

# UNITED APARTMENT GROUP

## EMPLOYEE BENEFITS GUIDE



Health Insurance



Disability Insurance



Accident Insurance



Long-term Care



Vision Care Insurance



Health Insurance



Dental Insurance



Income Protection



Children's Health Insurance



Prescription Drug Coverage



Health Insurance Policy



Cancer Insurance



Individual & Family Health Protection



Critical Illness Insurance



Accidental Death & Dismemberment



Hospital Indemnity Insurance



We strive to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Employee Benefit Guide.

The Employee Benefits Guide is designed to outline all of the different benefits offered to you as an employee, so you can identify which benefits are best for you and your family.

## **STAY HEALTHY**

- **Medical**
- **Care24 Services**
- **Dental**
- **Vision**

## **FEELING SECURE**

- **80% AD&D**
- **Voluntary Life AD&D**
- **† Voluntary Short Term Disability**
- **† Voluntary Long Term Disability**
- **Employee Assistance Program**
- **Flexible Spending Account**
- **Pet Insurance**
- **Legal Plan**
- **Voluntary Accident, Critical Illness and Cancer**
- **401(k)**
- **529 College Savings Plan**

# Carrier Contact Information

| Medical                     | Group Life AD&D                                  | Voluntary Life AD&D |
|-----------------------------|--|---------------------|
| Carrier Name/Policy Number: | United HealthCare / 00913306                     |                     |
| Customer Service Number:    | 866-633-2446                                     |                     |
| Web-Site:                   | <a href="http://www.myuhc.com">www.myuhc.com</a> |                     |

| Dental                      | Voluntary Short Term Disability                      |
|-----------------------------|--|
| Vision                      | Voluntary Long Term Disability                       |
| Carrier Name/Policy Number: | MetLife / 5365100                                    |
| Customer Service Number:    | 800-942-0854   |
| Web-Site:                   | <a href="http://www.metlife.com">www.metlife.com</a> |

| eFlexgroup, a Tasc Division |  |
|-----------------------------|--|
| Carrier Name:               | eFlex  |
| Customer Service Number:    | 877-933-3539   |
| Web-Site:                   | <a href="http://www.eflexgroup.com">www.eflexgroup.com</a> |

| Pet Insurance            | Legal Plan   |  |
|--------------------------|--|--|
| Carrier Name:            | American Modern Home Ins.                              | MetLife / 166460                                     |
| Contact:                 | Elvi Garcia  |  |
| Customer Service Number: | 210-477-7797   | 800-438-6388   |
| Email:                   | <a href="mailto:egarcia@swbc.com">egarcia@swbc.com</a> | <a href="http://www.metlife.com">www.metlife.com</a> |

| SWBC PEO Services        |  |
|--------------------------|--|
| SWBC PEO:                | Benefits Department  |
| Customer Service Number: | 877-704-0454   |
| Service Team:            | <a href="mailto:PEO-Benefits@swbc.com">PEO-Benefits@swbc.com</a> |

No warranty or representation, expressed or implied is made as to the accuracy of the information contained herein, and same information is submitted subject to errors, omission, change of price, or other conditions, withdrawal without notice, and to any special conditions imposed by our principals. THIS IS ONLY A SUMMARY OF BENEFITS; PLEASE REFER TO YOUR PLAN DOCUMENT FOR ALL PLAN DESCRIPTION INCLUDING EXCLUSIONS AND LIMITATIONS.

## WHO IS ELIGIBLE?

If you are a full-time employee, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, family members are eligible for medical, dental and vision coverage. Dependent children will be eligible for coverage up to the attained age of 26.

## HOW TO ENROLL

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

## WHEN WILL MY COVERAGE BE EFFECTIVE?

As a new hire, you will be eligible for benefits the **1st of the month following 60 days** from the date of hire. Your benefit elections will need to be made within 30 days of your eligible effective date.

As an existing employee, the benefits you chose during open enrollment will become effective **December 1, 2019.**

## HOW TO MAKE CHANGES

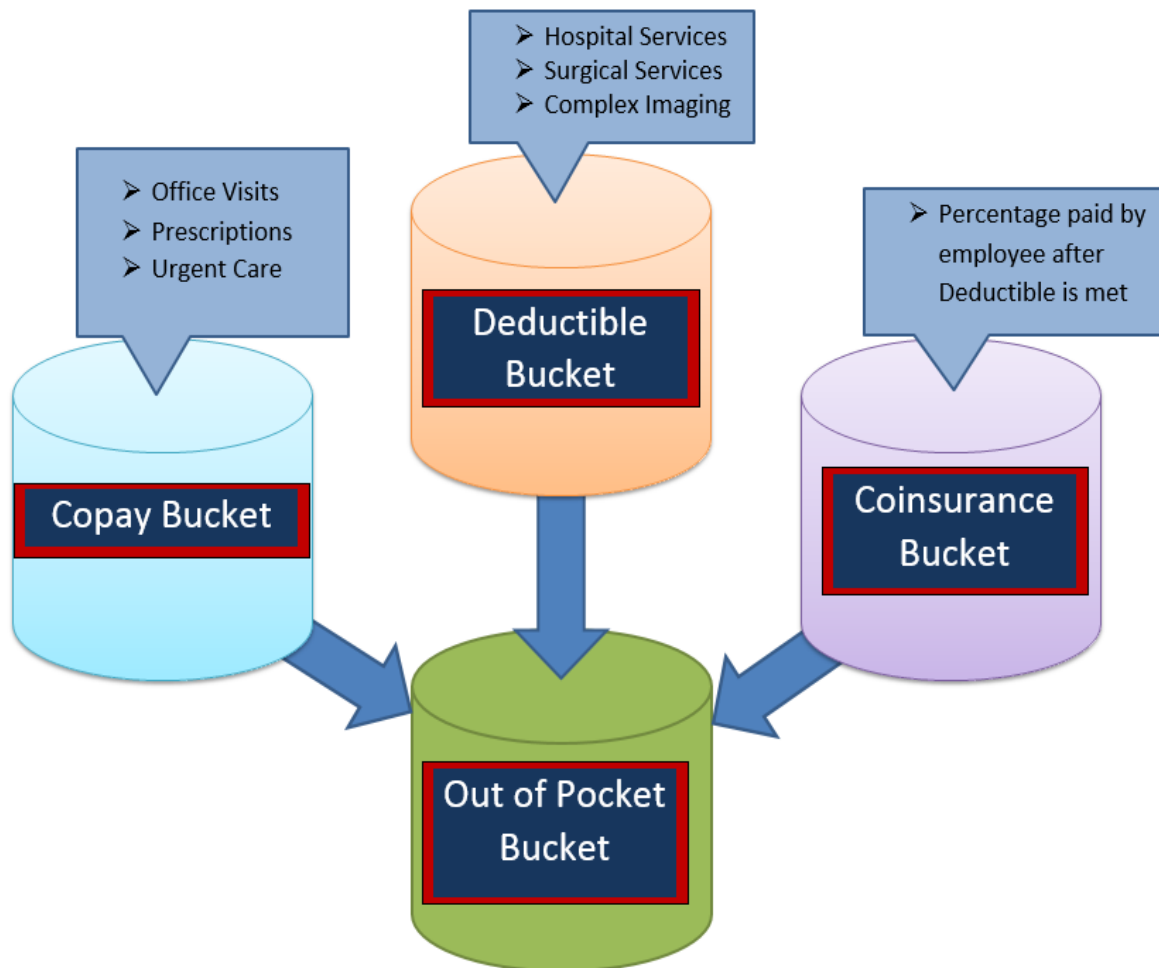
Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.

Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

**IMPORTANT:** You must notify SWBC PEO of any changes within 30 days of your Qualifying Event.

# Understanding your benefits



## Please Note:

Once you have met your Out of Pocket expense, your benefits will be paid at 100%.

## Medical Insurance United HealthCare

**United Apartment Group's** medical coverage helps you maintain your well-being through preventive care and access to an extensive network of providers, as well as affordable prescription medication. It is up to you to choose the plan that best matches your needs. Please keep in mind that the option you elect will be in place from **December 01, 2019 - November 30, 2020**, unless you have a Qualifying Life Event.

**NOT AVAILABLE IN THE FOLLOWING STATES: AL, AR, AZ, HI, KS, LA, MN, MS, MT, NC, NM, OR, OK**

| NETWORK BENEFITS  | Base EPO Plan<br>Choice Network - AN-DQ/454 | Middle PPO Plan<br>Choice+ Network - BCZB  | Buy Up PPO Plan<br>Choice+ Network - BCYG |
|---|---|--|---|
| <b>Calendar Year Deductible</b>   |   |  |   |
| Individual  | \$3,000                                     | \$3,000                                    | \$2,500                                   |
| Family  | \$6,000                                     | \$9,000                                    | \$5,000                                   |
| <b>Coinsurance</b>  | <b>20%</b>                                  | <b>0%</b>                                  | <b>20%</b>                                |
| <b>Total Annual Out of Pocket Expenses</b> (Includes deductible & copays) |   |  |   |
| Individual  | \$ 6,500                                    | \$6,350                                    | \$6,000                                   |
| Family  | \$13,000                                    | \$12,700                                   | \$12,000                                  |
| <b>Preventive Care</b>  | <b>No Charge</b>                            | <b>No Charge</b>                           | <b>No Charge</b>                          |
| <b>Office Visit</b>   |   |  |   |
| Primary Care Physician  | \$0 copay                                   | \$45 copay                                 | \$30 copay                                |
| Specialist  | \$100 copay                                 | \$90 copay                                 | \$60 copay                                |
| <b>Urgent Care</b>  | \$50 copay                                  | \$100 copay                                | \$75 copay                                |
| <b>Emergency Room</b>   | 20% after \$250 copay plus deductible       | \$400 copay                                | 20% after \$250 copay                     |
| <b>Inpatient / Outpatient Hospitalization</b>                             | 20% after Deductible                        | \$250 copay per occurrence plus deductible | 20% after Deductible                      |
| <b>Advanced Imaging (MRI, PET, CAT, etc.)</b>                             | 20% after Deductible                        | 0% after Deductible                        | 20% after Deductible                      |
| <b>Prescription Drug Coverage</b>   |   |  |   |
| Tier 1  | \$0   | \$10                                       | \$10                                      |
| Tier 2  | \$50  | \$35                                       | \$35                                      |
| Tier 3  | \$100 after \$250 Deductible                | \$60                                       | \$60                                      |
| Tier 4  | \$250 after \$250 Deductible                | n/a  | n/a                                       |
| <b>OUT OF NETWORK BENEFITS</b>  |   |  |   |
| <b>Calendar Year Deductible</b>   |   |  |   |
| Individual  | No Coverage                                 | \$5,000                                    | \$5,000                                   |
| Family  |   | \$15,000                                   | \$10,000                                  |
| <b>Coinsurance</b>  | <b>No Coverage</b>                          | <b>30%</b>                                 | <b>50%</b>                                |
| <b>Total Annual Out of Pocket Expenses</b> (Includes deductible & copays) |   |  |   |
| Individual  | No Coverage                                 | \$10,000                                   | \$10,000                                  |
| Family  |   | \$30,000                                   | \$20,000                                  |
| <b>Emergency Room</b>   | 20% after \$250 copay plus ded              | \$400 copay                                | 20% after \$250 copay                     |
| <b>Cost Per Pay Period With No Wellness Form</b>                          | <b>Base Plan</b>                            | <b>Middle Plan</b>                         | <b>Buy Up Plan</b>                        |
| Employee Only   | \$81.13                                     | \$124.45                                   | \$145.76                                  |
| Employee + Spouse   | \$343.38                                    | \$426.47                                   | \$467.35                                  |
| Employee + Child(ren)   | \$291.48                                    | \$366.70                                   | \$403.71                                  |
| Employee + Family   | \$568.30                                    | \$685.50                                   | \$743.16                                  |
| <b>Cost Per Pay Period With Wellness Form</b>                             | <b>Base Plan</b>                            | <b>Middle Plan</b>                         | <b>Buy Up Plan</b>                        |
| Employee Only   | \$50.63                                     | \$93.95                                    | \$115.26                                  |
| Employee + Spouse   | \$312.88                                    | \$395.97                                   | \$436.85                                  |
| Employee + Child(ren)   | \$260.98                                    | \$336.20                                   | \$373.21                                  |
| Employee + Family   | \$537.80                                    | \$655.00                                   | \$712.66                                  |

## Medical Insurance United HealthCare

El seguro medico de United Apartment Group le ayuda a usted a mantener su salud con beneficios preventivos y acceso a red de proveedores, al igual que recetas de medicamentos a buen precio. Le toca a usted elegir un plan que mejor satisfaga sus necesidades. Por favor mantenga en mente que los beneficios que escoje seran validos del **1ro de Diciembre, 2019 a el 30 de Noviembre, 2020**. Almenos que tena un evento calificado especial.

**NO DISPONIBLE EN LOS SIGUIENTES ESTADOS: AL, AR, AZ, HI, KS, LA, MN, MS, MT, NC, NM, OR, OK**

| NETWORK BENEFITS  | Base EPO Plan<br>Choice Network - AN-DQ/454   | Middle PPO Plan<br>Choice+ Network - BCZB             | Buy Up PPO Plan<br>Choice+ Network - BCYG |
|---|---|---|---|
| <b>Deducible por año</b><br>Individual<br>Familia                                       | \$3,000<br>\$6,000  | \$3,000<br>\$9,000                                    | \$2,500<br>\$5,000                        |
| <b>Coasegurado</b>  | <b>20%</b>  | <b>0%</b>   | <b>20%</b>                                |
| <b>El maximo anual de su bolsillo</b> (incluyendo sus copagos)<br>Individual<br>Familia | \$ 6,500<br>\$13,000  | \$6,350<br>\$12,700                                   | \$6,000<br>\$12,000                       |
| <b>Beneficios Preventivos</b>   | <b>Sin Costo</b>  | <b>Sin Costo</b>                                      | <b>Sin Costo</b>                          |
| <b>Consulta Medica</b><br>Consulta con Doctor Principal<br>Consulta con un Especialista | \$0 copago<br>\$100 copago  | \$45 copago<br>\$90 copago                            | \$30 copago<br>\$60 copago                |
| <b>Centro de Atencion de Urgencia</b>   | \$50 copago   | \$100 copago  | \$75 copago                               |
| <b>Sala de Emergencia</b>   | 20% despues de \$250 de copago  | \$400 copago  | 20% despues \$250 de copago               |
| <b>Pacientes Hospitalizados / Pacientes Ambulatorios</b>                                | 20% despues del Deducible   | \$250 copago por cada visita<br>despues del deducible | 20% despues del Deducible                 |
| <b>Imagenes Avanzadas (MRI, PET, CAT, etc.)</b>   | 20% despues del Deducible   | 0% despues del Deducible                              | 20% despues del Deducible                 |
| <b>Beneficios de Medicamentos</b><br>Nivel 1<br>Nivel 2<br>Nivel 3<br>Nivel 4           | \$0<br>\$50<br>\$100 despues de \$250 Deducible<br>\$250 despues de \$250 Deducible | \$10<br>\$35<br>\$60<br>n/a                           | \$10<br>\$35<br>\$60<br>n/a               |
| <b>Beneficios Fuera de la Red</b>   |   |   |   |
| <b>Deducible por año</b><br>Individual<br>Familia                                       | No hay covertura  | \$5,000<br>\$15,000                                   | \$5,000<br>\$10,000                       |
| <b>Coasegurado</b>  | <b>No hay covertura</b>   | <b>30%</b>  | <b>50%</b>                                |
| <b>El maximo anual de su bolsillo</b> (incluyendo sus copagos)<br>Individual<br>Familia | No hay covertura  | \$10,000<br>\$30,000                                  | \$10,000<br>\$20,000                      |
| <b>Sala de Emergencia</b>   | 20% despues de \$250<br>copago + deducible  | \$400 copago  | 20% after \$250 copago                    |
| <b>Costo por cheque de pago SIN Forma de Bienestar de Salud</b>                         | <b>PLAN BASICO</b>  | <b>PLAN MEDIANO</b>                                   | <b>PLAN MAJOR</b>                         |
| Empleado Solo   | \$81.13   | \$124.45  | \$145.76                                  |
| Empleado + Esposo(a)  | \$343.38  | \$426.47  | \$467.35                                  |
| Empleado + Hijo(s)  | \$291.48  | \$366.70  | \$403.71                                  |
| Empleado + Familia  | \$568.30  | \$685.50  | \$743.16                                  |
| <b>Costo por cheque de pago CON Forma de Bienestar de Salud</b>                         | <b>Base Plan</b>  | <b>Middle Plan</b>                                    | <b>Buy Up Plan</b>                        |
| Empleado Solo   | \$50.63   | \$93.95   | \$115.26                                  |
| Empleado + Esposo(a)  | \$312.88  | \$395.97  | \$436.85                                  |
| Empleado + Hijo(s)  | \$260.98  | \$336.20  | \$373.21                                  |
| Empleado + Familia  | \$537.80  | \$655.00  | \$712.66                                  |

**El costo refleja una contribucion de \$409.00 sin la forma de Bienestar de Salud y contribuciones de \$470.00 cuando recibimos la forma de Bienestar de Salud**

## Medical Insurance United HealthCare

**United Apartment Group's** medical coverage helps you maintain your well-being through preventive care and access to an extensive network of providers, as well as affordable prescription medication. It is up to you to choose the plan that best matches your needs. Please keep in mind that the option you elect will be in place from **December 01, 2019 - November 30, 2020**, unless you have a Qualifying Life Event.

**PLANS ARE ONLY AVAILABLE IN THE FOLLOWING STATES: AL, AR, AZ, HI, KS, LA, MN, MS, MT, NC, NM, OR, OK**

| NETWORK BENEFITS  | Base PPO Plan<br>Choice Network - AN-DK/454 | Middle PPO Plan<br>Choice+ Network - BCZB  | Buy Up PPO Plan<br>Choice+ Network - BCYG |
|---|---|--|---|
| <b>Calendar Year Deductible</b>   |   |  |   |
| Individual  | \$3,000                                     | \$3,000                                    | \$2,500                                   |
| Family  | \$6,000                                     | \$9,000                                    | \$5,000                                   |
| <b>Coinsurance</b>  | <b>20%</b>                                  | <b>0%</b>                                  | <b>20%</b>                                |
| <b>Total Annual Out of Pocket Expenses</b> (Includes deductible & copays) |   |  |   |
| Individual  | \$ 6,500                                    | \$6,350                                    | \$6,000                                   |
| Family  | \$13,000                                    | \$12,700                                   | \$12,000                                  |
| <b>Preventive Care</b>  | <b>No Charge</b>                            | <b>No Charge</b>                           | <b>No Charge</b>                          |
| <b>Office Visit</b>   |   |  |   |
| Primary Care Physician  | \$0 copay                                   | \$45 copay                                 | \$30 copay                                |
| Specialist  | \$100 copay                                 | \$90 copay                                 | \$60 copay                                |
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| <b>Emergency Room</b>   | 20% after \$250 copay plus deductible       | \$400 copay                                | 20% after \$250 copay                     |
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| Tier 1  | \$0   | \$10                                       | \$10                                      |
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| <b>OUT OF NETWORK BENEFITS</b>  |   |  |   |
| <b>Calendar Year Deductible</b>   |   |  |   |
| Individual  | \$10,000                                    | \$5,000                                    | \$5,000                                   |
| Family  | \$20,000                                    | \$15,000                                   | \$10,000                                  |
| <b>Coinsurance</b>  | <b>No Coverage</b>                          | <b>30%</b>                                 | <b>50%</b>                                |
| <b>Total Annual Out of Pocket Expenses</b> (Includes deductible & Copays) |   |  |   |
| Individual  | \$20,000                                    | \$10,000                                   | \$10,000                                  |
| Family  | \$40,000                                    | \$30,000                                   | \$20,000                                  |
| <b>Emergency Room</b>   | 20% after \$250 copay plus deductible       | \$400 copay                                | 20% after \$250 copay                     |
| <b>Cost Per Pay Period With No Wellness Form</b>                          | <b>Base Plan</b>                            | <b>Middle Plan</b>                         | <b>Buy Up Plan</b>                        |
| Employee Only   | \$81.13                                     | \$124.45                                   | \$145.76                                  |
| Employee + Spouse   | \$343.38                                    | \$426.47                                   | \$467.35                                  |
| Employee + Child(ren)   | \$291.48                                    | \$366.70                                   | \$403.71                                  |
| Employee + Family   | \$568.30                                    | \$685.50                                   | \$743.16                                  |
| <b>Cost Per Pay Period With Wellness Form</b>                             | <b>Base Plan</b>                            | <b>Middle Plan</b>                         | <b>Buy Up Plan</b>                        |
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| Employee + Spouse   | \$312.88                                    | \$395.97                                   | \$436.85                                  |
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**SOLO DISPONIBLE EN LOS SIGUIENTES ESTADOS: AL, AR, AZ, HI, KS, LA, MN, MS, MT, NC, NM, OR, OK**

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|---|---|---|---|
| <b>Deducible por año</b><br>Individual<br>Familia                                       | \$3,000<br>\$6,000  | \$3,000<br>\$9,000                                    | \$2,500<br>\$5,000                            |
| <b>Coasegurado</b>  | <b>20%</b>  | <b>0%</b>   | <b>20%</b>                                    |
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| <b>Beneficios Preventivos</b>   | <b>Sin Costo</b>  | <b>Sin Costo</b>                                      | <b>Sin Costo</b>                              |
| <b>Consulta Medica</b><br>Consulta con Doctor Principal<br>Consulta con un Especialista | \$0 copago<br>\$100 copago  | \$45 copago<br>\$90 copago                            | \$30 copago<br>\$60 copago                    |
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| <b>Sala de Emergencia</b>   | 20% despues de \$250 de copago  | \$400 copago  | 20% despues \$250 de copago                   |
| <b>Pacientes Hospitalizados / Pacientes Ambulatorios</b>                                | 20% despues del Deducible   | \$250 copago por cada visita<br>despues del deducible | 20% despues del Deducible                     |
| <b>Imagenes Avanzadas (MRI, PET, CAT, etc.)</b>   | 20% despues del Deducible   | 0% despues del Deducible                              | 20% despues del Deducible                     |
| <b>Beneficios de Medicamentos</b><br>Nivel 1<br>Nivel 2<br>Nivel 3<br>Nivel 4           | \$0<br>\$50<br>\$100 despues de \$250 Deducible<br>\$250 despues de \$250 Deducible | \$10<br>\$35<br>\$60<br>n/a                           | \$10<br>\$35<br>\$60<br>n/a                   |
| <b>Beneficios Fuera de la Red</b>   |   |   |   |
| <b>Deducible por año</b><br>Individual<br>Familia                                       | No hay covertura  | \$5,000<br>\$15,000                                   | \$5,000<br>\$10,000                           |
| <b>Coasegurado</b>  | <b>No hay covertura</b>   | <b>30%</b>  | <b>50%</b>                                    |
| <b>El maximo anual de su bolsillo (incluyendo sus copagos)</b><br>Individual<br>Familia | No hay covertura  | \$10,000<br>\$30,000                                  | \$10,000<br>\$20,000                          |
| <b>Sala de Emergencia</b>   | 20% after \$250 copay plus ded  | \$400 copay   | 20% after \$250 copay                         |
| <b>Costo por cheque de pago SIN Forma de Bienestar de Salud</b>                         | <b>PLAN BASICO</b>  | <b>PLAN MEDIANO</b>                                   | <b>PLAN MAJOR</b>                             |
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| <b>Costo por cheque de pago CON Forma de Bienestar de Salud</b>                         | <b>Base Plan</b>  | <b>Middle Plan</b>                                    | <b>Buy Up Plan</b>                            |
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**El costo refleja una contribucion de \$409.00 sin la forma de Bienestar de Salud y contribuciones de \$470.00 cuando recibimos la forma de Bienestar de Salud**

## Register for myuhc.com and download the UnitedHealthcare Health4Me® mobile app

Use **myuhc.com** to find tools and information to help you manage your health and benefits.

- Find a doctor or facility that is part of your plan's network
- Find a network pharmacy and covered prescriptions
- Track claims and expenses for your family
- Plan ahead for tests and treatments
- Stay on top of your medical history
- Get tips to help improve your health



### Registration is quick and simple.

- 1 Go to **myuhc.com**.
- 2 Click on **Register Now**. You'll need your ID card, or you can use your Social Security number and date of birth to register.
- 3 Follow the step-by-step instructions.

### Download our Health4Me mobile app to your Apple® or Android® smartphone or tablet, and you can:

- Find nearby doctors
- Manage prescriptions and find pharmacies
- View, sort and pay claims
- Estimate costs of common procedures and conditions
- See your account balance
- Pull up an image of your ID card
- Track your physical activity, including wirelessly connecting to a Fitbit® device



Health4Me

# Complete Healthy behaviors and be rewarded.



Health Actions



Rewards

SimplyEngaged is an innovative incentive program that may help you and your covered spouse meet personal health and wellness goals. Through this program, you can learn how to make more informed health care decisions, create a personalized action plan and complete specific health actions — all while getting rewarded along the way.

## How to earn and access rewards.

Access [myuhc.com](https://myuhc.com)® and find the SimplyEngaged Reward Program in Rally®, a user-friendly digital experience that supports your engagement throughout your health journey.

You can earn up to \$200¹ by completing any combination of activities below:

| Health Action             | Reward                 | Description   |
|---------------------------|------------------------|---|
| Health Survey             | \$25 + Rally Coins     | Complete this Health Survey to earn rewards and get your Rally Age <sup>SM</sup> . This Rally Age which helps you assess your current health and how it compares to your actual age. The Health Survey includes feedback and recommendations to help you set goals that may be important to you.  |
| Biometric Screening       | \$75 + Rally Coins     | Participate in a confidential screening to earn rewards and learn more about your important health numbers (total cholesterol, body mass index, blood pressure and blood sugar).<br><b>Complete one of three options:</b><br>1. Employer onsite event (if available).²<br>2. Doctor's office or convenience care clinic. (Provider must complete a Provider Results Form.)<br>3. Participating Quest Diagnostics <sup>TM</sup> provider. (Provider must complete a Lab Screening Form.) |
| Missions³                 | \$50 + Rally Coins     | Complete at least three Missions to earn rewards. After finishing your Health Survey, Rally will suggest Missions based on your survey results to help you meet your personal goals and health needs. <b>Note:</b> Missions may take up to four weeks to complete.  |
| Health Coaching           | \$75 + Rally Coins     | Work one-on-one with a health coach to complete a specific program. Coaches are here to help you lose weight, eat healthier, handle stress or manage a health condition. Enroll early; some programs may take up to 12 weeks to complete. To join, call <b>1-800-478-1057</b> .   |
| Fitness Action            | \$20/mo. + Rally Coins | Earn a monthly reward when you visit a participating fitness center or local YMCA® at least 12 times per month. Register by selecting a fitness location online and providing the center with your program activity code. Your attendance will be tracked every time you go to the gym.   |
| Health Care Cost Estimate | \$25 + Rally Coins     | Perform a cost estimate for a condition, treatment or procedure to earn your reward. You'll get estimates for health care costs to help you make more informed decisions and help avoid any surprises.  |

## Maximum Incentive:

\$200 per person (employees and covered spouses or domestic partners).⁴

CONTINUED

# A new interactive experience makes managing your health easy and fun

Introducing Rally<sup>SM</sup>, brought to you by UnitedHealthcare



Introducing an easier way for you to eat better, move more, be more informed and get started on personal Missions to help improve your health.

Rally is a user-friendly digital experience on **myuhc.com**<sup>®</sup> that will engage you in a new way by using technology, gaming and social media to help you understand, learn and support you on your health journey.

## What Is Rally?

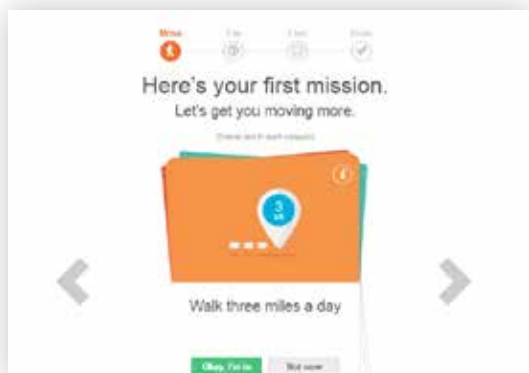
With the online Rally Health Survey, personalized Missions, rewards and connections to wearables like Fitbit<sup>®</sup>, Jawbone<sup>®</sup> and more, we make it easier for you to get motivated to be healthier. When you sign up for Rally, the first thing you'll learn is your Rally Health Age, which tells you how your body is feeling right now. Then you can start exploring all the great digital tools that may help you make healthier choices based on your life, schedule and needs.

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Rally offers a personalized interactive experience:

- Challenges and Communities
- Missions and rewards
- Lifestyle plans
- Intuitive Health Survey





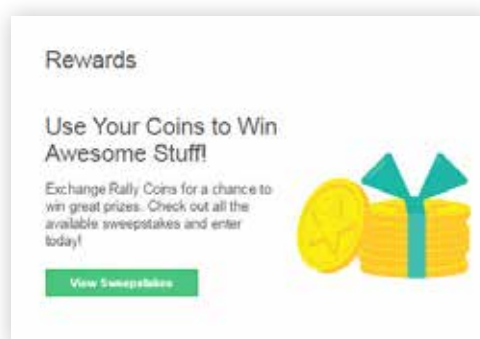
## Get Started: Personal Missions

Once you have completed the Health Survey, we have the data we need to suggest action steps or “Missions.” “Move,” “Eat,” “Feel,” and “Care” Missions are interactive and provide choices that may help improve or maintain your health. They’re also linked to promotions, reminders and tracking accomplishments, giving you just the push you need to keep going.

## Tracking Is Simple, Fun and Full of Rewards

Health trackers monitoring weight loss, physical activity and more are tightly integrated with motivating messages and personally relevant information, to keep you inspired. You can also connect with consumer wearables like FitBit and JawBone as well as mobile access.

To help you create new healthy habits, coins are awarded every time you engage — even in small ways — essentially rewarding you every time a health or tracking activity takes place. Coins can be used to enter sweepstakes, and an email notification tells if a reward activity is complete or if you have registered for a sweepstakes.



Coins are earned every time a health or tracking activity takes place.



## Making Healthy Connections

With Rally, you can also join an online challenge, share your accomplishments with others through moderated health communities, choose an Avatar, connect with a personal wellness coach or join a competition to increase the fun.



All trademarks are property of the respective owners. Participation in the health survey is voluntary. Your health survey responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities. **This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.** The information provided through the program is for informational purposes only and provided as part of your health plan. The wellness team cannot diagnose problems or recommend treatment and is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The program is not an insurance program and may be discontinued at any time. You are receiving this email from your employer in connection with a product or service offered by UnitedHealthcare. If you have questions about your account, claims or benefits or would like additional information, please visit myuhc.com (or your member website) or call the toll-free number on the back of your health plan ID card. If you do not wish to receive this type of information from your employer in the future, please contact your Employer's Benefits Administrator.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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# Real Appeal<sup>SM</sup>

## Provide employees with a plan for lasting weight loss.

Nearly seven out of 10 adults are considered overweight or obese.<sup>1</sup> UnitedHealthcare's Real Appeal is working to reverse this trend, with tools and support to help employees lose weight, feel good and prevent weight-related health conditions.

### How it works

Real Appeal is provided at no additional cost to your employees as part of their benefit plan. It teaches participants how to eat healthy and be active – without turning their lives upside down.

“I started the Real Appeal program about a year ago and the first six months I lost weight, and the next six months I learned that I could maintain that weight. Not only did Real Appeal change my life with my family, losing weight has changed my life professionally. I have confidence that I have some control over my life. It's just amazing!”

*Abi S. – lost 58 lbs. with Real Appeal*

### Did you know...

- Overweight and obese workers have medical claims that are 7x higher than their fit coworkers.<sup>2</sup>
- Health care costs directly related to excess pounds are estimated to double each decade, reaching \$957 billion in 2030.<sup>3</sup>
- Being overweight increases the risk of developing diseases, such as heart disease, type 2 diabetes, hypertension, high blood pressure and sleep apnea.<sup>4</sup>

<sup>1</sup> Flegal et al., “Prevalence of obesity and trends in the distribution of body mass index among U.S. adults”; *The Journal of the American Medical Association*; 2012.

<sup>2</sup> Finklestein et al., “Obesity and Severe Obesity Forecast Through 2030”; *American Journal of Preventive Medicine*; 2012.

<sup>3</sup> American Heart Association; “Overweight and Obesity: 2012 Statistical Fact Sheet”; January 2012.

<sup>4</sup> Centers for Disease Control and Prevention (CDC); “Vital Signs: Adult Obesity”; August 2010.



## Real Appeal includes:

### 1 A personalized transformation coach for an entire year.

Coaches guide participants through the program, step by step, customizing it to fit their needs, personal preferences, goals and medical history.

### 2 24/7 online support and mobile app.

Staying accountable to goals is easier than ever with:

- Customizable food, activity, weight and goal trackers.
- Unlimited access to digital content, including streaming workout videos.
- Success group support which lets participants chat with others who are doing the Real Appeal program.
- The weekly Real Appeal All-Star Show featuring healthy tips from celebrities, athletes and health experts.
- Weekly analysis, feedback and goal reporting.

### 3 A Success Kit.

All the gadgets participants need to help kick-start their weight loss and keep them going strong will be delivered to their door after they attend their first group coaching session. It includes these helpful tools:

- |                             |                                |
|-----------------------------|--------------------------------|
| · Personal blender          | · Real Appeal water bottle     |
| · Digital food scale        | · Electronic body weight scale |
| · Measuring cups and spoons | · Body tape measure            |
| · “Perfect” portion plate   | · Exercise DVDs                |
| · Resistance band           | · And more                     |
| · Pedometer                 |                                |



## Unique approach

- Billed as medical expense claims with no impact on premiums.
- Year-long weight loss and maintenance program – most only last six months.
- Holistic approach, addressing diet, exercise, behaviors and willingness to change.
- Material is created with supervision from a Clinical Advisory Board of obesity experts.
- Approach drives outcomes:\*

There were over 100,000 registered participants in the Real Appeal program over the past year. Of the participants who completed the program:

- 82% of the participants lost weight.
- 38% had 5% or more weight loss.
- 10 pounds average were lost per person.

\*Real Appeal Book of Business  
- July '15-July '16.

To learn more about Real Appeal or any of our clinical or wellness solutions, contact your UnitedHealthcare representative.





## Get support for your precious delivery.

If you're thinking about having a baby or have one on the way, the **Maternity Support Program** is here to provide information and support — throughout your pregnancy and after giving birth.

When you enroll in the program, you'll be able to work with a maternity nurse who is available to answer your questions and help you with things like:

- Choosing a doctor or nurse midwife, and help you with finding a pediatrician or other specialist
- Information to help you take care of yourself and the health of your baby — even if your pregnancy is considered high-risk
- Support to help you manage your health — physically and emotionally — before and after your baby is born

**Whatever your journey, we're here to help.**

**Get started today.**



**1-877-201-5328**

[myuhc.phs.com/maternitysupport](https://myuhc.phs.com/maternitysupport)

Monday-Thursday, 8:00 a.m.–8:00 p.m. and Friday,  
8:00 a.m.–5:00 p.m. Central Time

This service is available at no extra cost as part of  
your benefit plan. (TTY: **711**)



**Download now: the UnitedHealthcare Healthy Pregnancy<sup>SM</sup> app.**

- Track milestones.
- Set reminders.
- Get daily tips.
- Find resources.



Available from the App Store® or Google Play™.



**This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.** The information provided through this service is for your information only. It is provided as part of your health plan. Program nurses and other representatives cannot diagnose problems or suggest treatment. This program is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. This is not an insurance program and may be discontinued at any time.

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Life is full of ups and downs. Care24 provides you with support services and health information to help. You may have health concerns, personal or family issues, or work-related challenges. This service gives you a wider range of health and well-being information through one toll-free telephone number, provided at no cost to you as part of your health plan.



**Care24 for you** This trusted source of information and support lets you speak directly with an experienced registered nurse or master's-level counselor any time.



**How does it work?** Simply call the Care24 toll-free number, **1-888-887-4114**, whenever you have health-related questions. Registered nurses are available to help you with questions about health conditions or symptoms and provide information that helps you choose appropriate care for your needs.

**What kind of support do counselors provide?**

Counselors are available to help you address a wide range of personal concerns such as emotional distress, relationship worries, anxiety, grief and much more. When you call, you also can connect with legal\* and financial professionals.

**When can I call?** Nurses and master's-level counselors are available 24 hours a day, every day of the year. With the Care24 services, you don't need to make an appointment, rearrange your schedule or wait for Monday morning to get answers to your questions. You don't even need to go anywhere – you just need a telephone.



**Do I have access to an audio library?** Yes, when you call the Care24 number, press \* to speak with a nurse who will provide you with information on the health topics, along with the three digit access pin number. This allows you to listen to recorded health and well-being messages.



**Is there a website?** Yes, **myuhc.com**® offers customer service, information on hospitals and doctors, pharmacy service, health news, resources and more.

**Can I reach a nurse online?** Live Nurse Chat connects you with a registered nurse for a personal online conversation — 24 hours a day. Visit **myuhc.com**.

# Care24 Services providing help and information at your fingertips

**Find a doctor** in your area that will work with you to help you get the right care, at the right time, in the right health care setting.

**Health coaching** from registered nurses who are here to help you improve your health and save money.

- ▶ Learn to recognize when self-care, a doctor visit or the emergency room is appropriate.
- ▶ Understand medication interactions and how to reduce your prescription costs.

**Emotional support** is also available from master's-level counselors when you need help dealing with life's challenges. Get help with stress, anxiety, depression, grief, and much more.

**The Health Information Library** consists of more than 1,100 messages to provide you with useful health and wellness information, and is updated regularly. To listen to your message of choice, press \* to speak with a nurse who will provide you with information on the health topics along with the three digit access pin number.

## Care24<sup>®</sup> services

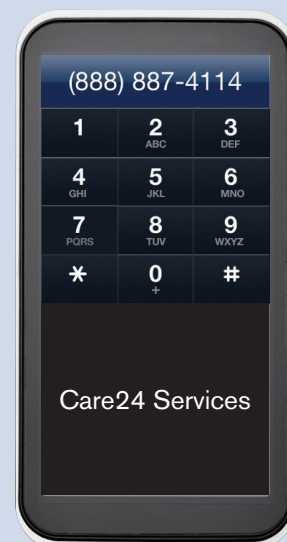
Available 24 hours a day, 7 days a week.  
Call **1-888-887-4114**.

**myuhc.com<sup>®</sup>**

TTY/TDD callers, please call the National Relay Center at **1-800-828-1120** and ask for the number above.



To keep the Care24 number handy by removing the decal and posting it in a convenient place. Or add the number to your cell phone so that it is available at your fingertips when you need it.



## Call Care24 services about:

- Routine illness
- Minor injuries
- Stress and anxiety
- Relationship worries
- Coping with grief and loss
- Questions to ask your doctor
- Personal legal concerns\*
- Men's, women's and children's health
- Prevention
- Self-care information
- Help Finding a doctor
- Information on medications
- General Health Information

\* Because of the potential for conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or an entity through which the caller is receiving Care24 services, directly or indirectly (e.g., employer or health plan).



# Virtual Visits.

## See a doctor whenever, wherever.

When you're sick and need care quick, a Virtual Visit is a convenient way to start feeling better faster.

With a Virtual Visit, you can see and talk to a doctor via mobile device or computer — 24/7, no appointment needed. The doctor can give you a diagnosis and prescription,\* if needed. And with a UnitedHealthcare plan, your cost is \$50 or less.

To get started with a Virtual Visit, go to [uhc.com/virtualvisits](https://uhc.com/virtualvisits).

### Get care in 20 minutes or less.

Use a Virtual Visit for these minor medical needs:

- Bladder infection/Urinary tract infection
- Bronchitis
- Cold/flu
- Fever
- Pinkeye
- Rash
- Sinus problems
- Sore throat
- Stomachache

### Prepare for your Virtual Visit.

Have these 3 items ready to register and complete your Virtual Visit:

- Health plan ID card
- Credit card
- Pharmacy location



### Virtual Visits can save time and money.

An estimated 25 percent of ER visits could be treated with a Virtual Visit — which brings a potential \$1,700 cost down to \$50.\*\*

\* Prescription services may not be available in all states.

\*\* Based on analysis of 2016 UnitedHealthcare ER claim volumes, where ER visits are low-acuity and could be treated in a Virtual Visit, PCP, or urgent/convenient care setting.

Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

Insurance coverage provided by or through UnitedHealthcare Insurance Company and its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

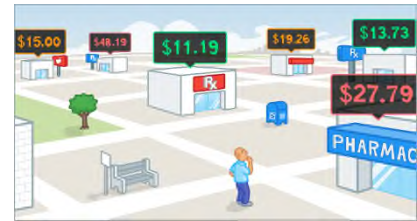
MT-1166889.0 2/18 ©2018 United HealthCare Services, Inc. 18-7133





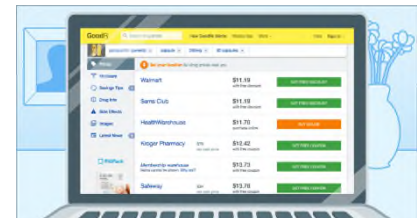
## Why do I need GoodRx?

Prescription drug prices are not regulated. The cost of a prescription may differ by more than \$100 between pharmacies across the street from each other! Insurance isn't helping like it used to. As technology advances, the cost of drugs has grown exponentially. To keep premiums lower, insurance companies have passed 25-80% more of the cost of drugs onto patients in the last 10 years.



## How can GoodRx help me?

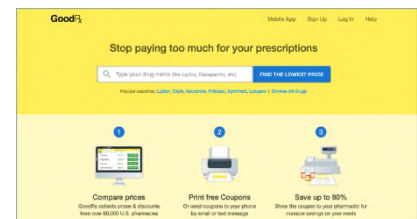
GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. The average GoodRx customer saves \$276 a year on their prescriptions.



GoodRx is 100% free. No personal information is required.

## How do I find discounts for my drug?

It's easy. Just go to the home page, type in your drug's name in the search field, and click the "Find the Lowest Price" button.



We'll even help you spell the name of your prescription.

## What are GoodRx coupons?

GoodRx coupons will help you pay less than the cash price for your prescription. They're free to use and are accepted at virtually every U.S. pharmacy.

Your pharmacist will know how to enter the codes on the coupon to pull up the lowest discount available.



## How do I use a GoodRx coupon?

It's similar to using a coupon at a grocery store. Simply print the coupon and bring it with you to the pharmacy when you pick up your prescription. The pharmacist will enter the numbers on the coupon into their system to find the discount.

Don't have a printer or want to save paper and ink cartridges? You can show the coupon on your phone by:

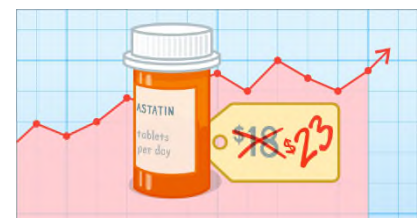
- A) Sending the coupon to yourself via email or text
- B) Or using our mobile app
- C) Or visiting our mobile website



## What if I have insurance or Medicare?

Many insurance plans have high deductibles or limited formularies that don't cover the drugs you need.

GoodRx may be able to find you a lower price than your insurance copay. Hundreds of generic medications are available for \$4 or even free without insurance.



## 2020 FSA Planning Worksheet

PLEASE READ THIS CAREFULLY

To gain maximum benefit from this plan which ends on 12/31/20, you should accurately budget your un-reimbursed medical expenses and dependent care. Employees participating in the health FSA will be allowed to carry over up to \$500 of unused funds into the next plan year. Any carry over funds can be used after the 90 day run-out period. This worksheet is a guide to assist you with common items, but does not include all types of expenses that may be eligible.

*Enter amounts to be spent during Plan Year Only*

### Medical Flexible Spending Account (un-reimbursed medical)\*\*

|   | You            | Spouse   | Dependents |
|---|----------------|----------|------------|
| Medical Insurance - Copayments  | \$ _____       | \$ _____ | \$ _____   |
| Medical Insurance - Deductible  | \$ _____       | \$ _____ | \$ _____   |
| Medical Insurance - Coinsurance   | \$ _____       | \$ _____ | \$ _____   |
| Prescription  | \$ _____       | \$ _____ | \$ _____   |
| Over the counter medications<br>(Some OTC Drugs may require a prescription) | \$ _____       | \$ _____ | \$ _____   |
| Dental - Fillings, Crowns, Root Canals, Bridges                             | \$ _____       | \$ _____ | \$ _____   |
| Dental - Orthodontics   | \$ _____       | \$ _____ | \$ _____   |
| Vision - Exams  | \$ _____       | \$ _____ | \$ _____   |
| Vision - Prescription Glasses/Sunglasses                                    | \$ _____       | \$ _____ | \$ _____   |
| Vision - Contact Lenses   | \$ _____       | \$ _____ | \$ _____   |
| Vision - Lasik Surgery  | \$ _____       | \$ _____ | \$ _____   |
| Other Eligible Expenses   | \$ _____       | \$ _____ | \$ _____   |
| <b>TOTALS</b>   | \$ _____       | \$ _____ | \$ _____   |
| <b>MEDICAL GRAND TOTAL</b>  | \$ _____       |          |            |
| <b>MAXIMUM MEDICAL FSA ELECTION</b>   | <b>\$2,750</b> |          |            |

### Dependent Care Spending Account

|                                       |   |
|---------------------------------------|---|
| Dependent Care Expenses               | \$ _____  |
| Child / Adult Day Care                | \$ _____  |
| After School Care                     | \$ _____  |
| Qualified Summer Care                 | \$ _____  |
| Other                                 | \$ _____  |
| <b>DEPENDENT CARE TOTAL</b>           | \$ _____  |
| <b>MAXIMUM DEPENDENT FSA ELECTION</b> | <b>\$5,000</b>                                    |
| <b>MAXIMUM DEPENDENT FSA ELECTION</b> | <b>\$2,500 (if married and filing separately)</b> |

*\*\*Over the counter medications must be to treat a specific medical condition. Vitamins and other wellness products are not eligible. Cosmetic services do not qualify for this plan (medical, dental or otherwise).*

## Dental Insurance

### SWBC PEO MASTER PLAN - METLIFE

Routine preventive care, such as regular dental checkups, can help lower your risk of stroke and heart disease. Our dental coverage will provide you and your family affordable options for overall health. The election you choose will remain in effect from **December 1, 2019 - November 30, 2020**, unless you have a Qualifying Life Event.

| Benefit  | BASE PLAN<br>PDP Plus Network  | BUY UP PLAN<br>PDP Plus Network |
|--|--------------------------------|---------------------------------|
| <b>Calendar Year Deductible</b>  |                                |                                 |
| Individual   | \$50                           | \$25                            |
| Family   | \$150                          | \$75                            |
| <b>Annual Maximum</b> (per covered person)   | \$1,500                        | \$2,250                         |
| <b>Preventive Services</b> - Oral Exam, *Routine Cleanings, Bitewing X-Rays, Fluoride Application                                | 0%<br>No Deductible            | 0%<br>No Deductible             |
| <b>Basic Services</b> - Amalgam and Composite Fillings, Sealants   | 20%<br>After Annual Deductible | 20%<br>After Annual Deductible  |
| <b>Major Services</b> - Oral Surgery, Crowns, Dentures, Implant Services, Inlays & Onlays, Bridgework, Periodontics, Endodontics | 50%<br>After Annual Deductible | 50%<br>After Annual Deductible  |
| <b>Orthodontia</b><br>Adult and Child(ren)<br>No waiting Period  | Not Covered                    | 50%<br>\$1,500 Lifetime Maximum |
| <b>PER PAYCHECK DEDUCTION</b>  | <b>BASE PLAN</b>               | <b>BUY UP PLAN</b>              |
| Employee Only  | \$3.18                         | \$7.34                          |
| Employee + Spouse  | \$15.89                        | \$24.22                         |
| Employee + Child(ren)  | \$17.06                        | \$25.76                         |
| Employee + Family  | \$27.32                        | \$39.39                         |

\* Covered once every 6 months



#### FIND A DENTAL PROVIDER:

**STEP 1:** Go to [www.metlife.com/dental](http://www.metlife.com/dental)

**STEP 2:** Click "Find a Dentist"  
Enter Your ZIP Code and select **PDP PLUS** network

**STEP 3:** Advanced Search  
Locate a dentist by name, language spoken, specialty or gender.

Seguro Dental
SWBC PEO MASTER PLAN - METLIFE

Cuidado preventivo de rutina, como exámenes dental, pueden ayudarle a reducir sus riesgos de infartos y ataques del corazon. Nuestros beneficios dental le provera a usted y a su family opciones para su salud total. Por favor mantenga en mente que lo beneficios que escoje seran validos de el 1 de **Diciembre, 2019 a el 30 de Noviembre, 2020.**

Almenos que tenga un evento calificado.

| Benefit   | PLAN BASICO<br>PDP Plus Network        | PLAN MAJOR<br>PDP Plus Network         |
|---|--|--|
| <b>Deducible Anual</b>  |  |  |
| Individual  | \$50                                   | \$25                                   |
| Familia   | \$150                                  | \$75                                   |
| <b>Maximo Anual</b> (por persona)   | \$1,500                                | \$2,250                                |
| <b>Servicios Preventivos</b> - Exámenes Orales,<br>*Limpieza, Rayos X, Sealants y Topica de fluoruro                                    | 0%<br>Sin Deducible                    | 0%<br>Sin Deducible                    |
| <b>Servicios Basicos</b> - Almagamas, rellenos,<br>Extracciones no quirurgicas,   | 20%<br>Despues del Deducible anual     | 20%<br>Despues del Deducible anual     |
| <b>Servicios Principales</b> - Cirugia Oral, Coronas,<br>Dentaduras, incrustaciones y rebaso, puentes,<br>periodoncia y conducto dental | 50%<br>Despues del Deducible<br>annual | 50%<br>Despues del Deducible<br>annual |
| <b>Ortodoncia</b><br>Adultos e Hijo(s)<br>Beneficios son inmediatos   | No hay covertura                       | 50%<br>\$1,500 Maximo de Por Vida      |
| COSTO POR CHEQUE DE PAGO  | PLAN BASICO                            | PLAN MAJOR                             |
| Empleado Solo   | \$3.18                                 | \$7.34                                 |
| Empleado + Esposo(a)  | \$15.89                                | \$24.22                                |
| Empleado + Hijo(s)  | \$17.06                                | \$25.76                                |
| Empleado + Familia  | \$27.32                                | \$39.39                                |

\* Beneficios son una vez cada 6 meses



- PARA BUSCAR UN PROVEDOR:

STEP 1:

Go to [www.metlife.com/dental](http://www.metlife.com/dental)

STEP 2:

Click "Find a Dentist"  
Enter Your ZIP Code and select **PDP PLUS** network

STEP 3:

Advanced Search  
Locate a dentis by name, language spoken, speicalty or gender.



Vision Insurance

SWBC PEO MASTER PLAN - METLIFE

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis and rheumatoid arthritis. The election you choose will remain in effect from **December 1, 2019 - November 30, 2020**, unless you have a Qualifying Life Event.

| Benefit   | BASE PLAN  |                        | BUY UP PLAN   |                        |
|---|--|------------------------|---|------------------------|
|   | In-network   | Out-network            | In-network  | Out-network            |
| <b>Frequency</b>  |  |                        |   |                        |
| Exam  |  | 12 months              |   | 12 months              |
| Lenses / Contact Lenses   |  | 12 months              |   | 12 months              |
| Frames  |  | 24 months              |   | 12 months              |
| <b>Copayments</b>   |  |                        |   |                        |
| Exam  | \$10   | Reimbursed up to       | \$0   | Reimbursed up to       |
| Materials   | \$10   | \$45                   | \$0   | \$45                   |
| <b>Lenses</b>   |  | Reimbursed up to -     |   | Reimbursed up to -     |
| Single  | \$ 10 copay  | \$ 30                  | \$ 0 copay  | \$ 30                  |
| Bifocal   | \$ 10 copay  | \$ 50                  | \$ 0 copay  | \$ 50                  |
| Trifocal  | \$ 10 copay  | \$ 65                  | \$ 0 copay  | \$ 65                  |
| Lenticular  | \$ 10 copay  | \$ 70                  | \$ 0 copay  | \$ 70                  |
| <b>Lens Options</b>   | Additional applicable copay  |                        | Applied to the allowance for the applicable corrective lens |                        |
| Specialty Lenses<br>(Polycarbonate, Hi Index, Photo, Chromatic, etc.) |  |                        |   |                        |
| <b>Frames</b>   | \$150 allowance  | Reimbursed up to \$70  | \$150 allowance   | Reimbursed up to \$70  |
| <b>Contacts (in lieu of frames)</b>                                   |  |                        |   |                        |
| Elective  | \$150 allowance  | Reimbursed up to \$105 | \$150 allowance   | Reimbursed up to \$105 |
| Medically Necessary   | Covered in full after copay  | Reimbursed up to \$210 | Covered in full after copay                                 | Reimbursed up to \$210 |
| <b>Lasik **</b>   | 15% discount off of the regular price or<br>5% discount off a promotional offer<br><br><b>Discounts apply with in-network provider</b> |                        |   |                        |
| <b>PER PAYCHECK DEDUCTION</b>   | BASE PLAN  |                        | BUY UP PLAN   |                        |
| Employee Only   | \$3.41   |                        | \$4.59  |                        |
| Employee + Spouse   | \$6.06   |                        | \$7.96  |                        |
| Employee + Child(ren)   | \$7.31   |                        | \$9.55  |                        |
| Employee + Family   | \$8.99   |                        | \$11.82   |                        |

*\*\*Custom Lasik coverage only available using wavefront tecnology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.*



FIND A PROVIDER PROVIDER:

STEP 1: Go to [www.metlife.com/vision](http://www.metlife.com/vision)

STEP 2: Click "Find a Provider"

Enter Your ZIP Code and select VSP Network

STEP 3: Advanced Search

Locate a provider by name, language spoken, speicalty or gender.



Seguro de Vision
SWBC PEO MASTER PLAN - METLIFE

Cuidato rutino de los ojos le puede ayudar a detectar temprano problemas con su vision y otras enfermedades como diabetis, precion alta del corazon, esclerosis multiple, hipertension, osteoporosis y la artritis reumatoide. Por favor mantenga en mente que lo beneficios que escoje seran validos de el **1ro de Diciembre, 2019 a el 30 de Noviembre, 2020.** Almenos que tenga un evento calificado.

| Beneficios  | PLAN BASICO   |   | PLAN MAJOR   |  |
|---|---|---|--|--|
|   | En la Red   | Fuera de la Red                                 | En La Red  | Fuera de la Red                                      |
| <b>Frecuencia</b><br>Examen<br>Lentes / Lentes de Contacto<br>Marcos                                | 12 meses<br>12 meses<br>24 meses  |   | 12 meses<br>12 meses<br>12 meses                     |  |
| <b>Copagos</b><br>Exames<br>Materiales  | \$10<br>\$10  | Un maximo de \$45                               | \$0<br>\$0   | Un maximo de \$45                                    |
| <b>Lentes</b><br>Singular<br>Bifocales<br>Trifocales<br>Lenticulares                                | \$10 copago<br>\$10 copago<br>\$10 copago<br>\$10 copago  | Un maximo de -<br>\$30<br>\$50<br>\$65<br>\$100 | \$0 copago<br>\$0 copago<br>\$0 copago<br>\$0 copago | Un maximo de -<br>\$ 30<br>\$ 50<br>\$ 65<br>\$100   |
| <b>Opciones de Lentes</b><br>Lentes Especiales<br>(Polycarbonate, Hi Index, Photo, Chromatic, etc.) | Copagos adicionales seran aplicados   |   | El maximo sera aplicado para los lentes correctivos  |  |
| <b>Marcos</b>   | Limite de \$150   | Rembolso maximo de \$70                         | \$150 allowance                                      | Reimbursed up to \$70                                |
| <b>Lentes de Contactos (en vez de marcos)</b><br>Electivos<br><br>Necesarios Medicamente            | Limite de \$150<br><br>Pagago completo despues del Deducible  | Limite de \$105<br><br>Rembolso maximo de \$210 | \$150 allowance<br><br>Covered in full after copay   | Reimbursed up to \$105<br><br>Reimbursed up to \$210 |
| <b>Lasik **</b>   | 15% descuento del precio regular o<br>5% descuento de la oferta promocional<br><b>Descuentos solo con proveedores en la red</b> |   |  |  |
| COSTO POR CHEQUE DE PAGO  | PLAN BASICO   |   | PLAN MAJOR   |  |
| Empleado  | \$3.41  |   | \$4.59   |  |
| Empleado + Esposo(a)  | \$6.06  |   | \$7.96   |  |
| Empleado + Hijo(s)  | \$7.31  |   | \$9.55   |  |
| Empleado + Familia  | \$8.99  |   | \$11.82  |  |

*\*\*Custom Lasik coverage only available using wavefront tecnologia with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.*





Survivor Benefits

United HealthCare

Discussing what might happen to your family if you were not around to provide for them isn't always the easiest conversation, but it is necessary. Survivor benefits provide financial assistance and can help you plan for the unexpected. If you have life insurance now, you can take comfort in knowing those who depend on you will be provided for.

Group Life with AD&D

**United Apartment Group** pays 100% towards the cost of a **Life / AD&D policy in the amount of \$25,000** for each active, full-time employee, regardless of your enrollment in other benefits. In addition, **SWBC PEO** pays 100% towards the cost of a **Life / AD&D policy in the amount of \$2,000** also for each active, full-time employee, regardless of your enrollment in other benefits. Both benefits will be payable to the beneficiary(ies) that you specify during enrollment. You can also update your beneficiary at any time during the year.

VOLUNTARY LIFE BENEFITS

In addition to the Group Life policy provided by your employer, you may also elect additional life insurance coverage with MetLife for yourself and your dependents. **December 1, 2019 - November 30, 2020**

| Life / AD&D Plan Features                     | EMPLOYEE   | SPOUSE  | CHILD(REN)  |
|---|--|---|---|
| Voluntary Term Life Insurance Coverage Amount | Increments of \$5,000 not to exceed 5 times Basic Annual Earnings<br><br><i>Any amount over \$150,000 will require Statement of Insurability</i> | Increments of \$5,000 not to exceed 50% of the Employee's benefit with a \$75,000 maximum benefit<br><br><i>Any amount over \$25,000 will require Statement of Insurability</i> | Infant child under 6 months old: \$1,000 benefit<br>6 months old through 26 years old:<br><br>up to \$10,000 not to exceed 50% of Employee's benefit. |
| Minimum Coverage                              | \$10,000   | \$5,000   | \$5,000   |
| Maximum Coverage                              | \$500,000  | \$75,000  | \$10,000  |
| Accidental Death and Dismemberment (AD&D)     | Same as Life Coverage Amount   | Same as Life Coverage Amount  | Same as Life Coverage Amount  |
| One Time Guarantee Issue (New Hires Only)     | \$100,000  | Up to \$25,000 based on Employee's Coverage Amount  | Up to \$10,000 based on Employee's Coverage Amount  |

RATES

Rate for Each \$1,000 of Employee or Spouse Life and AD&D Insurance Coverage. Use Employee age for Spouse rate.

Monthly rates for each \$1,000 of Employee / Spouse Life Insurance Coverage

| Age        | <25                     | 25-29   | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60-64   | 65-69   | 70-74   | 75+     |
|------------|-------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Rate       | \$0.045                 | \$0.045 | \$0.056 | \$0.071 | \$0.097 | \$0.152 | \$0.215 | \$0.344 | \$0.392 | \$0.702 | \$1.134 | \$3.861 |
| Child(ren) | \$10,000 = \$0.50 cents |         |         |         |         |         |         |         |         |         |         |         |

Supplemental Life Rate Formula

Elected Coverage Amount ÷ \$1000 × Life AD&D Rate = Per Paycheck Deduction

Example Calculation of Premium for a 32 year old Employee Only electing \$50,000 Coverage Amount:

\$50,000 divided by \$1,000 = 50 x \$0.056 = \$2.80 ( Premium)



NOTES:

- When you move to the next age bracket, rates will increase at the beginning of the next plan year.
- Employee must be enrolled in Voluntary Life / AD&D to elect Spouse and/or Child(ren) Life coverage.
- Spouse coverage maximum amount may be up to 50% of the Employee's Benefit life coverage, with a minimum of \$5,000, based on Employee's age. Any amounts over \$25,000 will require Statement of Insurability. Please follow the rate table above for rates using Employee's age.
- Child coverage amount up to 50% of the Employee's Benefit life coverage with a maximum of \$10,000. Please follow the rate table above for rates.
- **Employee's Responsibility to request Portability/Conversion with carrier within 31 days of coverage cancellaon. Rates and Evidence of Insurability Requirements may vary.**



Survivor Benefits

United HealthCare

Discutir que pueda pasar con su familia cuando usted no este para mantenerlos nunca es facil pero es necesario. Beneficious de Sobrevivientes provee asistencia financiera y puede ayudar con gastos inesperables. Si usted tiene seguro de vida ahora, puede estar tranquilo al saber que su familia estara mantenida en sus ausencia.

Seguro de Vida con AD&D

**United Apartment Group** paga 100% por el costo de un seguro de **Vida / AD&D** en la cantidad **de \$25,000** para cada empleado activo que trabaje tiempo completo, aunque no este cubierto en otros beneficios. Adicionalmente, **SWBC PEO** paga 100% por el costo de un seguro de Vida / AD&D en la cantidad **\$2,000** tambien para cada empleado activo que trabaje tiempo completo, aunque no este cubierto en otros beneficios. Ambos beneficios seran pagados a el beneficiario(s) que usted tenga en su record. Recuerde que puede cambiar su beneficiario(s) en cualquier momento del año.

Seguro de Vida con AD&D Supplemental

Adicionalmente a su seguro de Vida con AD&D, usted tambie puede elegir seguro suplemental para usted, su esposo(a) y para sus hijos. **Diciembre 1, 2019 - Noviembre 30, 2020.**

| INFORMACION SOBRE EL PLAN   | EMPLEADO  | ESPOSO(A)  | HIJO(S)   |
|---|---|--|---|
| Cantidad de Cobertura para el seguro de Vida con AD&D Supplemental              | Incrementos de \$5,000 no puede ser mas de 5 veces de su Salario Basico Anual<br><br>Cualquiera cantidad mas de \$150,000 necesitara una forma de salud | Incrementos de \$5,000 no pueden ser mas de 50% de la cantidad que el Empleado eliga. El maximo es \$75,000<br><br>Cualquiera cantidad mas de \$25,000 necesitara una forma de salud | Niño Infantil menos de 6 meses: beneficio es \$1,000<br>6 meses de edad hasta los 26 años:<br><br>hasta \$10,000 pero no puede ser mas de 50% de la cantidad que el Empleado eliga. |
| Cantidad Minima   | \$10,000  | \$5,000  | \$5,000   |
| Cantidad Maxima   | \$500,000   | \$75,000   | \$10,000  |
| Seguro Accidental AD&D)   | Igual que la cantidad del Seguro de Vida  | Igual que la cantidad del Seguro de Vida   | Igual que la cantidad del Seguro de Vida  |
| Cantidad Garnatizada solo cuando se inscribe por primera vez (Empleados Nuevos) | \$100,000   | Hasta \$25,000 segun la cantidad elegida por el Empleado   | Hasta \$10,000 segun la cantidad elegida por el Empleado  |

**RATES**  
El Precio es por cada cantidad de \$1,000 para el Empleado y su Esposo(a). Use la edad del Empleado para calcular su preciso.

| Monthly rates for each \$1,000 of Employee / Spouse Life Insurance Coverage |                           |         |         |         |         |         |         |         |         |         |         |         |
|---|---------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Edad  | <25                       | 25-29   | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60-64   | 65-69   | 70-74   | 75+     |
| Precio  | \$0.045                   | \$0.045 | \$0.056 | \$0.071 | \$0.097 | \$0.152 | \$0.215 | \$0.344 | \$0.392 | \$0.702 | \$1.134 | \$3.861 |
| Hijo(s)   | \$10,000 = \$0.50 centavo |         |         |         |         |         |         |         |         |         |         |         |

Supplemental Life Rate Formula

Elected Coverage Amount ÷ \$1000 × Life AD&D Rate = Per Paycheck Deduction

Example Calculation of Premium for a 32 year old Employee Only electing \$50,000 Coverage Amount:

\$50,000 divided by \$1,000 = 50 x \$0.056 = \$2.80 ( Premium)



- NOTES:**
- When you move to the next age bracket, rates will increase at the beginning of the next plan year.
  - Employee must be enrolled in Voluntary Life / AD&D to elect Spouse and/or Child(ren) Life coverage.
  - Spouse coverage maximum amount may be up to 50% of the Employee's Benefit life coverage, with a minimum of \$5,000, based on Employee's age. Any amounts over \$25,000 will require Statement of Insurability. Please follow the rate table above for rates using Employee's age.
  - Child coverage amount up to 50% of the Employee's Benefit life coverage with a maximum of \$10,000. Please follow the rate table above for rates.
  - **Employee's Responsibility to request Portability/Conversion with carrier within 31 days of coverage cancellao n. Rates and Evidence of Insurability Requirements may vary.**



# Income Protection - Short Term Disability

## SWBC PEO MASTER PLAN - METLIFE

**United Apartment Group** offers you the option of purchasing disability coverage to protect you against an unfortunate or debilitating injury. This insurance protects a portion of your income until you can return to work, or until you reach retirement age.

### Voluntary Short-term Disability

Short-term Disability insurance provides a percentage of weekly earnings to individuals who are unable to work for short periods of time due to a non-occupational illness or injury.

| Plan Features  | Voluntary Short-term Disability   |
|--|-----------------------------------|
| Benefit Waiting Period<br>Injury<br>Sickness / Illness | 7 days<br>7 days                  |
| Benefit Duration                                       | 13 weeks                          |
| Benefit Percentage                                     | 60%                               |
| Weekly Maximum   | \$600                             |
| Pre-Existing Condition Period                          | 6 /12                             |
| Maternity  | Covered same as any other illness |

### Per paycheck deduction

| Age  | Under 25 | 25-29    | 30-34    | 35-39    | 40-44    | 45-49    | 50-54    | 55-59    | 60-64    | 65+      |
|------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Rate | \$0.3015 | \$0.3170 | \$0.3250 | \$0.2940 | \$0.3170 | \$0.3870 | \$0.4795 | \$0.5880 | \$0.6965 | \$0.8355 |

STD Rate Formula

Annual Salary ÷ 52 x .6 = Weekly Benefit

Weekly Benefit x Rate /10 = Per Paycheck Deduction



Discapacidad a Corto Plazo

Beneficios de Discapacidad a Corto Plazo le provee un porcentaje de sus ingresos mensuales a empleados que no pueden trabajar por un corto plazo por una enfermedad no preventiva o un accidente. El Beneficio es ofrecido en un plan voluntario en el cual el Empleado es responsable por el costo.

| Plan Features                                    | Discapacidad a Corto Plazo           |
|--|--------------------------------------|
| Periodo de Espera<br>Accidente<br>Enfermedad     | 7 dias<br>7 dias                     |
| Duracion del Beneficio                           | 13 semana                            |
| Percentage de Beneficio                          | 60%                                  |
| Maximo por Semana                                | \$600                                |
| Tiempo de Espera por enfermedades pre-existentes | 6 /12                                |
| Maternidad                                       | Igual que qualquiera otra enfermedad |

Per paycheck deduction

| Age  | Under 25 | 25-29    | 30-34    | 35-39    | 40-44    | 45-49    | 50-54    | 55-59    | 60-64    | 65+      |
|------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Rate | \$0.3015 | \$0.3170 | \$0.3250 | \$0.2940 | \$0.3170 | \$0.3870 | \$0.4795 | \$0.5880 | \$0.6965 | \$0.8355 |

STD Rate Formula

Annual Salary ÷ 52 x .6 = Weekly Benefit  
Weekly Benefit x Rate /10 = Per Paycheck Deduction



# Income Protection - Long Term Disability

## SWBC PEO MASTR PLAN - METLIFE

**United Apartment Group** offers you the option of purchasing disability coverage to protect you against an unfortunate or debilitating injury. This insurance protects a portion of your income until you can return to work, or until you reach retirement age.

### Voluntary Long-term Disability

Long-term Disability insurance provides a percentage of weekly earnings to individuals who are unable to work for short periods of time due to a non-occupational illness or injury.

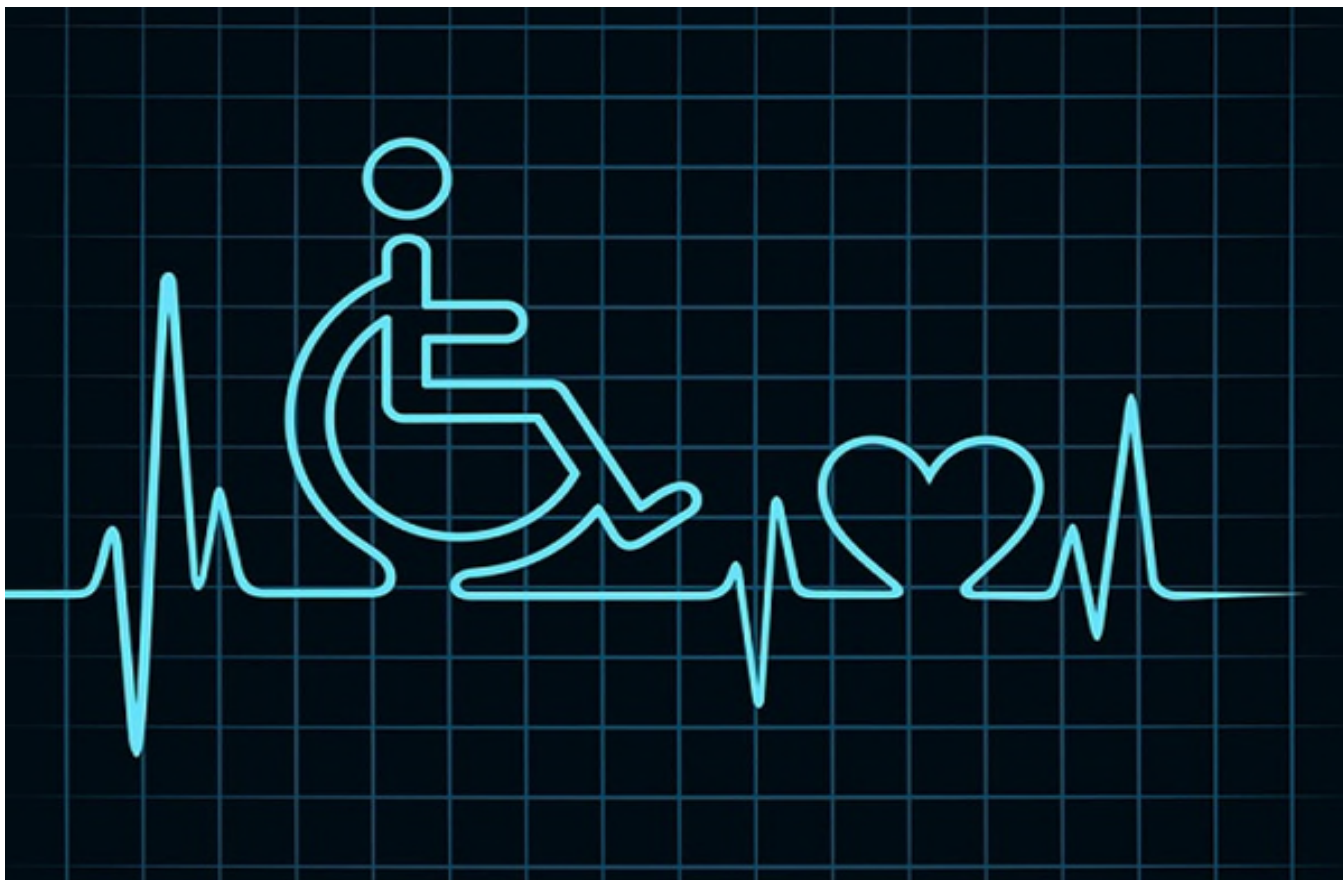
| Plan Features           | Voluntary Long-Term Disability |
|-------------------------|--------------------------------|
| Benefit Waiting Period  | 90 days                        |
| Benefit Duration        | 5 Year Duration                |
| Benefit Percentage      | 60%                            |
| Pre-Existence Condition | 12 / 12                        |
| Monthly Maximum         | \$3,000                        |
| Own Occupation          | 24 months                      |

### Per paycheck deduction

| Age  | Under 35 | 35-39    | 40-44    | 45-49    | 50-54    | 55-59    | 60-64    | 65+      |
|------|----------|----------|----------|----------|----------|----------|----------|----------|
| Rate | \$0.0580 | \$0.1000 | \$0.1420 | \$0.1985 | \$0.2735 | \$0.3750 | \$0.5370 | \$0.4130 |

#### LTD Rate Formula

Annual Salary ÷ 12 = Monthly salary (If monthly is over \$16,666.67, use \$16,666.67 to continue calculation)  
Monthly Salary x Rate / 100 = Per Paycheck deduction





## Voluntary Long-term Disability

Beneficios de Discapacidad a Largo Plazo le provee un porcentaje de sus ingresos mensuales a empleados que no pueden trabajar por un largo plazo por una enfermedad no preventiva o un accidente. El Beneficio es ofrecido en un plan voluntario en el cual el Empleado es responsable por el costo.

| Plan Features                                    | Discapacidad a Largo Plazo |
|--|----------------------------|
| Periodo de espera del Beneficio                  | 90 dias                    |
| Duracion del Beneficio                           | 5 Años de Duracion         |
| Porcentage del Beneficio                         | 60%                        |
| Tiempo de Espera por enfermedades pre-existentes | 12 / 12                    |
| Maximo Mensual                                   | \$3,000                    |
| Su Propia Ocupacion                              | 24 meses                   |

## Per paycheck deduction

| Age  | Under 35 | 35-39    | 40-44    | 45-49    | 50-54    | 55-59    | 60-64    | 65+      |
|------|----------|----------|----------|----------|----------|----------|----------|----------|
| Rate | \$0.0580 | \$0.1000 | \$0.1420 | \$0.1985 | \$0.2735 | \$0.3750 | \$0.5370 | \$0.4130 |

### LTD Rate Formula

Annual Salary ÷ 12 = Monthly salary (If monthly is over \$16,666.67, use \$16,666.67 to continue calculation)  
Monthly Salary x Rate / 100 = Per Paycheck deduction





# MetLife Hospital Insurance Plan Summary

## HOSPITAL INDEMNITY INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.<sup>1</sup>

| Benefit Type <sup>2</sup>  | Low Plan<br>MetLife Hospital Indemnity<br>Insurance Pays YOU                             | High Plan<br>MetLife Hospital Indemnity<br>Insurance Pays YOU                            |
|--|--|--|
| <b>Hospital Coverage (Accident)</b>  |  |  |
| Admission<br>must occur within 180 days<br>after the accident  | \$500 per accident (non-ICU)<br>\$1,000 per accident (ICU)                               | \$1,000 per accident (non-ICU)<br>\$2,000 per accident (ICU)                             |
| Confinement<br>must occur within 180 days<br>after the accident  | \$100 a day (non-ICU)<br>for up to 31 days<br><br>\$200 a day (ICU)<br>for up to 31 days | \$200 a day (non-ICU)<br>for up to 31 days<br><br>\$400 a day (ICU)<br>for up to 31 days |
| Inpatient Rehab<br>stay must occur immediately<br>following hospital confinement<br>and occur within 365 days of<br>accident   | \$100 a day, up to 15 days per accident and<br>30 days per calendar year                 | \$200 a day, up to 15 days per accident and<br>30 days per calendar year                 |
| <b>Hospital Coverage<br/>(Sickness)<sup>3</sup></b>  |  |  |
| Admission<br><b><i>Payable 1x per calendar year</i></b>  | \$500 (non-ICU)<br>\$1,000 (ICU)   | \$1,000 (non-ICU)<br>\$2,000 (ICU)   |
| Confinement<br><b><i>Paid per sickness</i></b>   | \$100 a day (non-ICU)<br>for up to 31 days<br><br>\$200 a day (ICU)<br>for up to 31 days | \$200 a day (non-ICU)<br>for up to 31 days<br><br>\$400 a day (ICU)<br>for up to 31 days |
| <b>Other Benefits</b>  |  |  |
| Health Screening (Wellness) <sup>4</sup><br>benefit provided if the covered<br>insured takes one of the<br>covered screening/prevention<br>tests<br><b><i>Payable 1x per calendar year</i></b> | \$50   | \$100  |

## RATES PER PAY PERIOD

|                     |         |         |
|---------------------|---------|---------|
| EMPLOYEE ONLY       | \$ 6.17 | \$11.31 |
| EMPLOYEE + SPOUSE   | \$12.16 | \$22.29 |
| EMPLOYEE + CHILDREN | \$11.17 | \$20.46 |
| EMPLOYEE + FAMILY   | \$19.00 | \$34.80 |



## BENEFIT PAYMENT EXAMPLE

Susan wakes up in the middle of the night experiencing chest pain. An ambulance takes her to the emergency room (ER) at a local hospital. Upon arrival, the ER doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After 1 day in the Intensive Care Unit, Susan moves to a standard room and spends 2 additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or to cover other expenses.

| Covered Benefit <sup>2</sup>                                   | Benefit Amount <sup>5</sup> |
|--|-----------------------------|
| Admission - Intensive Care Unit Coverage (Sickness)            | \$2,000                     |
| Confinement for 1 day- Intensive Care Unit Coverage (Sickness) | \$400                       |
| Confinement for 2 days – Hospital Coverage (Sickness)          | \$400                       |
| Benefits paid by MetLife Group Hospital Indemnity Insurance    | \$2,800                     |

## QUESTIONS & ANSWERS

### Who is eligible to enroll for this Hospital Indemnity coverage?

You are eligible to enroll yourself and your eligible family members<sup>6</sup>. You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

### How do I pay for my Hospital Indemnity coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

### What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.<sup>7</sup>

### Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

<sup>1</sup> Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

<sup>2</sup> Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

<sup>3</sup> There is a preexisting condition exclusion for covered sicknesses. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

<sup>4</sup> The Health Screening Benefit is not available in all states.

<sup>5</sup> Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

<sup>6</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

<sup>7</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.



## Accident Insurance Plan Summary

### ACCIDENT INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

| Benefit Type <sup>1</sup>   | Low Plan<br>MetLife Accident<br>Insurance Pays YOU   | High Plan<br>MetLife Accident<br>Insurance Pays YOU   |
|---|--|---|
| <b>Injuries</b>   |  |   |
| Fractures <sup>2</sup>  | \$50 – \$3,000                                       | \$100 – \$6,000                                       |
| Dislocations <sup>2</sup>   | \$50 – \$3,000                                       | \$100 – \$6,000                                       |
| Second and Third Degree Burns   | \$50 – \$5,000                                       | \$100 – \$10,000                                      |
| Concussions   | \$200  | \$400   |
| Cuts/Lacerations  | \$25 – \$200   | \$50 – \$400  |
| Eye Injuries  | \$200  | \$300   |
| <b>Medical Services &amp; Treatment</b>   |  |   |
| Ambulance   | \$200 – \$750  | \$300 – \$1,000                                       |
| Emergency Care  | \$25 – \$50  | \$50 – \$100  |
| Non-Emergency Care  | \$25   | \$50  |
| Physician Follow-Up   | \$50   | \$75  |
| Therapy Services<br>(including physical therapy)  | \$15   | \$25  |
| Medical Testing Benefit   | \$100  | \$200   |
| Medical Appliances  | \$50 – \$500   | \$100 – \$1,000                                       |
| Inpatient Surgery   | \$100 – \$1,000                                      | \$200 – \$2,000                                       |
| <b>Hospital<sup>3</sup> Coverage (Accident)</b>   |  |   |
| Admission   | \$500 (non-ICU) – \$1,000 (ICU) per accident         | \$1,000 (non-ICU) – \$2,000 (ICU) per accident        |
| Confinement   | \$100 a day (non-ICU) – up to 31 days                | \$200 a day (non-ICU) – up to 31 days                 |
|   | \$200 a day (ICU) – up to 31 days                    | \$400 a day (ICU) – up to 31 days                     |
| Inpatient Rehab<br>(paid per accident)  | \$100 a day, up to 15 days                           | \$200 a day, up to 15 days                            |
| Benefit Type <sup>1</sup>   | Low Plan<br>MetLife Accident<br>Insurance Pays YOU   | High Plan<br>MetLife Accident<br>Insurance Pays YOU   |
| <b>Accidental Death</b>   |  |   |
| Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown. | \$25,000<br>\$75,000 for common carrier <sup>4</sup> | \$50,000<br>\$150,000 for common carrier <sup>4</sup> |
| <b>Dismemberment, Loss &amp; Paralysis</b>  |  |   |
| Dismemberment, Loss & Paralysis   | \$250 – \$10,000 per injury                          | \$500 – \$50,000 per injury                           |
| <b>Other Benefits</b>   |  |   |

|  |   |   |
|--|---|---|
| Lodging <sup>5</sup> - Pays for lodging for companion up to 30 nights per calendar year  | \$100 per night, up to 30 nights; up to \$3,000 in total lodging benefits available per calendar year | \$200 per night, up to 30 nights; up to \$6,000 in total lodging benefits available per calendar year |
| Health Screening Benefit (Wellness) <sup>6</sup> benefit provided if the covered insured takes one of the covered screening/prevention tests | \$50<br><b><i>Payable 1x per calendar year</i></b>  | \$50<br><b><i>Payable 1x per calendar year</i></b>  |

## RATES PER PAY PERIOD

|                            |                |                 |
|----------------------------|----------------|-----------------|
| <b>EMPLOYEE ONLY</b>       | <b>\$ 3.13</b> | <b>\$ 5.42</b>  |
| <b>EMPLOYEE + SPOUSE</b>   | <b>\$ 5.67</b> | <b>\$ 9.81</b>  |
| <b>EMPLOYEE + CHILDREN</b> | <b>\$ 6.45</b> | <b>\$ 11.21</b> |
| <b>EMPLOYEE + FAMILY</b>   | <b>\$ 8.09</b> | <b>\$ 13.78</b> |
|                            |                |                 |
|                            |                |                 |

## QUESTIONS & ANSWERS

### Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members!<sup>8</sup> You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

### How do I pay for my accident coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

### What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you.<sup>9</sup> You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

### Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Individuals with a TTY may call 1-800-855-2880.

<sup>1</sup> Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

<sup>2</sup> Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

<sup>3</sup> Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

<sup>4</sup> Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

<sup>5</sup> The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

<sup>6</sup> The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).

<sup>7</sup> Benefit amount is based on a sample MetLife plan design. Actual plan design and plan benefits may vary.

<sup>8</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

<sup>9</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition limitation for hospital sickness benefits, if applicable. MetLife's Accident Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.





## Critical Illness Insurance Plan Summary

### COVERAGE OPTIONS

| Critical Illness Insurance           |                                       |   |
|--------------------------------------|---------------------------------------|---|
| Eligible Individual                  | Initial Benefit                       | Requirements  |
| Employee                             | \$15,000                              | Coverage is guaranteed provided you are actively at work. <sup>3</sup>  |
| Spouse/Domestic Partner <sup>1</sup> | 50% of the employee's Initial Benefit | Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>3</sup> |
| Dependent Child(ren) <sup>2</sup>    | 50% of the employee's Initial Benefit | Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>3</sup>               |

### BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit<sup>4</sup> for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$45,000 or \$90,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

| Covered Conditions                        | Initial Benefit         | Recurrence Benefit       |
|---|-------------------------|--------------------------|
| Full Benefit Cancer <sup>5</sup>          | 100% of Initial Benefit | 50% of Initial Benefit   |
| Partial Benefit Cancer <sup>5</sup>       | 25% of Initial Benefit  | 12.5% of Initial Benefit |
| Heart Attack                              | 100% of Initial Benefit | 50% of Initial Benefit   |
| Stroke <sup>6</sup>                       | 100% of Initial Benefit | 50% of Initial Benefit   |
| Coronary Artery Bypass Graft <sup>7</sup> | 100% of Initial Benefit | 50% of Initial Benefit   |
| Kidney Failure                            | 100% of Initial Benefit | Not applicable           |
| Alzheimer's Disease <sup>8</sup>          | 100% of Initial Benefit | Not applicable           |
| Major Organ Transplant Benefit            | 100% of Initial Benefit | Not applicable           |
| 22 Listed Conditions                      | 25% of Initial Benefit  | Not applicable           |

#### 22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

### Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$15,000 and has a Total Benefit of 3 times the Initial Benefit Amount or \$45,000.

| Illness – Covered Condition                         | Payment                                      | Total Benefit Remaining |
|---|--|-------------------------|
| Heart Attack – first diagnosis                      | Initial Benefit payment of \$15,000 or 100%  | \$30,000                |
| Heart Attack – second diagnosis, two years later    | Recurrence Benefit payment of \$7,500 or 50% | \$22,500                |
| Kidney Failure – first diagnosis, three years later | Initial Benefit payment of \$15,000 or 100%  | \$7,500                 |

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the three months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first six months of coverage. The preexisting condition limitation does not apply to heart attack or stroke.

## RATES PER PAY PERIOD

| CRITICAL ILLNESS - 24 |          |          |          |          |         |          |           |          |           |
|-----------------------|----------|----------|----------|----------|---------|----------|-----------|----------|-----------|
| NON-TOBACCO           |          |          |          |          | TOBACCO |          |           |          |           |
|                       | EE       | ES       | EC       | EF       |         | EE       | ES        | EC       | EF        |
| <25                   | \$ 1.95  | \$ 3.30  | \$ 3.53  | \$ 4.88  |         | \$ 2.48  | \$ 4.05   | \$ 4.05  | \$ 5.70   |
| 25-29                 | \$ 2.03  | \$ 3.45  | \$ 3.60  | \$ 5.03  |         | \$ 2.63  | \$ 4.35   | \$ 4.28  | \$ 6.00   |
| 30-34                 | \$ 2.63  | \$ 4.35  | \$ 4.28  | \$ 6.00  |         | \$ 3.75  | \$ 6.00   | \$ 5.40  | \$ 7.65   |
| 35-39                 | \$ 3.68  | \$ 5.78  | \$ 5.33  | \$ 7.43  |         | \$ 5.48  | \$ 8.48   | \$ 7.13  | \$ 10.13  |
| 40-44                 | \$ 5.55  | \$ 8.55  | \$ 7.20  | \$ 10.20 |         | \$ 8.78  | \$ 13.35  | \$ 10.43 | \$ 15.00  |
| 45-49                 | \$ 8.18  | \$ 12.38 | \$ 9.83  | \$ 13.95 |         | \$ 13.50 | \$ 20.18  | \$ 15.15 | \$ 21.83  |
| 50-54                 | \$ 12.00 | \$ 17.70 | \$ 13.65 | \$ 19.28 |         | \$ 20.40 | \$ 29.78  | \$ 21.98 | \$ 31.43  |
| 55-59                 | \$ 17.10 | \$ 24.83 | \$ 18.75 | \$ 26.40 |         | \$ 29.63 | \$ 42.68  | \$ 31.28 | \$ 44.33  |
| 60-64                 | \$ 24.30 | \$ 34.88 | \$ 25.95 | \$ 36.53 |         | \$ 42.68 | \$ 60.90  | \$ 44.25 | \$ 62.48  |
| 65-69                 | \$ 35.93 | \$ 51.00 | \$ 37.50 | \$ 52.65 |         | \$ 63.60 | \$ 90.00  | \$ 65.25 | \$ 91.58  |
| 70+                   | \$ 50.33 | \$ 72.00 | \$ 51.98 | \$ 73.65 |         | \$ 89.25 | \$ 127.35 | \$ 90.90 | \$ 128.93 |

EE Employee Only  
ES Employee + Spouse  
EC Employee + Children  
EF Employee + Family

### Telephone & Office Consultations

MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.

### Legal Representation

#### Estate Planning

- Simple Wills
- Complex Wills
- Revocable Trusts
- Irrevocable Trusts
- Powers of Attorney (healthcare, financial, childcare)
- Healthcare Proxies
- Living Wills
- Codicils

#### Money Matters

- Personal Bankruptcy/Wage Earner Plan
- Debt Collection Defense
- Foreclosure Defense
- \*LifeStages - Identity Management Services
- Garnishment Defense
- Identity Theft Defense
- Tax Collection Defense
- Negotiations with Creditors
- Tax Audit Representation (Municipal, State, Federal)

#### Real Estate Matters

- Sale, Purchase or Refinancing of primary, second or vacation home
- Home Equity Loans for primary, second or vacation home
- Eviction & Tenant Problems (for tenant)
- Security Deposit Assistance (for tenant)
- Boundary or Title Disputes
- Property Tax Assessments
- Zoning Applications

#### Elder Law Matters

Consultation & Document Review for issues related to your parents:

- Medicare
- Medicaid
- Prescription Plans
- Nursing Home Agreements
- Leases
- Notes
- Deeds
- Wills
- Powers of Attorney

#### Family Law

- Adoption & Legitimization
- Guardianship
- Conservatorship
- Name Change
- Prenuptial Agreement
- Protection from Domestic Violence

#### Traffic Offenses\*\*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privileges Restoration (includes License Suspension due to DUI)

#### Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes
- Review of Any Personal Legal Document

#### Immigration Assistance

- Advice & Consultation
- Review of Immigration Documents
- Preparation of Affidavits
- Preparation of Powers of Attorney

#### Juvenile Matters

- Juvenile Court Defense (includes Criminal Matters)
- Parental Responsibility Matters

#### Consumer Protection

- Disputes over Consumer Goods & Services
- Small Claims Assistance

#### Defense of Civil Lawsuits

- Civil Litigation Defense
- Incompetency Defense
- Administrative Hearings
- School Hearings
- Pet Liabilities

#### Personal Property Protection

- Consultation & Document Review for personal property issues
- Assistance for disputes over goods & services

### For More Information:

Visit [info.legalplans.com](http://info.legalplans.com) and enter access code **Legal** or call our Client Service Center at 800-821-6400 (Monday – Friday, 8 am to 8 pm EST/EDT).

**\$18.00 per month**

covers employee, spouse and dependents

The cost is automatically deducted from your paycheck.

Smart. Simple. Affordable.®

**Hyatt Legal Plans**

A MetLife Company



### Additional Plan Features

#### Reduced Fees

New York attorneys provide representation for personal injury, probate & estate administration matters at reduced fees.

#### Family Matters™\*\*\*

Available for an additional fee. Separate plan for parents of participants for estate planning documents.

#### E-Services

Attorney Locator; Law Firm E-Panel®; Free, downloadable legal documents; Life Guide; Links to financial planning, insurance & work/life matters resources

Group Legal Plans and Family Matters are provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans and Family Matters are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island. Please contact Hyatt Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the company, MetLife and affiliates, and Plan Attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm matters, business or investment matters, matters involving property held for investment or rental, or issues when the Participant is the landlord; 6) patent, trademark and copyright matters; 7) costs or fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the Participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation. \*This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC, formerly known as IDT911, LLC. CyberScout is not a corporate affiliate of Hyatt Legal Plans. \*\*Not available in all states. \*\*\*For Family Matters, different terms and exclusions apply. L0817498259[exp 10/18][All States][DC,PR]

# PET INSURANCE

SWBC-AMERICAN MODERN HOME INSURANCE

## What is Pet Insurance?

Pet health insurance addresses the potentially high costs of medical care due to illness or injury to dogs and cats by reimbursing you for a portion or all of the veterinary bills incurred. Annual wellness option is available at an additional cost.

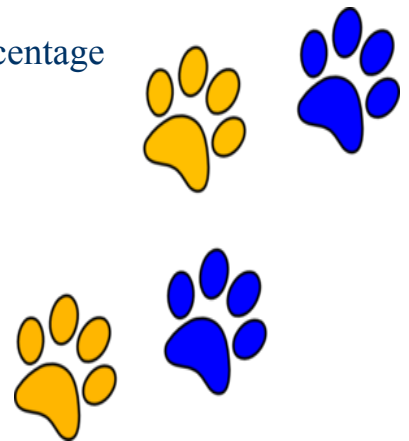


### Program Highlights:

- Eligible age for dogs and cats to qualify for full coverage is up to age 14.
- Annual maximum limits range from \$1,000 to \$20,000.
- Annual deductible limits range from \$100 to \$1,000.
- Co-payment options of 10%, 20% and 30% available.
- Annual wellness limits of \$250, \$450 or \$650 available at an additional expense.
- Spay/neuter, multi-pet, military, checking account and annual payment discounts are available and can be combined.
- Available in all 50 states.

### Convenient:

- Website allows you to get a quote with the right coverage for your pet and purchase the policy online.
- Payment methods available: credit card/debit card or checking account.
- You choose your vet.
- Claims are initiated online by you and are paid as straight-forward percentage of the veterinary bill.



**For more information contact:**  
**Elvi Garcia (210) 477-7797**  
**[egarcia@swbc.com](mailto:egarcia@swbc.com)**



# 529 College Savings Plan

SWBC – American Funds

## Saving money for college education has just become a bit easier!



SWBC PEO has partnered with American Funds to offer employees an added benefit, a 529 College Savings Plan. A 529 College Savings Plan is a tax-advantaged savings plan designed to encourage saving for future college expenses for your children, grandchildren, nieces, nephews, friends—even yourself, if you decide to go back to school!

### What is a 529 College Savings Plan?

A 529 Plan is an education savings plan operated by a state or educational institution designed to help families set aside funds for future college costs.

By enrolling in a 529 College Savings Plan, you're eligible for great benefits which include:

- **Flexibility:** Use the savings to fund any U.S. public or private college—undergraduate, graduate, professional, or vocational. You can also use funds for expenses such as room and board.
- **Investing for any beneficiary:** You can name anyone as the beneficiary—family, friends, or yourself! You can change them at any time.
- **Payroll Deduction:** Take advantage of automatic payroll deductions, low minimum contributions, rollover options, and much more!

If you are interested in enrolling, please email [SWBC-PEO529@swbc.com](mailto:SWBC-PEO529@swbc.com) or call 210-376-3562



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# Retirement Savings 401(k) Plan

Slavic 401(k)

## A Slavic 401(k) plan gives you control and independence.

Increasingly, today's workers are taking ownership of their own financial futures by investing in a 401(k) plan.

- **Your individuality valued.**  
At Slavic, plan participants are treated as individual investors.
- **Your questions answered.**  
Trusted advisors dedicated to educating and empowering each participant-investor at no additional charge.
- **Your contributions maximized.**  
Slavic is dedicated to keeping fees among the lowest in the industry.
- **Your investment secured.**  
Fidelity - one of America's bedrock financial institutions - acts as the custodian for Slavic 401(k) investments.



### **Resources available through Slavic:**

Online participant functionality  
Exceptional customer service  
Mobile-responsive technology  
Retirement path calculator  
Risk assessment test  
Email express

**For more information contact:**

**Alice Hensley**

**(830) 980-1200**

**peo-benefits@swbc.com**



# IMPORTANT INFORMATION

## NOTICE OF COBRA CONTINUATION RIGHTS

Federal law requires the company to offer employees and their families the opportunity to elect a temporary extension of health coverage (called "continuation coverage" or COBRA coverage) in certain instances when coverage under a group health plan would otherwise end. A group health plan includes any major medical plan, dental plan, vision plan, health FSA, or other plan that the company may maintain and that provides medical care. For simplicity, any such group health plan is referred to in this Notice as the "Plan." You do not have to show that you are insurable to elect continuation coverage; however, you will have to pay the entire premium for your continuation coverage.

This Notice provides a brief overview of your rights and obligations under current law. The Plan offers no greater COBRA rights than what the COBRA statute requires, and this Notice should be construed accordingly.

Both you (the employee) and your spouse should read this summary carefully and keep it with your records!

## QUALIFYING EVENTS

If you are the employee and are covered by the Plan, you have the right to elect continuation coverage if you lose coverage under the Plan because of any one of the two "qualifying events":

1. Termination of employment (for reasons other than gross misconduct).
2. Reduction in the hours of your employment.

If you are the spouse of an employee covered by the Plan, you have the right to elect continuation coverage if you lose coverage under the Plan because of any of the following four "qualifying events":

1. The death of your spouse.
2. Termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment with the company.
3. Divorce or legal separation from your spouse. (Also, if an employee eliminates coverage for his or her spouse in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, then the later divorce or legal separation will be considered a qualifying event even though the ex-spouse lost coverage earlier. If the ex-spouse notifies the administrator within 30 days after the later divorce or legal separation, then COBRA coverage may be available for the period after the divorce or legal separation.)
4. Your spouse becomes entitled to Medicare benefits.

In the case of a dependent child of an employee covered by the Plan, the dependent child has the right to elect continuation coverage if group health coverage under the Plan is lost because of any of the following five "qualifying events":

1. The death of the employee-parent.
2. The termination of the employee-parent's employment (for reasons other than gross misconduct) or reduction in the employee parent's hours of employment with the company.
3. Parent's divorce or legal separation.
4. The employee-parent becomes entitled to Medicare benefits.
5. The dependent ceases to be a "dependent child" under the Plan.

## YOUR IMPORTANT NOTICE OBLIGATIONS

If your spouse or dependent child loses coverage under the Plan because of divorce, legal separation or the child's losing dependent status under the Plan, then you (the employee) or your spouse or dependent has the responsibility to notify the Plan Administrator of the divorce, legal separation, or the child's losing dependent status. You or your spouse or dependent must provide this notice no later than 30 days after the date coverage terminates under the plan. If you or your spouse or dependent child fails to provide this notice to the Plan Administrator during this 30-day notice period, any spouse or dependent child who loses coverage will NOT be offered to elect continuation coverage. Furthermore, if you or your spouse or dependent child fails to provide this notice to the Plan Administrator, and if any claims are mistakenly paid for expenses after the date coverage terminate upon the divorce, legal separation, or a child's losing dependent status, then you, your spouse, and your dependent children will be required to reimburse the Plan for any claims so paid.

# IMPORTANT INFORMATION

If the Plan Administrator is timely provided with the notice of a divorce, legal separation, or a child's losing dependent status that caused a loss of coverage, then the Plan Administrator will notify the effected family member of the right to elect continuation coverage (but only to the extent that the Plan Administrator has been notified in writing of the affected family member's current mailing address - See the YOU MUST NOTIFY US paragraph below).

The Plan Administrator will also notify you (the employee), your spouse and dependent children of the right to elect continuation coverage after it receives notice of the following events that results in a loss of coverage: the employee's termination of employment (other than for gross misconduct), reduction in hours, or death, or the employee's becoming entitled for Medicare.

## ELECTION PROCEDURES

You (the employee) and/or your spouse and dependent children must elect continuation coverage within 60-days after Plan coverage ends, or, if later, 60 days after the Plan Administrator provides you or your family member with notice of the right to elect continuation coverage. If you or your spouse and dependent children do not elect continuation coverage within this 60-day election period, you will lose your right to elect continuation coverage. A COBRA election mailed to the Plan Administrator is considered to be mailed on the date of mailing.

You (the employee) and/or your spouse and dependent children may elect continuation coverage for all qualifying family members. You, your spouse and dependent children each have an independent right to elect continuation coverage. Thus, a spouse or dependent child may elect continuation coverage even if the covered employee does not (or is not deemed to) elect it. You (the employee) and/or your spouse and dependent children may elect continuation coverage even if covered under another employer-sponsored group health plan or entitled to Medicare.

## TYPE OF COVERAGE

Ordinarily, the continuation coverage that is offered will be the same coverage that you, your spouse or dependent children had on the day before the qualifying event. Therefore, an employee, spouse or dependent child who is not covered under the Plan on the day before the qualifying event generally is not entitled to COBRA coverage except, for example, when there is no coverage because it was eliminated in anticipation of a qualifying event such as divorce. If the coverage is modified for similarly-situated employees or their spouses or dependent children, then COBRA coverage will be modified in the same way.

If more than one group health plan is offered (or a choice of separate benefit packages under a single plan is offered), you (or your spouse or dependent children) may elect COBRA coverage under one or more of those plans (or separate benefit packages) in which you have coverage. For example, if you are covered under three separate Employer plans (e.g., a medical plan, a dental plan, and a vision plan), you could elect COBRA coverage under the medical plan and decline coverage under either or both of the dental and vision plans. But if the company maintains one consolidated group health plan (for example, one that provides medical, dental, and vision benefits under a single plan), you must elect or decline COBRA coverage for the plan as a whole.

A health flexible spending arrangement (health FSA) under which you are reimbursed for medical expenses is offered, you (or your spouse or dependent children) may elect to continue the health FSA coverage under COBRA, but only if there is a positive account balance (i.e., year-to-date contributions exceed year-to-date claims) on the day before the qualifying event (taking into account all claims submitted by that date). COBRA coverage under the health FSA will continue only for the remainder of the Plan year in which the qualifying event occurred. If there is a negative account balance (i.e., year-to date-contributions are less than year-to-date claims), then no qualified beneficiary may elect COBRA coverage under the health FSA.

## COBRA PREMIUMS THAT YOU MUST PAY

The premium payments for the "initial premium months" must be paid for you (the employee) and for any spouse or dependent children by the 45th day after electing continuation coverage. The initial premium months are the months that end on or before the 45th day after the election of continuation coverage is made.

Once continuation coverage is elected, the right to continue coverage is subject to timely payment of the required COBRA premiums. Coverage will not be effective for any initial premium month until the month's premium is paid within the 45-day period after the election of continuation coverage is made.

# IMPORTANT INFORMATION

All other premiums are due on the 1st of the month for which the premium is paid, subject to a 30-day grace period. A premium payment that is mailed is considered to be made on the date it is sent. If you don't make the full premium payment by the due date or within the 30-day grace period, then COBRA coverage will be canceled retroactively to the 1st of the month, with no possibility of reinstatement.

## MAXIMUM COVERAGE PERIODS

The maximum duration for COBRA coverage is described below. COBRA coverage terminates before the maximum coverage period in certain situations described later under the heading "Termination of COBRA Coverage Before the End of the Maximum Coverage Period."

**36 Months.** If you (the spouse or dependent child) lose group health coverage because of the employee's death, divorce, legal separation, or the employee's becoming entitled to Medicare, or because you lose your status as a dependent child under the Plan, then the maximum coverage period (for spouse and dependent child) is three years from the date of the qualifying event.

**18 Months.** If you (the employee, spouse or dependent child) lose group health coverage because of the employee's termination of employment (other than for gross misconduct) or reduction in hours, then the maximum continuation coverage is 18 months for the date of termination or reduction in hours. There are three exceptions:

1. If an employee or family member is disabled at any time during the first 60 days after the date of termination of employment or reduction in hours, then the continuation coverage period for all qualified beneficiaries under the qualifying event is 29 months from the date of termination or reduction in hours. The Social Security Administration must formally determine under Title II (Old Age, Survivors, and Disability Insurance) of the Social Security Act that the disability exists and when it began. For the 29-month continuation coverage period to apply, notice of the determination of disability under Social Security Act must be provided to the Plan Administrator within both the 18-month coverage period and 60 days after the date of the determination.
2. If a second qualifying event that gives rise to a 36-month maximum coverage period for the spouse or dependent child (for example, the employee dies or becomes divorced) occurs within an 18-month or 29-month coverage period, then the maximum coverage period (for a spouse or dependent child) becomes three years from the date of the initial termination or reduction in hours. For the 36-month maximum coverage period to apply, notice of the second qualifying event must be provided to the Plan Administrator within 60 days after the date of the event. If no notice is given within the required 60-day period, no extension of COBRA coverage will occur.
3. If the qualifying event occurs within 18 months after the employee becomes entitled to Medicare, then the maximum coverage period (for the spouse and the dependent child) is three years from the date the employee became entitled to Medicare.

**Shorter Maximum for Health FSAs.** The maximum COBRA period for a health flexible spending arrangement (health FSA) maintained by the company (if there is a positive account balance as of the date of the qualifying event, as explained above) ends on the last day of the Plan year in which the qualifying event occurred. If there is a negative balance as of the date of the qualifying event, no COBRA coverage will be offered.

## CHILDREN BORN TO OR PLACED FOR ADOPTION WITH THE COVERED EMPLOYEE DURING COBRA PERIOD

A child born to, adopted by or placed for adoption with a covered employee during a period of continuation coverage is considered to be a qualified beneficiary, provided that, the covered employee has elected continuation coverage for himself or herself. The child's COBRA coverage begins when the child is enrolled in the Plan, whether through special enrollment or open enrollment, and it lasts for as long as COBRA coverage lasts for other family members of the employee. To be enrolled in the Plan, the child must satisfy the otherwise applicable Plan eligibility requirements (for example, regarding age).

## OPEN ENROLLMENT RIGHTS AND HIPAA SPECIAL ENROLLMENT RIGHTS

Qualified beneficiaries who have elected COBRA will be given the same opportunity available to similarly-situated active employees to change their coverage options or to add or eliminate coverage for dependents at open enrollment. In addition, HIPAA's special enrollment rights will apply to those who have elected COBRA. HIPAA, a federal law, gives a person already on COBRA certain rights to add coverage for dependents if such person acquires a new dependent (through marriage, birth, adoption or placement for adoption), or if an eligible dependent declines coverage because of other coverage and later loses such coverage due to certain qualifying reasons. Except for certain children described above under "Children born to or Placed for Adoption With the Covered Employee During COBRA Period," dependents who are enrolled in a special enrollment period or open enrollment period do not become qualified beneficiaries and their coverage will end and at the same time that coverage ends for the person who elected COBRA and later added them as dependents.

# IMPORTANT INFORMATION

## ALTERNATE RECIPIENTS UNDER QMCSOS

A child of yours (the employee's) who is receiving benefits under the Plan pursuant to a Qualified Medical Child Support Order (QMCSO) received by the Plan Administrator during your (the employee's) period of employment with the company is entitled to the same rights under COBRA as a dependent child of yours, regardless of whether that child would otherwise be considered your dependent.

## TERMINATION OF COBRA COVERAGE BEFORE THE END OF MAXIMUM COVERAGE PERIOD

Continuation coverage of the employee, spouse and/or dependent child will automatically terminate (before the end of the maximum coverage period) when any one of the following six events occurs :

1. The company no longer provides group health coverage to any of its employees.
2. The premium for the qualified beneficiary's COBRA coverage is not timely paid.
3. After electing COBRA, you (the employee, spouse or dependent child) become covered under another group health plan (as an employee or otherwise) that has no exclusion or limitation with respect to any preexisting condition that you have. If the other plan has applicable exclusions or limitations, then your COBRA coverage will terminate after the exclusion or limitation no longer applies (for example, after a 12-month preexisting condition waiting period expires). This rule applies only to the qualified beneficiary who becomes covered by another group health plan. (Note that under HIPAA, an exclusion or limitation of the group health plan might not apply at all to the qualified beneficiary, depending on the length of his or her creditable health plan coverage prior to enrolling in the other group health plan.)
4. After electing COBRA coverage, you (the employee, spouse or dependent child) become entitled to Medicare benefits. This will apply only to the person who becomes entitled to Medicare.
5. You (the employee, spouse or dependent child) became entitled to a 29-month maximum coverage period due to disability qualified beneficiary, but then there is a final determination under Title II or XVI of the Social Security Act that the qualified beneficiary is no longer disabled (however, continuation coverage will not end until the month that begins more than the 30 days after the determination).
6. Occurrence of any event (e.g., submission of fraudulent benefit claims) that permits termination of coverage for cause with respect to covered employees or their spouses or dependent children who have coverage under the Plan for a reason other than the COBRA coverage requirements of federal law.

## YOU MUST NOTIFY US ABOUT ADDRESS CHANGES, MARITAL STATUS CHANGES, DEPENDENT STATUS CHANGES AND DISABILITY STATUS CHANGES

If you or your spouse's address changes, you must promptly notify the Plan Administrator in writing (the Plan Administrator needs up-to-date addresses in order to mail important COBRA notices and other information). Also, if your marital status changes or if a dependent ceases to be a dependent eligible for coverage under the Plan terms, you or your spouse or your dependent must promptly notify the Plan Administrator in writing (such notification is necessary to protect COBRA right for your spouse and dependent children). In addition, you must notify us if a disabled employee or family member is determined to be no longer disabled.

Plan Administrator  
SWBC PEO  
ATTN: Human Resources  
30815 US HWY 281 NORTH  
BULVERDE, TX 78163

### For More Information

If you, your spouse or dependent children have any questions about this notice or COBRA, please contact the Plan Administrator if you wish to receive the most recent copy of the Plan's Summary Plan Description, which contains important information about Plan benefits, eligibility, exclusions and limitations.

# IMPORTANT INFORMATION

## NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include case management.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be adjudicating a claim and reimbursing a provider for an office visit.
- Health Care Operations means such business-related activities as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer :

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not, however, required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of non-routine disclosures of protected health information.
- We have the obligation to provide and you have the right to obtain a paper copy of this notice from us at least every three years. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of September 1, 2012 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office. You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office for Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information: For more information about HIPAA or to file a complaint:

30815 US HWY 281 NORTH  
BULVERDE, TX 78163  
(830) 980-1200

Privacy Officer The U.S. Department of Health & Human Services, Office for Civil Rights  
200 Independence Ave, S.W.  
Washington, DC 20201  
(202) 619-0257  
Toll Free: (877) 696-6775



# IMPORTANT INFORMATION

## GENERAL NOTICE

General Notice of Special Enrollment Rights and Pre-existing Condition Exclusion Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Your group health plan is required to provide you this notice explaining your group health plan's procedures for your special enrollment rights and imposing pre-existing condition exclusions.

- Your Special Enrollment Rights – If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan provided that you request enrollment within 31 days after your other coverage ends. 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 dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Pre-existing Condition Exclusions – Under HIPAA, a "pre-existing condition" is a condition for which medical advice, diagnosis, care, or treatment was recommended and received within the six-month period ending on the enrollment date in a health plan (the look-back period). Taking prescription medications during the look-back period constitutes receiving treatment.

Your plan may deny benefits for a pre-existing condition during a 12-month waiting period beginning on your enrollment date. (If you do not enroll in a timely manner, the maximum waiting period is 12 months from the date coverage begins.) A pre-existing condition exclusion does not apply to a pregnancy or to a newborn child or adopted child under age 18 who becomes covered within 31 days of birth or adoption. A genetic condition without advice, care, or treatment is not a pre-existing condition.

The existence of a pre-existing condition will be determined using information obtained relating to an individual's health status before his or her enrollment date. An individual's enrollment date remains the same even if the individual changes benefit package options, as permitted by plan rules.

The pre-existing condition waiting period is reduced by any creditable coverage (prior coverage under various plans including, but not limited to, group health plans, individual health policies, Medicare, and Medicaid). You may obtain a certificate of creditable coverage from a prior plan sponsor or health insurance issuer. Should you disagree with the length of creditable coverage determined, you have the right to appeal that determination and provide additional evidence of creditable coverage.

## NEWBORN AND MOTHERS' HEALTH PROTECTION ACT

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a cesarean delivery or from requiring the provider to obtain pre-authorization for a stay of 48 hours or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for cesarean delivery.

## PRIMARY CARE DESIGNATION AND OB/GYN NOTICE

The company generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, please visit the carrier website. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the carrier or from any other 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. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, please visit the carrier website.

# IMPORTANT INFORMATION

## WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. This law applies generally both to persons covered under group health plans and persons with individual health insurance coverage. But WHCRA does NOT require health plans or issuers to pay for mastectomies. If a group health plan or health insurance issuer chooses to cover mastectomies, then the plan or issuer is generally subject to WHCRA requirements.

If WHCRA applies to you and if you are receiving benefits in connection with a mastectomy and you elect breast reconstruction, coverage must be provided for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses (e.g., breast implant); and
- Treatment for physical complications of the mastectomy, including lymphedema.

Whether WHCRA or a State law that affords you the same coverage as WHCRA applies to your coverage will depend on your situation. Generally, WHCRA applies if you are in a self-insured plan. Your State law will determine whether WHCRA will apply to coverage under an insured group plan, or to individual health insurance coverage.

## MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help individuals who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP, you can contact the Texas Medicaid or CHIP office to find out if premium assistance is available.

Website: <https://www.gethipptexas.com>

Phone: (800) 440-0493

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, you can contact the Texas Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply.

If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

## WOMEN'S PREVENTIVE HEALTH BENEFITS - CHANGES EFFECTIVE AUGUST 1, 2012

As you may know, the Affordable Care Act (ACA, or Health Care Reform law) includes changes that are being phased in over a number of years. The latest set of changes includes additional benefits for certain Women's Preventive Health Services. When plans renew or are effective on or after August 1, 2012, all of the following women's health services will be considered preventive (some were already covered). These services generally will be covered at no cost share, when provided in network:

- Well-woman visits (annually and now including prenatal visits)
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breastfeeding support, supplies and counseling
- Generic formulary contraceptives, certain brand formulary contraceptives, and FDA-approved over-the-counter female contraceptives with prescription are covered without member cost share (for example, no copayment); certain religious organizations or religious employers may be exempt from offering contraceptive services

# IMPORTANT INFORMATION

## MEDICARE PART D NOTICE

### Important Notice From The Company About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the company 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. The company has determined that the prescription drug coverage offered by the carrier 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. Please note that if 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. **If you are enrolled in a High Deductible Plan, your plan will not qualify as a Creditable Coverage 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 November 15th through December 31st. 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 company coverage will not be affected. You can keep this coverage if you elect part D and the company's plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current company's coverage, be aware that you and your dependents may not be able to get this coverage back.

### 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 the company 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 November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage contact the person listed below for further information.

NOTE: You will 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 the company changes. You also may request a copy of this notice at any time. More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will 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](http://www.medicare.gov)
- 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](http://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).

Date: September 1, 2012

Name of Entity/Sender: SWBC PEO

Contact--Position/Office: Human Resources Department

Address: 30815 US HWY 281 North Bulverde, TX 78163

Phone Number: (830) 980-1200



This benefits summary prepared by:

