuals & Families' menu item is circled in green. Below it, the 'Find a Doctor' option is highlighted with a green arrow pointing to it from the right. The menu is organized into three columns: 'Shop For', 'Insurance through an Employer', and 'Information & Resources'.

Shop For	Insurance through an Employer	Information & Resources
Health Insurance	Health Insurance Through Work	Pharmacy
Dental Coverage	Dental Insurance Through Work	Look up Drug Coverage
Student Insurance	Vision Insurance	Find a Doctor
International Insurance	Life Insurance	Using Your Aetna Benefits
Medicare		

Step 2: Select from one of the options available

1. If you are a member and registered just click on “Log In to search (Aetna Members only)”
2. If you are **not** currently a member or have not registered in Aetna Navigator than select “ A plan offered by my employer.....”

Find a Doctor, Dentist or Hospital

Aetna | [Individuals & Families](#) > [Find a Doctor](#) [Print](#)

Already a member?

Log in to find doctors, dentists, hospitals and other providers that accept your plan.

[Find providers >](#)

[Find a pharmacy >](#)

Not a member yet?

Choose the type of plan you're interested in to search for health care providers that accept it.

[Plan from an employer >](#)

[Aetna Medicare plan >](#)

[Aetna Medicaid plan >](#)

Step 3: This is where you provide the search parameters

1. Enter a 5-digit zip code, City, State or County.
2. Select the mile range of your search

Continue as a guest

Where do you want to find a Provider?

Enter a 5-digit zip code, city, state, or county

Look within

25 Miles

0 Miles 100 Miles

Search

Step 4: This is where you select the type of plan you are on

1. To search for your plan name, type the plan name information in the search box, for example Managed Choice.
2. Once you see your plan name, select the applicable plan option. OAMC plans are under **Aetna Open Access Plans**

Plan name or part of a plan name, e.g. Managed Choice

Aetna Open Access® Plans

- Aetna Choice® POS (Open Access)
- Aetna Choice® POS II (Open Access)
- Aetna Health Network OnlySM (Open Access)
- Aetna Health Network OptionSM (Open Access)
- Aetna SelectSM (Open Access)
- Aetna Value Performance NetworkSM (2015)
- Aetna Value Performance NetworkSM (2016)
- Elect Choice® EPO (Open Access)
- HMO (Open Access)
- Managed Choice® POS (Open Access)**

Step 5: Provider Search

There are two ways to search for a provider/facility

1. You can populate the providers name or type of provider in the search box.
2. Or you can select from the categories list to find providers or facilities.

What do you want to search for near Grand Rapids, Michigan? [Change location >>](#)

🔍

Eg: John Wright, Primary Care Physician, Dermatologists, Periodontists

OR

Find what you need by category

Medical Doctors & Specialists >	Hospitals & Facilities >	Behavioral Health >	Urgent Care >	Alternative Medicine >
Primary care physicians (PCPs), pediatricians, cardiologists, OB/GYNs, others	Hospitals, urgent care centers, walk-in clinics, physical therapy centers, others	Counseling, EAP, mental health facilities, substance abuse treatment, psychiatrists, others	Walk-in clinics, urgent care centers, emergency rooms	Chiropractors, acupuncturist, massage therapists, dieticians, others

Step 6: Results

In network search results for Primary Care Physician (PCP) near Grand Rapids, Michigan

In Network List View Map View Filter & Sort Print a Provider Directory Print

* A B C D E F G H I J K L M N O P Q R S T U V W * Y Z

Provider/Facility Information	Distance	Plan Information	Ratings
Chinoy, Shakeeb, MD » In Network Provider ID #: 7356786 550 Cherry Street Southeast Grand Rapids, MI 49503 (616) 235-7272 Specialties: Pediatrics <input type="checkbox"/> Add to compare Report Incorrect Information »	0.53 miles	See Accepted Plans	★★★★★ 4 rating(s) »

Click on Providers name and more information will be available for review.

- + Office Information
- + Other office locations
- + Experience
- + Ratings and Reviews
- + Plan & Network Information

HOW TO LOOK UP A DRUG IN AETNA'S FORMULARY

Visit www.aetna.com

Under **Individuals & Families**, select **Look up Drug Coverage**

Individuals & Families Employers & Organizations Health Care Professionals Prod

Shop For	Insurance through an Employer	Information & Resources
Health Insurance	Health Insurance Through Work	Pharmacy
Dental Coverage	Dental Insurance Through Work	Look up Drug Coverage
Student Insurance	Vision Insurance	Find a Doctor
International Insurance	Life Insurance	Using Your Aetna Benefits
Medicare		

Choose the **Plan Year** and the **Value Plan**

Choose your pharmacy plan type:

If you have an Aetna plan, your pharmacy plan type is on your Summary of Benefits and Coverage (SBC).

If you're considering an Aetna plan, ask your employer's HR benefits office for the pharmacy plan type.

* Choose a plan year

2018



* Choose a plan

Value plans



[Looking for Medicare coverage? >](#)

[Continue](#)

Search by **drug name** or **download** the pdf form drug guide

[Search to see if a drug is covered](#)

[Aetna Value Plan drug guide](#)

[Changes to this guide effective 1/1/18](#)

[Changes to this guide effective 4/1/18](#)

Don't forget to review the **Changes to this guide** that will not be reflected in the downloaded drug guide.

Save money and stay in network with Delta Dental

With your Delta Dental PPOSM (Point-of-Service) plan, you may save more money and receive higher levels of coverage when visiting a Delta Dental PPO dentist. Our PPO dentists have agreed to accept lower fees as full payment for covered services. However, if you go to a dentist who doesn't participate in Delta Dental PPO, you can still save money if your dentist participates in Delta Dental Premier[®]. Like our PPO dentists, Delta Dental Premier dentists agree to accept Delta Dental's fee determination as full payment for covered services.

DELTA DENTAL NETWORKS	Delta Dental PPO <ul style="list-style-type: none"> ■ No balance billing on covered services ■ Most significant network discounts with more than 287,400 office locations nationwide¹ ■ Dentists file claims for member
	Delta Dental Premier <ul style="list-style-type: none"> ■ No balance billing on covered services ■ Significant network discounts with the most office locations nationwide—363,400¹ ■ Dentists file claims for member
OUT-OF-NETWORK	Out-of-network dentist <ul style="list-style-type: none"> ■ May be balance billed ■ No discounts ■ May need to file own claims

¹ National network statistics: Delta Dental Plans Association, December 2015

Examples of how it works:

As shown below, your lowest out-of-pocket costs result from going to either a Delta Dental PPO or Delta Dental Premier dentist.*

		DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST	OUT-OF-NETWORK DENTIST
ADULT CLEANING	Submitted fee:	\$80.00	\$80.00	\$80.00
	Maximum allowed fee:	\$54.00	\$77.00	\$63.00
	Coverage level:	100%	100%	100%
	Amount Delta Dental pays:	\$54.00	\$77.00	\$63.00
	AMOUNT YOU PAY:	\$0.00	\$0.00	\$17.00
CROWN	Submitted fee:	\$1,100.00	\$1,100.00	\$1,100.00
	Maximum allowed fee:	\$754.00	\$989.00	\$799.00
	Coverage level:	50%	50%	50%
	Amount Delta Dental pays:	\$377.00	\$494.50	\$399.50
	AMOUNT YOU PAY:	\$377.00	\$494.50	\$700.50

*Payment examples above are illustrative only. Fees and reimbursements can vary by location and dentist. They do however represent how payment is determined.

Your benefits, at your fingertips!

The Delta Dental Mobile App helps you get the most out of your dental benefits anytime, anywhere. Use the dentist search or toothbrush timer without logging in, or enter your username and password to securely access your personal benefit information or estimate your dental care costs.

» Coverage and claims information

See your plan type, benefit levels, deductibles, maximums and more. Check the status of recent dental claims. Add your dependents to your account to be able to access the whole family's coverage in one spot.

» Dental Care Cost Estimator

This easy-to-use tool provides estimated cost ranges on common dental care needs for dentists in your area. You can even select your dentist for tailored cost estimates.

» Dentist search

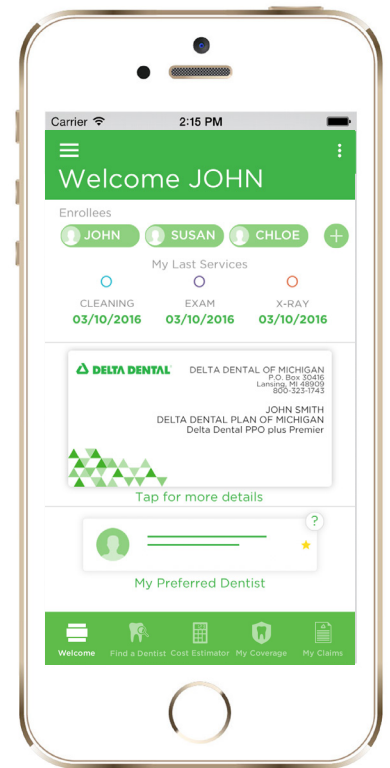
It's easy to find a participating dentist near you! Search and compare dental offices to find one that suits your needs. Narrow the list with criteria like 'language spoken' and 'specialty.' After you choose a dentist, you can save the contact information and get directions.

» Mobile ID card

There's no longer a need to carry a paper ID card. Simply show the dentist's office your mobile ID card right on your screen. Easily save it to your device for quick access using Apple Passbook or Google Wallet.

» Toothbrush timer

Keep up with your oral health routine by using this handy tool. Our timer counts down for two minutes while reminding you to brush each tooth.



Get started

Delta Dental's free app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, scan the QR code at right.



SCAN TO
DOWNLOAD APP

Log in for secure access

Delta Dental subscribers can log in using the username and password used to log in to www.deltadental.com. If you haven't registered for an account yet, you can do so within the app. If you've forgotten your username or password, you can also retrieve these within the app. You must log in each time you access the secure portion of the app. No personal health information is ever stored on your device.



Axios

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Take a sneak peek before enrolling

- You're on the **INSIGHT Network**
- For a complete list of **in-network** providers near you, use our **Enhanced Provider Locator** on www.eyemed.com or call **1-866-804-0982**.
- For Lasik providers, call **1-877-5LASER6**.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$65
Standard Plastic Lenses		
Single Vision	\$25 Co-pay	Up to \$30
Bifocal	\$25 Co-pay	Up to \$50
Trifocal	\$25 Co-pay	Up to \$70
Standard Progressive Lens	\$90 Co-pay	Up to \$50
Premium Progressive Lens ⁴	\$110 Co-pay - \$135 Co-pay	
Tier 1	\$110 Co-pay	Up to \$50
Tier 2	\$120 Co-pay	Up to \$50
Tier 3	\$135 Co-pay	Up to \$50
Tier 4	\$90 Co-pay, 80% of charge less \$120 allowance	Up to \$50
Lenticular	\$25 Co-pay	Up to \$70
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ⁴	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$130 allowance; 15% off balance over \$130	Up to \$130
Disposable	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$130
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

⁴Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided for services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every 12 months)	\$10 Co-pay	Up to \$40
Frames (Once every 24 months)	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$65
Single Vision Lenses (Once every 12 months) Or Contacts (Once every 12 months)	\$25 Co-pay \$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$30 Up to \$130

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

**77%
SAVINGS
with us***

With EyeMed	Without Insurance**
Exam \$10 Co-pay	Exam \$106
Frame \$163 - \$130 allowance \$33 - \$6.60 (20% discount off balance) \$26.40	Frame \$163
Lens \$25 Co-pay \$15 UV treatment add-on +\$15 Scratch coating add-on \$55	Lens \$78 \$23 UV treatment add-on +\$25 Scratch coating add-on \$126
Total \$91.40	Total \$395



Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. **Based on industry averages.



73%
of brokers
think online,
in-network options
are of high value
to their clients.¹

Our vision is changing reality

Buying online isn't just for clothes and gadgets anymore - it's for eyewear, too. Did you know that online purchases of prescription glasses is projected to increase by 15% over the next 10 years?² That's why we're changing the way vision benefits work. As one of the only networks to offer **Glasses.com** and **ContactsDirect**, members can go online to buy glasses and contacts anytime, from anywhere. Plus, both are in-network so they can use their benefits on both sites.

Learn more about...

GLASSES.COM

- Members can find a pair they love from thousands of name-brand frames
- Snap and send a picture of the prescription
- Lenses available for just about any prescription (including progressives and multifocals)
- Orders fulfilled and available to ship the following day - and it's free!
- All supported by the award-winning³ photorealistic and geometrically accurate 3D virtual "try-on" technology

contactsdirect

- Wide selection of top-selling brands like Acuvue[®] and Air Optix[®]
- User-friendly experience allows members to view their eligibility and available allowance (with application directly in their shopping cart)
- Easy prescription verification
- Orders ship free as soon as the prescription is verified - typically the same day



In-network now means online

Visit Glasses.com or ContactsDirect.com to learn more

¹Internal EyeMed research initiative, 2014.

²Estin & Co, 2013 estimates and analysis; Essilor International

³2014 Cannes Lions Festival, Bronze Award for "Creative Use of Technology"



ONLINE EYEWEAR PROVIDERS



More benefits. More solutions.

IT'S A WHOLE NEW WORLD. YOUR WORLD.

Day and night, night and day, we work to create a vivid member experience. We eliminate obstacles. We add choices. We invent members-only savings and discounts and simplify paperwork. Just for you.

Good vision is how you see, and how it makes you feel. Feel confident. Feel catered to. Feel like the unique, valued, get-the-most-from-life EyeMed member you are.

VISION BENEFITS THAT CATER TO YOU



BE YOUR BEST YOU.

Freely choose any frame and nearly any lens or contact lens.



40% OFF HEARING EXAMS

See better, hear better, feel better. Get 40% off hearing exams and a low price guarantee on leading brands of hearing aids.**



LOST OR BROKEN GLASSES

Far from home? Our international travel solution†† speaks the universal language of "you're covered." Get a temporary, adjustable pair the next day and a list of nearby providers, wherever you are.†

SEE THE GOOD STUFF

Register on EYEMED.COM or grab the member app (iTunes or Android) now.

* Discounts available at participating in-network providers.
** Savings comparison of EyeMed versus care without vision benefits.
† 24-hour delivery available in most cases. Check your plan benefits to be sure.
†† Discounts and benefits may vary by plan. Check your plan benefits.



NEVER PAY STICKER PRICE.

Plus, pocket these discounts:*

- 40% off additional pairs of glasses – as many as you like
- 20% off non-prescription sunglasses
- Up to 20% off anything above your frame allowance††
- 15% off laser vision correction

Sign up for other special offers just for being an EyeMed member.



NOW SEE THIS!!

Members who combine an eye exam and new glasses save an average of 78% off retail prices.**



SUMMARY OF BENEFITS

Sponsored by: **Axios Inc**

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

STD Benefit			
	Weekly Benefit	Elimination Period	Maximum Duration
	60% of weekly salary up to \$1,000 per week	Benefits begin on: Accident: 1st day Illness: 8th day	26 weeks

Integration of Benefits The benefits from this policy will be reduced by benefits you receive from state disability or worker's compensation programs.

Additional Benefits	
	Rehab Assistance - 5% Rehab Incentive Survivor Income - 3 Weeks C-Section Benefit - 8 weeks See your Schedule of Benefits on your Certificate for more information

Enrolling for Coverage	
Eligibility:	All employees in an eligible class.

Understanding Your Benefits

Total Disability	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
Partial Disability	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within 2 weeks of returning to work, you will begin receiving benefits again immediately.
Benefit Exclusions	You will not receive benefits in the following circumstances: <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• Your disability is the result of war, declared or undeclared, or any act of war.• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none">• Any governmental retirement system earned as a result of working for the current policyholder;• Any disability or retirement benefit received under a retirement plan;• Any Social Security, or similar plan or act, benefits;• Earnings the insured earns or receives from any form of employment;• Disability income benefits received under state disability benefit laws.
Rehabilitation Assistance Benefit	Employees who participate in an approved rehabilitation program are eligible to receive an additional percent of benefit. Additionally, approved program costs may be reimbursed.
Survivor Income	A benefit may be paid to your survivor for additional months if you should die while you were eligible to receive benefits under this policy.
Coverage Termination	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: AXIOSINCL

www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. **Not for use in New York.**



SUMMARY OF BENEFITS

Sponsored by: **Axios Inc**

All Active Full-time Employees

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

LTD Benefit				
	Monthly Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
Employer Paid Plan	60% of monthly salary up to \$7,500 per month	Later of Age 65 or Social Security Normal Retirement Age	24 Months	180 Days
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.			
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.			
Benefit Limitations	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: No Limit			

Enrolling for Coverage

Eligibility: All employees in an eligible class

Additional Benefits

Progressive Income Benefit, Family Care Expense Benefit, Survivor Income Benefit, EmployeeConnect - Employee Assistance Plan, Conversion and Waiver of Premium

See your Schedule of Benefits on your Certificate for more information

Understanding Your Benefits

Elimination Period	The number of days you must be disabled prior to collecting disability benefits.
Own Occupation	The occupation, trade, or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
Total Disability	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training. See Certificate of Coverage for details.
Partial Disability	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability. See Certificate of Coverage for details.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
Benefit Duration Reduction	Your benefit duration may be reduced if you become disabled after age 65.
Pre-Existing Condition	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• You were involved in a felony commission, act of war, or participation in a riot.• You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none">• Any compulsory benefit act or law (such as state disability plans);• Any governmental retirement system earned as a result of working for the current policyholder;• Any disability or retirement benefit received under a retirement plan;• Any Social Security, or similar plan or act, benefits;• Earnings from any form of employment;• Workers compensation;• Salary continuance or employer contributions to an employer sponsored retirement plan.
Coverage Termination	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: AXIOSINCL

www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. **Not for use in New York.**



You're In Charge®

Voluntary Life Insurance with Accidental Death and Dismemberment (AD&D)

SUMMARY OF BENEFITS

Sponsored by: **Axios Inc**

Life Benefit	Employee	Spouse	Dependent
<i>Employee must elect coverage for Spouse or dependents to be eligible.</i>			
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments	Age 14 Days to 6 months: \$250 6 months to age 19 (to age 25 if, unmarried, & a full-time student): \$10,000 Newborn children to age 14 days are not eligible for a benefit
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$500,000, limited to 5 times your annual salary Employees age 70 and older, maximum benefit is \$50,000	\$250,000, limited to 50% of employee amount	\$10,000
Guarantee Issue for Newly Eligible Employee	\$200,000	\$30,000	

AD&D Benefit	Employee	Spouse
Amount	Optional coverage can be purchased by you for additional premium. Benefit amount equal to the life amount elected by you.	Same as employee

Benefit Reduction	Employee	Spouse
Benefits will reduce:	35% at age 65; Additional 25% of original amount at age 70; Additional 15% of original amount at age 75; Additional 15% of original amount at age 80; Benefits terminate at retirement	35% at Employee Age 65 Benefits terminate at Employee Age 70 or Retirement, whichever occurs first

Eligibility	Employee	Spouse and Dependents
	All employees in an eligible class.	Cannot be in a period of limited activity on the day coverage takes effect.

Additional Benefits	
See Definition:	Accelerated Death Benefit
See Definition:	Portability
See Definition:	Conversion
See Definition:	Seat Belt, Airbag, and Common Carrier

Definitions

Accelerated Death Benefit	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. This insurance is optional and can be purchased by you and your Spouse .
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
Limited Activity	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
Portability	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
Seat Belt, Airbag, and Common Carrier	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Term Life	Benefit provided to the designated beneficiary upon the death of the insured. The benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
Exclusion: Suicide	Benefits will not be paid if the death results from suicide within 1 year after coverage is effective. May apply if employee contributes toward the premium.

Additional Benefits

LifeKeysSM	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
TravelConnectSM	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: AXIOSINCL

www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. **Not for use in New York.**

Monthly Employee Premium
Life and Accidental Death and Dismemberment Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
 Refer to Program Specifications for your maximum benefit amounts.
Benefits and premium amounts reflect age reductions.

Monthly RATE Per \$1000	AGE	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000	\$ 70,000	\$ 80,000	\$ 90,000	\$ 100,000
0.0700	<25	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
0.0700	25-29	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
0.0700	30-34	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
0.1100	35-39	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
0.1600	40-44	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00
0.2400	45-49	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
0.4300	50-54	\$4.30	\$8.60	\$12.90	\$17.20	\$21.50	\$25.80	\$30.10	\$34.40	\$38.70	\$43.00
0.6700	55-59	\$6.70	\$13.40	\$20.10	\$26.80	\$33.50	\$40.20	\$46.90	\$53.60	\$60.30	\$67.00
0.7200	60-64	\$7.20	\$14.40	\$21.60	\$28.80	\$36.00	\$43.20	\$50.40	\$57.60	\$64.80	\$72.00
1.3100	65-69	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
		\$8.52	\$17.03	\$25.55	\$34.06	\$42.58	\$51.09	\$59.61	\$68.12	\$76.64	\$85.15
2.6900	70-74	\$4,000	\$8,000	\$12,000	\$16,000	\$20,000	N/A	N/A	N/A	N/A	N/A
		\$10.76	\$21.52	\$32.28	\$43.04	\$53.80	N/A	N/A	N/A	N/A	N/A
7.7900	75-79	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	N/A	N/A	N/A	N/A	N/A
		\$19.48	\$38.95	\$58.43	\$77.90	\$97.38	N/A	N/A	N/A	N/A	N/A
17.0600	80-99	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	N/A	N/A	N/A	N/A	N/A
		\$17.06	\$34.12	\$51.18	\$68.24	\$85.30	N/A	N/A	N/A	N/A	N/A

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 100,000

Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
Example: 35	0.1100	X	150	=	\$ 16.50
		X		=	

Dependent Children Benefit
Monthly Rate:

\$ 10,000
\$ 2.00

Premium covers all dependent children regardless of the number of children.

Monthly Spouse Premium

Life and Accidental Death and Dismemberment Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
 Spouse premiums will be calculated based on the Employee Age
 Refer to Program Specifications for your maximum benefit amounts.

Benefits and premium amounts reflect age reductions.

Monthly RATE Per \$1000	AGE	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0.0700	<25	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
0.0700	25-29	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
0.0700	30-34	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50
0.1100	35-39	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
0.1600	40-44	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
0.2400	45-49	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
0.4300	50-54	\$2.15	\$4.30	\$6.45	\$8.60	\$10.75	\$12.90	\$15.05	\$17.20	\$19.35	\$21.50
0.6700	55-59	\$3.35	\$6.70	\$10.05	\$13.40	\$16.75	\$20.10	\$23.45	\$26.80	\$30.15	\$33.50
0.7200	60-64	\$3.60	\$7.20	\$10.80	\$14.40	\$18.00	\$21.60	\$25.20	\$28.80	\$32.40	\$36.00
1.3100	65-69	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
		\$4.26	\$8.52	\$12.77	\$17.03	\$21.29	\$25.55	\$29.80	\$34.06	\$38.32	\$42.58

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 50,000

	Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
Example:	35	0.1100	X	75	=	\$ 8.25
			X		=	

Dependent Children Benefit

Monthly Rate:

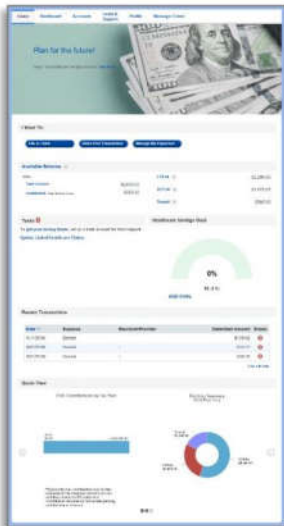
\$ 10,000
\$ 2.00

Premium covers all dependent children regardless of the number of children.



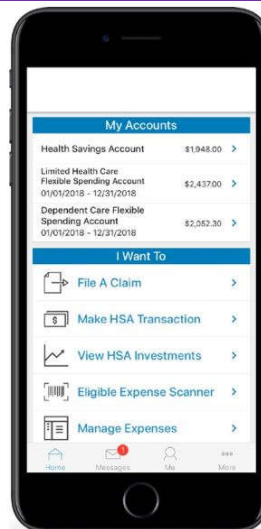
Enhanced Flexible Spending Account Program

1: Easy Portal



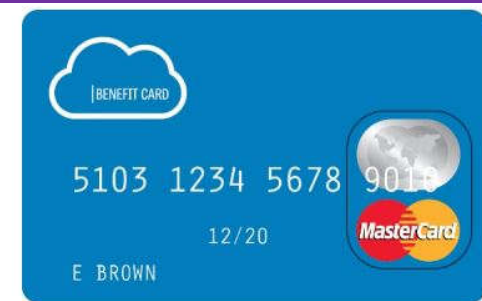
- Single-sign-on from Prism portal
- View account balances, history and transactions
- Complete transactions

2: Easier Mobile App



- Apple & Android
- Snap a photo and submit receipt for a claim
- Scan a bar code to help determine eligibility as a qualified medical expense

3: Easiest Debit Card



- Pay for health-eligible expenses with a debit card by swiping at point of sale, the funds are automatically deducted.
- Up to 95% of all transactions don't need receipt follow-up.

AXIOS HR SM : ATTRACT.
: RETAIN.
: DEVELOP.

Manage your Healthcare Finances in a Whole New Way....

We're introducing a different way to manage your healthcare finances.

There are many reasons to get excited about this new program, so we narrowed it down to the **Top Five**:

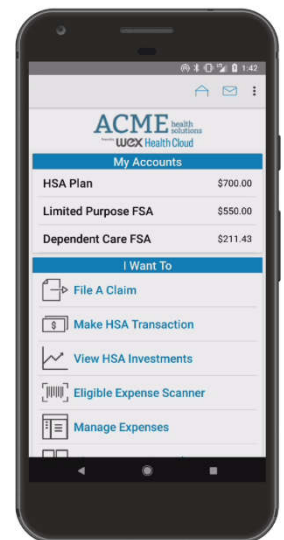
1. Make payments with ease

All it takes is a swipe of your **benefits debit card** to pay for a healthcare expense. Payments are automatically withdrawn from your reimbursement account, so there are no out-of-pocket costs. And because the majority of your purchases are verified (or substantiated) at the point of purchase, you will need to submit fewer receipts manually*. You can also have reimbursements direct deposited to the account of your choice, select to pay the provider directly, and schedule recurring payments such as monthly prescriptions.

2. Access your accounts anytime, anywhere

With Omega Benefit Strategies you can get to the healthcare account information you need—fast. Wondering whether you have enough money to pay a bill or make a purchase? Omega Benefit Strategies puts the answers at your fingertips.

- Quickly check available balances and account details for medical and dependent care FSA, HSA, HRA, VEBA, transportation and premium reimbursement plans
- View charts summarizing account information
- Set account alerts and get notifications via text message
- View claims requiring receipts
- Link to an external web page to obtain helpful information such as a list of eligible expenses
- Retrieve a lost username or password
- Use your device of choice – including iPhone®, iPad®, iPod touch® and Android™ smartphones and tablet devices



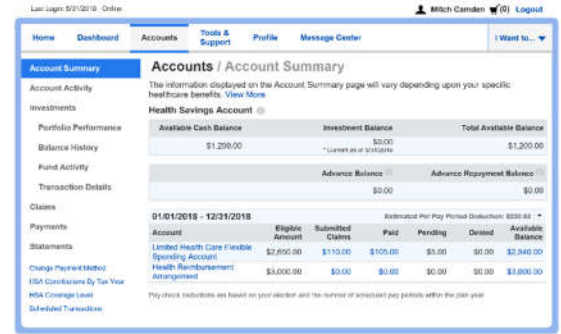
* Receipts may be required upon request in accordance to plan rules.

3. Get up and going quickly

Even if this is the first time using benefits software, you'll find the experience is intuitive and easy-to-use; most importantly, you'll have 24/7 access to your benefit accounts. When you log in to your portal, you can:

- See your balances in real-time
- File claims
- Upload receipts
- Visualize spending with charts and graphs

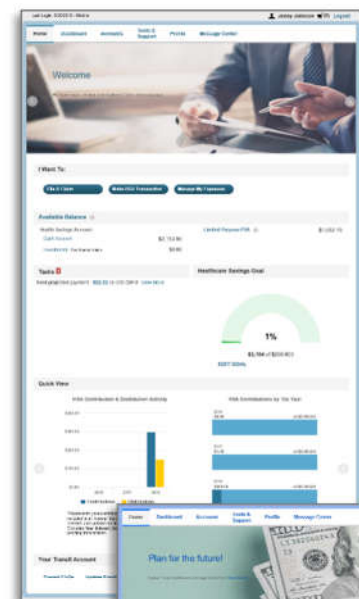
You'll find everything you need to manage your healthcare finances simply.



4. See it, plan for it, manage it

Planning and budgeting for healthcare expenses is an important part of managing your finances. The consumer portal provides the information you need to stay on top of your family's healthcare expenses. Use the dashboard to dynamically interact with expenses and claims. Graphic displays provide you with numbers that help you:

- Analyze out-of-pocket expenses
- Identify the providers who you're spending the most money with
- Manage your HSA investments like your 401K
- Compare expenditures year-to-year

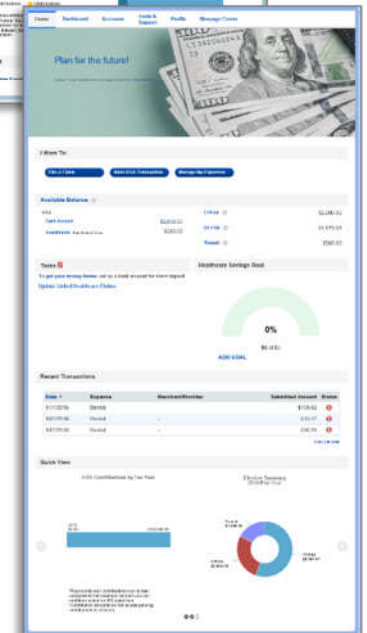


5. Save time

All the reasons mentioned so far will help save you time, but there are many more ways to streamline your healthcare management. You can:

- Set up text alerts to be notified automatically when a contribution posts, a deduction goes through or your account reaches a pre-set balance that you determine
- Quickly locate forms you need for processing
- Pull in healthcare claim information automatically by linking your insurance account(s) so you can see your Explanation of Benefits (EOB) and responsible amounts all in one convenient location

As you can see, managing your healthcare and taking control of your decisions has never been more convenient and fast, so you can spend more time doing the things you love without the hassle or worry. If you have any questions, please contact your HR representative.

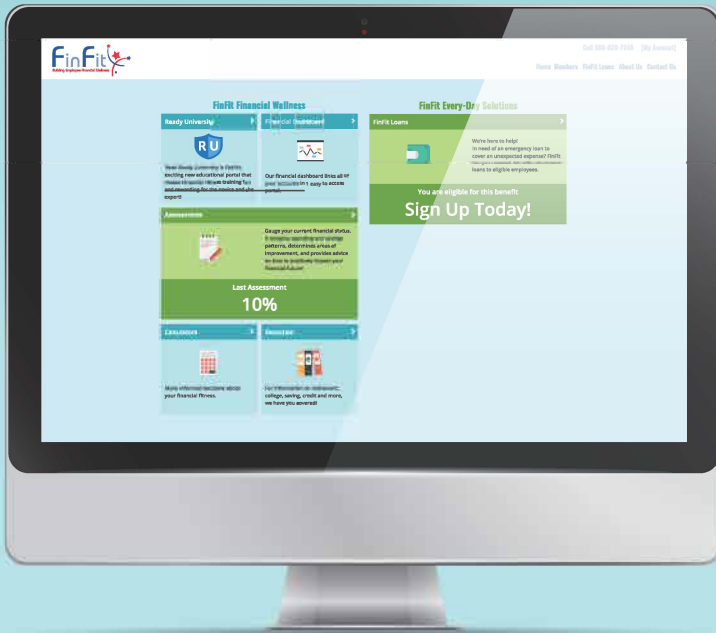


Your Personal Financial Advantage

You'll be glad you have FinFit for:

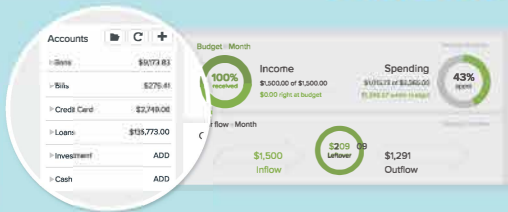
- ★ Assessing Personal Financial Health
- ★ Budget Building Tools
- ★ Financial Calculators
- ★ Savings for Retirement
- ★ Short-Term Loan¹ Assistance
- ★ Life Planning
- ★ Financial Educational Information
- ★ 24/7 Financial Wellness Provided Online

Thousands of Employees Have Already Joined!

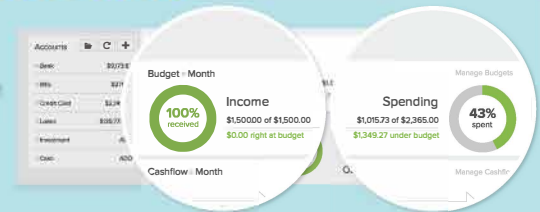


Learn how to take control of your finances

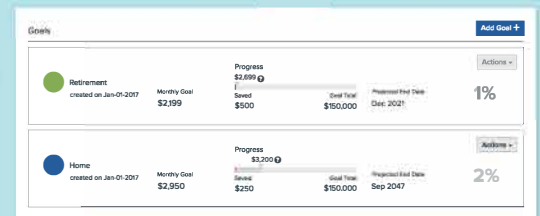
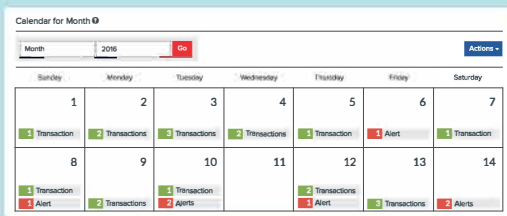
FinFit's Financial Dashboard



Add all of your accounts in one central place
Create budgets & track your spending



Set up bill alerts & never pay late fees again
Gain personal financial insight
& meet your goals



Enrolling is as easy as 1, 2, FREE!²

- 1 Log in: <https://axi-ep.prismhr.com/#/auth/login>
- 2 Click on Axios Perks
- 3 Click on FinFit Tile

Enjoy your access to personalized financial assessments, financial education tools and useful financial apps.

FinFit also offers short-term loans.¹ Applying is simple!

- 1 Log into your FinFit account at MyFinFit.com
- 2 Click on FinFit Loans

FinFit provides an alternative to payroll advances or 401(k) loans.

- FinFit's educational resources and tools are free² to all eligible employees and their employers.
- These resources are provided to assist in getting personal finances on track without adding another expense to your household.
- Short-term loans¹ are available to eligible employees through our platform.

¹Subject to credit approval.

²FinFit's Financial Wellness Program, which includes educational content, a Financial assessment and a Financial dashboard, are free to registered members. Loans and other ancillary services offered may incur fees and/or interest. All fees will be disclosed prior to entering into any agreements.

FinFit Loans are issued by Celtic Bank, a Utah-Chartered Industrial Bank, Member FDIC.

Residents of Colorado, Connecticut, Iowa, Vermont, West Virginia, Nevada and Massachusetts are not eligible for loans. This does not constitute an offer or solicitation for loan products to residents of those states.

AXIOS HR

FinFit
Building Employee Financial Wellness

888.928.7248 | www.FinFit.com



2019

Have You Ever?

- Needed your Will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support
- Worried about being a victim of Identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information online
- Feared the security of your medical information
- Been pursued by a collection agency

The LegalShield Membership Includes:

- **Dedicated Law Firm**
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance**
- **Lawyers prepare your Will/Living Will/Health Care Power of Attorney/Financial Power of Attorney**
- **Speeding Ticket Assistance**
- **IRS Audit Assistance**
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

Privacy & Security Monitoring

NEW! High risk account monitoring.

Comprehensive identity protection service and financial account number monitoring that leaves nothing to chance by monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver's license, passport numbers and medical ID numbers (up to 10). Additionally, we'll give you peace of mind with credit score tracking, financial activity alerts and sex offender searches. With the family plan, Minor Identity Protection is included and provides monitoring for up to 10 children under the age of 18 for no additional cost.

Social Media Monitoring

Allows you to monitor multiple social media accounts and content feeds for privacy and reputational risks.

Credit Monitoring

Gain access to continuous credit monitoring through TransUnion that you can access immediately via the service portal dashboard on myidshield.com or through the free IDShield mobile app. Credit activity will be reported promptly via an email alert and mobile push notification.

Credit Inquiry Alerts

NEW! Instant hard inquiry alerts.

Receive alerts when a creditor requests your TransUnion credit file for the purposes of opening a new credit account or when a creditor requests a credit file for changes that would result in a new financial obligation.

Consultation

Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited consultation, identity alerts, data breach notifications and lost wallet protection.

Full Service Restoration

If your identity is stolen, our complete recovery services from our Licensed Private Investigators will ensure that it will be restored to its pre-theft status.



Put your law firm and Identity Theft Protection in the palm of your hand with the LegalShield & IDShield mobile apps

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children.

IDShield plans are available at individual or family rates. A family rate covers the member, the member's spouse and 10 dependents up to the age of 26.

Dependents between the ages of 18-26 must have never been married and must either live at home or be a full-time student.

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

Prepared for: *CompanyName Here*, <https://customurlwithpriceinfohere.com>

For more information, contact your Independent Associate:

	Plan	Family (per month)	Individual (per month)
LegalShield			
IDShield			
Combined			

Save with these incredible MEMBERPERKS

Your LegalShield and IDShield memberships are simply amazing. And in addition to the privileges that are already yours, we have added these MEMBERPERKS with hundreds of merchants and thousands of discounts. Members can access savings at both national and local companies on everyday purchases such as tickets, electronics, apparel, travel and more. Members have the opportunity to save, on average, over \$2,000 per year. MEMBERPERKS can save you enough to pay for your membership for years to come!

RECEIVE EXCLUSIVE DISCOUNTS

Access your members-only discounts in categories such as:

- | | |
|-----------------------|---------------------------------|
| APPAREL | HOME SERVICES |
| AUTOMOTIVE | INSURANCE & PROTECTION SERVICES |
| BOOKS, MOVIES & MUSIC | OFFICE & BUSINESS |
| CELL PHONES | REAL ESTATE & MOVING SERVICES |
| ELECTRONICS | SPORTS & OUTDOORS |
| FINANCE | TICKETS & ENTERTAINMENT |
| FLOWERS & GIFTS | TRAVEL |
| FOOD | |
| HEALTH & WELLNESS | |

WHAT MEMBERS ARE SAYING:

"MEMBERPerks pays for my membership!"
 – Martha S.

"I saved 20% at Advance Auto and I also saved 30% on movie tickets on date night with my wife. This membership is it!"
 – Andre E.

"I am receiving 8% off my Verizon cell phone monthly charge!"
 – Paulette M.

Enjoy preferred member pricing on some of your favorite brands and services.



AND MANY MORE!

Getting Started

To sign up, simply login at legalshield.com, click on the Resources tab, then click on MEMBERPERKS. If you don't already have an account, follow the simple on-screen instructions to make an account with your personal or work email and LegalShield membership number.

These benefits are for LegalShield and IDShield members. All offers or promotions are subject to change without notice.

AXIOS HRSM

*MyCareDesk*TM

Are you missing work to care for an aging loved one?

Are you feeling stressed and overwhelmed?

Caregiving is hard.

If you're looking for support or answers to your questions, MyCareDesk can help.

Thanks to your employer, you have access to MyCareDesk, a caregiver support solution that makes caregiving easier.

You'll find information, tools and resources to help with all kinds of caregiving issues at no cost to you. You also have access to senior care experts, so your loved one gets the best care possible and you get peace of mind.

To check out
*MyCareDesk*TM

Go to the Axios HR portal
Click on "Axios Perks"
Click on "MyCareDesk: Help for Caregivers"

You care, we help.

Why Choose Pets Best Insurance?

Save up to
90%
on vet bills



4/5

GREAT COVERAGE? FAST CLAIMS? GREAT SERVICE? YES.

Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.

- Get cash back fast! We process most claims in 5 days or less.
- Optional direct deposit and direct vet pay options.
- Use any veterinarian - including specialty and emergency clinics
- Exclusive employee discount on a BestBenefit plan²
- Optional coverage for routine care
- Free 24/7 veterinary helpline



Did you know?

4 out of 5 pets will have a medical emergency in their lifetime.¹

To begin, enroll at

or call
888-984-8700

reference discount code:

Accident Only Plan

As low as \$6/month for cats
and \$9/month for dogs in
most states.

Designed for those on a limited budget who want great coverage for accidents like broken legs, snake bites, accidental swallowing and more.

Most Popular

BestBenefit

Our most comprehensive
coverage for Accidents
and Illnesses.

With multiple levels of coverage, BestBenefit plans can be customized to meet the future medical needs of your four-legged family member and your budget.

Optional Routine Care

Coverage to help pay for
regular and expected
veterinary visits.

An EssentialWellness or BestWellness plan can be added to your BestBenefit plan, for an additional premium, to help cover items like vaccines, teeth cleanings, spays and neuters.

¹ 2015 Pets Best claims data

² Discounts available in most states

Pet Insurance is underwritten by American Pet Insurance Company. Please visit www.americanpetinsurance.com to review all available pet health insurance products.

The brokers or agents present during open enrollment may not be licensed property/casualty brokers or agents and therefore cannot confer with or advise employees about pet insurance, sell or attempt to sell pet insurance to them. Please contact a Pets Best representative for more information.

BSHZ-FLER-042018-V2-APIC

HOW PET INSURANCE WORKS



1. GET TREATMENT

If your pet becomes ill or injured, get treatment from any veterinarian of your choice.

2. FILE A CLAIM

We make it easy with online or mobile app claim filing, and there is no need to send medical records unless we request them.

3. GET CASH BACK FAST!

We process most claims in 5 days or less and can deposit reimbursements in your bank account. We also have an optional Vet Direct Pay service.

BESTBENEFIT PLAN COVERAGE

Annual Coverage Limit for Unexpected Accidents and Illnesses

Annual Deductible Options

Reimbursement Percentage Options

Accidents, Illnesses, Cancer, Hereditary Conditions, Emergency Surgeries & Rx Meds

Accident & Illness Exam Fees associated with the diagnosis of your pet for an eligible injury or illness. This is not intended to cover routine exams

Rehabilitative, Acupuncture & Chiropractic Coverage to treat eligible injuries and illnesses

Price varies on location, age and breed of pet. **Average monthly premium cost is \$25 - \$65.**

Essential

\$5,000 - Unlimited

\$50 - \$1,000

70% - 90%



Plus

\$5,000 - Unlimited

\$50 - \$1,000

70% - 90%



Elite

\$5,000 - Unlimited

\$50 - \$1,000

70% - 90%



Routine Care

Routine care coverage helps pay for your pets regular and expected veterinary visits for items like shots and teeth cleaning. With routine care there is no deductible to meet, and coverage begins the day after you enroll. It's an excellent way to budget for your pet's expected medical expenses. **EssentialWellness or BestWellness routine care coverage can be added to your BestBenefit plan for an additional \$16 or \$26/month** (in most states).

Accident Only Coverage

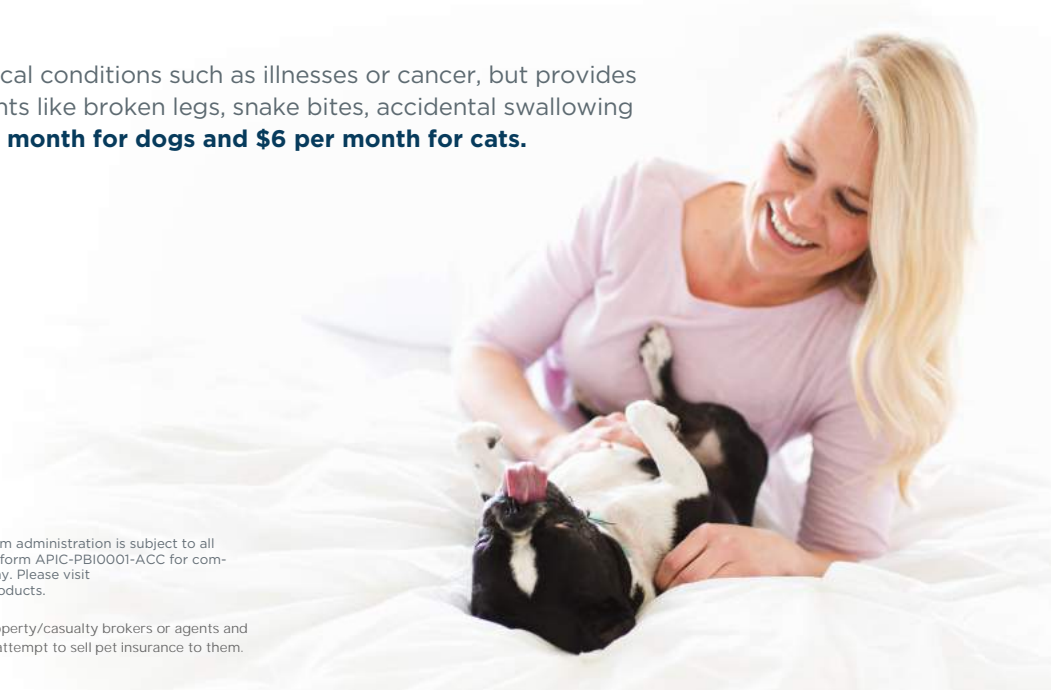
The Accident Only plan does not cover medical conditions such as illnesses or cancer, but provides up to \$10,000 in annual coverage for accidents like broken legs, snake bites, accidental swallowing and more. **Coverage starts as low as \$9 per month for dogs and \$6 per month for cats.**



To begin, enroll at
or call **888-984-8700**
reference discount code:

Coverage applies to conditions that are determined not to be pre-existing. Claim administration is subject to all terms, conditions, limitations and exclusions in the policy. Please review policy form APIC-PBI0001-ACC for complete details. Pet Insurance is underwritten by American Pet Insurance Company. Please visit www.americanpetinsurance.com to review all available pet health insurance products.

The brokers or agents present during open enrollment may not be licensed property/casualty brokers or agents and therefore cannot confer with or advise employees about pet insurance, sell or attempt to sell pet insurance to them. Please contact a Pets Best representative for more information.



Critical Illness Insurance

from Allstate Benefits



Benefits are paid to you

Protection for out-of-pocket expenses upon a positive diagnosis

1 CHOOSE

You choose the benefits to protect yourself and any family members if diagnosed with a covered critical illness

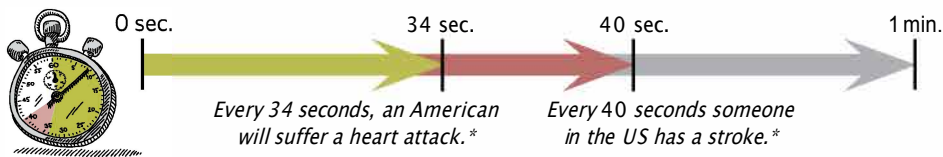
2 USE

You go to your annual exam, the doctor runs tests, the results come back and you're diagnosed with a critical illness

3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

You can't predict the future, but you can plan for it. We invite you to put yourself in Good Hands with Critical Illness insurance from Allstate Benefits.



Our coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs, what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event.

Here's How It Works

You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, our coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk.

Are you in Good Hands? You can be.

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer at initial enrollment
- Coverage available for spouse and child(ren)
- Benefits are paid regardless of any other coverage
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued

[See next page for plan details](#)

* <http://www.criticalillnessinsuranceinfo.org/learning-center/critical-illness-coverage-facts.php>.

YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

Benefits

Base Policy Initial Critical Illness Benefits

Heart Attack	Major Organ Transplant	Waiver of Premium*
Stroke	End Stage Renal Failure	Coronary Artery Bypass Surgery

Cancer Critical Illness Benefits

Invasive Cancer	Carcinoma in Situ
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Second Event Benefits

Initial Critical Illness	Cancer Critical Illness
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Supplemental Critical Illness Benefits II

Benign Brain Tumor	Complete Loss of Hearing
Paralysis	Advanced Alzheimer's Disease
Coma	Advanced Parkinson's Disease
Complete Blindness	

Wellness (Pays annually when one of 23 screening exams is performed)

Biopsy for skin cancer	Hemoccult stool analysis
Blood test for triglycerides	HPV Vaccination (Human Papillomavirus)
Bone Marrow Testing	Lipid panel (Total cholesterol count)
CAIS-3, CA125, CEA and PSA (Blood tests) ¹	Mammography (Including Breast Ultrasound)
Chest X-ray	Pap Smear (Thin Prep Pap Test included)
Colonoscopy	Serum Protein Electrophoresis (Myeloma test)
Doppler screenings for carotids and peripheral vascular disease	Stress test on bike or treadmill
Echocardiogram	Thermography
EKG (Electrocardiogram)	Ultrasound screening (abdominal aortic aneurysms)
Flexible sigmoidoscopy	

Additional Benefit

Second Evaluation Benefit Rider	
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¹ Breast, ovarian, colon and prostate cancer. *Employee only.

BENEFIT AMOUNTS

tCovered Dependents Receive 50% Of Your Benefit Amount

INITIAL CRITICAL ILLNESS BENEFITS ^t	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS ^t	PLAN 1	PLAN 2
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000
SECOND EVENT BENEFITS ^t	PLAN 1	PLAN 2
Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)	Yes	Yes
Second Event Cancer Critical Illness Benefit (same amount as Cancer Critical Illness)	Yes	Yes

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS ^u	PLAN 1	PLAN 2
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Blindness (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000
ADDITIONAL BENEFIT	PLAN 1	PLAN 2
Wellness Benefit (per year)	\$50	\$50
ADDITIONAL RIDER	PLAN 1	PLAN 2
Second Evaluation Benefit Rider		
Second Consultation	\$1,000	\$1,000
Non-Local Transportation ²	\$500	\$500
(per trip or mile)		
Air Fare or Personal Vehicle	\$0.50	\$0.50
Outpatient Lodging ³ (daily)	\$100	\$100
Family Member Lodging ³ (daily)	\$100	\$100
and Transportation ²		
(per trip or mile)		
Air Fare or Personal Vehicle	\$500	\$500
Personal Vehicle	\$0.50	\$0.50

²Limit \$5,000/12 mo. period ³Limit \$1,000/12 mo. period

WEEKLY PREMIUMS

PLAN 1

\$10,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$1.35	\$2.22
30-39	\$2.27	\$3.61
40-49	\$4.05	\$6.28
50-59	\$7.05	\$10.78
60-63	\$11.36	\$17.24
64+	\$14.81	\$22.41

PLAN 1

\$10,000 Basic Benefit Amount
tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$1.92	\$3.08
30-39	\$3.46	\$5.39
40-49	\$7.06	\$10.79
50-59	\$11.81	\$17.91
60-63	\$19.35	\$29.23
64+	\$25.52	\$38.48

PLAN 2

\$20,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$2.29	\$3.63
30-39	\$4.15	\$6.41
40-49	\$7.71	\$11.76
50-59	\$13.71	\$20.76
60-63	\$22.31	\$33.67
64+	\$29.22	\$44.03

PLAN 2

\$20,000 Basic Benefit Amount
tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$3.44	\$5.36
30-39	\$6.51	\$9.97
40-49	\$13.72	\$20.78
50-59	\$23.21	\$35.01
60-63	\$38.31	\$57.66
64+	\$50.64	\$76.15

MONTHLY PREMIUMS

PLAN 1

\$10,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$5.82	\$9.59
30-39	\$9.83	\$15.61
40-49	\$17.55	\$27.18
50-59	\$30.55	\$46.70
60-63	\$49.20	\$74.67
64+	\$64.17	\$97.11

PLAN 1

\$10,000 Basic Benefit Amount
tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$8.30	\$13.31
30-39	\$14.97	\$23.32
40-49	\$30.59	\$46.74
50-59	\$51.15	\$77.59
60-63	\$83.85	\$126.65
64+	\$110.57	\$166.73

PLAN 2

\$20,000 Basic Benefit Amount
non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$9.91	\$15.73
30-39	\$17.95	\$27.78
40-49	\$33.40	\$50.95
50-59	\$59.41	\$89.96
60-63	\$96.68	\$145.88
64+	\$126.61	\$190.78

PLAN 2

\$20,000 Basic Benefit Amount
tobacco

AGES	EE, EE+CH	EE+SP, F
18-29	\$14.89	\$23.19
30-39	\$28.21	\$43.18
40-49	\$59.44	\$90.03
50-59	\$100.56	\$151.71
60-63	\$165.98	\$249.83
64+	\$219.41	\$329.98

EE= Employee; EE+SP = Employee+ Spouse; EE+CH = Employee+ Child(ren); F = Family

Group Voluntary Critical Illness (GVCIP2)

Important Information About Eligibility, Termination and Portability

Provides details of base policy and rider coverage. Below is a list of base policy and rider benefits available with Group Critical Illness coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Group Critical Illness **Issue ages are 18 and over, if Actively at Work.**

Benefit Specifications (see Benefit Amounts)

Heart Attack Exclusion – A cardiac arrest is not a heart attack and is not covered by this benefit.

Stroke Exclusions – Does not include: Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Coronary Artery Bypass Surgery Exclusions – Does not include: abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

Invasive Cancer Exclusions – Does not include: carcinoma in situ, tumors related to HIV, non-invasive or metastasized skin cancer, or early prostate cancer. Includes: Leukemia and Lymphoma.

Carcinoma in Situ Exclusions – Does not include: other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

Second Event Initial Critical Illness Benefit Conditions – There must be at least 12 months between each diagnosis. A covered person can receive a Second Event Benefit only once for each initial critical illness.

Second Event Cancer Critical Illness Benefit Conditions – There must be at least 12 months between each diagnosis. Not payable if the covered person receives treatment during that 12-month period. "Treatment" does not include maintenance drug therapy or routine follow-up office visits. A covered person can receive the benefit only once for each cancer critical illness.

Advanced Alzheimer's Disease Conditions – Must have impaired memory and judgment, and be unable to perform 3 or more daily activities.*

Advanced Parkinson's Disease Conditions – Must have 2 or more physical signs and be unable to perform 3 or more daily activities.*

*Daily activities are: bathing, dressing, toileting, continence, transferring and eating.

Benign Brain Tumor Exclusions – Does not include: tumors of the skull, pituitary adenomas, or germinomas.

Paralysis – Permanent loss of use of 2 or more limbs.

Second Evaluation Benefit Rider

Second Consultation – By a physician other than your current physician.

Non-Local Transportation – Limit \$5,000/12-month period.

Outpatient Lodging – Limit \$1,000/12-month period. More than 75 miles from home.

Family Member Lodging and Transportation – Lodging limit \$1,000/12-month period. Transportation limit \$5,000/12-month period.

Conditions, Limitations and Exclusions Affecting Your Benefits

Conditions and Limits

Benefits are not payable for any critical illness diagnosed prior to the effective date. Benefits are also subject to the Pre-Existing Condition Limitation, if applicable, as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations while you are outside the U.S. will be considered when you return to the U.S.

Dependent Eligibility/Termination

(a) **Family members eligible for coverage are your spouse and children;**

(b) **Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent;**

(c) **Spouse coverage ends upon valid decree of divorce or your death;**

(d) **Domestic partner coverage ends when the domestic partnership ends or your death.**

Your Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

When Coverage Ends

Coverage under the policy ends on the earliest of:

- (a) the policy is canceled;
- (b) you stop paying your premium;
- (c) the last day of active employment;
- (d) you are no longer eligible;
- (e) a false claim is filed;
- (f) when all critical illness benefits have been paid;

Continuing Your Coverage

You may be able to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

Recurrence of Cancer

Only applies to Cancer Critical Illness, if included. Provision applies regardless of whether your plan includes a Pre-Existing Condition Limitation.

Cancer critical illness benefits are payable for a diagnosis of a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months thereafter.

Policy Exclusions and Limitations

Benefits are not paid for:

(a) **war, participation in a riot, insurrection or rebellion;**

(b) **intentionally self-inflicted injury or action;**

(c) **illegal activities or occupations;**

(d) **suicide while sane, or self-destruction while insane, or any attempt at either;**

(e) **substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.**

Accident Insurance

from Allstate Benefits



Benefits are paid to you

Protection for accidental injuries off-the-job

1 CHOOSE

You choose the benefits to help protect yourself and any family members from accidental injury expenses

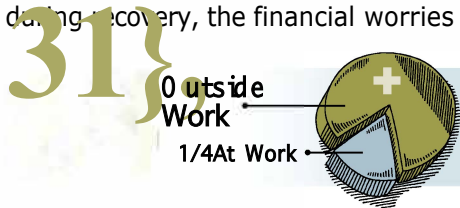
2 USE

You experience an accidental injury and seek medical attention from a medical professional

3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

Even when you live well, accidents happen. Treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.



Nearly three-fourths of medically consulted injuries take place outside of work.⁴

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With accident insurance from Allstate Benefits, you can gain the advantage of financial protection, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to get well.

Here's How It Works

Our coverage pays you cash benefits that correspond with a variety of covered occurrences, such as: dismemberment; dislocation or fracture; hospital confinement; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

With Allstate Benefits, you can protect your finances against life's slips and falls.

Are you in Good Hands? You can be.

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer
- Coverage available for spouse and child(ren)
- Premiums are affordable and are conveniently payroll deducted
- Coverage can be continued, as long as premiums are paid to Allstate Benefits

[See reverse for plan details](#)

⁴National Safety Council, Injury Facts®, 2014 Edition

YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

Benefits

Base Policy

Accidental Death	Common Carrier Accidental Death
Dismemberment	Dislocation or Fracture
Hospital Confinement	Daily Hospital Confinement
Intensive Care	Ambulance
Accident Physician Treatment	X-ray
Emergency Room Services	

Benefit Enhancements

Lacerations	Burns
Skin Graft	Brain Injury Diagnosis
Paralysis	Coma with Respiratory Assistance
Blood and Plasma	General Anesthesia
Appliance	Medicine
Physical Therapy	Non-Local Transportation
Ruptured Spinal Disc Surgery	Eye Surgery
Open Abdominal or Thoracic Surgery	Medical Supplies
Prosthesis	Rehabilitation Unit
Family Member Lodging	Post-Accident Transportation
Accident Follow-up Treatment	

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)

Additional Rider

Outpatient Physician's Benefit

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the Important Information About Coverage.

BASE ACCIDENT BENEFITS		PLAN
Accidental Death	Employee	\$40,000
	Spouse	\$20,000
	Children	\$10,000
Common Carrier Accidental Death (Fare-paying passenger)	Employee	\$200,000
	Spouse	\$100,000
	Children	\$50,000
Dismemberment ^s	Employee	\$40,000
	Spouse	\$20,000
	Children	\$10,000
Dislocation or Fracture ^s		\$4,000
Hospital Confinement (Pays once/year)		\$1,000
Daily Hospital Confinement (Pays daily)		\$200
Intensive Care (Pays daily)		\$400
Ambulance	Ground	\$200
	Air	\$600
Accident Physician's Treatment		\$100
X-ray		\$200
Emergency Room Services		\$200

^s Up to amount shown; see Injury Benefit Schedule on next page. Multiple losses from same injury pay only up to amount shown above.

BENEFIT ENHANCEMENTS		PLAN
Lacerations ⁶ (Pays once/year)		\$100
Burns ⁶ (Other than sunburns)	< 15% of body surface	\$200
	> 15% or more	\$1,000
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis ⁶ (Pays once)		\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		\$100
Paralysis ⁶ (Pays once)	Paraplegia	\$15,000
	Quadriplegia	\$30,000
Coma with Respiratory Assistance (Pays once)		\$20,000
Open Abdominal or Thoracic Surgery ⁶		\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000
	Exploratory	\$300
Ruptured Spinal Disc Surgery		\$1,000
Eye Surgery		\$200
General Anesthesia		\$200
Blood and Plasma ⁶		\$600
Appliance		\$250
Medical Supplies		\$10
Medicine		\$10
Prosthesis	1 device	\$1,000
	2 or more devices	\$2,000
Physical Therapy (Pays daily; max. 6 days/accident)		\$60
Rehabilitation Unit (Pays daily)		\$200
Non-Local Transportation		\$800
Family Member Lodging		\$200
Post-Accident Transportation (Pays once/year)		\$400
Accident Follow-Up Treatment		\$100
ADDITIONAL RIDER BENEFIT		PLAN
Outpatient Physician's Benefit		\$100

⁶ Within 3 days after accident.

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.
 t(covered spouse gets 50% of the amounts shown and children 25%.
 tt(covered spouse and children get 100% of the amounts shown.

LOSS OF LIFE OR LIMB ^t	PLAN
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000
One eye, hand, arm, foot, or leg	\$20,000
One or more entire toes or fingers	\$4,000
COMPLETE DISLOCATION ^{tt}	PLAN
Hip joint	\$4,000
Knee or ankle joint ^{J...} , bone or bones of the foot ^{J...}	\$1,600
Wrist joint	\$1,400
Elbow joint	\$1,200
Shoulder joint	\$800
Bone or bones of the hand ^{J...} , collarbone	\$600
Two or more fingers or toes	\$280
One finger or toe	\$120
COMPLETE, SIMPLE OR CLOSED FRACTURE ^{tt}	PLAN
Hip, thigh (femur), pelvis ⁺⁺	\$4,000
Skull ⁺⁺	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600
Foot ⁺⁺ , hand or wrist ⁺⁺	\$1,400
Lower jaw ⁺⁺	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600
One rib, finger or toe, coccyx	\$280

;.Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ++Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

PLAN PREMIUMS

MODE	EE	EE+ SP	EE+CH	F
Weekly	\$3.18	\$4.82	\$7.37	\$9.23
Monthly	\$13.76	\$20.85	\$31.91	\$39.96

EE= Employee; EE+ SP= Employee+ Spouse; EE+ CH = Employee+ Child(ren); F = Family

Group Voluntary Accident (GVAP2) Off-the-Job Accident Insurance

Important Information About Coverage

Provides details of base policy and rider coverage in all states. State-specific information is noted when it varies from the standard. Below is a list of base policy and rider benefits available with Group Accident coverage. Please refer to your employer chosen plan for the specific items that apply to your coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Group Accident Issue ages are 18 and over if Actively at Work.

Benefits Specifications (see Benefit Amounts)

Accidental Death and Dismemberment – Multiple dismemberments from the same accident are limited to the amount shown in the Base Accident Benefits on page 7.

Dislocation or Fracture – Multiple dislocations or fractures from the same accident are limited to the amount shown in the Base Accident Benefits on page 7.

Hospital Confinement – Pays once/covered person/accident/year.

Daily Hospital Confinement – Per day, max. 90 days/injury.

Intensive Care – Per day, max. 90 days/injury.

Benefit Enhancement Specifications (see Benefit Amounts)

Lacerations – Within 3 days after accident.

Brain Injury Diagnosis – Must be diagnosed within 30 days after accident. Pays once/covered person.

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) – Within 180 days of accident, if treatment received within 30 days of accident. Pays once/year.

Coma with Respiratory Assistance – pays once/covered person.

Ruptured Spinal Disc Surgery – 2 or more procedures through same entry point are considered 1 operation. Within 180 days after accident.

Skin Graft – Within 90 days after accident.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery – Within 180 days after accident.

Eye Surgery – Within 90 days after accident.

Rehabilitation Unit – Per day, max. 30 days confinement, max. 60 days/year. Not paid if Daily Hospital Confinement benefit paid.

General Anesthesia – Within 180 days after accident.

Appliance – Within 90 days after accident.

Medical Supplies – Within 90 days after accident; provided a benefit is paid under Accident Physician's Treatment or X-ray benefit.

Medicine – Within 90 days after accident; provided a benefit is paid under Accident Physician's Treatment or X-ray benefit.

Prosthesis – Within 180 days after accident.

Physical Therapy – Not payable for chiropractic services or if Accident Follow-Up Treatment benefit paid. Provided a benefit is paid under Accident Physician's Treatment or X-ray benefit.
100 miles from your home.

Non-Local Transportation – Per trip, max. 3 times/accident. More than 100 miles from your home.

Post-Accident Transportation – More than 250 miles from your home, by common carrier.

Accident Follow-Up Treatment – Per day, max. 2 treatments/accident. Not paid if Physical Therapy benefit paid. Provided a benefit is paid under Accident Physician's Treatment or X-ray benefit.

Outpatient Physician's Benefit Rider Specifications (see Benefit Amounts)

The benefit is limited to 2 days per covered person per calendar year, not to exceed 4 days per calendar year if coverage includes eligible dependents.

Conditions, Limitations and Exclusions Affecting Your Benefits

Conditions and Limits

When an injury results in a covered loss within 90 days (180 days for dismemberment or death), unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

Your Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination

(a) Coverage may include you, your spouse or domestic partner and children.

(b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

(c) Spouse coverage ends upon valid decree of divorce or your death.

(d) Domestic partner coverage ends upon termination of domestic partnership or your death.

When Coverage Ends

Coverage under the policy ends on the earliest of:

- the date the policy is canceled;
- the last day of the period for which you made any required contributions;
- the last day you are in active employment, except as provided under the Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision;
- the date you are no longer in an eligible class;
- the date your class is no longer eligible;
- upon discovery of fraud or material misrepresentation when filing a claim

Continuation of Coverage

You may be eligible to continue coverage when coverage under the policy ends. You have 60 days after coverage under the policy ends to let us know if you wish to continue coverage.

Accident and Benefit Enhancement Exclusions and Limitations

Benefits are not paid for:

- injury incurred before the effective date;
- injury as a result of an on-the-job accident;
- any act of war or participation in a riot, insurrection or rebellion;
- self-inflicted injury;
- suicide or attempt at suicide;

Accident and Benefit Enhancement Exclusions and Limitations (continued)

(f) being under the influence of alcohol or narcotics unless taken on the advice of a physician;

MI – being under the influence of alcohol (as defined by the laws of the state of Michigan), narcotics (drugs that depress the nervous system), or any other controlled substance or drug unless taken upon the advice of a physician.

(g) bacterial infection (except pyogenic infections from an accidental cut or wound);

(h) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft;

(i) engaging in an illegal occupation, assault or felony;

(j) driving in any race or speed test or testing any vehicle on any racetrack or speedway;

(k) serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries;

(l) hernia, including complications;

MI –(l) is deleted.

Outpatient Physician's Benefit Rider, if included

Benefits are not paid for:

(a) losses incurred before the effective date;

(b) a loss as a result of an on-the-job accident;

(c) any act of war or participation in a riot, insurrection or rebellion;

(d) suicide or attempted suicide;

(e) self-inflicted action;

(f) being under the influence of alcohol or narcotics unless taken on the advice of a physician;

MI – being under the influence of alcohol (as defined by the laws of the state of Michigan), narcotics (drugs that depress the nervous system), or any other controlled substance or drug unless taken upon the advice of a physician.

(g) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft;

(h) engaging in an illegal occupation, assault or felony;

(i) driving in any race or speed test or testing any vehicle on any racetrack or speedway;

(j) serving as an active member of the Military, Naval, or Air Forces of any country;

Hospital Indemnity Insurance

from Allstate Benefits



Benefits are paid to you

Protection for hospital stays when a sickness or injury occurs

1 CHOOSE

You choose our coverage to protect yourself and any family members, should you be hospitalized

2 USE

You or a covered family member has an illness or injury that requires medical care in the hospital

3 CLAIM

You file a claim. The cash benefits are paid to you, to use however you wish

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital visit - and costly out-of-pocket expenses.

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most.

Allstate Benefits offers a solution to help you protect your income and empower you to seek treatment.



Medical costs in the United States are among the highest in the world. In 2013, the average hospital cost per day in the United States was \$4,293.*

Here's How it Works

Our Indemnity Medical insurance pays a cash benefit for hospital confinement. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. This is especially helpful since statistics show the average hospital stay is approximately 5 days,⁷ which can add up quickly. On top of that, the number of people who forgo or delay needed health care due to the high cost has nearly doubled in the past 10 years⁸. These facts make it increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

With Allstate Benefits, you can feel assured that you have the protection you need if faced with a hospitalization.

Are you in Good Hands? You can be.

*2013 Comparative Price Report, International Federation of Health Plans

⁷<http://www.cdc.gov/nchs/data/abus/2012/099.pdf>

⁸<http://www.nachc.com/content/HealthWanted.pdf>

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer
- Coverage available for spouse and child(ren)
- Premiums are affordable and are conveniently payroll deducted
- Coverage can be continued, as long as premiums are paid to Allstate Benefits

See next page for plan details

YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

Benefits

Base Policy Benefits

First Day Hospital Confinement

Daily Hospital Confinement

Hospital Intensive Care

Is hospitalization due to pregnancy covered?

Your employer determines coverage. If offered by your employer, our coverage includes hospitalization due to pregnancy or complications of pregnancy. However, a newborn child's initial confinement in a hospital and a newborn child's routine nursing or well-baby care during the initial confinement in a hospital are not payable. A newborn child's initial confinement in a hospital includes any transfers to another hospital before being discharged to go home.

^tSubject to state variations and employer selections.

BENEFIT AMOUNTS

BASE POLICY BENEFITS	PLAN
First Day Hospital Confinement	\$ 500
Limit to Number of Occurrences	No Limit
Daily Hospital Confinement	\$150
Maximum Number of Days ⁹	10
Hospital Intensive Care	\$150
Maximum Number of Days ¹⁰	10
OPTIONAL EXCLUSIONS	PLAN
Mental and Nervous Disorders Covered	No
Drug Addiction and Alcoholism Covered	No
Pregnancy Waiting Period	10 mos.
ADDITIONAL OPTIONS	PLAN
Pregnancy (Normal and Complications) Covered	Yes
Removal of Pre-Existing Conditions Limitation	No

⁹Payable for each day, up to the max per continuous confinement in a hospital; not paid for any day the First Day Hospital Confinement Benefit is paid.

¹⁰Payable for each day, up to the max per continuous confinement in a hospital intensive care unit; pays in addition to the First Day Hospital Confinement Benefit and Daily Hospital Confinement Benefit.

PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$1.77	\$4.65	\$3.06	\$5.04
Monthly	\$7.67	\$20.15	\$13.26	\$21.84

EE= Employee; EE+ SP =Employee+ Spouse; EE+ CH =Employee+ Child(ren); F=Family
Issue Ages: 18 and over if Actively at Work

Group Hospital Indemnity (GIM2)

Important Information About Coverage

Provides details of base policy coverage. Below is a list of base policy benefits available with Group Hospital Indemnity coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Group Hospital Indemnity **Issue ages are 18 and over if Actively at Work.**

Benefit Specifications (see Benefit Amounts)

First Day Hospital Confinement - Payable once for each continuous confinement, with 24 hours between each hospital stay. Not paid for a newborn child's initial confinement after birth.

Daily Hospital Confinement - Not paid for any day the First Day Hospital Confinement Benefit is paid.

Hospital Intensive Care - Pays in addition to the First Day Hospital Confinement and Daily Hospital Confinement benefits.

Conditions, Limitations and Exclusions Affecting Your Benefits

Conditions and Limits

We pay benefits as stated for service and treatment received by the covered person while coverage is in force, for sickness or injury. Hospital room and board charges must be incurred for benefits to be payable. **Treatment must be received in the United States or its territories.**

Your Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination

(a) Coverage may include you, your spouse or domestic partner, and children.

(b) Coverage for children ends upon your death or when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

(c) Spouse coverage ends upon valid decree of divorce or your death.

(d) Domestic partner coverage ends upon termination of domestic partnership or your death.

When Coverage Ends

Coverage under the policy ends on the earliest of:

(a) the date the policy is canceled;

(b) the last day of the period for which you made any required contributions;

(c) the last day you are in active employment or a member in an association, labor union or other entity, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision;

When Coverage Ends, continued

(d) the date you are no longer in an eligible class;

(e) the date your class is no longer eligible;

(f) upon discovery of fraud or material misrepresentation when filing for a claim.

Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends.

Pre-Existing Condition Limitation

We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which: medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective; or symptoms existed within the 12 months prior to the effective date, or the date an increase in benefits would be effective.

Exclusions

Benefits are not paid for:

(a) injury or sickness incurred before the effective date;

(b) any act of war, participation in a riot, insurrection or rebellion;

(c) suicide or attempt at suicide;

(d) engaging in an illegal occupation or committing or attempting an assault or felony;

(e) cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function;

(f) intentionally self-inflicted injuries;

(g) confinement that begins before the effective date of coverage;

(h) the reversal of a tubal ligation or vasectomy;

(i) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law;

(j) participation in aeronautics (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports;

(k) a newborn child's routine nursing or well-baby care during the initial confinement in the hospital;

(l) driving in any race or speed test or testing any motorized vehicle on any racetrack or speedway;

(m) childbirth within the first 10 months of the covered person's effective date;

(n) mental or nervous disorders;

(o) alcoholism, drug addiction or dependence upon any controlled substance.

Welcome to MyBenefits

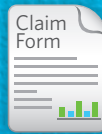
Benefits at your fingertips



ACCESS ONLINE



VISIT WEBSITE



SUBMIT CLAIMS



CLAIMS PAID



AVAILABLE 24/7

Accessing your benefit information has never been easier

MyBenefits is an easy-to-use website that offers you 24/7 access to important information pertaining to your benefits.



**It only takes a few minutes
to get access**

Go to:

www.allstatebenefits.com/mybenefits

to sign up for access to use our secure online registration system.

Follow the steps listed to the right.

Need Help Registering?

Once you access the site, click on "Need Help" in the menu to the right of the screen.

Benefits

- Express Claim - Submit your Wellness or Outpatient Physician's Treatment benefit claim easily and securely
- Direct deposit available for faster processing
- Submit/check claim status
- View full policy/certificate and claim history
- Make changes to profile information
- View and download your Explanation of Benefits (EOB)

Registration Steps

- Go to www.allstatebenefits.com/mybenefits
- Sign-up for access using the secure online registration process and create an online user ID and Password
- Be prepared to provide your Social Security number, zip code and birthdate
- It's that simple!

To find out more about what the **MyBenefits** site can offer, see the information on reverse.



MyBenefits

Innovative online capabilities at your fingertips

1. Online Access 24/7 -

Access your claim and benefit information anytime, night or day.

2. Claims Status, Filing and Payments -

Check claims status at your convenience 24/7. Or, file a claim using our online forms submission process and upload all supporting documents.

3. Express Claims Process -

Have your Wellness or Outpatient Physician's Treatment benefit claim processed within 48 hours by filing through our Express option. Elect to have your claim benefit payment directly deposited into your checking account.

4. Policy Information -

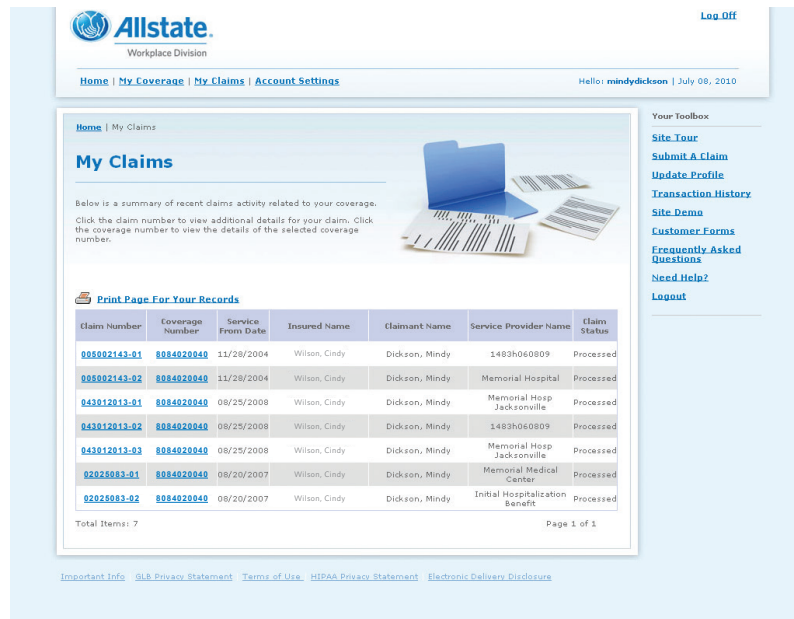
Print or view policy information, coverage details or certificates on existing coverage.

5. Update Information -

Keep your physical address, email address and telephone number up-to-date and accept electronic delivery of documents.

6. Secure Upload -

Submit your documents securely in TIF, GIF, PDF or JPG formats.



Scan the QR Code with your smartphone to access the MyBenefits website

For questions, please contact the Allstate Benefits Customer Care Center at 1-800-521-3535

This material is valid as long as information remains current, but in no event later than November 11, 2018. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2015 Allstate Insurance Company. Visit us at allstatebenefits.com.

Account Access Guide

Connecting to your retirement plan

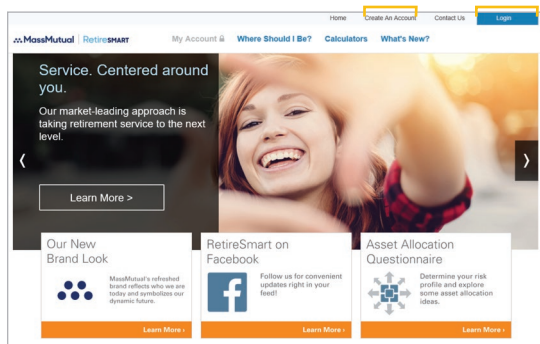
MassMutual’s interactive retirement plan website www.retiresmart.com allows you to access your account online 24 hours a day, 7 days a week. Accessing your retirement account online is easy — just follow these simple steps.

Accessing your retirement account

Go to www.retiresmart.com.

If you have an existing account, click “Login.”

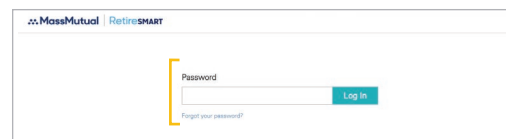
If you are a new user, click “Create Account.”



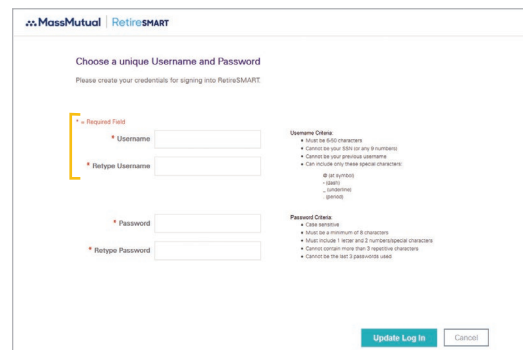
For existing accounts, you will be guided through steps to establish new, stronger and more secure usernames and passwords. In addition, you will choose security questions and have the opportunity to register your device.

Step 1: To access your account, enter your Username and click **Continue**.

Step 2: Enter your **Password**.

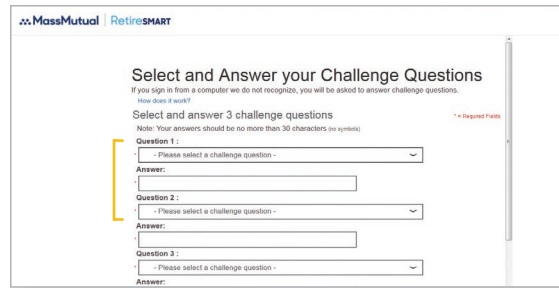


Step 3: You may be prompted to change your username and password to meet enhanced security requirements.



Step 4: If you have updated your username and password, you will need to log back in using your updated username and password.

Step 5: You will be prompted to select personalized challenge questions that will help us know it's really you in case you ever forget your username or password.



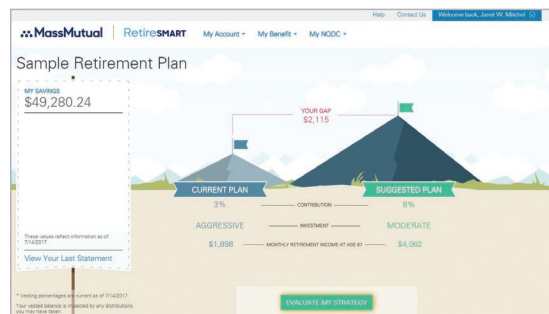
Step 6: You will be asked if you'd like us to remember the device you are using, which gives you an extra measure of security.

Step 7: Click **Finish**, and that's it!

Retirement account information

After you've logged on, the first screen you will see is your Account Dashboard. This Dashboard provides information such as:

- Your account balance.
- Your investment allocations (or how your account is invested).
- The MassMutual RetireSMART Ready Tool where you can evaluate and personalize your retirement plan strategy based on your preferences.



Hypothetical example, for illustrative purposes only.

To change the percentage you contribute to the Plan:

1. Go to the **My Account** drop-down menu and click **Contributions** under the Putting Money In section.
2. Choose the amount you would like to contribute by adding a new percentage to the **New %** box(es).
3. After you have made your selection(s), click **Next**.

To change your investment options for your contributions:

1. Go to the **My Account** drop-down menu and click **Investment Selection** under the Moving Money Around section.
2. You will be asked to choose the investment strategy that is right for you.
3. Choose the funds you want to invest in, and then click **Next**.

To designate or change your beneficiary:

1. Go to the **My Account** drop-down menu and click **Personal Info** under the Everything Else section.
2. Select **Add Beneficiary**. Make your selections, then click **Continue** and then **Save**.
3. Select **Change Beneficiary** to change any existing beneficiary information. You may then be asked to contact your Plan Administrator or complete the Beneficiary Designation form.

Rules to keep in mind when determining your beneficiary – You can use the online beneficiary process if you are single, or if you are married and you want to declare your spouse as the sole primary beneficiary. But, if you are married and want to declare someone other than your spouse as your sole primary beneficiary, you must print the form available online and complete it according to the instructions.

To add or change your email address online:

1. Go to the **My Account** drop-down menu and click **Personal Info** under the Everything Else section.
2. Select “**Add or Change Email**” or “**Change Address**” (depending on your available options). Type in the email address from which you would like to receive electronic communications.
3. Confirm the email address.

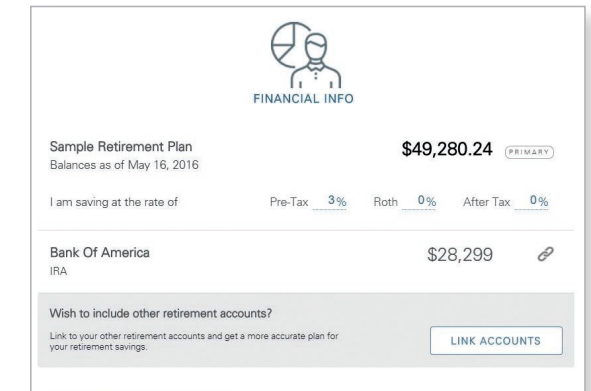
Once you review and approve all changes made to your account, click **Submit**. You will receive a confirmation number when your transaction is complete.

How much should you save for retirement?

Explore the RetireSmart Ready Tool, located on your dashboard, to help determine your retirement goals and how to achieve them.

To access the RetireSmart Ready tool, be sure to enable pop-ups from the participant website.

The RetireSmart Ready Tool is an online analysis tool that gives you a simple way to assess your current income gap given your current retirement strategy. The tool can also provide different levels of suggestions that may help close the income gap and drive towards a successful retirement.



Hypothetical example, for illustrative purposes only.

It is estimated you will need between 75% and 90% of your final annual income to maintain your current standard of living in retirement.*

Everyone has a different mental picture of what their retirement looks like. Yours could be taking vacations, learning new skills, spending more time with your family or even starting a new career.

How much money you will need to retire depends on how you picture your retirement.



Educational content on www.retiresmart.com

MassMutual offers online learning resources to help you take an active role in planning and saving for retirement. Visit www.retiresmart.com to access a wide range of interactive tools, which include:

- Results-based calculators
- Flash-animated tutorials
- Insightful articles
- Interactive charts
- Seminars



Have questions?

If you have questions or would like to speak with a representative, call the Participant Information Center at [1-800-743-5274](tel:1-800-743-5274). Representatives are available Monday through Friday, 8 a.m. to 8 p.m., Eastern Time.



Make the most of your retirement plan

Be sure to take advantage of all the great tools and learning resources the RetireSmart website has to offer.

Call [1-800-743-5274](tel:1-800-743-5274) or access www.retiresmart.com today!



* Source: Morningstar: Customize Your Income-Replacement Rate for Retirement, August 2014.

The information contained herein is not intended or written as specific legal or tax advice and may not be relied on for purposes of avoiding any federal tax penalties. Neither MassMutual nor any of its employees or representatives are authorized to give legal or tax advice. You must rely on the advice of your own independent tax counsel.

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