



# 2025 MYBenefits

EMPLOYEE ENROLLMENT GUIDE



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# Welcome to your 2025 Employee Benefits

Benefits are a valuable part of your compensation package. They can help protect important things like your income and your assets if you become sick or injured and can't work. Some insurance products can help pay for expenses that aren't covered by your health insurance, such as co-payments, deductibles, and other out-of-pocket expenses. Other plans can help your family deal with financial realities if you should pass away prematurely.

As your employer, we have made these valuable insurance products available to you and your family. The voluntary benefits described in this guide can build on the benefits already provided to employees, giving you the additional protection you and your family may need. Keep in mind that you may get more competitive rates when you buy through the workplace. We encourage you to take a look at the information in this guide so you can make informed choices about these benefits.

## Disclosure and Disclaimers

### **Active Employment**

You are considered in active employment, if on the day you apply for coverage, you are working the required minimum 30 hours each week, and you are also performing the material and substantial duties of your regular occupation, and for insurance purposes are considered full-time per the policy in the employee handbook.

### **Actively at Work**

Being actively at work means on the day you apply for coverage, you are working the required minimum hours each week. If you are applying for coverage on a day that is not one of your scheduled work days, then you will be considered actively at work if you meet this definition as of your last scheduled work day. Employees are not considered actively at work if their normal duties are limited or altered due to their health, or if they are on a leave of absence.

### **Additional Information**

This material is intended to be a brief description of the policy. The policy definitions, exclusions, and limitations will be used to determine actual benefit decisions. Product availability and provisions may vary by state. This health insurance information guide contains a description of group benefits offered by your employer. Nothing in this guide should be construed as creating any type of agency relationship or any other type of agreement between you and your employer. Your employer intends that the terms of this plan are legally enforceable and that the programs are maintained for the exclusive benefit of the employees covered under the Plan. Your employer reserves the right to change any of the benefits and contributions described in this guide.

This Benefit Guide was designed to help you better understand your benefits and benefit choices. The information in this guide is designed to provide a brief overview of your available coverage. In the event any provision benefit explanation

conflicts with the individual plan documents, the plan documents shall be controlling. For a full schedule of benefits and complete outline of coverage, please review your insurance certificate of coverage, policy, or summary plan description.

### **Women's Health and Cancer Rights Act Enrollment Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

### **Annual Notice**

The plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, protheses, and complications resulting from a mastectomy, including lymphedema.







Call Lauren Fulbright at 501-932-0050 for more information.

# Contacts

## Enrollment Specialists

Reliance Health Care Human Resources  
501-932-0050  
HR@reliancehealthcare.com

Echelon Insurance Group  
844-958-5061

	Customer Service - 866-576-7160 <a href="http://www.ahsplans.com">www.ahsplans.com</a>
	Customer Service - 888-679-3054 <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
	Policy Holder Support - 800-325-4368 <a href="http://www.coloniallife.com">www.coloniallife.com</a>
	Customer Service - 866-679-3054 <a href="http://www.unum.com">www.unum.com</a>
	Customer Service - 877-941-5956 <a href="http://www.consolidatedadmin.com">www.consolidatedadmin.com</a>
	<a href="http://www.heartland-rx.com/">http://www.heartland-rx.com/</a> Mail Order Contact: 501-904-4299

## COBRA

Consolidated Admin Services  
cobra@consolidatedadmin.com  
877-941-5956

# General Eligibility and Enrollment Information

## Eligibility

You are eligible to participate in the benefits program if you are a full-time employee working an average of 30 hours per week. You must maintain an average of 30 hours in order to continue benefits. If you aren't sure if you are eligible or have questions about maintaining your eligibility, please contact your Personnel Director.

## Dependents Eligible for Coverage

In most cases, eligible dependents include:

- Your legal spouse,
- Your dependent child(ren) who are under age 26
- Your dependent child(ren) who are age 26 or over, and who are incapable of self-sustaining employment by reason of mental incapacity or physical disability
- Dependent child(ren) are defined as your or your spouse's natural or legally adopted child(ren).
- To verify eligibility of newly added dependents, you may be requested to provide supporting documentation (i.e. birth certificate, marriage certificate).

## When is Coverage effective?

Coverage begins on the first day of the month following 59 days of full-time employment.

## Cafeteria Plan— Special Enrollment Notice

The benefits are covered under a cafeteria plan authorized by Section 125 of the Internal Revenue Code, which allows employees to elect benefits on a pre-tax basis. Pre-tax premiums reduce your taxable pay and your taxes. Changes to your benefit elections can only be made at the next open enrollment or if you experience a qualifying life event. A change in family status allows employees to add, change or drop coverage during the plan year due to the following reasons listed below (this is not all-inclusive):

- Marriage, Divorce, or Legal separation
- Death of a spouse or dependent child of the participant
- Birth or Adoption of a child
- Switching from Full-time to Part-time and vice versa
- Medicare eligibility
- Loss or gain of coverage
- Change in dependent employer contribution amount

Not all family status change events will allow the same election change for each benefit offered. Employees have 31 days from the date of change in family status to make changes to current plans. Generally, changes go into effect on the first day of the month following the completion of a life event in the benefit system. Please contact your Personnel Director if you have questions.

Benefits not covered by the Section 125 plan will follow the same enrollment rules as those covered.

## Confirming Your Choices

You are responsible for the benefit selections entered on the benefits website. It is very important that you confirm your selections prior to the end of the enrollment period and ensure that you print your confirmation page. The choices confirmed at the end of the enrollment period are the valid choices for the entire Plan Year. The confirmation statement does not guarantee your coverage with some benefit coverages that require additional information. If you have not completed and submitted additional forms that are required by some elections, the choices shown on the confirmation statement may not be valid.

Compare your paycheck stub with your confirmation statement. It is your responsibility to notify the Personnel Director or Administrator immediately if there is an error. Deductions should match the confirmed choices. Any changes to your benefit selections must be in accordance with IRS section 125.

## Rehires

Employees who are rehired within 30 days at the same facility will have coverage reinstated without a break in coverage. Employees hired or rehired within 13 weeks at any facility in the plan regardless of which facility will have coverage reinstated on the first day of the month following their date of rehire.

## When does Coverage end?

In the event you are no longer employed, all coverage ends the last day of the month. There are two exceptions—if your employment separates on the 1st, coverage ends the last day of the previous month. If your employment separates the 2nd-15th, Medical coverage only terminates on the 15th. For employees who change to part-time, coverage ends at the end of the stability period.

# Benefit Overview

Benefit	Carrier	Bi-weekly Employee Cost	Coverage Information
Medical Plan A	Access Health/Cigna	See Medical Cost Summary	Provides benefits for office visits, prescription drugs, and hospital services. Includes Telemedicine.
Medical Plan B	Access Health/Cigna	See Medical Cost Summary	Provides benefits for office visits, prescription drugs, and hospital visits.
Health Savings Account	Consolidated Admin	You choose your bi-weekly contribution.	Allows employees to contribute pre-tax dollars towards health care expenses.
Dental	MetLife	Employee \$12.01 Employee+Spouse \$24.02 Employee+Child(ren) \$25.92 Employee+Family \$32.60	Provides benefits for preventive services, restorative care, periodontics, root canals, and x-rays, including limited orthodontics coverage.
Vision	MetLife	Employee \$4.82 Employee+Spouse \$8.69 Employee+Child(ren) \$9.41 Employee+Family \$13.02	Provides Benefits for eye exams, lenses, frames, and/or contacts.
Life Insurance	Colonial Life	Rates vary based on coverage selected, age, and tobacco use	You can elect life coverage for you, your spouse, and your dependent children under age 26. All coverage is guaranteed issue.
Short-Term Disability	Colonial Life	Rates are based upon annual salary	Coverage of up to 60% of your weekly earnings. Benefit duration of up to 12 weeks.
Long-Term Disability	UNUM	Rates are based upon annual salary	Coverage of up to 60% of your weekly earnings after 90 days of disability.
Cancer Insurance	Colonial Life	Employee \$12.40 Employee+Spouse \$20.88 Employee+Child(ren) \$12.40 Employee+Family \$20.88	Pays directly to you, in addition to other coverage.
Critical Illness Insurance	Colonial Life	Rates vary based on coverage selected, age, and tobacco use	Pays directly to you, in addition to other coverage.
Hospital Indemnity	Colonial Life	Employee \$10.83 Employee+Spouse \$23.66 Employee+Child(ren) \$15.05 Employee+Family \$27.87	Pays directly to you, in addition to other coverage.
Accident Insurance	Colonial Life	Employee \$5.58 Employee+Spouse \$8.84 Employee+Child(ren) \$11.70 Employee+Family \$15.05	Pays directly to you, in addition to other coverage.

# Medical Plan Options

Your facility offers two medical plans to choose from. Both plans are administered by Access Health Services and utilize the Cigna network. For bi-weekly rate information, see you 2025 cost summary. Your employer believes both health plans provided to employees are a “non-grandfathered health plan” under th Patient Protection and Affordable Care Act (PPACA). Plan B meet the affordability provision under health care reform. Both Plan A and Plan B meet the minimum value requirements under health care reform. Both Medical Plans are compatible wih the Health Savings Account & Teledoc discussed on the following pages.

Benefit	Plan A		Plan B	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$2,600	\$5,200	\$7,000	\$14,000
Employee + 1 Child	\$3,700	\$7,400	n/a	n/a
Family	\$5,200	\$10,400	\$14,000	\$28,000
Out-of-Pocket Cost Calendar Year Max (includes deductible)				
Individual	\$6,000	\$10,000	\$7,000	Unlimited
Employee + 1 Child	\$9,000	\$15,000	n/a	n/a
Family	\$12,000	\$20,000	\$14,000	Unlimited
Coinsurance	None	20% after deductible	None	None
Lifetime Benefit Maximum	Unlimited		Unlimited	
Office Visits				
Primary Care Physician	Pays 100% after Deductible		Pays 100% after Deductible	
Specialist	Pays 100% after Deductible		Pays 100% after Deductible	
Preventive Care	Pays 100%		Pays 100%	
Emergency Medical Care				
Emergency Room	Pays 100% after Deductible		Pays 100% after Deductible	
Ambulance	Pays 100% after Deductible		Pays 100% after Deductible	
Hospital Services				
Inpatient Services	Pays 100% after Deductible		Pays 100% after Deductible	
Outpatient Services	Pays 100% after Deductible		Pays 100% after Deductible	
Pharmacy	Heartland Network and Mail order only *	Copay	Heartland Network and Mail order only *	Copay
	Generic Brand	\$15.00	Generic Brand	\$15.00
	Preferred Brand	10% discount before deductible \$30 copay after Deductible	Preferred Brand	10% discount before deductible. No copay after deductible.
	Non-Preferred Brand	10% discount before deductible \$45 copay after Deductible	Non-Preferred Brand	10% discount before deductible. No copay after deductible.
	Limited Network	Copay	Limited Network	Copay
	Generic Brand	\$30 after Deductible	Generic Brand	No copay after deductible.
	Preferred Brand	\$60 after Deductible	Preferred Brand	No copay after deductible.
	Non-Preferred Brand	\$90 after Deductible	Non-Preferred Brand	No copay after deductible.
	Non-Participating Network	Copay	Non-Participating Network	Copay
	Generic Brand	\$60 after Deductible	Generic Brand	No copay after deductible.
	Preferred Brand	\$120 after Deductible	Preferred Brand	No copay after deductible.
	Non-Preferred Brand	\$180 after Deductible	Non-Preferred Brand	No copay after deductible.

# Teledoc

Employees enrolled in either medical plan will have the benefit of Teledoc. Teledoc gives medical plan enrolled employees and any covered dependents access to telehealth doctors via phone, web, or mobile app for \$55 per visit.



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# Health Savings Account

**What is an HSA?** HSAs are an employer-sponsored benefit account for people with a qualified high deductible healthcare plan. Participants make pre-tax contributions into their account and use the funds for out-of-pocket eligible medical expenses for themselves and their dependents.

**How can it help me?** HSAs allow you to put pre-tax money into a savings account to be used for certain medical expenses. This gives you 3 tax savings benefits:

1. Contributions to the HSA are made before taxes, saving on Federal, State and FICA taxes.
2. Withdrawals for eligible medical expenses are tax free.
3. Account earnings (interest on the balance and investment income) are tax free.

**How do I access my funds?** You will receive a Debit Card that is linked to your HSA account. This is a limited-purpose Card which is coded for medical providers only. Swipe the card just as you would any credit card. Although you have an option to set a PIN, no PIN is required.

The card lets you cover expenses without having to pay out of pocket first and then wait for reimbursement. If your medical provider does not accept credit cards or for whatever reason you did not use your Debit Card to pay the expense, then you can submit a claim for reimbursement.

**How much can I contribute each year?** IRS limits for 2025.

**Individual**—\$4,300

**Family**—\$8,550

**HSA Catch-up contributions** (Age 55+) - \$1,000 in addition to the amount above.

## What are eligible expenses?

### Baby/Child to Age 13

- Lactation Consultant\*
- Lead-Based Paint Removal
- Special Formula\*
- Tuition: Special School/Teacher for Disability or Learning Disability
- Well Baby/Well Child Care

### Dental

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

### Eyes

- Eye Exams
- Eyeglasses and contact lenses
- Laser eye surgery
- Prescription Sunglasses
- Radial Keratotomy

### Hearing

- Hearing Aides and batteries
- Hearing Exams

### Lab Exams/Tests

- Blood Test and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

### Medical Equipment/Supplies

- Air Purification Equipment\*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment
- Hospital Beds
- Mattresses\*
- Medica Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes\*
- Oxygen\*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs\*

### Medical Procedures/Services

- Acupuncture
- Alcohol and Drug/Substance Abuse
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment\*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants
- Transportation\*

### Medications

- Insulin
- Prescription Drugs

### Obstetrics

- Breast Pumps and Lactation Supplies
- Doulas\*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees
- Pre-Postnatal Treatments

### Practitioners

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath\*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

### Therapy

- Alcohol and Drug addiction
- Counseling (not Marital or career)
- Exercise Programs\*
- Hypnosis
- Massage\*
- Occupational
- Physical
- Smoking Cessation Programs\*
- Speech
- Weight Loss Programs\*

# Dental Insurance

Your facility offers dental insurance through MetLife. The plan provides a high level of family benefits. You can get discounts on services offered by dentists who are members of MetLife's network.

Summary of Dental Benefits		
Benefit	Coverage	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Benefit Maximum		
Individual	\$1,000	Subject to Balance Billing
Family	\$3,000	
Covered Services		
Preventive Care (cleanings, x-rays, fluoride treatments, sealants)	100%	90%
Basic Services (lab tests, fillings, extractions, space maintainers, root canals, oral surgery, minor emergency treatment)	80%	80%
Major Services (non-surgical and surgical: crowns, bridges, dentures, inlays, posts, periodontics, implants, denture repair)	50%	40%
Child Orthodontia Rider (lifetime max per covered dependent is \$1000)	50%	50%
Additional Benefit		
Periodontal Benefits: Evidence Based Dentistry Benefit		Covers additional routine cleaning or periodontal maintenance (up to four per year) for covered members with diabetes, heart disease, who are pregnant, or have a history of periodontal disease. The additional benefit may not be combined by those with more than one of the above conditions.

Bi-weekly Rates			
Employee Only	Employee+Spouse	Employee+Child(ren)	Employee+Family
\$12.01	\$24.02	\$25.92	32.60

This is a brief description of the plan. Please refer to the actual plan documents or the plan administrator for more information.

# Vision Insurance

Your facility offers Vision insurance through MetLife. MetLife Vision will help you see well, stay healthy, and get the most out of life. MetLife utilizes the Superior Vision network.

## Summary of Vision Benefits

Benefit	Coverage	
	In-Network	Out-of-Network
Eye Examination	\$5	\$45 allowance after \$0 copay
Prescription Lenses		
Single vision lenses	\$5 copay	\$30 allowance
Lined bifocal vision lenses	\$5 copay	\$50 allowance
Lined trifocal vision lenses	\$5 copay	\$65 allowance
Lenticular lenses	\$5 copay	\$100 allowance
Frames	\$175 Allowance twice per year	
Contacts (in lieu of glasses)	\$175 allowance twice per year	



\* Eye exam, lenses, and frames every 12 months. \$175 allowance for contacts or frames. Up to 2 allowances per 12 months. Lasik for qualifiers (significant discounts).

## Bi-weekly Rates

Employee Only	Employee+Spouse	Employee+Child(ren)	Employee+Family
\$4.82	\$8.69	\$9.41	\$13.02

This is a brief description of the plan. Please refer to the actual plan documents or the plan administrator for more information.

# Life Insurance

Your facility offers Life insurance for you, your spouse and your dependent children under age 26. This coverage can be taken with you if your employment separates.

## How much coverage can you purchase?

**Employee:** As an employee, you are eligible to purchase up to 5x your salary in increments of \$10,000. The maximum coverage available is \$150,000. At age 70, a benefit reduction of 35% will occur. At age 75, an additional 15% reduction will occur.

**Spouse:** You can elect up to 100% of the employee's elected coverage in increments of \$5,000. The coverage cannot exceed \$50,000. Benefits are payable to you as the primary beneficiary. At age 70, a benefit reduction of 35% will occur. At age 75, an additional 15% reduction will occur.

**Child Life:** You can also elect coverage for your dependent child(ren) up to age 26, (provided they are unmarried and a full-time student) in increments of \$5,000, up to 100% of the employee's elected coverage. Coverage cannot exceed \$10,000. The maximum death benefit for a child between the ages of 1 day and 6 months is \$1,000. Benefits are payable to you as the primary beneficiary.

\* In order to purchase coverage for your spouse and/or child(ren), you must purchase coverage for yourself.

**Insurance Age:** Your rate is based on your insurance age, which is your age immediately prior to and including the anniversary/effective date.

## Other Information

### Guaranteed Issue:

- Employee coverage of up to 5x your salary, not to exceed \$150,000.
- Spouse coverage of up to \$50,000, not to exceed the elected employee coverage amount.
- Child Coverage of up to \$10,000, not to exceed the elected employee amount.

**AD&D:** This coverage includes Accidental Death and Dismemberment coverage.

### Additional Benefits:

- Survivor Financial Counseling
- Portability/Conversion
- Accelerated Benefit
- Waiver of Premium



This is a brief description of the plan. Please refer to the actual plan documents or the plan administrator for more information.

# Life Insurance Rates

## Bi-Weekly Rates—Includes AD&D

Employee - Non-Tobacco User										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
16 - 24	\$ 0.21	\$ 0.42	\$ 0.64	\$ 0.85	\$ 1.06	\$ 1.27	\$ 1.49	\$ 1.70	\$ 1.91	\$ 2.12
25 - 29	\$ 0.25	\$ 0.50	\$ 0.75	\$ 1.00	\$ 1.25	\$ 1.50	\$ 1.74	\$ 1.99	\$ 2.24	\$ 2.49
30 - 34	\$ 0.31	\$ 0.63	\$ 0.94	\$ 1.26	\$ 1.57	\$ 1.88	\$ 2.20	\$ 2.51	\$ 2.82	\$ 3.14
35 - 39	\$ 0.43	\$ 0.86	\$ 1.29	\$ 1.72	\$ 2.15	\$ 2.58	\$ 3.00	\$ 3.43	\$ 3.86	\$ 4.29
40 - 44	\$ 0.59	\$ 1.17	\$ 1.76	\$ 2.34	\$ 2.93	\$ 3.52	\$ 4.10	\$ 4.69	\$ 5.28	\$ 5.86
45 - 49	\$ 0.82	\$ 1.64	\$ 2.46	\$ 3.29	\$ 4.11	\$ 4.93	\$ 5.75	\$ 6.57	\$ 7.39	\$ 8.22
50 - 54	\$ 1.14	\$ 2.27	\$ 3.41	\$ 4.54	\$ 5.68	\$ 6.81	\$ 7.95	\$ 9.08	\$ 10.22	\$ 11.35
55 - 59	\$ 1.54	\$ 3.07	\$ 4.61	\$ 6.15	\$ 7.68	\$ 9.22	\$ 10.76	\$ 12.30	\$ 13.83	\$ 15.37
60 - 64	\$ 1.88	\$ 3.77	\$ 5.65	\$ 7.53	\$ 9.42	\$ 11.30	\$ 13.18	\$ 15.06	\$ 16.95	\$ 18.83
65 - 69	\$ 2.70	\$ 5.40	\$ 8.10	\$ 10.80	\$ 13.50	\$ 16.20	\$ 18.90	\$ 21.60	\$ 24.30	\$ 27.00
70 - 74	\$ 5.00	\$ 10.00	\$ 15.00	\$ 19.99	\$ 24.99	\$ 29.99	\$ 34.99	\$ 39.99	\$ 44.99	\$ 49.98
75+	\$ 15.36	\$ 30.71	\$ 46.07	\$ 61.42	\$ 76.78	\$ 92.13	\$ 107.49	\$ 122.84	\$ 138.20	\$ 153.55

Employee - Tobacco User										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
16 - 24	\$ 0.24	\$ 0.47	\$ 0.71	\$ 0.94	\$ 1.18	\$ 1.41	\$ 1.65	\$ 1.88	\$ 2.12	\$ 2.35
25 - 29	\$ 0.28	\$ 0.56	\$ 0.84	\$ 1.13	\$ 1.41	\$ 1.69	\$ 1.97	\$ 2.25	\$ 2.53	\$ 2.82
30 - 34	\$ 0.36	\$ 0.73	\$ 1.09	\$ 1.46	\$ 1.82	\$ 2.19	\$ 2.55	\$ 2.92	\$ 3.28	\$ 3.65
35 - 39	\$ 0.53	\$ 1.05	\$ 1.58	\$ 2.10	\$ 2.63	\$ 3.16	\$ 3.68	\$ 4.21	\$ 4.74	\$ 5.26
40 - 44	\$ 0.76	\$ 1.52	\$ 2.28	\$ 3.05	\$ 3.81	\$ 4.57	\$ 5.33	\$ 6.09	\$ 6.85	\$ 7.62
45 - 49	\$ 1.09	\$ 2.18	\$ 3.27	\$ 4.36	\$ 5.45	\$ 6.54	\$ 7.62	\$ 8.71	\$ 9.80	\$ 10.89
50 - 54	\$ 1.61	\$ 3.22	\$ 4.83	\$ 6.44	\$ 8.05	\$ 9.66	\$ 11.28	\$ 12.89	\$ 14.50	\$ 16.11
55 - 59	\$ 2.00	\$ 4.00	\$ 6.00	\$ 7.99	\$ 9.99	\$ 11.99	\$ 13.99	\$ 15.99	\$ 17.99	\$ 19.98
60 - 64	\$ 2.38	\$ 4.76	\$ 7.14	\$ 9.53	\$ 11.91	\$ 14.29	\$ 16.67	\$ 19.05	\$ 21.43	\$ 23.82
65 - 69	\$ 3.31	\$ 6.62	\$ 9.93	\$ 13.24	\$ 16.55	\$ 19.86	\$ 23.16	\$ 26.47	\$ 29.78	\$ 33.09
70 - 74	\$ 6.11	\$ 12.21	\$ 18.32	\$ 24.42	\$ 30.53	\$ 36.64	\$ 42.74	\$ 48.85	\$ 54.96	\$ 61.06
75+	\$ 17.53	\$ 35.06	\$ 52.59	\$ 70.12	\$ 87.65	\$ 105.18	\$ 122.70	\$ 140.23	\$ 157.76	\$ 175.29

Spouse										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
16 - 24	\$ 0.46	\$ 0.92	\$ 1.38	\$ 1.85	\$ 2.31	\$ 2.77	\$ 3.23	\$ 3.69	\$ 4.15	\$ 4.62
25 - 29	\$ 0.46	\$ 0.91	\$ 1.37	\$ 1.83	\$ 2.28	\$ 2.74	\$ 3.20	\$ 3.66	\$ 4.11	\$ 4.57
30 - 34	\$ 0.54	\$ 1.07	\$ 1.61	\$ 2.14	\$ 2.68	\$ 3.21	\$ 3.75	\$ 4.28	\$ 4.82	\$ 5.35
35 - 39	\$ 0.68	\$ 1.36	\$ 2.04	\$ 2.71	\$ 3.39	\$ 4.07	\$ 4.75	\$ 5.43	\$ 6.11	\$ 6.78
40 - 44	\$ 0.94	\$ 1.87	\$ 2.81	\$ 3.75	\$ 4.68	\$ 5.62	\$ 6.56	\$ 7.50	\$ 8.43	\$ 9.37
45 - 49	\$ 1.39	\$ 2.79	\$ 4.18	\$ 5.58	\$ 6.97	\$ 8.36	\$ 9.76	\$ 11.15	\$ 12.54	\$ 13.94
50 - 54	\$ 2.00	\$ 4.00	\$ 6.00	\$ 7.99	\$ 9.99	\$ 11.99	\$ 13.99	\$ 15.99	\$ 17.99	\$ 19.98
55 - 59	\$ 2.93	\$ 5.86	\$ 8.79	\$ 11.72	\$ 14.65	\$ 17.58	\$ 20.52	\$ 23.45	\$ 26.38	\$ 29.31
60 - 64	\$ 4.07	\$ 8.13	\$ 12.20	\$ 16.26	\$ 20.33	\$ 24.40	\$ 28.46	\$ 32.53	\$ 36.60	\$ 40.66
65 - 69	\$ 5.67	\$ 11.34	\$ 17.00	\$ 22.67	\$ 28.34	\$ 34.01	\$ 39.67	\$ 45.34	\$ 51.01	\$ 56.68
70 - 74	\$ 10.59	\$ 21.18	\$ 31.76	\$ 42.35	\$ 52.94	\$ 63.53	\$ 74.11	\$ 84.70	\$ 95.29	\$ 105.88
75+	\$ 32.41	\$ 64.82	\$ 97.23	\$ 129.64	\$ 162.05	\$ 194.46	\$ 226.86	\$ 259.27	\$ 291.68	\$ 324.09

Child(ren)		
Age	\$5,000	\$10,000
0-26	\$ 1.06	\$ 2.11

\* Benefit Amount Reduction will apply. \*\*Rates could be different due to rounding



# Short-Term Disability Insurance

Your facility offers short-term disability coverage through Colonial Life. If a covered accident or covered sickness prevents you from earning a paycheck, group short-term disability insurance can provide a monthly benefit to help you cover your ongoing expenses, often at a more reasonable rate than individual insurance.



## Frequently asked questions:

### What is the definition of total disability?

“Totally disabled” or “total disability” means you are unable to perform the material and substantial duties of your occupation, not working at any occupation, and under the regular and appropriate care of a physician.

### How does partial disability work?

If you are able to return to work part time after at least 14 days of being paid for a total disability, you may be able to still receive 50% of your total disability benefit.

### What is waiver of premium?

We will waive your premium payments after 90 consecutive days of a covered disability.

### What are the age guidelines to qualify for this coverage?

Coverage is available from ages 17 to 74.

### Can I keep my coverage if I change jobs or employers?

Through a feature called “portability,” you may be able to keep your coverage even if you change jobs. Talk with your benefits counselor for details.

### What happens if I am disabled while traveling outside of the country?

If you are disabled while outside of the United States, Canada or Mexico, you may receive benefits for up to 60 days before you have to return to the U.S. in order to continue receiving benefits.

## What will your bi-weekly cost be?

To get an idea of your bi-weekly cost, follow the calculation below.

Bi-weekly cost estimator:

$$\frac{\$ \text{Annual Salary}}{12} = \$ \text{Monthly Salary}$$

$$\frac{\$ \text{Monthly Salary}}{100} \times .60 = \$ \text{Monthly Benefit (60\%)}$$

$$\frac{\$ \text{Monthly Benefit Rounded Down To Nearest \$100}}{\# \text{ of Units}} \div 100 = \text{Monthly Premium}$$

$$\frac{\# \text{ of Units}}{1} \times \frac{\text{Age Rate}}{1} = \text{Monthly Premium} \times 12 \div 26 = \$ \text{Bi-weekly Premium}$$

Issue Age	Age Rate
17- 49	\$2.57
50 - 64	\$2.99
65 - 74	\$3.62

This is a brief description of the plan. Please refer to the actual plan documents or the plan administrator for more information.

# Long-Term Disability Insurance

Long Term Disability Insurance can replace part of your income if a disability keeps you out of work for a long period of time.

## How does it work?

This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

## Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

## What else is included?

### Work-life balance Employee Assistance Program

- Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

### Worldwide emergency travel assistance

- One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

### Survivor benefit

- If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

### Waiver of premium

- If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.



## What will your bi-weekly cost be?

To get an idea of your bi-weekly benefit and cost, follow the calculation below.

Bi-weekly cost estimator:

$$\frac{\$ \text{Annual Salary}}{52} \times .60 = \$ \text{Weekly Benefit}$$

$$\frac{\$ \text{Annual Salary}}{12} \times \text{Rate \%} = \$ \text{Monthly Premium}$$

$$\frac{\$ \text{Monthly Premium}}{26} = \$ \text{Bi-weekly cost}$$

Rate Table	
Age	Rate
<25	\$0.60
25-29	\$0.70
30-34	\$0.80
35-39	\$0.83
40-44	\$2.80
45-49	\$3.15
50-54	\$3.26
55-59	\$3.35
60-64	\$3.80
65-69	\$3.80
70+	\$3.80

This is a brief description of the plan. Please refer to the actual plan documents or the plan administrator for more information.

# Cancer Insurance

When a cancer diagnosis takes life on an unexpected turn, your focus should be on treatment and recovery — not finances. Colonial Life Group Cancer Insurance can help relieve the stress of financial worry by providing a lump-sum benefit payable directly to you to help cover any expenses.



Employee	Employee + Spouse	Employee + Child(ren)	Family
\$12.40	\$20.88	\$12.40	\$20.88

This is a brief description of the plan. Please refer to the actual plan documents or the plan administrator for more information.



# Critical Illness Insurance

When life takes an unexpected turn due to a critical illness diagnosis, your focus should be on recovery — not finances. Colonial Life group critical illness insurance helps provide financial support by providing a lump-sum benefit payable directly to you for your greatest needs.

Employee Age	\$10,000	\$20,000	\$30,000
	Employee	Employee	Employee
	Employee + Child (ren)	Employee + Child (ren)	Employee + Child (ren)
17- 24	\$0.37	\$0.74	\$1.11
25 - 29	\$0.46	\$0.92	\$1.38
30 - 34	\$0.65	\$1.29	\$1.94
35 - 39	\$1.02	\$2.03	\$3.05
40 - 44	\$1.71	\$3.42	\$5.12
45 - 49	\$2.68	\$5.35	\$8.03
50 - 54	\$3.74	\$7.48	\$11.22
55 - 59	\$5.49	\$10.98	\$16.48
60 - 64	\$7.71	\$15.42	\$23.12
65 - 69	\$10.75	\$21.51	\$32.26
70 - 74	\$14.68	\$29.35	\$44.03

Employee Age	\$10,000	\$20,000	\$30,000
	Employee + Spouse	Employee + Spouse	Employee + Spouse
	Family	Family	Family
17- 24	\$0.55	\$1.11	\$1.66
25 - 29	\$0.69	\$1.38	\$2.08
30 - 34	\$0.92	\$1.85	\$2.77
35 - 39	\$1.48	\$2.95	\$4.43
40 - 44	\$2.58	\$5.17	\$7.75
45 - 49	\$3.97	\$7.94	\$11.91
50 - 54	\$5.63	\$11.26	\$16.89
55 - 59	\$8.17	\$16.34	\$24.51
60 - 64	\$11.49	\$22.98	\$34.48
65 - 69	\$16.15	\$32.31	\$48.46
70 - 74	\$21.97	\$43.94	\$65.91

This is a brief description of the plan. Please refer to the actual plan documents or the plan administrator for more information.

# Hospital Indemnity Insurance

Group Medical Bridge insurance can help with medical costs associated with a hospital stay that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

## Hospital Confinement

**\$2,000 per day**

Maximum of one day per covered person per calendar year

## Waiver of Premium

Available after 30 continuous days of a covered confinement of the named insured

## Well Baby Hospital Confinement

**\$25 per day**

Maximum of five days per confinement per covered person

## Daily Hospital Confinement

**\$100 per day**

Maximum of 365 days per covered person per confinement. Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.

Bi-weekly Rates			
Employee Only	Employee+Spouse	Employee+Child(ren)	Employee+Family
\$10.83	\$23.66	\$15.05	\$27.87



This is a brief description of the plan. Please refer to the actual plan documents or the plan administrator for more information.

# Accident Insurance

If you are in an accident, your focus should be on recovery, not how you're going to pay your bills. Colonial Life accident insurance can pay benefits directly to you to use however you like — from medical costs to everyday expenses. Whether you've had a fall or a car accident, these benefits can offer financial support when you need it.

## Our Coverage Includes:

- Benefits payable directly to you
- No medical questions to qualify for coverage
- Coverage for simple and complex injuries
- Benefits payable regardless of other insurance
- Worldwide coverage
- Works alongside your Health Savings Account (HSA)



## Give Your Benefits A Boost

We know that more complicated or severe accidents result in more expensive medical bills and more disruption in your life.

Group Accident includes a Benefit Booster\* to provide additional financial support for serious accidents. If you have more than \$5,000 in payable benefits for a covered accident, we will give you a \$500 boost to your benefits to help you with whatever expenses you have.

\*Payable once per Insured per covered accident

Bi-weekly Rates			
Employee Only	Employee+Spouse	Employee+Child(ren)	Employee+Family
\$10.83	\$23.66	\$15.05	\$27.87

This is a brief description of the plan. Please refer to the actual plan documents or the plan administrator for more information.

# Employee Assistance and Life Planning

The Employee Assistance Program (EAP) and Life Planning Services from Health Advocate offer a wide range of support that can help you with life's challenges at home and work. These benefits are available to you with Colonial Life Group Term Life Insurance.

## More Options to Get Support

Health Advocate EAP provides 24-hour confidential counseling\* and resources with unlimited phone support, online chat and up to three face-to-face sessions for a variety of personal and work issues, such as:

- Stress, anxiety and depression
- Substance dependency/addiction
- Child care, camps and after-school care
- Grief and loss
- Special needs services
- Identity theft resources
- Retirement planning
- Staying healthy

## Expert Support on Medical Expenses

Get help in navigating your medical and dental out-of-pocket expenses with Medical Bill Saver®, another Health Advocate EAP resource. Medical Bill Saver can help:

- Negotiate out-of-pocket medical and dental costs over \$400
- Provide a Savings Results Statement summarizing the outcome
- Explain how to maximize your savings and get the most value from your benefits

## Life Planning Services

Health Advocate Life Planning Services can help ease the burden on families with a terminally ill employee, spouse or designated beneficiary. This service offers financial and legal counseling for up to 12 months, including:

- Impartial, confidential consultations
- A Life Planning Resource Guide with decisions checklist and basics on settling an estate
- Legal and financial counseling on dealing with creditors and financial changes
- Tips and downloadable forms relating to wills, estates, survivor benefits and budgeting



This is a brief description of the plan. Please refer to the actual plan documents or the plan administrator for more information.

# PREFERRED PHARMACIES



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- Free Mail Order
- Specialty Medications
- Drive-Thru
- Compounding
- Compliance Packaging

#### **Heartland Pharmacy Fayetteville**

1450 East Zion Road, Suite 1  
Fayetteville, Arkansas 72703  
Phone | 479 - 444 - 7200  
Fax | 479 - 444 - 7205

#### **Heartland Pharmacy Springdale**

701 S Thompson St  
Springdale, Arkansas 72764  
Phone | 479 - 751- 2072  
Fax | 479 - 751 - 2341

#### **Heartland Pharmacy Rogers**

1735 W Walnut St  
Rogers, Arkansas 72756  
Phone | 479 - 631- 0204  
Fax | 479 - 631 - 0214

#### **Heartland Pharmacy Bentonville**

2805 SW 14th St. St# 11  
Bentonville, AR 72172  
Phone | 479 - 448 - 4343  
Fax | 888 - 622 - 9630

#### **Heartland Pharmacy Mansfield**

607 Hwy 71 East, Suite B  
Mansfield, AR 72944  
Phone | 479 - 269 - 6161  
Fax | 479 - 269 - 6052

#### **Heartland Pharmacy Little Rock**

11414 W Markham St, Ste D  
Little Rock, AR 72211  
Phone | 501 - 904 - 4299  
Fax | 501 - 904 - 4298

#### **Heartland Pharmacy Gentry**

560 S Gentry Blvd  
Gentry, AR 72734  
Phone | 479 - 525 - 6200  
Fax | 479 - 525 - 6168

#### **Heartland Pharmacy Cabot**

2006 S Pine Ste A  
Cabot, AR 72023  
Phone | 501 - 941 - 4400  
Fax | 501 - 941 - 4430

#### **Heartland Pharmacy Conway**

2235 Dave Ward Drive, Ste 108  
Conway, AR 72034  
Phone | 501 - 450 - 0000  
Fax | 501 - 450 - 6433

#### **Heartland Pharmacy Mountain Home**

200 E 7th St  
Mountain Home, AR 72653  
Phone | 870 - 425 - 2221  
Fax | 870 - 424 - 3332

#### **Heartland Pharmacy Arkadelphia**

102 N 27th St.  
Arkadelphia, AR 71923  
Phone | 870 - 464 - 9560  
Fax | 870 - 464 - 9561



# **HEARTLAND** AUTOMOTIVE

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#### **HEARTLAND CHEVROLET BUICK GMC**

2190 US HIGHWAY 165 W  
ENGLAND, AR 72046  
HEARTLANDCHEVROLETGMC.COM

#### **HEARTLAND FORD**

1810 HIGHWAY 25B NORTH  
HEBER SPRINGS, AR 72543  
HEARTLANDFORD.COM

#### **HEARTLAND CHRYSLER DODGE JEEP RAM**

1110 FALLS BLVD N  
WYNNE, AR 72396-1605  
HEARTLANDCHRYSLERJEEP.COM

# HIPAA Notice

**Reliance Health Care, Inc.**  
**Plan Administrator**  
**824 Salem Road, Suite 210**  
**Conway, AR 72034**  
**Privacy Officer – Gayle Hughes 501-932-0050**  
**GHughes@rhcm.com**

## **Your Information. Your Rights. Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Your Rights**

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

#### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information above.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

# HIPAA Notice

In these cases we *never* share your information unless you give us written permission (to include psychotherapy notes):

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
  - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
  - We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Notice is effective 09/20/2013.