



2025 Benefits Guide

Plan Year:
January 1, 2025 – December 31, 2025

Augusta
Health™

Welcome to your 2025 benefits!

Quality Healthcare & Smart Savings

We are proud of the care and support you provide our patients and each other every day and want to make sure you feel cared for too.

As an Augusta Health team member, you have access to benefits that support your physical, mental, and financial health. We are committed to providing the resources you need to thrive - both personally and professionally.

Your health and well-being are our top priorities. Augusta Health's 2025 benefits are designed to provide you and your family with high-quality healthcare. We've worked hard to offer plans and options that give you the coverage you need and help you manage your healthcare costs effectively.

What's New?

2025 Benefit Enhancements (see page 7)

- No premium increases for medical, dental, vision in 2025
- Point of Service (POS): Reductions to the Augusta Tier 1 annual deductible, coinsurance, and certain co-pay
- High Deductible Health Plan (HDHP): Reductions to the Augusta Tier 1 annual deductible, coinsurance, and maximum out-of-pocket
- Health Savings Employer Contributions increase

Medical Plan Changes

- Hearing aid coverage (when medically necessary) up to \$2,000 every 48 months
- All Tier 2 Aetna Network mental health service providers moving to Tier 1 pricing
- Physical/Occupational/Speech Therapy coverage expanded to include more than 30 visits with preauthorization when medically necessary
- Augusta Health Nutrition fees lowered for medical plan members

There are 27 pay periods in 2025. All benefits will withhold over 26 pay periods and retirement benefits will withhold over 27 paychecks.



How to Enroll

Enrollment is completed online

Log in to Ultipro UKG <https://e15.ultipro.com>

1. Once logged in you will be taken to your home screen.
2. Click the Side Navigation Menu (3 bars in the upper left corner).
3. Select Myself (icon of a person).
4. From the Myself Menu select (as applicable):
 - Life Event / New Hire
 - Life Event / My Status Has Changed
 - Open Enrollment
5. Verify your dependents and beneficiaries by checking the appropriate box on the contact page and making the necessary updates.
6. On each page, elect or decline the benefits.
7. Where applicable, be sure you select the names of any dependents or beneficiaries you want to add.
8. Review your information, print your confirmation page, and then click Submit to complete your enrollments.

IMPORTANT: Your benefits will not save, unless you click SUBMIT!

Discuss Your Options and Compare Plans with Quantum Health
<https://myaugustabenefits.com/>

Review Additional Benefits Information on the Augusta Health HR Website
<https://investinginus.augustahealth.com/benefits/>

View or Change Your Benefits in Ultipro (UKG) Self-Service
<https://e15.ultipro.com>

Questions about your benefits? HR is here to help!
Email: humanresources@augustahealth.com
Phone: 540-332-4700

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Who is Eligible?

If you are an Augusta Health team member, you are eligible for benefits if one of the following applies to you:

- You are a regular full-time team member scheduled to work 36-40 hours per week
- You are a regular part-time team member scheduled to work 20-35 hours per week

Dependent Coverage

Your eligible dependents (for all plans that offer dependent coverage) include:

- Legally married spouse
- Biological children, stepchildren, adopted children, children in your custody for adoption, or under your legal guardianship through the end of the calendar year in which they turn age 26
- Permanently disabled dependent children over plan age restrictions

You may elect or waive coverage if you change from full-time to part-time or part-time to full-time. You must contact Human Resources within 60 days of the effective date of your status change.

Proof of Eligibility Documentation

Proof of eligibility documents are required for newly added dependent(s).

Spouse – adding a spouse

Marriage certificate and copy of the first two pages of most recent federal tax return showing dependent listed as spouse.

Ex-Spouse – removing spouse and/or child(ren)

Divorce decree with judge's stamp or signature. Ex-Spouses are not eligible for benefits, even with a court order.

Child(ren) – adding a child or children

Copy of birth certificate or copy of the court document with name of team member or spouse receiving custody, date of change of eligibility, name(s) of minor child(ren), and judge's stamp or signature.

Death – loss of dependent spouse or child

Copy of death certificate or obituary for medical, dental, vision, HSA, or FSA. Copy of death certificate required for life/AD&D/critical illness.

Gain/Loss of other coverage – you/spouse/child changes coverage with another provider or government sponsored program.

Documentation from other employer or government sponsored program showing change in eligibility and must include benefit plan(s) and date of gain/loss of coverage. Must include a consistent gain/loss of coverage.

Cost/coverage of other provider changes – Documents from the employer showing the cost and/or changes in coverage

including effective date, type and % of change. Cost/change must be an increase of 20% or more.

Change in place of home residence – Documentation showing proof of old/new address and that residency changed by more than 60 miles.

Change in worksite (Dependent Care FSA only) – Documentation from employer confirming change in worksite from home to office or vice versa and effective date of the change.

When already enrolled in the benefit, change in plan options mid-year is not permitted (ex. change health benefits to/from HDHP/POS, or dental benefits to/from Enhanced/Basic, etc.) You must contact the Augusta Health HR Benefits Office and provide proof of eligibility by the number of days to elect, or you will lose your right to change your election mid-year (see chart on next page).



Changing Your Plan Options

You can sign up for benefits or change your elections/covered dependents at the following times.

Annual Open Enrollment

Annual open enrollment (October 21 – November 2, 2024). You can elect or make changes for the next plan year during the annual benefits open enrollment period.

Newly Hired at Augusta Health

31 days from start of employment.

Job Status Change

60 days from job status change that makes you benefit eligible.

Qualifying Life Event

Outside of an enrollment period, you can only elect or make changes to your coverage if you have a qualifying work or family status change event such as a birth, marriage, divorce, or experiencing a gain or loss of other coverage. Please consult the chart below for the number of days you have to elect benefits after experiencing a qualifying life event.

Note: When already enrolled in the benefit, change in plan options mid-year is not permitted.

Enrollment Reasons	Days to Elect
Open Enrollment	Open Enrollment runs from October 21, 2024 through November 2, 2024. Elections must be made in Ultipro UKG by midnight November 2, 2024. Open Enrollment benefits are effective January 1, 2025.
Newly Hired at Augusta Health	31 days from start of employment.
Change in job status at Augusta Health to/from full-time/part-time status	60 days from job status change.
Marriage	60 days from date of the ceremony with recorded file date.
Divorce	60 days from the effective date of the court document.
Death of spouse/dependent	60 days from date of death.
Birth	60 days from date of birth.
Adoption/placement for adoption	60 days from the effective date of the court document.
Gain or loss of eligibility for other group coverage or government sponsored program	60 days from the other group coverage or government program start/end date.
Start or end of employment for spouse or dependent	60 days from other group coverage start/end date.
Leave of absence	60 days from absence status change.
Change in place of residence greater than 60 miles	60 days from change in residency.
Change in worksite (dependent care FSA only)	60 days from the change in worksite.
Cost and/or coverage change in the spouse and/or child's health and/or dental benefit	60 days from the change.
Reduction in hours at Augusta Health to a non-benefit status (example: PRN)	Medical, dental, vision, and FSA benefits automatically cancel at midnight on the last day of the month in which the change in status is effective. All other benefits end on date of change in status.
Termination or retirement from Augusta Health	Medical, dental, vision, and FSA benefits automatically cancel at midnight on the last day of the month in which the change in status is effective. All other benefits end on date of termination.



Cost of Premiums

Medical, Dental, and Vision Premiums for 2025

There are 27 pay periods in 2025. Most benefits will withhold over 26 pay periods and retirement benefits will withhold over 27 paychecks.

Full-Time Team Members

Benefit	Team Member Only	Team Member + Child	Team Member + Children	Team Member + Spouse	Family (1 FT Team Member)	Family (2 FT Team Members)	Family (1 FT-1 PT Team Member)
Medical Options:							
HDHP	\$51.69	\$116.31	\$171.69	\$169.85	\$235.38	\$165.23	\$212.31
POS	\$74.77	\$159.69	\$243.69	\$211.38	\$305.54	\$214.15	\$275.08
Dental Options:							
Delta Basic	\$8.52	\$17.42	\$29.46	\$17.42	\$29.46	\$17.68	\$25.03
Delta Enhanced	\$13.59	\$26.80	\$45.32	\$26.80	\$45.32	\$33.54	\$40.90
Vision Care:							
EyeMed Network	\$2.88	\$5.46	\$8.46	\$5.75	\$8.46	\$8.46	\$8.46

Part-Time Team Members

Benefit	Team Member Only	Team Member + Child	Team Member + Children	Team Member + Spouse	Family (1 PT Team Member)	Family (2 PT Team Members)
Medical Options:						
HDHP	\$113.54	\$209.54	\$309.23	\$305.54	\$423.69	\$353.54
POS	\$164.31	\$287.08	\$438.46	\$380.31	\$550.15	\$458.77
Dental Options:						
Delta Basic	\$11.93	\$20.90	\$35.34	\$20.90	\$35.34	\$32.40
Delta Enhanced	\$16.99	\$30.28	\$51.21	\$30.28	\$51.21	\$48.26
Vision Care:						
EyeMed Network	\$2.88	\$5.46	\$8.46	\$5.75	\$8.46	\$8.46





What's New for Medical Benefits in 2025

You and your family have access to valuable health benefits that cover your medical needs. Costs are shared between Augusta Health and you. Augusta Health covers a significant portion of your health benefits, including premiums for medical, dental, and vision plans. This is part of our commitment to supporting your health and well-being, helping to reduce the financial burden of healthcare. **It's important to understand the difference between Tier 1 and Tier 2 networks, so you can make informed decisions when choosing healthcare providers and services.**

Augusta Health Tier 1 Network:

The Augusta Health Tier 1 network consists of preferred providers who offer services at the lowest out-of-pocket cost. Choosing a Tier 1 provider means lower copays, coinsurance, and overall medical costs, helping you maximize the benefits of your medical plan while minimizing expenses. You're encouraged to use the Tier 1 network whenever possible to get the most value from your medical plan.

Aetna Tier 2 Network:

The Aetna Tier 2 network includes approved providers but at a slightly higher cost compared to Tier 1. While you still receive coverage, you will have higher out-of-pocket expenses, such as increased copays or deductibles, when using providers in this tier.

POS Augusta Health Tier 1 Network

	2024		2025	
Annual Deductible	Single: \$600	Family: \$1,200	Single: \$0	Family: \$0
Co-Insurance	25%		20%	
Primary Care Office Visit Co-pay	\$30		\$0	
OB-GYN Office Visit Co-pay	Generalist: \$30	Specialist: \$50	Generalist: \$0	Specialist: \$0
Reduced out-of-pocket expenses				

POS AETNA Tier 2 Network

	2024		2025	
OB-GYN Office Visit Co-pay	Generalist: \$45	Specialist: \$65	Generalist: \$30	Specialist: \$50
Reduced out-of-pocket expenses				

HDHP AETNA Tier 2 Network

	2024		2025	
OB-GYN Office Visit Co-pay	Generalist: 35% after deductible	Specialist: 35% after deductible	Generalist: 25% after deductible	Specialist: 25% after deductible
Reduced out-of-pocket expenses				

HDHP Augusta Health Tier 1 Network

	2024		2025	
Annual Deductible	Single: \$1,700	Family: \$3,400	Single: \$1,650	Family: \$3,300
Co-Insurance	25%		20%	
Maximum Out-of-Pocket	Single: \$4,500	Family: \$9,000	Single: \$4,000	Family: \$8,000
Reduced out-of-pocket expenses				

Medical Plan

- Hearing aid coverage (when medically necessary) up to \$2,000 every 48 months
- All Tier 2 network mental health service providers moving to Tier 1 pricing
- Physical/Occupational/Speech Therapy coverage expanded to include more than 30 visits with preauthorization when medically necessary
- Augusta Health nutrition counseling fees lowered for medical plan members

HSA Employer Contribution Increasing

- Single was \$750 in 2024 increasing to \$1,000 in 2025. Family was \$1,500 in 2024 increasing to \$2,000 in 2025.



Health Savings Account (HSA)

An HSA is a tax-advantaged savings account that individuals can use to pay for qualified medical expenses. The IRS sets annual contribution limits for HSAs. To be eligible for an HSA, you must be enrolled in the Augusta Health High Deductible Health Plan (HDHP).

What makes an HSA so great?

Augusta Health will contribute to your HSA:

- \$1,000 for Team Member Only
- \$2,000 for Families (Team Member + Child/Children/Spouse/Family)

The combination of your contributions and your employers cannot exceed the IRS limits per calendar year.

HSA IRS Contribution Limits for 2025

- Team Member Only: \$4,300
- Team Member + Child/Children/Spouse/Family: \$8,550

If you are age 55 or older, you can contribute an extra \$1,000 on top of the normal IRS limits.

Key Features

- The money you save in your account can be spent on qualified Medical, Dental, and/or Vision expenses.
- The money you save stays with you if you change jobs. Just like any other bank account, unspent funds remain yours.
- HSA is a great way to save for your immediate expenses and for retirement.
- The money in the account is available as it's deposited.
- The option to start, stop, or change your contribution per pay period.
- The IRS requires expenses to be substantiated (keep copies of your HSA receipts and documentation of expenses).

Take advantage of triple tax savings through the HSA:

1. Reduce your taxable income by contributing to a Health Savings Account.
2. Pay for qualified Medical, Dental, and/or Vision expense free of tax.
3. Earn tax-free interest on HSA dollars and invest tax free.

Note: You cannot have a Health Savings Account and:

- Be enrolled in Medicare, Medicaid, Tricare, or a non-HDHP plan (if you gain this coverage, you must stop contributions, but you can spend down any money in the account).
- Be claimed as another person's tax dependent.
- Have a Full Purpose Medical Flexible Spending Account – nor can your spouse, even if you are not participating in their medical plan and/or they are not enrolled with you.





Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) is a great way to save money. You never pay taxes on this money as long as you use it to pay eligible expenses, so it boosts your spending power. Flexible spending accounts must be reelected each year during Open Enrollment. You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying life event. There are three types of FSAs as shown in the chart below.

	Full Purpose Medical FSA	Limited Purpose Dental and Vision FSA	Dependent Care FSA
Eligibility	Open to all benefits eligible team members except those enrolled in Augusta Health's HDHP plan (or another HDHP medical plan)	Open only to team members enrolled in Augusta Health's HDHP medical option	Open to all benefit eligible team members – note the dependent eligibility rules prior to electing
Use It or Lose It	Unspent funds are forfeited at the end of the plan year	Unspent funds are forfeited at the end of the plan year	Unspent funds are forfeited at the end of the plan year
Interest Bearing	No	No	No
Funds Availability	Full annual election available day one	Full annual election available day one	Available as deposited
What can funds be used for?	Qualified Medical, Dental, and Vision expenses	ONLY for qualified Dental and Vision expenses	Tax dependents – qualified child-care expenses through age 12, or adult daycare (to be used so you and your spouse, if applicable, can go to work)
Employer Contribution	No	No	No
Pre-Tax Funding	Yes	Yes	Yes
2025 IRS Maximum Contribution	\$3,300 Maximum \$250 Minimum	\$3,300 Maximum \$250 Minimum	\$5,000 Maximum \$250 Minimum
IRS Required Expense Tracking	IRS rules require that all FSA claims be substantiated. You must be able to provide receipts and accompanying documentation.	IRS rules require that all FSA claims be substantiated. You must be able to provide receipts and accompanying documentation.	IRS rules require that all FSA claims be substantiated. You must be able to provide receipts and accompanying documentation.



Vision Insurance

Vision insurance helps offset expenses for eye exams, glasses, or contact lenses. **View vision premiums on page 6.** All coverage shown is in network. Receive the highest level of benefits available by choosing an EyeMed participating provider.

	EyeMed Network
Eye Exam	\$10 copay for a refractive eye exam
Frames	\$0 copay, \$130 allowance, 20% off balance over \$130
Contact Lens Fit	Up to \$40, 10% off retail
Conventional Contacts	\$0 copay, \$130 allowance, 15% off balance over \$130



Dental Insurance

Good dental hygiene has substantial impact on your overall health. Staying current with your preventative dental care prevents both oral conditions and other diseases. Something to smile about: With our dental plans, preventive care (cleanings and checkups) doesn't count toward your annual maximum.

View dental premiums on page 6. All coverage shown is in network. Receive the highest level of benefits available by choosing a participating Delta Dental Premier dentist.

	Delta Dental Premier Network
Enhanced Dental	
Deductible	\$50 per person; \$150 per family, per calendar year
Annual Maximum	\$2,000 per person, per calendar year
Orthodontic	\$2,000 per person, lifetime maximum
Basic Dental	
Deductible	\$50 per person; \$150 per family, per calendar year
Annual Maximum	\$1,000 per person, per calendar year
Orthodontic	Not Covered





Team Member Wellness Program

Earn up to \$400 annually
through program engagement!

Sign up today!

Visit app.wellable.co/augustahealth
or scan the QR code to get started!



Sign-up to participate in Augusta Well Together, your **FREE** team member wellness program. Our program offers monetary incentives, wellness challenges, and a wellness platform that you can access directly from your computer or mobile device. All full-time, part-time, and PRN team members are eligible to participate, regardless of medical insurance participation!

Earn \$100 Quarterly Incentives

Team members can earn up to **\$400 annually** by participating in challenges, practicing healthy habits, and engaging in our various wellness program offerings.

Gym Membership Reimbursements

Team members can earn up to **\$432 annually** in gym membership reimbursements. Gym membership reimbursements are available at Augusta Health Fitness for on-site team members or at a location closer to you for off-site/remote team members. **More information can be found [here](#).**

Themed Challenges with Additional Rewards

Team members can participate in diverse, fun, and interactive challenges that promote healthy behaviors across multiple dimensions of health. Additional monetary prizes are awarded for challenge leaders!

No-Cost & Discounted Health and Wellness Services

Augusta Well Together offers a variety of **no-cost or discounted programs** that can help you achieve your best health! Our offerings include (but are not limited to) health coaching, fitness coaching, medical fitness programming, and nutritional consults with a dietitian. **A full program list can be found [here](#).**

Personal Support & 1:1 Connections

Team members can meet with our Wellness Navigator and Board-Certified Health and Well-being Coach for free health coaching, fitness coaching, biometric screenings, and goal planning sessions. **Schedule a session [here](#).**

Wellness Platform with App & Device Integrations

Our wellness platform, Wellable, offers direct connections to leading fitness and nutrition trackers, taking the guess work out of your tracking efforts!

Monthly Holistic Webinars and Health Tips

Augusta Well Together proactively provides reliable, evidence-based health information and webinars on a wide breadth of topics.



Retirement

Starting to save early and consistently for retirement is one of the best decisions you can make for your long-term financial well-being.

Augusta Health Care 403(b) Plan

All team members are eligible to participate in Augusta Health's 403(b) retirement plan.

You Contribute:

- Determine how much to contribute.
- Contribute between 1% and 75% of your annual eligible pay before taxes up to IRS limits.
- Post-Tax Roth contributions are also available.
- You are immediately 100% vested in your 403(b) contributions.
- Choose your investments from a broad range of asset classes.
- You may be able to access money in your retirement plan account through a loan, in-service withdrawal, or hardship.
- Automatic Enrollment — if you do not decline participation within 30 days, you will be automatically enrolled at a deferral rate of 1% of your eligible pay. Automatic enrollees who do not choose an investment allocation have their deferrals invested in the default fund—an age-appropriate target-date fund.
- Contribution Accelerator — you are automatically enrolled in this feature unless you opt out. Your contribution amount will increase by 1% annually, up to a maximum of 75% of your pay. You can opt out of this feature at any time.

Augusta Health Care Retirement Savings Plan 401(k)

All full-time or part-time team members (except PRNs and Relief) are eligible to receive the employer match.

- Augusta Health Matches: Eligible team members will receive an employer match of 50% of the first 6% of their 403(b) contributions.
- The employer match is based on any team member contributions to the 403(b) Plan made by part-time or full-time team members.
- After three years of service, you will be vested in any employer contributions to the 401(k) Plan.
- Team member contributions are not allowed into the 401(k) Plan.

Retirement Tools and Resources

Online, by phone, or virtually, you have access to a wide variety of account management tools and educational resources from Empower to help you plan for retirement.

Online – <https://participant.empower-retirement.com/>
Review retirement program information, name beneficiaries, view account balances, research investment options, and perform transactions.

Toll Free: **866-467-7756**

Financial literacy website: www.empower.com/virtualcoach



Voluntary & Worksite Benefits

Employer Paid Life Insurance and Employer Paid Accidental Death & Dismemberment (AD&D)

Augusta Health's voluntary benefits offer additional coverage options and financial protection beyond our core benefits. These benefits are optional but can offer peace of mind for our team members and their families. Voluntary benefits include Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance, Hospital Indemnity Insurance, Critical Illness Insurance, as well as short-term & long-term disability.

Augusta Health provides eligible team members (full-time or part-time scheduled to work at least 20 hours per week) life insurance and accidental death and dismemberment (AD&D) insurance at no cost through Sun Life. Life insurance benefits provide income to your beneficiary(ies) to help meet expenses in the event of your death. AD&D insurance can provide income for you in the event of an accidental loss of limb or sight or for your family in the event of accidental death.

Basic life coverage includes one times your annual earnings, subject to a maximum of \$150,000.

Basic AD&D coverage includes two times your annual earnings, subject to a maximum of \$300,000.

Supplemental Life - Available for Team Members, Spouse, and Child(ren)

Elect for the minimum of \$10,000 up to a maximum of \$500,000 in supplemental life insurance or accidental death and dismemberment through Sun Life. The guaranteed issue amount is the amount of insurance that you may elect without providing evidence of good health. If you enroll as a new hire, the guaranteed issue amount is the lesser of seven times earnings or \$500,000.

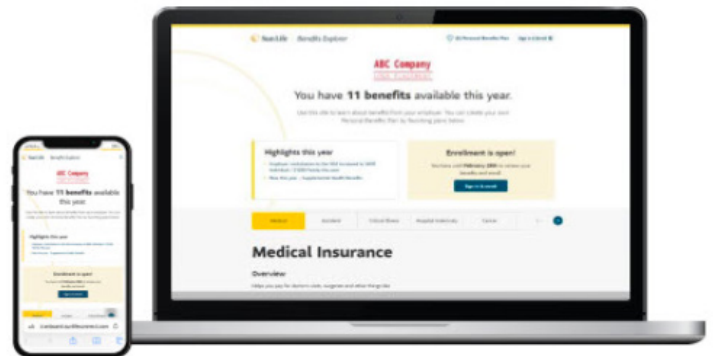
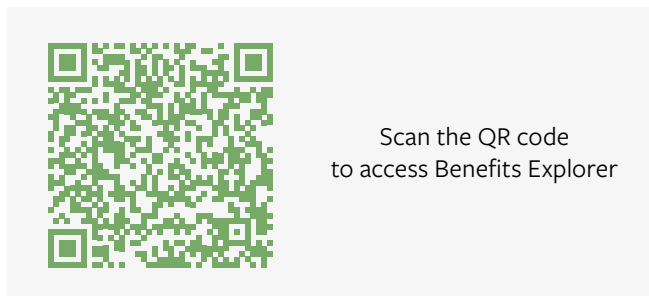
You may also elect to purchase coverage on the lives of your spouse and/or dependent children. Spouse benefit amounts are available for the minimum of \$5,000 up to a maximum of \$500,000 (not to exceed 100% of your team member Life or AD&D amounts). You may not elect coverage for your spouse if your spouse is covered as a team member under this policy. The spouse guarantee issue amount is \$50,000 and amounts over \$50,000 require medical evidence. Late enrollees must provide medical evidence. Children are qualified until they turn age 26. Also, unmarried children over the age of 26 who are disabled may be eligible if certain conditions are met. Child benefit amount: \$10,000 per child.

Benefits Explorer is Your Digital Benefit Counselor

You can:

- Learn more about the benefits from Sun Life that Augusta Health is offering this year
- Create your Personal Benefits Plan

Sun Life provides support to help you understand and enroll in benefits, either virtually or on a 1:1 phone call.



Age Reductions: For most employer paid and voluntary insurance benefits, including Life Insurance and Accidental Death & Dismemberment Insurance (AD&D), the insured team member and/or spouse will have their coverage reduce by 50% at age 70. View each policy document for details on age based rates and age reduction rules.

Supplemental Accidental Death & Dismemberment (AD&D) – Available for Team Members, Spouse, and Child(ren)

You have the option to purchase supplemental AD&D insurance coverage. For spouse AD&D, you have the option to purchase amounts in increments of \$5,000 from a minimum of \$5,000 to a maximum of \$500,000. For child(ren), AD&D is a flat amount of \$10,000.



Voluntary Accident, Critical Illness, and Hospital Indemnity

Options that help you plan for the unexpected. Rates and age limitations apply. View the full schedules of benefits for more details.

Voluntary Accident Insurance

Reduces financial exposure due to an accident. Provides lump-sum and daily benefits for off-job covered accidents.

Examples:

- Ambulance Services
- Burns
- Chiropractic Services
- Concussions
- Fractures
- Lacerations
- Paralysis
- X-rays

Voluntary Critical Illness Insurance

Supplements medical coverage costs and can be used for deductibles, prescriptions, transportation, and childcare. Note: Benefits stop at age 70.

Examples:

- Alzheimer's
- Heart Attack
- Stroke
- Life-Threatening Cancer
- Loss of Hearing, Speech, or Sight
- Cerebral Palsy
- Cleft Lip or Palate
- Spina Bifida

Voluntary Hospital Indemnity

Reduces financial exposure due to hospital admission, including room and board, paid out in one lump sum to help cover costs.

Examples:

- Hospital Room and Board (up to 180 days per year)
- Hospital Critical Care Unit Benefits per day (up to 30 days per year)



Employer Paid Short-Term Disability (STD)

Short-term disability insurance with Sun Life provides income replacement when an eligible team member is unable to work due to a covered illness, accidental injury, or condition including, sickness, mental illness, substance abuse or pregnancy. Short-term disability pays a percentage of the regular full-time or regular part-time team member's salary (60% for Augusta Health team members) for a specified amount of time.

The benefit starts on the eighth consecutive day of total disability or disabled and working. Payments will be the lesser of 60% of pre-disability earnings or \$2,500, reduced by other income benefits.



Employer Paid Long-Term Disability (LTD)

Sun Life long-term disability insurance provides income replacement to eligible team members who are unable to work for an extended period due to a covered illness, injury, or medical condition. LTD benefits start following the 180 day elimination period that runs concurrent with STD. Payments will be 60% of the team member's salary up to a monthly maximum of \$10,000 based on pre-disability earnings.

It's the simplest way to stay up-to-date on your plan and claims. Just head to www.sunlife.com/createaccount and register. You can also snap the QR code to be taken to the registration page. Our site is available via mobile or desktop.



Your Sun Life account allows you to:

- Upload claims
- View claim status and payment information
- Report your return-to-work date
- Submit requests for leave of absence

Sun Life claims specialists will help you register by phone 888-444-0239, Monday through Friday from 8 a.m. to 8 p.m. ET.



Education Assistance

Tuition.io Loan Assistance (PSLF, SLRA)

Augusta Health has partnered with Tuition.io to support the financial health of team members. Tuition.io provides in-depth education and comprehensive support to assist team members with their student loans.

Public Service Loan Forgiveness (PSLF) support is an existing federal program that forgives (tax-free) any remaining student loan balance for those who work full-time at a qualified not-for-profit and make 120 qualifying payments. Augusta Health qualifies as an eligible employer for the PSLF Program. Tuition.io guides team members through the complex process of determining PSLF eligibility and filing an application.

The PSLF support, financial wellness tools, and tuition assistance administration are available to all team members. All team members with student loans should apply for PSLF to determine if they qualify.

Student Loan Repayment Assistance (SLRA) is available to team members in certain nursing and respiratory therapy positions. Team members who qualify for this program will receive \$350/month towards their eligible non-taxable student loan payment up to \$5,250/year, or taxable loan payment if above the \$5,250 up to the maximum of \$10,000 across ALL educational benefits.

Tuition Reimbursement

To support the professional and career growth goals of our team members, Augusta Health offers a Tuition Reimbursement Program for job-related education. This education could pertain to current roles or opportunities for promotion or transfers including development for specific skills, preparing, or maintaining licensure or certification, or earning a degree.

View step-by-step instructions on how to apply as well as program details by visiting Education and Tuition at the Augusta Health HR Benefits Page: <https://investinginus.augustahealth.com/benefits/>.



Vizient - Discounts for Team Members and their Families

All team members are eligible for a wide variety of discounts, savings, and exclusive offers for those special members of our families. Joining is easy and the array of vendor offerings is tremendous. Visit, <https://investinginus.augustahealth.com/taking-care-of-us/> to view the Vizient instructions and start saving today!



Canopy Employee Assistance Program (EAP) Team Member and Family Assistance

Canopy is a FREE and CONFIDENTIAL benefit with a range of services and resources to help you and your family members with issues big, small and everything in between. Get up to eight (8) free, personal, and confidential counseling sessions per incident per year, for you and anyone in your household. Sessions can be face to face, over the phone, or virtually for concerns such as resources and information related to childcare, eldercare, caregiving, and more. Canopy's offerings include Resources for Life and other unique offerings. Contact Canopy for a free thirty-minute office or telephone consultation. Crisis Counselors are available by phone 24/7 year-round. Call: 800-433-2320, Text: 503-850-7721, or email: info@canopywell.com

A 25% discount from the attorney's/mediator's normal hourly rate is available once the free sessions are completed.

- Relationship Conflict
- Depression
- Family Relationships
- Alcohol or Drug Abuse
- Professional Development
- Financial Coaching
- Pet Parent Resources
- Conflict at Work
- Stress Management
- Anxiety
- Grieving a Loss
- Legal Consultations/Mediation
- Home Ownership and Housing Support
- Wellbeing Tools





Annual Notices and Additional Benefit Resources

Click any of these resources in the below list to view/print, or access online at <https://investinginus.augustahealth.com/benefits/>.

To request printed versions please contact us by email at humanresources@augustahealth.com or by phone 540-332-4700.

[Augusta Health Medical Benefits Summary Plan Description](#)

[Continuation Coverage Rights Under COBRA](#)

[Glossary of Health Coverage and Medical Terms](#)

[HIPAA Privacy Notice](#)

[HIPAA Special Enrollment Notice](#)

[Marketplace Coverage Options](#)

[Medicaid and the Children's Health Insurance Program \(CHIP\)](#)

[Medicare D Creditable Coverage Notice](#)

[Newborn and Mothers' Health Protection Act](#)

[No Surprises Act Billing Notice](#)

[Pharmacy Benefits FAQ](#)

[Preventative Care Notice](#)

[Augusta Health Care 403\(b\) Plan Summary of Material Modifications](#)

[Virginia FAMIS Healthcare for Children Program](#)

[Women's Healthcare and Cancer Rights Act](#)





Where to Call for Answers

Benefit Provider	Phone	Online or Download their App	Plan # (where applicable)
Quantum Health – Healthcare and Pharmacy Your Benefit Care Coordinators. Ready to assist you and your family with claims, billing, general benefit questions, search for in-network providers, verify coverage, prior approvals, provider outreach for care coordination, and replace ID cards.	866-989-3044	www.myaugustabenefits.com	Medical Group #18816 RX Group #AGHo1
Augusta Health HR Benefits Team – Email: humanresources@augustahealth.com	540-332-4700	https://investinginus.augustahealth.com/benefits/	
Delta Dental – Dental	800-237-6060	www.deltadentalva.com	Group #06017
EyeMed – Vision	866-723-0514	www.eyemedvisioncare.com	Group #9830365
WEX – HSA, FSA	866-451-3399	https://benefitslogin.wex-health.com	
WEX – COBRA	866-451-3399	https://cobralogin.wexhealth.com	
Empower Retirement – 403(b) and 401(k)	866-467-7756	https://participant.empower-retirement.com/	403(b) Plan #556525-02 401(k) Plan #556525-01
Sun Life Disability – FMLA, STD, LTD, ADA	888-444-0239	www.sunlife.com/account	Plan #966826
Sun Life Insurance – Supplemental Life & AD&D; Critical Illness; Accident; and Hospital Indemnity	877-820-5306	www.sunlife.com/account	
Tuition.io – Loan Assistance (PSLF, SLRA) Email: support@tuition.io	855-353-9395	https://augustahealth.tuition.io/register	
Tuition Reimbursement – Email: humanresources@augustahealth.com	540-332-4700		
CANOPY (EAP) – Team Member and Family Assistance	800-433-2320	https://www.canopywell.com/	
Vizient – Discount Program for team members and their families	Online & Mobile Registration	https://investinginus.augustahealth.com/taking-care-of-us/ (scroll to Vizient for full details)	



Plan Support for Healthcare Guidance and Benefit Information

Navigating your health care can be complicated. **As part of your Augusta Health Medical Plan benefits, you have access to a personal team of nurses, benefits and claims specialists who will do whatever it takes to support your unique healthcare and benefits needs.**

Quantum Health Care Coordinator	Augusta Health Nurse Navigator
<ul style="list-style-type: none"> Answers questions about claims, billing, and benefits Explains benefits coverage Replaces lost Medical Plan ID cards Verifies benefits to ensure your care is covered Assists with getting prior approval for authorization/precertification Explains and answers questions about in- and out-of-network care Finds in-network providers Helps you with any other benefits, such as dental, vision, life, and disability insurance 	<ul style="list-style-type: none"> Follows up after a procedure or hospitalization or if you have a more complex clinical need/situation. This includes a personal phone call to: <ul style="list-style-type: none"> Help with getting timely post-hospital follow-up visits Answer questions regarding discharge instructions Assist with paperwork for Medication Assistance Program/Medicaid Helps you identify signs and symptoms requiring immediate medical attention Assists you with connecting with local resources Helps you with personalized care plans designed specifically for managing chronic conditions like diabetes, heart disease, and asthma Helps you access resources to lower costs and improve your quality of life Provides help with understanding your medications, treatments, and follow-up Helps with managing prescription costs by finding lower-cost alternatives or accessing available savings programs Supports you when there are concerns about your prescriptions

How can I get started and how do I know who to contact?

Quantum will continue to be the “front-door” for you to access all healthcare and medical plan support services. **Quantum Benefit Coordinators** will continue to assist you with your benefit plan questions and claims concerns. They will transfer you to an **Augusta Health Nurse Navigator** when needed for more complex healthcare needs.

There are options to reach a Quantum Health Care Coordinator or Augusta Health Nurse Navigator:

- Call **866-989-3044**, Monday – Friday: 8:30 a.m. – 10 p.m. ET.
- Log in to your personalized account at <https://myaugustabenefits.com/>. First time users will need to register.
- You may also contact an Augusta Health Nurse Navigator directly, if needed, by calling **540-471-2327** or email CareNavigators@AugustaHealth.com.



Augusta Health | UKG Benefits Team Member Job Aid

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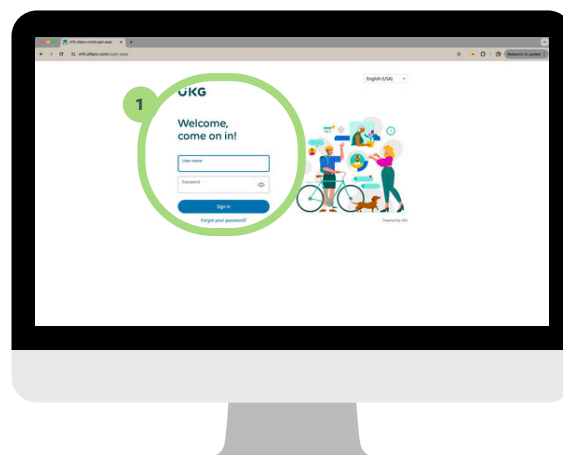
Section 1

How to Access Your UKG Benefit Enrollment for Open Enrollment, New Hires, and Life Events

1 Log into UKG/Ultipro

(New System Users or for Password Resets, [please start here](#))

- Username: your 5-digit team member ID
- Password: Use Date of Birth - MM/DD/YYYY to login, ONLY if it is your first time logging in or you are resetting your password.



Please note:

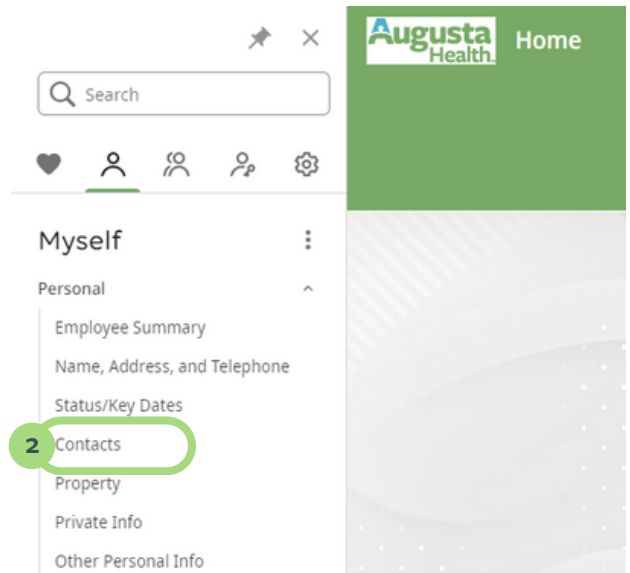
When resetting your UKG/Ultipro password or logging in for the first time, you'll use your date of birth. You will then be prompted to personalize it with a new 15-character password.

Section 2

Adding or Changing Your Beneficiaries and Dependents

2 Verifying Beneficiaries and Dependents

- View summary information.
- To edit information about a beneficiary or dependent, select the Name.
- Click Edit. (Edit the information, as needed.)
- Click Save.
- To add a new beneficiary or dependent, click the Add button in the upper right hand corner. (Make sure Social Security Number, Date of Birth, and Gender are added.)



Contacts

Status: Active			add print help
Name ↑	Relationship	Designation	
Mouse, Minnie	Spouse	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact	
Mouse Jr., Mickey	None	<input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact	

Section 2 (continued)

Adding or Changing Your Beneficiaries and Dependents

Please note:

Any person you are adding to your benefit plans as a Dependent must be a spouse and/or children. Social Security numbers, birth dates, and gender are required to add each Dependent to your plans. The designation for each also needs to be checked to add a Dependent or Beneficiary to your plans. If these fields are not checked or completed, you will not be able to proceed with adding your family members.

Add/Change Contact

delete
save
reset
cancel
print
help

Designation

Select at least one designation for this contact. **Note:** Identifying this record as a **Dependent** or **Beneficiary** only makes them eligible for consideration, it does not automatically add them to any benefit plans.

Relationship
None

Designation
☐ Dependent
☐ Beneficiary
☐ Emergency contact

Mouse Jr., Mickey

cancel
edit
print
help

Personal

SSN
123 45 6789

Date of birth
10/05/2007

Gender
Male

Date of marriage

Date of divorce

Employer

Occupation

Designation

Relationship
None

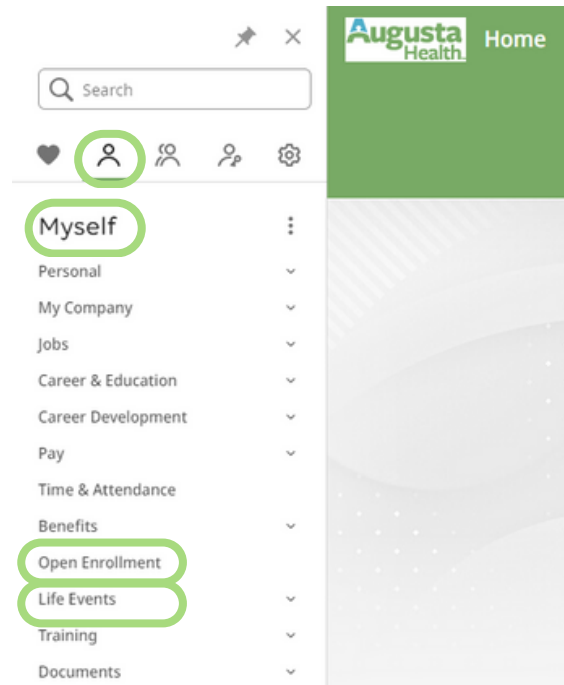
☒ Dependent
☐ Beneficiary
☐ Emergency contact

Section 3

Accessing your Benefit Enrollment Event

Follow these steps:

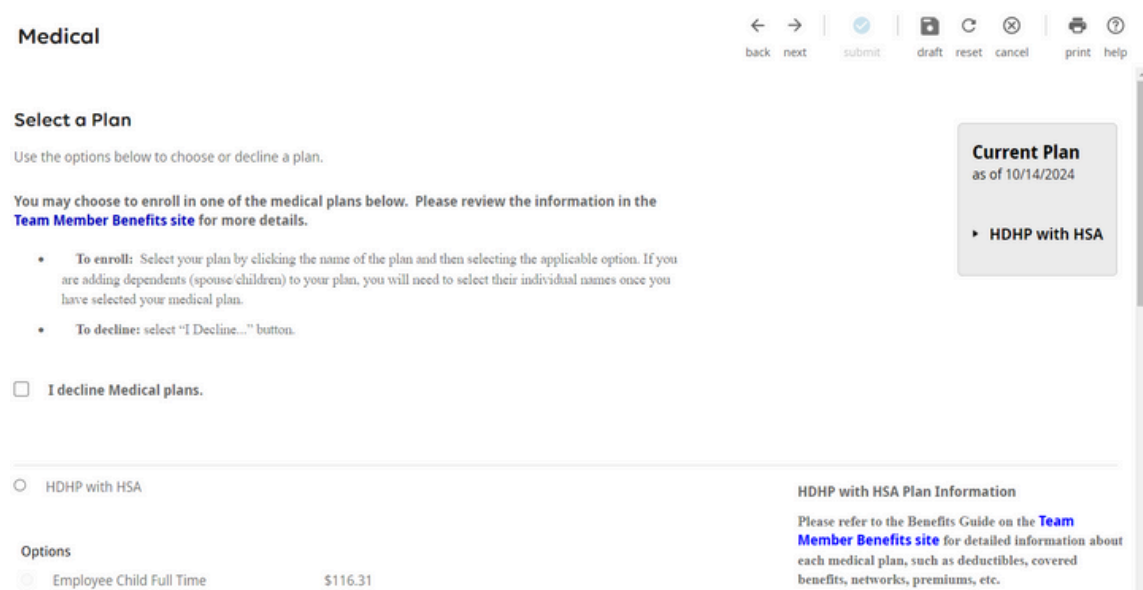
- Click the Side Navigation Menu (3 bars in the upper left corner).
- Select Myself (icon of a person).
- From the Myself Menu select (as applicable):
 - a. Open Enrollment
 - b. Life Event / New Hire
 - c. Life Event / My status Has Changed



Section 4

Enrolling in your Benefit Plans

Select or Decline a plan.



Medical

Select a Plan

Use the options below to choose or decline a plan.

You may choose to enroll in one of the medical plans below. Please review the information in the [Team Member Benefits site](#) for more details.

- To enroll:** Select your plan by clicking the name of the plan and then selecting the applicable option. If you are adding dependents (spouse/children) to your plan, you will need to select their individual names once you have selected your medical plan.
- To decline:** select "I Decline..." button.

☐ I decline Medical plans.

☐ HDHP with HSA

Options

Options	Premium
<input type="radio"/> Employee Child Full Time	\$116.31

HDHP with HSA Plan Information

Please refer to the Benefits Guide on the [Team Member Benefits site](#) for detailed information about each medical plan, such as deductibles, covered benefits, networks, premiums, etc.

Navigation: back, next, submit, draft, reset, cancel, print, help

- To Select, click the radio button next to the plan name.
- If you choose anything other than employee only you must elect the dependents to be enrolled in the plan.
- To decline, click the I decline button above plans presented.
- Select Next.

Follow the above steps for all benefits offered.

- Depending on the benefit you are electing, additional fields may appear.
- For a plan with beneficiaries, you are required to enter applicable beneficiary information as well as percentages for primary and secondary beneficiaries. See steps below.
- Evidence of insurability (EOI) may be required for life insurance plans. If applicable, a message will appear. The maximum benefit amount that can be elected will be displayed.

Section 4 (continued)

For Health Savings, Flexible Spending, and Dependent Care Accounts:
Elect either your contribution per paycheck or annual contribution.

Flexible Spending Account

Select a Plan

Use the options below to choose or decline a plan.

A **Flexible Spending Account (FSA)** allows employees to contribute tax-free dollars into an account that can be used throughout the year on qualified medical, dental and vision or qualified dependent care expenses — reducing out-of-pocket costs. **Please review the information in the [Team Member Benefits site](#) for more details.**

We offer three different types of accounts:

1. A **Full Purpose Medical FSA** that covers general-purpose health expenses for employees ~~not~~ enrolled in the HDHP medical plan.
2. A **Limited Purpose Dental and Vision FSA** that covers dental & vision expenses for those that are enrolled in the HDHP ONLY.
3. A **Dependent Care FSA** that lets participants save money on day care expenses for children up to

[Read more](#)

☐ I decline the Flexible Spending Account plan.

☒ Flexible Spending Account

\$640.00 Biweekly*

Enter amount for:

☒ Contribution per pay check

\$640.00

☐ Annual contribution

\$3,200.00

Beneficiaries

For plans that require beneficiaries to be added:

EE Supplemental Life

☐ I decline EE Supplemental Life plans.

☒ Supplemental Life Employee

\$25.40 Biweekly*

Benefit Amount


Benefit amount

\$500,000.00

The maximum benefit amount value is \$500,000.00

Coverage start date*: 10/15/2024

*Estimated values

 Enroll Beneficiaries

Name	Primary	Secondary
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> 100	<input type="radio"/>
	100.00%	0.00%

Click the check box next to the name of the beneficiary. Enter the percentage amount for the beneficiary. Primary beneficiaries must total 100%. Secondary beneficiaries, if selected, must also total 100%.

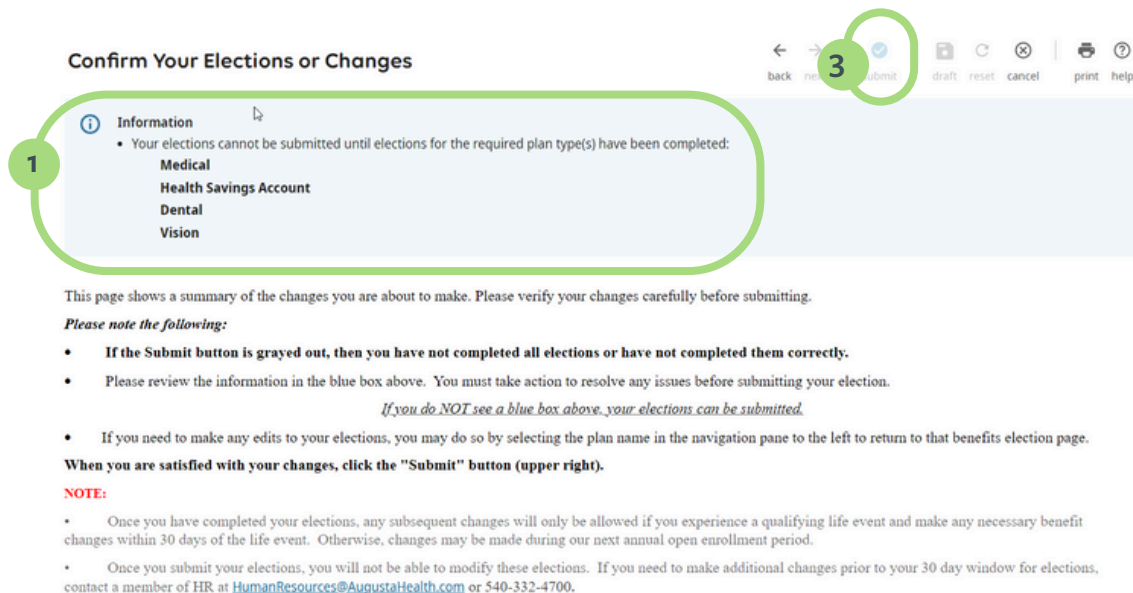
Section 5

Review and Submit

Review the election information on the Confirm Your Changes page. This page contains personal information and benefits selected and declined. Return to the applicable pages to make any changes, if needed. If there are any errors or information needed these notifications will be shown at the top of this screen.

Please note the following:

1. If you do NOT see a blue box above your elections, your elections can be submitted.
2. If you need to make any edits to your elections, you may do so by selecting the plan name in the navigation pane to the left to return to that benefits election page.
3. If the Submit button is grayed out, then you have not completed all elections or have not completed them correctly.



Confirm Your Elections or Changes

back new **3** submit draft reset cancel print help

1 Information

- Your elections cannot be submitted until elections for the required plan type(s) have been completed:
 - Medical
 - Health Savings Account
 - Dental
 - Vision

This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting.

Please note the following:

- If the Submit button is grayed out, then you have not completed all elections or have not completed them correctly.
- Please review the information in the blue box above. You must take action to resolve any issues before submitting your election.

If you do NOT see a blue box above, your elections can be submitted.
- If you need to make any edits to your elections, you may do so by selecting the plan name in the navigation pane to the left to return to that benefits election page.

When you are satisfied with your changes, click the "Submit" button (upper right).

NOTE:

- Once you have completed your elections, any subsequent changes will only be allowed if you experience a qualifying life event and make any necessary benefit changes within 30 days of the life event. Otherwise, changes may be made during our next annual open enrollment period.
- Once you submit your elections, you will not be able to modify these elections. If you need to make additional changes prior to your 30 day window for elections, contact a member of HR at HumanResources@AugustaHealth.com or 540-332-4700.

If you do not click "Submit," your elections will not be final.

- Select Submit in upper right-hand corner on toolbar to complete your elections.
- Click Ok. If the popup does not appear, please ensure you do not have popups blocked in UltiPro.



submit

nz17.ultipro.com says

You are about to finish and submit your elections. Continue?

OK

Cancel

A confirmation screen will appear.

Print this page for your records!

EAP Summary of Services

A benefit for you and your family members provided by Augusta Health

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small.

Counseling with an EAP Professional

Eight (8) counseling sessions face to face, over the phone, or virtually for concerns such as:

- Relationship conflict
- Stress management
- Alcohol or drug abuse
- Conflict at work
- Family relationships
- Grieving a loss
- Depression
- Anxiety
- Professional development

Resources for Life

Canopy will help locate resources and information related to childcare, eldercare, caregiving, and anything else you may need.

Legal Consultations/Mediation

Contact Canopy for a free thirty-minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Financial Coaching

Coaches will provide unlimited financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Home Ownership and Housing Support

Assistance and discounts for buying, selling, and refinancing. Resource retrieval for housing assistance.

Coaching

Access to eight (8) phone or video sessions with a Coach to support goal setting, healthy habits, and personal development.

Pet Parent Resources

Free pet information and support, including pet insurance discounts, new pet parent resources, and bereavement support.

Wellbeing Tools

- Fertility health support
- Will kit questionnaire
- Online legal tools
- Gym membership discounts

Member Site

Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at my.canopywell.com, and register as a new user or log-in. Enter **Augusta Health** for company name when you register.

Anonymous Virtual Peer Support

Connect online 24/7/365 with others sharing concerns similar to yours, in a professionally moderated private group chat. Visit my.canopywell.com and select the 'Supportiv Peer Support' tile.



canopy

Crisis Counselors are available by phone **24/7/365**

call: 800-433-2320 **text:** 503-850-7721 **email:** info@canopywell.com

Canopy is committed to creating a safe, inclusive, and equitable society for all.

Resources for Life

Legal / Mediation

A free 30-minute consultation with an attorney or mediator. A 25% discount is available thereafter.

Financial Coaching

Unlimited access to reach your financial goals.

Identity Theft Services

Consultation with a Fraud Resolution Specialist™ (FRS).

Home Ownership Program

Assistance and discounts for buying, selling, and refinancing a home.

Resource Retrieval

EAP Specialists will do the research and get back to you within three business days.

Childcare & Eldercare

Canopy will locate caregiving options and resources based on your family's specifications, budget, and location.



SCAN ME

call:

800-433-2320

email:

info@canopywell.com

visit:

my.canopywell.com



canopy



Plan highlights

Retirement is about being able to do what you want when you're ready to stop working. Whether you plan on traveling, taking up a new hobby, or spending more time with your family when you retire, chances are you're looking forward to it. And your Augusta Health Care 403(b) Plan and Augusta Health Care Retirement Savings 401(k) Plan are both great ways for you to save to help make such retirement dreams come true. This brochure is intended to highlight key differences in the plans.

Eligibility and enrollment

403(b) Plan

You may immediately enroll in this plan. You may also:

- Determine how much to contribute.
- Choose your investments from a broad range of asset classes.
- After your first paycheck you may enroll in this plan

This plan also features automatic enrollment, which means if you do not decline participation within 30 days, you will be automatically enrolled at a deferral rate of 1% of your eligible pay. Automatic enrollees who do not choose an investment allocation have their deferrals invested in the default fund — an age-appropriate target date fund-based on your date of birth.

401(k) Plan

Employee contributions are not allowed into the 401(k) Plan.

The employer match is based on any employee contributions to the 403(b) Plan made by part-time or full-time employees. Team members are 100% vested after three years of service with Augusta Health.

Contributions

403(b) Plan

- You may contribute between 1% and 75% of your annual eligible pay before taxes are deducted, up to IRS limits. If you are at least 50 years old, you are also eligible to make an additional pretax catch-up contribution, up to IRS limits.
- You are immediately 100% vested in your contributions.
- You may change your contribution amount at any time. You may roll over money to your account, in any amount, from another similar retirement plan. Refer to the summary plan description (SPD) for more information.



Contribution accelerator

An easy way to raise your contribution amount over time is through your plan's optional contribution accelerator feature. Here's how it works:

- You are automatically enrolled in this feature unless you opt out.
- Your contribution amount will increase by 1% annually up to a maximum of 75% of your pay.
- You can opt out of this feature at any time.

Roth contributions

Your retirement plan allows you to make Roth contributions to your 403(b) Plan account. Roth contributions combine the savings and investment features of a traditional pretax retirement program with the tax-free distribution features of a Roth IRA. If you meet certain requirements down the road, the Roth money you withdraw at retirement — and its investment earnings — won't be taxable. Earnings on Roth contributions will be taxed unless withdrawals are a qualified distribution as defined by the IRS. When deciding if you should make Roth contributions, consider these scenarios:

- If your tax rate will be higher in retirement than it is today, making designated Roth contributions may make sense for you.
- If your tax rate will be lower in retirement than in your working years, you may benefit more from making pretax contributions and deferring your tax obligation until retirement.
- With tax rates in retirement being uncertain, you may choose to diversify your taxation by making both pretax and Roth contributions to your retirement plan.
- To help you determine if Roth contributions are appropriate for you, visit empowermyretirement.com and enter your personal data into our Roth contribution calculator.

Accessing your money

You may be able to access money in your retirement plan account through a loan, in-service withdrawal, or hardship withdrawal.

Loans

- One loan at a time is available from each plan.
- You may borrow up to 50% of your vested account balance at any time.
- There is a \$75 application fee.
- For the 403(b) Plan, the interest rate is the prime rate +1%. For the 401(k) Plan, the interest rate is 5.5% (interest is paid to your account).
- The minimum loan is \$1,000, and the maximum loan is \$50,000 (minus the largest outstanding balance in the previous 12 months).
- The repayment period is zero to five years for a general purpose loan and zero to 15 years for a primary residence loan. Repayment takes place through payroll deduction.
- If the loan is not paid back in full, tax consequences will apply.

Any outstanding loan balance not paid back under plan rules after termination of employment becomes taxable in the year of default. Under the Tax Cuts and Jobs Act, for defaults related to termination of employment after 2017, the individual has until the due date of that year's return (including extensions) to roll over the outstanding loan amount to an IRA or a qualified employer plan.

In-service withdrawals

While employed, you may make age-59½ in-service withdrawals within plan restrictions. Please refer to your SPD for the specific sources allowed.

Hardship withdrawals*

A hardship withdrawal must meet one of these requirements:

- Purchase or construction of a principal residence
- Payment of higher education expenses (post-secondary education)
- Major medical expenses
- Prevention of eviction from or foreclosure on a principal residence
- Payment of funeral or burial expenses
- Repair of damage to a primary residence that qualifies for a casualty deduction

Once you take a hardship withdrawal, you will not be able to make contributions to the Augusta Health Care 403(b) Plan.

* Hardship withdrawals: The taxable portion of a withdrawal is taxed as ordinary income and will be subject to an additional early distribution penalty tax if you receive the withdrawal before age 59½. The total amount of the withdrawal may not be more than the amount required to meet your immediate financial need; however, you may have the option to “gross up” the amount you receive to cover taxes. You may want to consult with a tax professional before taking a withdrawal from the plan.

Retiring or leaving your employer

You will need to decide what to do with your vested account balance when one of these events occurs:

- Your employment with Augusta Health ends.
- You retire from Augusta Health at the normal retirement age of 65.
- You become permanently disabled.
- Your death – Your beneficiary is entitled to your account balance when you die; they are responsible for all federal income tax imposed. A distribution upon death may also be subject to federal and state inheritance and estate taxes.

In addition, distributions before age 59½ may be subject to an additional early withdrawal penalty tax.

Required minimum distributions (RMDs) are required to begin no later than April 1 following the end of the year in which you reach age 73 (age 75 if born 1960 or later).

Keeping it in the plan

When benefits become payable, your vested account balance will determine how your account is handled. Refer to the following schedule:

Your vested account balance	Impact
Less than \$1,000	Paid in a lump sum, regardless of prior selections [†]
Greater than \$1,000	Your money will continue to grow tax deferred in your account

[†] Standard 20% withheld.

Directly rolling it over

You can choose to move or “roll” money over into a qualified retirement plan or a traditional IRA. You may wish to discuss this matter with your tax advisor.

Consider all your options and their features and fees before moving money between accounts.

Having an account balance paid in the form of an annuity (403(b) Plan only) – An annuity pays you a regular income, usually monthly. This option spreads the tax burden over a period of years.

Lump sum

You may take a full lump-sum distribution. A 20% federal income tax may be applied. If you have not reached age 59½, you may be subject to a 10% early withdrawal penalty.

Investment options

The Augusta Health plans offer a variety of investments to choose from in a broad range of asset classes. You can decide how you want your account invested, and you may move money between investments at any time.

For more information about your investment options, visit empowermyretirement.com/login or call Empower toll-free at 833-961-5287.





Self-directed brokerage account (SDBA)*

This optional program allows you to invest in individual stocks and bonds and/or an expanded selection of mutual funds through your retirement account. Trading individual securities adds a potentially higher level of risk to your account, so you should consider this option carefully. Also, a minimum account balance is required for SDBAs, and additional fees apply. Call Empower at **833-961-5287** or contact your plan administrator for an SDBA information package and/or enrollment materials.

* The SDBA is intended for knowledgeable investors who understand the risks associated with the SDBA.

Beneficiaries

A beneficiary is someone who will receive the money remaining in your plan account after you die. Under federal law, your beneficiary is determined under the provisions of the plan, not your will.

If you haven't named a beneficiary yet, or if you want to change the name you've listed, it's easy to do. Just go to empowermyretirement.com/login and, from your account homepage, scroll down to the Augusta Health Care Retirement Savings Plan 401(k) plan or Augusta Health Care 403(b) Plan and select the *Add/Review Beneficiaries* button. Then follow the instructions provided.

For further assistance, you can also call **833-961-5287** and press 0 to speak an Empower representative. Representatives are available weekdays from 8 a.m. to 10 p.m. Eastern time and Saturdays from 9 a.m. to 5:30 p.m. Eastern time.

Tools and resources

Online or over the phone, you have access to a wide variety of account management tools and educational resources from Empower to help you plan for retirement:

Online

Visit empowermyretirement.com/login. Through Empower's intuitive, user-friendly, and secure website, you can review your retirement program information, including account balances; research your investment options; and perform transactions 24 hours a day, seven days a week.

Toll-free phone number

Call **833-961-5287**. Obtain account information, get daily investment performance, and perform transactions through Empower's automated phone system 24 hours a day, seven days a week.

Personal help

Representatives are available toll-free at **833-961-5287** weekdays from 8 a.m. to 10 p.m. Eastern time and Saturdays from 9 a.m. to 5:30 p.m. Eastern time to answer questions about your account or assist you with transactions.

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Investing involves risk, including possible loss of principal.

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YOUR ONE PLACE TO GO FOR HEALTHCARE AND BENEFITS HELP

Welcome to one-of-a-kind support.

When dealing with healthcare and benefits, it can be hard to know where to start. Quantum Health is your one place to turn when you need assistance.



One number to call
with any questions



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One team of experts
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Augusta | HR
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Quantum
HEALTH



QUANTUM HEALTH IS YOUR GO-TO RESOURCE

for healthcare guidance and benefits information

NO REQUEST IS TOO BIG OR SMALL FOR YOUR CARE COORDINATORS

For medical claims, benefits, prescriptions and so much more, you can expect expert guidance at no cost to you. Think of us as your personal team of nurses, benefits experts and claims specialists who will do whatever it takes to support your unique healthcare and benefits needs.

Empowered and resourceful, Care Coordinators do things like:

- Get answers to claims, billing and benefits questions
- Find in-network providers
- Verify coverage and get prior approval, if needed
- Contact providers to coordinate your treatment
- Review your care options
- Replace ID cards

Sometimes we may call you, but we wouldn't call if it weren't important. We might call if:

- You could save on your out-of-pocket costs
- There is a concern with your prescriptions
- Insurance information is needed
- You qualify for a coaching program
- We need to follow up on a procedure or discharge



No request is too big or small for your Quantum Health Care Coordinators. When you need help, we're just a **tap, click, chat or call away!**



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Information About Your Pharmacy Benefit

Generics Can Help You Save Money

What is a generic drug?

A generic drug is identical (or bioequivalent) to a brand name drug in intended use, dosage, strength, effectiveness and safety. For a generic drug to be approved, it must meet the same quality standards as the brand name product. The generic manufacturing, packaging, and testing sites must meet the same standards. Many generics are produced in the same manufacturing plant as their branded counterparts.

Are generics as effective as the brand?

Yes. Generic drugs are required by the Food and Drug Administration (FDA) to have the same active ingredient, strength, dosage form, and route of administration as the branded product. The FDA ensures this via thorough testing and review of bioequivalence data.

How exactly does a generic drug differ from a brand?

The major difference between a generic and brand name drug is the price. Most generics cost 70% to 90% less than the brand, thereby saving consumers an estimated \$8 billion to \$10 billion a year at pharmacies. Billions more are saved by hospitals using generics. A generic drug may also differ from a brand in terms of shape, color or packaging only affect how the medicine looks, not how it works.

How do I get generic drugs? Will my doctor prescribe them?

The generic substitution laws in the U.S. vary by state. Some state boards of pharmacy have instituted mandatory generic substitution laws, where pharmacists will substitute a generic, when available, for a brand-name medication. Some states require the patient's consent prior to substituting a generic for a brand. Depending on the state, a generic version of the prescribed drug may be dispensed automatically, only with your approval, or upon your request. Private and government insurance companies often promote the use of generic drugs whenever possible to lower costs. Doctor's are also more apt to prescribe generics because they want their patients to have drugs that are as safe and effective as branded medications, but are more affordable.

I've always received the generic version of my medication, so why did I get a brand?

Sometimes when a generic is introduced, it encourages price competition between the brand and the generic manufacturers, and occasionally the brand drug price is cheaper than the price of the generic. When this happens, insurance companies and health plans are able to share the savings with you by substituting a brand name drug for the same copay as the generic. Then, when circumstances and prices change, you're automatically switched back to the lower-cost generic.



How You Can Use Your Member Website

Looking for prescription drug information? MedImpact's Member Website provides comprehensive health and wellness information, including individual prescription benefit and drug coverage detail to help you understand your prescription benefit plan better.

- ✓ Obtain an overview of plan benefits and copay amounts
- ✓ Determine if prescribed medications are on the formulary/preferred list
- ✓ Locate a network pharmacy near work or home
- ✓ Print a tax report of prescription expenses
- ✓ Obtain drug price estimates and out-of-pocket costs
- ✓ View cost differentials and calculate potential savings with generic vs. brand
- ✓ Check the status of prior authorization requests

Prior Authorization Helps Manage Prescription Cost

What is medication prior authorization and why is it needed?

Your plan covers many medications that may be prescribed by your physician, but not all medications are automatically covered. Your plan includes a formulary or preferred medication list that contains commonly prescribed medications that are automatically covered when prescribed to you. If your doctor prescribes a medication that is not on the list, and there is not another medication on the list that is appropriate for you, the prior authorization process allows your physician to request coverage of the medication so you don't have to pay full price for the drug.

What other reasons would require my physician to use prior authorization?

Your pharmacy benefit determines the medications, dosage and quantities included on your preferred medication list. When your doctor writes a prescription that varies from what is normally covered (e.g., a larger quantity or dosage), it may be necessary for you to receive authorization prior to filling the prescription. If approved, this will allow your medication to be covered by your benefit. When your prescription reaches the pharmacy, the pharmacist will receive a message if prior authorization is required and will notify your doctor. Some medications, such as those used for cosmetic purposes, may be excluded from your pharmacy benefit coverage and may not be available even with a prior authorization. It is best to consult your plan information for details.

How long does prior authorization take?

Most prior authorization requests are handled within two business days. If the submitted request is incomplete, additional time may be needed so your physician can submit all the information required for a complete review of the request.

Step Therapy Promotes Clinically Appropriate, Cost-Effective Medications

What is generic first step therapy?

Step therapy is a clinical tool used in your prescription benefit to promote the use of safe, effective and clinically appropriate medications.

Generic first step therapy programs require patients to try a generic alternative medication that is safe and equally effective before a brand name medication is allowed to be paid through the patient's insurance. If a patient chooses the generic medication option, the patient may benefit by having a lower copay.

How does step therapy work?

When filling prescriptions for patients, the pharmacist runs the prescription through the system. If the patient history shows that the generic drug was previously dispensed, then the brand or higher cost medication can be dispensed.

However, if there is no record of a generic drug being dispensed previously, the patient must try the generic first or go through the prior authorization process, where the doctor submits a medication request form stating the reason why the patient must have the brand name drug filled at the pharmacy, without going through the step therapy process.

If a patient currently is taking the medication and has a history of compliance within the past four to six months, the patient will be "grandfathered" in to the medication and will not experience disruption. The length of compliance history for grandfathered medications depends on the medication's drug class.

Not all medications are included in the step therapy program. For specific information on your prescription benefit, please log into your member portal or ask your employee benefits administrator.

Facts about Generic Drugs," U.S. Food and Drug Administration, <http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/understandinggenericdrugs/ucm167991.htm>

"Generic Drugs: Questions and Answers," U.S. Food and Drug Administration, <http://www.fda.gov/drugs/resourcesforyou/consumers/questionsanswers/ucm100100.htm>

Peter R. Kongstvedt, Essentials of Managed Healthcare, 6th Edition, Jones & Bartlett Publishers, 2012, pg 267

"Generic Drugs: Same Medicine, Lower Cost," U.S. Food and Drug Administration, <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm340343.htm>

About MedImpact

MedImpact is a pharmacy benefit manager who works with your health plan to get you the medication you need. Our goal is to make it as easy as possible for you by working with your health plan and pharmacy to provide timely and essential information about your medicine, including how to take it correctly, potential side effects, any lower-cost drug options, and more.

medimpact.com

One Source. Lower Cost. Better Care.™

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2025 Augusta Health Medical Benefit Options Side-by-Side

PLAN FEATURES		Point of Service (POS)		High-Deductible Health Plan (HDHP)	
		Augusta Network Member Cost Share	Aetna Network Member Cost Share	Augusta Network Member Cost Share	Aetna Network Member Cost Share
Deductible <i>(amount paid before the plan begins to pay)</i>		Single \$0 Family \$0	Single \$1,000 Family \$2,000	Single \$1,650 Family \$3,300	Single \$2,200 Family \$4,400
Maxim Out-of-Pocket <i>(payment limit per year for covered services)</i>		Single \$3,500 Family \$7,000	Single \$5,000 Family \$10,000	Single \$4,000 Family \$8,000	Single \$7,500 Family \$15,000
Preventative Care		Covered at 100%	100% deductible waived	100% deductible waived	100% deductible waived
Out-of-Network Coverage		No	No	No	No
PRE-TAX SAVINGS					
FSA/HSA Options		Yes, Full Health Care FSA		Yes, Health Savings Account (HSA), and Limited Purpose Dental & Vision FSA	
Health Savings (HSA) Employer Contribution		N/A		January 1 st Team Member Only: \$1,000; January 1 st Family: \$2,000 (January 1 full amount, otherwise prorated)	
PHYSICIAN SERVICES					
Inpatient/Outpatient Physician Services		20%	35% after deductible	20% after deductible	35% after deductible
Primary Care Physician Office Visit		\$0 Copay	\$45 Copay, no deductible	20% after deductible	35% after deductible
OB-GYN Generalist Office Visit		\$0 Copay	\$30 Copay, no deductible	20% after deductible	25% after deductible
OB-GYN Specialist Visit		\$0 Copay	\$50 Copay, no deductible	20% after deductible	25% after deductible
All other Specialist Visit		\$50 Copay	\$65 Copay, no deductible	20% after deductible	35% after deductible
Primary Care Physician Office Surgery		\$30 Copay	35% after deductible	20% after deductible	35% after deductible
Specialist Office Surgery		\$50 Copay	35% after deductible	20% after deductible	35% after deductible

Additional details available in the *Augusta Health Medical Benefits Summary Plan Description*.

2025 Augusta Health Medical Benefit Options Side-by-Side

PLAN FEATURES	Point of Service (POS)		High-Deductible Health Plan (HDHP)	
	Augusta Network Member Cost Share	Aetna Network Member Cost Share	Augusta Network Member Cost Share	Aetna Network Member Cost Share
DIAGNOSTIC PROCEDURES				
X-Ray, Laboratory, Imaging	20%	35% after deductible	20% after deductible	35% after deductible
EMERGENCY SERVICES				
Emergency Room Services	20%	20% deductible waived	20% after deductible	20% after deductible
Urgent Care Provider	\$75 copay	\$75 copay, deductible waived	20% after deductible	35% after deductible
Ambulance Services	20%	20% after deductible	20% after deductible	20% after deductible
HOSPITAL CARE				
Inpatient	20%	35% after deductible	20% after deductible	35% after deductible
Outpatient	20%	35% after deductible	20% after deductible	35% after deductible
MATERNITY				
Prenatal and Breastfeeding Support	Covered at 100%	100% deductible waived	100% deductible waived	100% deductible waived
Lactation Consultations	Covered at 100%	100% deductible waived	100% deductible waived	100% deductible waived
Other Prenatal and Postnatal Care	Covered at 100%	100% deductible waived	20% after deductible	25% after deductible
Delivery	20%	25% after deductible	20% after deductible	25% after deductible
MENTAL HEALTH & SUBSTANCE ABUSE				
Inpatient	20%	20% deductible waived	20% after deductible	20% after deductible
Outpatient Office Visits	\$30 copay	\$30 copay no deductible	20% after deductible	20% after deductible
Outpatient Care	20%	20% deductible waived	20% after deductible	20% after deductible
OTHER SERVICES				
Outpatient Surgery (other than a physician's office)	20%	35% after deductible	20% after deductible	35% after deductible
Hospice Care	20%	35% after deductible	20% after deductible	35% after deductible

Additional details available in the *Augusta Health Medical Benefits Summary Plan Description*.

2025 Augusta Health Medical Benefit Options Side-by-Side

PLAN FEATURES	Point of Service (POS)		High-Deductible Health Plan (HDHP)	
	Augusta Network Member Cost Share	Aetna Network Member Cost Share	Augusta Network Member Cost Share	Aetna Network Member Cost Share
Home Health Care 90-visit calendar year maximum	20%	35% after deductible	20% after deductible	35% after deductible
Private Duty Nursing 70-visit (8 hour per visit) calendar year maximum	20%	35% after deductible	20% after deductible	35% after deductible
Skilled Nursing Facility and Rehabilitation Facility 100-day calendar year maximum	20%	35% after deductible	20% after deductible	35% after deductible
Chiropractic Care / Spinal Manipulation Therapy 10-visit calendar year maximum	20%	35% after deductible	20% after deductible	35% after deductible
Durable Medical Equipment	20%	35% after deductible	20% after deductible	35% after deductible
Transplants - (Aetna Institute of Excellence)	N/A	25% after deductible	N/A	25% after deductible
Smoking Cessation 8-visit (60 min per visit) calendar year maximum	\$30 copay	\$45 copay, deductible waived	20% after deductible	35% after deductible
Nutrition Counseling	First 30 visits covered at 100%, then \$30 copay for each additional visit	First 30 visits covered at 100%, then \$45 copay for each additional visit	First 30 visits 100% after deductible, then 20% after deductible	First 30 visits 100% after deductible, then 35% after deductible
Diabetic Supplies (non-RX)	Covered at 100%	100% deductible waived	20% after deductible	25% after deductible

Additional details available in the *Augusta Health Medical Benefits Summary Plan Description*.

2025 Augusta Health Medical Benefit Options Side-by-Side

PLAN FEATURES	Point of Service (POS)		High-Deductible Health Plan (HDHP)	
	Augusta Network Member Cost Share	Aetna Network Member Cost Share	Augusta Network Member Cost Share	Aetna Network Member Cost Share
RETAIL PHARMACY (RX)				
Generic 31-Day Supply	\$7	\$10	25%	35%
Brand 31-Day Supply	\$30	\$40	25%	35%
Non-Preferred 31-Day	The greater of 40% or \$40	The greater of 50% or \$50	25%	35%
Specialty 30-Day Supply	35% to a \$350 copay per script maximum	35% to a \$350 copay per script maximum	25%	35%



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to www.MyAugustaBenefits.com or call (866) 989-3044. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call Care Coordinators at (866) 989-3044 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For Augusta Network: \$1,650 person / \$3,300 family For Aetna Network: \$2,200 person / \$4,400 family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. For Augusta Network and Aetna Network: <u>Preventive care</u> , routine eye exams and routine hearing exams are covered before you meet your <u>deductible</u> . No.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ . You don't have to meet <u>deductibles</u> for specific services.
Are there other deductibles for specific services?	No.	
What is the out-of-pocket limit for this plan?	For Augusta Network: \$4,000 person / \$8,000 family For Aetna Network: \$7,500 person / \$15,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance billing</u> charges and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.MyAugustaBenefits.com or call: (866) 989-3044 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .
Is a Health Savings Account (HSA) available under this plan option?	Yes.	An HSA is an account that may be set up by you or your employer to help you plan for current and future health care costs. You may make contributions to the HSA up to a maximum amount set by the IRS.



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Augusta Network	Aetna Network	Non-Participating Providers	
		(You will pay the least)	(You will pay the most)		
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	35% <u>coinsurance</u> /visit/ 25% <u>coinsurance</u> /visit (OBGYN PCP)	Not Covered	Includes telemedicine.
	<u>Specialist</u> visit	20% <u>coinsurance</u>	35% <u>coinsurance</u> /visit/ 25% <u>coinsurance</u> /visit (OBGYN)	Not Covered	
	<u>Preventive care</u> / <u>screening</u> / immunization	No Charge (preventive care, routine eye exam & routine hearing exam)/ 20% <u>coinsurance</u> (all other routine care)	No Charge (preventive care, routine eye exam & routine hearing exam)/ 35% <u>coinsurance</u> (all other routine care)	Not Covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for. Routine hearing exam limited to 1 exam per 12 month period. Routine eye exam limited to 1 exam per year.
					-----none-----
If you have a test	<u>Diagnostic test</u> (x-ray, blood work) Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u> 20% <u>coinsurance</u>	35% <u>coinsurance</u> 35% <u>coinsurance</u>	Not Covered Not Covered	<u>Preauthorization</u> required for MRI/MRA and PET scans.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.medimpact.com	Generic drugs	Augusta Pharmacy 25% <u>coinsurance</u> (retail)/Not Covered (mail order)	Non-Augusta Pharmacy 35% <u>coinsurance</u> (retail or mail order)	Not Covered	Major medical deductible applies. Covers up to a 90-day supply (retail prescription); 90-day supply (mail order prescription); 30-day supply (specialty drugs). Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. There is no charge for preventive drugs. Dispense as Written
	Preferred brand drugs	Augusta Pharmacy 25% <u>coinsurance</u> (retail)/Not Covered (mail order)	Non-Augusta Pharmacy 35% <u>coinsurance</u> (retail or mail order)	Not Covered	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Augusta Network	Aetna Network	Non-Participating Providers	
		(You will pay the least)	(You will pay the most)		
	Non-preferred brand drugs	Augusta Pharmacy 25% <u>coinsurance</u> (retail)/Not Covered (mail order)	Non-Augusta Pharmacy 35% <u>coinsurance</u> (retail or mail order)	Not Covered	(DAW) provision applies. Step Therapy provision applies.
	<u>Specialty drugs</u>	Augusta Pharmacy 25% <u>coinsurance</u> (retail)	Non-Augusta Pharmacy 35% <u>coinsurance</u> (retail)	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	<u>Preauthorization</u> required.
	Physician/surgeon fees	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Aetna Network and <u>out-of-network</u> providers are paid at the Augusta Network level of benefits.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Aetna Network and <u>out-of-network</u> providers are paid at the Augusta Network level of benefits.
	<u>Urgent care</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	35% <u>coinsurance</u>	<u>Out-of-network</u> providers are paid at the Aetna Network level of benefits.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	<u>Preauthorization</u> required.
	Physician/surgeon fees	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Not Covered	Aetna Network is paid at the Augusta Network level of benefits. Includes telemedicine. <u>Preauthorization</u> required for inpatient admissions and partial hospitalization and intensive outpatient care.
	Inpatient services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Not Covered	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Augusta Network	Aetna Network	Non-Participating Providers	
		(You will pay the least)	(You will pay the most)		
If you are pregnant	Office visits	20% <u>coinsurance</u> *	25% <u>coinsurance</u> /visit	Not Covered	<u>Preauthorization</u> required for inpatient hospital stays in excess of 48 hrs. (vaginal delivery) or 96 hrs. (c-section). <u>Cost sharing</u> does not apply to <u>preventive services</u> from the Augusta Network or Aetna Network. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). *If a service is not available at an Augusta Health Facility/ <u>Provider</u> , the benefit will be covered at Tier 1 as long as it is an in-network Aetna <u>provider</u> . Baby does not count toward the mother's expense; therefore the family <u>deductible</u> amount may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u> *	25% <u>coinsurance</u>	Not Covered	
	Childbirth/delivery facility services	20% <u>coinsurance</u> *	25% <u>coinsurance</u>	Not Covered	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	Limited to 90 visits per year. <u>Preauthorization</u> required.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	Physical, speech & occupational therapy limited to a combined maximum of 30 visits per year. A <u>medical necessity</u> review will need to be completed after the 31st visit per year for physical, speech & occupational therapy and <u>Preauthorization</u> required. Cardiac rehab limited to 36 visits per 12 week period or per occurrence. Respiratory/pulmonary therapy limited to 36 hours or a 6 week period per course of treatment. Includes telemedicine.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	Includes telemedicine.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Augusta Network	Aetna Network	Non-Participating Providers	
		(You will pay the least)	(You will pay the most)		
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	Limited to 100 days per year. <u>Preauthorization</u> required.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	<u>Preauthorization</u> required for rentals or purchase over \$1,500.
	<u>Hospice services</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	Bereavement counseling is covered. <u>Preauthorization</u> required.
If your child needs dental or eye care	Children's eye exam	No Charge	No Charge	Not Covered	Limited to 1 exam per year.
	Children's glasses	Not Covered	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)	
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult & Child) • Glasses (Adult & Child) 	<ul style="list-style-type: none"> • Infertility treatment (except diagnosis or treatment of underlying medical condition) • Long-term care • Non-emergency care when traveling outside the U.S. • Routine foot care (except for metabolic or peripheral vascular disease)
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)	
<ul style="list-style-type: none"> • Bariatric surgery (for morbid obesity only - 1 surgical procedure per lifetime) • Chiropractic care (10 visits per year) • Hearing aids (when medically necessary-\$2,000 every 48 months) 	<ul style="list-style-type: none"> • Private-duty nursing (70 visits (up to 8 hours per visit) per year) • Routine eye care (Adult & Child – 1 exam per year) • Weight loss programs

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at (866) 444-3272 or www.dol.gov/ebsa/healthreform or Care Coordinators at (866) 989-3044. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the U.S. Department of Labor, Employee Benefits Security Administration at (866) 444-3272 or www.dol.gov/ebsa/healthreform or Care Coordinators at (866) 989-3044.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-378-1179.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-378-1179.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-378-1179.

Navajo (Dine): Dinek'ehgo shika a'ohwol ninisingo, kwijigo holne' 1-800-378-1179.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of Augusta Network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,650
- Primary care physician coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Primary care physician visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,650
Copayments	\$0
Coinsurance	\$2,200
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,910

Managing Joe's Type 2 Diabetes

(a year of routine Augusta Network care of a well-controlled condition)

- The plan's overall deductible \$1,650
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Specialist office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,650
Copayments	\$0
Coinsurance	\$900
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,570

Mia's Simple Fracture

(Augusta Network emergency room visit and follow-up care)

- The plan's overall deductible \$1,650
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%


This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,650
Copayments	\$0
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,850

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to www.MyAugustaBenefits.com or call (866) 989-3044. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call Care Coordinators at (866) 989-3044 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For Augusta Network: \$0 person/\$0 family For Aetna Network: \$1,000 person/\$2,000 family	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. For Augusta Network and Aetna Network: <u>Preventive care</u> , <u>emergency room care</u> , prenatal and postnatal care, routine eye exam, routine hearing exam, <u>urgent care</u> office visit charge, and office visits are covered before you meet your <u>deductible</u> .	This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	For Augusta Network: \$3,500 person/\$7,000 family For Aetna Network: \$5,000 person/\$10,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance billing</u> charges and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.MyAugustaBenefits.com or call: (866) 989-3044 for a list of network providers.	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Augusta Network	Aetna Network	Non-Participating Providers	
		(You will pay the least)	(You will pay the most)		
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charge/visit (office visit)/ \$30 <u>copay</u> (office surgery)	\$45 <u>copay</u> /visit/ \$30 <u>copay</u> /visit (OBGYN PCP)	Not Covered	<u>Copay</u> applies per visit regardless of what services are rendered. Includes telemedicine.
	<u>Specialist</u> visit	\$50 <u>copay</u> /visit/ No Charge/visit (OBGYN)	\$65 <u>copay</u> /visit/ \$50 <u>copay</u> /visit (OBGYN)	Not Covered	
	<u>Preventive care/screening/immunization</u>	No Charge (<u>preventive care</u> , routine eye exam and routine hearing exam)/Paid based on place of service (all other routine care)	No Charge (<u>preventive care</u> , routine eye exam and routine hearing exam)/Paid based on place of service (all other routine care)	Not Covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for. Routine hearing exam limited to 1 exam per 12 month period. Routine eye exam limited to 1 exam per year.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	-----none-----
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	<u>Preauthorization</u> required for MRI/MRA and PET scans.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.medimpact.com	Generic drugs	Augusta Pharmacy \$7 <u>copay</u> (31-day supply)/\$14 <u>copay</u> (60-day supply)/ \$21 <u>copay</u> (90-day supply)/Not Covered (mail order)	Non-Augusta Pharmacy \$10 <u>copay</u> (31-day supply)/\$20 <u>copay</u> (60-day retail & mail order)/\$30 <u>copay</u> (90-day retail & mail order)	Not Covered	<u>Deductible</u> does not apply. Covers up to a 90-day supply (retail prescription); 90-day supply (mail order prescription); 30-day supply (<u>specialty drugs</u>). The <u>copay</u> applies per prescription. Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. There is no charge for preventive drugs. Dispense as Written (DAW) provision applies. Step Therapy provision applies.
	Preferred brand drugs	Augusta Pharmacy \$30 <u>copay</u> (31-day supply)/\$60 <u>copay</u> (60-day supply)/ \$90 <u>copay</u> (90-day supply)	Non-Augusta Pharmacy \$40 <u>copay</u> (31-day supply)/\$80 <u>copay</u> (60-day retail & mail order)	Not Covered	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Augusta Network	Aetna Network	Non-Participating Providers	
		(You will pay the least)	(You will pay the most)		
		supply)/Not Covered (mail order)	order)/\$120 <u>copay</u> (90-day retail & mail order)		
	Non-preferred brand drugs	Augusta Pharmacy Greater of: \$40 <u>copay</u> or 40% (31-day supply)/\$80 <u>copay</u> or 40% (60-day supply)/\$120 <u>copay</u> or 40% (90-day supply)/Not Covered (mail order)	Non-Augusta Pharmacy Greater of: \$50 <u>copay</u> or 50% (31-day supply)/\$100 <u>copay</u> or 50% (60-day retail & mail order)/\$150 <u>copay</u> or 50% (90-day retail or mail order)	Not Covered	
	<u>Specialty drugs</u>	Augusta Pharmacy 35% up to \$350 <u>copay</u> (30-day supply)	Non-Augusta Pharmacy 35% up to \$350 <u>copay</u> (30-day retail)	Not Covered	
	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	20% <u>coinsurance</u> 20% <u>coinsurance</u>	35% <u>coinsurance</u> 35% <u>coinsurance</u>	Not Covered Not Covered	<u>Preauthorization</u> required.
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Aetna Network and <u>out-of-network providers</u> are paid at the Augusta Network level of benefits.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Aetna Network and <u>out-of-network providers</u> are paid at the Augusta Network level of benefits.
	<u>Urgent care</u>	\$75 <u>copay</u> /visit (office visit)/20% <u>coinsurance</u> (all other services)	\$75 <u>copay</u> /visit (office visit)/20% <u>coinsurance</u> (all other services)	Not Covered	<u>Copay</u> applies to the physician office visit only. Aetna Network is paid at the Augusta Network level of benefits.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Augusta Network	Aetna Network	Non-Participating Providers	
		(You will pay the least)	(You will pay the most)		
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	<u>Preauthorization</u> required.
	Physician/surgeon fees	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 <u>copay</u> /visit	\$30 <u>copay</u> /visit	Not Covered	C <u>opay</u> applies per visit regardless of what services are rendered. Aetna Network is paid at the Augusta Network level of benefits. Includes telemedicine. <u>Preauthorization</u> required for inpatient admissions and partial hospitalization and intensive outpatient care.
	Inpatient services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Not Covered	
If you are pregnant	Office visits	No Charge*	No Charge	Not Covered	P <u>reauthorization</u> required for inpatient hospital stays in excess of 48 hrs. (vaginal delivery) or 96 hrs. (c-section). <u>Cost sharing</u> does not apply to <u>preventive services</u> from the Augusta Network or Aetna Network. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Aetna Network is paid at the Augusta Network level of benefits for professional services. Baby does not count toward the mother's expense; therefore the family <u>deductible</u> amount may apply. *If a service is not available at an Augusta Health Facility/ <u>Provider</u> , the benefit will be covered at Tier 1 as long as it is an in-network Aetna <u>provider</u> . Baby does not count toward the mother's expense; therefore the family <u>deductible</u> amount may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u> *	25% <u>coinsurance</u>	Not Covered	
	Childbirth/delivery facility services	20% <u>coinsurance</u> *	25% <u>coinsurance</u>	Not Covered	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Augusta Network	Aetna Network	Non-Participating Providers	
		(You will pay the least)	(You will pay the most)		
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	Limited to 90 visits per year. <u>Preauthorization</u> required.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	Physical, speech & occupational therapy limited to a combined maximum of 30 visits per year. A <u>medical necessity</u> review will need to be completed after the 31st visit per year for physical, speech & occupational therapy and <u>Preauthorization</u> required. Cardiac rehab limited to 36 visits per 12 week period or per occurrence. Respiratory/pulmonary therapy limited to 36 hours or a 6 week period per course of treatment. Includes telemedicine.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	Includes telemedicine.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	Limited to 100 days per year. <u>Preauthorization</u> required.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	<u>Preauthorization</u> required for rentals or purchase over \$1,500.
	<u>Hospice services</u>	20% <u>coinsurance</u>	35% <u>coinsurance</u>	Not Covered	Bereavement counseling is covered. <u>Preauthorization</u> required.
If your child needs dental or eye care	Children’s eye exam	No Charge	No Charge	Not Covered	Limited to 1 exam per year.
	Children’s glasses	Not Covered	Not Covered	Not Covered	Not Covered
	Children’s dental check-up	Not Covered	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|-------------------------------|---|---|
| • Acupuncture | • Infertility treatment (except diagnosis or treatment of underlying medical condition) | • Long-term care |
| • Cosmetic surgery | | • Non-emergency care when traveling outside the U.S. |
| • Dental care (Adult & Child) | | • Routine foot care (except for metabolic or peripheral vascular disease) |
| • Glasses (Adult & Child) | | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|---|------------------------|
| • Bariatric surgery (for morbid obesity only - 1 surgical procedure per lifetime) | • Private-duty nursing (70 visits (up to 8 hours per visit) per year) | • Weight loss programs |
| • Chiropractic care (10 visits per year) | • Routine eye care (Adult & Child – 1 exam per year) | |
| • Hearing aids (when medically necessary-\$2,000 every 48 months) | | |

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Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

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To see examples of how this plan might cover costs for a sample medical situation, see the next section.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of Augusta Network pre-natal care and a hospital delivery)

- The plan's overall deductible \$0
- Primary care physician copayment \$0
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Primary care physician visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$2,500
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	
\$2,570	

Managing Joe's Type 2 Diabetes

(a year of routine Augusta Network care of a well-controlled condition)

- The plan's overall deductible \$0
- Specialist copayment \$0
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Specialist office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$500
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	
\$720	

Mia's Simple Fracture

(Augusta Network emergency room visit and follow-up care)

- The plan's overall deductible \$0
- Specialist copayment \$0
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$10
Coinsurance	\$500
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	
\$510	

> Health Savings Account

Why should I choose a health savings account (HSA)?

An HSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses or use as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA don't, making it a powerful option for diversifying your retirement portfolio.



It's yours

Think of your HSA as a personal savings account. Any unspent money in your HSA remains yours, allowing you to grow your balance over time. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.



Flexibility

Save for a rainy day. Invest for your future retirement. Or spend your funds on qualified expenses, penalty free.



Easy to use

Swipe your benefits debit card at the point of purchase. There is no requirement to verify any of your purchases. We recommend keeping any receipts in case of an IRS audit.



Smart savings

The HSA's unique, triple-tax savings means the money you contribute, earnings from investments and withdrawals for eligible expenses are all tax-free, making it a savvy savings and retirement tool.



Investment options

You can invest your HSA funds in an interest-bearing account or our standard mutual fund lineup. Savvy investors may opt for a Health Savings Brokerage Account powered by Charles Schwab, giving you access to more than 8,500 mutual funds, stocks and bonds.

Can I enroll?

You must be enrolled in a high-deductible health plan (HDHP) in order to enroll in the HSA. You're not eligible for an HSA if:

- You're claimed as a dependent on someone else's taxes.
- You're covered by another plan that conflicts with the HDHP, such as Medicare, a medical flexible spending account (FSA) or select health reimbursement arrangements (HRAs).
- You or your spouse are contributing to a medical FSA.

What does it cover?

There are thousands of eligible items. The list includes but is not limited to:

- Copays, coinsurance, insurance premiums
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Vision expenses, such as frames, contacts, prescription sunglasses, etc.

View our searchable list of eligible expenses at www.wexinc.com/insights/benefits-toolkit/eligible-expenses/



**My HSA
Planner**



**Why should
I get a HSA
(video)**

> Medical FSA

Why should I choose a medical flexible spending account?

A medical FSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses. This saves you money by reducing your taxable income.



Funds on Day 1

Schedule that surgery, buy those eyeglasses or finally get those braces. All of your FSA funds are available to spend right away. Use your benefits debit card at the point of purchase.



Discount

Think of it like a discount on healthcare expenses at stores such as Amazon, Target, CVS, Walmart, Walgreens and more. Dollars you contribute are taken out of your paycheck before tax which means a \$100 purchase would actually cost you over \$130 without a medical FSA.*



Plan ahead

Think about the money you spent on healthcare expenses last year. Plan ahead and set those funds aside in a medical FSA and save 30%.*

*Based on a 30% tax bracket.

What does it cover?

There are thousands of eligible items, including:

- Copays and coinsurance
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Frames, contacts, prescription sunglasses, etc.

View our interactive eligible expense list at

www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

Can I enroll?

Yes, as long as you or your spouse aren't actively enrolled and contributing to a health savings account (HSA).



Fast fact

Don't know how much to elect? Determine how much you spent on healthcare expenses last year and estimate the amount you'll spend this year using our eligible expense list. Any funds you contribute to the medical FSA must be spent by the end of the plan year.

> Limited FSA

Why should I choose a limited flexible spending account?

A limited FSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for qualified dental, vision and preventative care expenses. It pairs well with a health Savings Account (HSA). This plan offers instant access to funds for expenses you incur throughout the year. And saves you money by reducing your taxable income.



Funds on Day 1

Buy those eyeglasses or finally get those braces. All of your FSA funds are available to spend right away. Use your benefits debit card at the point of purchase.



Discount

Think of it like a discount on healthcare expenses at stores such as Amazon, Target, CVS, Walmart, Walgreens and more. Dollars you contribute are taken out of your paycheck before tax which means a \$100 purchase would actually cost you over \$130 without a limited FSA.*



Plan ahead

Think about the money you spent on healthcare expenses last year. Plan ahead and set those funds aside in a limited FSA and save 30%.*

*Based on a 30% tax bracket.

What does it cover?

There are thousands of eligible items, including:

- Dental and orthodontia office visits and expenses
- Dental implants, veneers, dentures and bridges
- Optometrist and ophthalmologist visits and expenses
- Eye glasses, contacts, prescription sunglasses, solutions and drops
- Laser eye surgery

Can I enroll?

The limited FSA pairs nicely with a health savings account (HSA). However, a limited FSA cannot be paired with a medical flexible spending account (FSA). Pairing these plans allows you to spend your limited FSA dollars on eligible expenses while saving or investing your HSA dollars.



Fast fact

Don't know how much to elect? Determine how much you spent on dental and vision expenses last year and estimate the amount you'll spend this year. Any funds you contribute to the limited FSA must be spent by the end of the plan year.

> Dependent Care FSA

Why should I choose a dependent care FSA?

A dependent care FSA allows you to put aside a portion of your paycheck before taxes for eligible dependent care expenses each year.



Save money

The dependent care FSA lets you pay for eligible dependent care expenses while you reap the benefits of additional tax savings. You're spending the money either way. This way, eligible childcare and other dependent care costs are a little less.



Save strategically

Submit all of your dependent care expenses at the end of the plan year for one lump sum reimbursement to give yourself a hard-earned "bonus".

Fast Fact

For recurring costs, submit our Recurring Dependent Care Form. It makes claim filing simple because you only need to submit one form once in order to get reimbursed each pay period. You can find the form on the back of this handout.

What does it cover?

The list includes, but is not limited to, eligible:

- Childcare center, babysitter, nanny (birth through age 12)
- Summer day camp
- Before- or after-school care
- Disabled dependent and/or spouse care
- Elder care



DCA Open Enrollment (video)

View our interactive eligible expense list at www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

Can I enroll?

You are eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis.

Benefits for Augusta Health - Basic Plan

Group Number: 00000006017 Effective Date: January 1, 2025

Annual Deductible <i>(Applies to basic and major services)</i>	\$50 per person; \$150 per family, per calendar year
Annual Maximum	\$1,000 per person, per calendar year

For the services listed below, Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Benefits and Limitations	Coinsurances		
	In-Network		Out-of-Network
	Delta Dental PPO™	Delta Dental Premier®	
Diagnostic and Preventive Services	100%	100%	100%
<ul style="list-style-type: none"> • Oral exams and cleanings — Twice in a calendar year. Periodontal cleaning is considered a regular cleaning and counts as a regular cleaning under your plan. • Fluoride applications — Twice in a calendar year for enrollees under age 19. • X-rays — Bitewing X-rays are limited to twice in a calendar year; limited to a maximum of four films or a set (seven to eight films) of vertical bitewings. Full-mouth X-rays are limited to once in a three-year period. • Sealants — One per tooth for members under age 16 on non-carious, non-restored first and second permanent molars. 			
Basic Services	80%	80%	80%
<ul style="list-style-type: none"> • Fillings — One per surface in a 24-month period • Endodontic services — Root canal therapy. • Periodontic services — Treatment for gum disease. • Simple extractions • Oral surgery — Surgical extractions and other surgical procedures. • Denture repair and recementation • TMJ 			

Continued on next page

Additional benefits included in your plan:

Healthy Smile, Healthy You® — Provides additional cleanings, fluoride and/or sealants for members with certain health conditions. Visit DeltaDentalVA.com to learn more or to download an enrollment form.

Coverage is available for:

- Dependent children, only to the end of the calendar year when they reach age 26 (the “limiting age”).

Convenient, Eco-Friendly Options Available:

At Delta Dental of Virginia, we are committed to taking actionable measures to minimize our environmental footprint.

Join us as we step toward reducing paper waste and promoting sustainability by signing up to receive your Delta Dental of Virginia explanation of benefits (EOB) digitally at DeltaDentalVA.com/members.

Choosing a dentist

You may select the dentist of your choice. However, to get the most value from your dental benefits, make sure your dentist participates in the network listed at the top of your Delta Dental ID card. With Delta Dental PPO Plus Premier™, you have the option of visiting any dentist. However, your out-of-pocket costs may be lowest if you see a Delta Dental PPO™ network dentist and highest if you choose an out-of-network dentist. Delta Dental network dentists agree to discount their fees, submit claims on your behalf and not bill you for the difference. Visit DeltaDentalVA.com to find a participating dentist in your area.

If you visit an out-of-network dentist, Delta Dental will pay its portion of the bill and you are responsible for any coinsurance and deductible (if applicable), as well as the difference between the nonparticipating dentist’s charge and Delta Dental’s payment. Payment will be made to you.



This fact sheet is a brief description of dental services covered under your plan and is not designed to serve as an Evidence of Coverage. If you have questions about specific benefits or limitations under your plan, call Delta Dental’s Benefit Services at 800.237.6060 or visit DeltaDentalVA.com/members to register for an account.

Benefits for Augusta Health - Enhanced Plan

Group Number: 00000006017 Effective Date: January 1, 2025

Annual Deductible <i>(Applies to basic and major services)</i>	\$50 per person; \$150 per family, per calendar year
Annual Maximum	\$2,000 per person, per calendar year
Orthodontic Lifetime Deductible	\$50 per person
Orthodontic Lifetime Maximum	\$2,000 per person

For the services listed below, Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Benefits and Limitations	Coinsurances		
	In-Network		Out-of-Network
	Delta Dental PPO™	Delta Dental Premier®	
Diagnostic and Preventive Services	100%	100%	100%
<ul style="list-style-type: none"> • Oral exams and cleanings — Twice in a calendar year. Periodontal cleaning is considered a regular cleaning and counts as a regular cleaning under your plan. • Fluoride applications — Twice in a calendar year for enrollees under age 19. • X-rays — Bitewing X-rays are limited to twice in a calendar year; limited to a maximum of four films or a set (seven to eight films) of vertical bitewings. Full-mouth X-rays are limited to once in a three-year period. • Sealants — One per tooth for members under age 16 on non-carious, non-restored first and second permanent molars. 			
Basic Services	80%	80%	80%
<ul style="list-style-type: none"> • Fillings — One per surface in a 24-month period • Endodontic services — Root canal therapy. • Periodontic services — Treatment for gum disease. • Simple extractions • Oral surgery — Surgical extractions and other surgical procedures. • Denture repair and recementation • TMJ 			
Major Services	50%	50%	50%
<ul style="list-style-type: none"> • Crowns — One per tooth in a 60-month period for members age 12 and older. • Prosthodontics/dentures and bridges — Once in a 60-month period for members age 16 and older. • Implants — One per site for members age 16 and older. 			
Orthodontic Services	50%	50%	50%
<ul style="list-style-type: none"> • Treatment for the proper alignment of teeth — For subscriber and covered dependents. 			

Continued on next page

Additional benefits included in your plan:

Healthy Smile, Healthy You® — Provides additional cleanings, fluoride and/or sealants for members with certain health conditions. Visit DeltaDentalVA.com to learn more or to download an enrollment form.

Coverage is available for:

- Dependent children, only to the end of the calendar year when they reach age 26 (the “limiting age”).

Convenient, Eco-Friendly Options Available:

At Delta Dental of Virginia, we are committed to taking actionable measures to minimize our environmental footprint.

Join us as we step toward reducing paper waste and promoting sustainability by signing up to receive your Delta Dental of Virginia explanation of benefits (EOB) digitally at DeltaDentalVA.com/members.

Choosing a dentist

You may select the dentist of your choice. However, to get the most value from your dental benefits, make sure your dentist participates in the network listed at the top of your Delta Dental ID card. With Delta Dental PPO Plus Premier™, you have the option of visiting any dentist. However, your out-of-pocket costs may be lowest if you see a Delta Dental PPO™ network dentist and highest if you choose an out-of-network dentist. Delta Dental network dentists agree to discount their fees, submit claims on your behalf and not bill you for the difference. Visit DeltaDentalVA.com to find a participating dentist in your area.

If you visit an out-of-network dentist, Delta Dental will pay its portion of the bill and you are responsible for any coinsurance and deductible (if applicable), as well as the difference between the nonparticipating dentist’s charge and Delta Dental’s payment. Payment will be made to you.

**Delta Dental PPO Plus Premier™**

Group Name: Delta Dental of Virginia
Group Number: 0000000000-000000-0000
Subscriber: Jane Doe
ID Number: XXXXX000
Effective Date: XX/XX/XXXX

Delta Dental of Virginia, 5415 Airport Road, Roanoke, VA 24012

Electronic Claims Payor: 54084

800-237-6060 • DeltaDentalVA.com

Delta Dental is a Registered Mark of Delta Dental Plans Association.

This fact sheet is a brief description of dental services covered under your plan and is not designed to serve as an **Evidence of Coverage**. If you have questions about specific benefits or limitations under your plan, call Delta Dental’s Benefit Services at 800.237.6060 or visit DeltaDentalVA.com/members to register for an account.



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Select Network)

- 866.299.1358
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have additional benefits.

Log into

eyemed.com/member

to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
LENSES		
Single Vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$55
Lenticular	\$25 copay	Up to \$55
Progressive - Standard	\$90 copay	Up to \$40
Progressive - Premium	\$90 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium	20% off retail price	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$104
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$104
Contacts - Medically Necessary	\$0 copay	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year
Frame	Once every 2 calendar years	Once every 2 calendar years
Contact Lenses	Once every calendar year	Once every calendar year
(Plan allows the member to receive either contacts and frame, or frame and lens services.)		

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



eye
Med



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS®

PEARLE
VISION

OPTICAL™

Basic Life Insurance



Even among people who have life insurance, about **1 in 5** say they don't have enough.¹

► PROTECTS YOUR LOVED ONES.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

► HELPS PAY YOUR FINAL EXPENSES.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

► PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

BENEFITS

For you*

Basic Life - 1 times your Basic Annual Earnings, up to a **maximum of \$150,000**. No medical questions asked, **up to the Guaranteed Issue amount of \$150,000**.

Accidental Death and Dismemberment - 2 times your Basic Annual Earnings, up to a **maximum of \$300,000**. No medical questions asked, **up to the Guaranteed Issue amount of \$300,000**.

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

***This coverage includes Accidental Death and Dismemberment insurance.**

AUGUSTA HEALTH CARE, INC.

All Other Full-Time and Part-Time Employees

POLICY # 966826

Sun Life Assurance Company of Canada

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Frequently asked questions

What is my AD&D benefit?

We will pay your beneficiaries an Accidental Death insurance amount that differs from your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group life insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01.

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GVBH-EE-8384

SLPC 29579



Global Emergency Assistance Services



The global emergency assistance program provided by Assist America® connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days.

Medical Emergency Assistance



Medical Consultation, Evaluation, & Referrals

Assist America's 24/7 Operations Center is staffed by multilingual assistance personnel to immediately support with recommendations for any emergency.



Medical Monitoring

Assist America's support team will closely monitor the course of treatment, and maintain regular communication with patients, their families, and the associated medical staff.



Emergency Medical Evacuation

If appropriate care is not available, Assist America will safely evacuate the member to the nearest qualified medical facility.



Foreign Hospital Admission Assistance

Assist America fosters prompt hospital admission by validating the member's health insurance as needed to the hospital. The member must repay funds within 45 days.



Medical Repatriation

When confirmed to be medically necessary, Assist America provides commercial transportation to home or to a rehabilitation facility proximate to the members residence, with a medical or non-medical escort as required.



Prescription Assistance

When a prescription is lost or left behind, Assist America will reach out to the prescribing physician and work with a local pharmacy to replace the member's medicine. The prescription cost is the member's responsibility.

Travel Emergency Assistance



Care of Minor Children

If an injured member has minor children left unattended, Assist America will pay for them to return home to a family member, or will arrange for childcare at home.



Compassionate Visit

If the member is traveling alone and is expected to be hospitalized for more than seven days, Assist America will arrange and pay for a selected family member or a friend to join the patient.



Return of Vehicle

Assist America will arrange and pay for the member's fully-operable and non-commercial vehicle to be returned home when necessary due to the member's medical emergency.



Return of Mortal Remains

In the event of a member passing away, Assist America will arrange and pay for the required documents, preparation, and transport of the remains to a funeral home near the member's place of residence.



Pre-Trip Information

Members can review country profiles, visa requirements, immunization regulations, security advisories directly from the Assist America website and Mobile App, as well as calling into our Operations Center for additional assistance.



Other emergency assistance services include:

Lost Luggage and Document Assistance, Legal & Interpreter Referrals, Emergency Message Transmission, Emergency Trauma Counseling & Emergency Cash & Bail Bond Coordination

ID Theft Protection Services

Assist America offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. These services include:

24/7 Access to Identity Protection Experts

You have 24/7 direct emergency access to ID Theft Protection experts who can provide guidance in dealing with identity fraud issues.

Credit Card and Document Registration

Register your details using our secure website to store information from credit cards, banks and other important document in a single, centralized and secured location.

Loss & Stolen Card Assistance

Assist America arranges for notification to credit and debit card issuers that a card has been lost or stolen, for all such issuers who accept third party notifications. This Service requires advance registration of up to ten (10) debit or credit cards by the member.

24/7 Identity Fraud Support

If you are a victim of identity fraud, a dedicated ID Theft Protection expert will guide you in mitigating the consequences of the fraud. Your caseworker will also notify credit and debit card issuers if your credit or debit card(s) is lost or stolen.

1-877-409-9597 (Within the US)

1-816-396-9192 (Outside the US)

**Access Code:
18327**

How to Activate Services

To activate the services, contact Assist America at:

- Use the **Tap for Help Button on the Mobile App**
- **1-800-872-1414** (Within the US)
- **1-609-986-1234** (Outside the US)
- Email medservices@assistamerica.com

Your Assist America Reference Number is:

01-AA-SUL-100101

Download the Mobile App

Access a wide range of global emergency assistance services from your phone by downloading the Assist America Mobile App. Enter your Assist America Reference Number to set up the App:

01-AA-SUL-100101

► Tap for Help

Tap-to-call Assist America's 24/7 Operations Center

► Voice Over Internet Protocol (VoIP)

Avoid international phone charges by calling Assist America for free using a Wi-Fi connection

► Pre-Trip Information

Access detailed country-specific information to prepare for your trip

► Travel Alerts

Receive alerts on urgent global situations that may impact travel

► Travel Status Indicator

A GPS feature letting you know when you are eligible for services

► Embassy Locator

Locate the nearest embassy/consulate of 23 countries

► Mobile ID Card

Your Assist America ID card is conveniently stored within the app

► Available in 7 languages

The app is available in English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French



**Available on Google Play
and the App Store**



Conditions & Limitations:

Assist America pays for all the transportation services it arranges. Requests for reimbursement for medical transport or other services arranged independently by the member will not be accepted. Assist America is not responsible for the cost of medical treatments and other non-medical services received by the member upon a referral made by Assist America.

Assist America will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care
- Trips exceeding 90 days away from legal residence

Assist America will not evacuate or repatriate a member:

- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home
- With a pregnancy beyond the 28th week

- With mental or nervous disorders unless hospitalized
- Spouse traveling on business

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. Assist America is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local laws.

All consulting physicians and attorneys are independent contractors and not under the control or responsibility of Assist America.

Value-added services are not available in New York. Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. Emergency Travel Assistance is provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. Sun Life is not responsible or liable for care, services, or advice given by any provider or vendor of the Services. Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. In all states except New York, group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA). GVASBCH-EE-039 SLPC #1310792942

Voluntary Life Insurance



➤ MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

➤ HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

BENEFITS (You can purchase this coverage at a group rate.)

For you	<p>You can choose from \$10,000 to \$500,000—in increments of \$10,000 not to exceed 7 times your Basic Annual Earnings. No medical questions asked up to the Guaranteed Issue amount of \$500,000.</p> <p>Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose from \$5,000 to \$500,000—in increments of \$5,000. No medical questions asked up to the Guaranteed Issue amount of \$50,000.</p> <p>The amount you select for your spouse cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose \$10,000. No medical questions asked.</p> <p>Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support. A full benefit is payable for a dependent child from birth to 26.</p>

AUGUSTA HEALTH CARE, INC.

All Eligible Employees

POLICY #: 966826

Sun Life Assurance Company of Canada

2337721 SEQ60 CL1 04/30/2024 08:50:08

888-444-0239 • sunlife.com/us

Voluntary Life Insurance

Frequently asked questions

Do I need to answer any health questions to enroll?

You may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

How does my beneficiary file a death claim?

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group life insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01.

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SLPC 29579

Rates

Employee - Coverage and **bi-weekly** cost for Employee Voluntary Life.

Rates are effective as of June 15, 2024.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	0.14	0.14	0.19	0.23	0.32	0.51	0.88	1.43	2.63	4.85	9.23
\$20,000	0.28	0.28	0.37	0.46	0.65	1.02	1.75	2.86	5.26	9.69	18.46
\$30,000	0.42	0.42	0.55	0.69	0.97	1.52	2.63	4.29	7.89	14.54	27.69
\$40,000	0.55	0.55	0.74	0.92	1.29	2.03	3.51	5.72	10.52	19.38	36.92
\$50,000	0.69	0.69	0.92	1.15	1.62	2.54	4.38	7.15	13.15	24.23	46.15
\$60,000	0.83	0.83	1.11	1.38	1.94	3.05	5.26	8.58	15.78	29.08	55.38
\$70,000	0.97	0.97	1.29	1.62	2.26	3.55	6.14	10.02	18.42	33.92	64.62
\$80,000	1.11	1.11	1.48	1.85	2.58	4.06	7.02	11.45	21.05	38.77	73.85
\$90,000	1.25	1.25	1.66	2.08	2.91	4.57	7.89	12.88	23.68	43.62	83.08
\$100,000	1.38	1.38	1.85	2.31	3.23	5.08	8.77	14.31	26.31	48.46	92.31
\$110,000	1.52	1.52	2.03	2.54	3.55	5.58	9.65	15.74	28.94	53.31	101.54
\$120,000	1.66	1.66	2.22	2.77	3.88	6.09	10.52	17.17	31.57	58.15	110.77
\$130,000	1.80	1.80	2.40	3.00	4.20	6.60	11.40	18.60	34.20	63.00	120.00
\$140,000	1.94	1.94	2.58	3.23	4.52	7.11	12.28	20.03	36.83	67.85	129.23
\$150,000	2.08	2.08	2.77	3.46	4.85	7.62	13.15	21.46	39.46	72.69	138.46
\$160,000	2.22	2.22	2.95	3.69	5.17	8.12	14.03	22.89	42.09	77.54	147.69
\$170,000	2.35	2.35	3.14	3.92	5.49	8.63	14.91	24.32	44.72	82.38	156.92
\$180,000	2.49	2.49	3.32	4.15	5.82	9.14	15.78	25.75	47.35	87.23	166.15
\$190,000	2.63	2.63	3.51	4.38	6.14	9.65	16.66	27.18	49.98	92.08	175.38
\$200,000	2.77	2.77	3.69	4.62	6.46	10.15	17.54	28.62	52.62	96.92	184.62
\$210,000	2.91	2.91	3.88	4.85	6.78	10.66	18.42	30.05	55.25	101.77	193.85
\$220,000	3.05	3.05	4.06	5.08	7.11	11.17	19.29	31.48	57.88	106.62	203.08
\$230,000	3.18	3.18	4.25	5.31	7.43	11.68	20.17	32.91	60.51	111.46	212.31
\$240,000	3.32	3.32	4.43	5.54	7.75	12.18	21.05	34.34	63.14	116.31	221.54
\$250,000	3.46	3.46	4.62	5.77	8.08	12.69	21.92	35.77	65.77	121.15	230.77
\$260,000	3.60	3.60	4.80	6.00	8.40	13.20	22.80	37.20	68.40	126.00	240.00
\$270,000	3.74	3.74	4.98	6.23	8.72	13.71	23.68	38.63	71.03	130.85	249.23
\$280,000	3.88	3.88	5.17	6.46	9.05	14.22	24.55	40.06	73.66	135.69	258.46
\$290,000	4.02	4.02	5.35	6.69	9.37	14.72	25.43	41.49	76.29	140.54	267.69
\$300,000	4.15	4.15	5.54	6.92	9.69	15.23	26.31	42.92	78.92	145.38	276.92
\$310,000	4.29	4.29	5.72	7.15	10.02	15.74	27.18	44.35	81.55	150.23	286.15
\$320,000	4.43	4.43	5.91	7.38	10.34	16.25	28.06	45.78	84.18	155.08	295.38
\$330,000	4.57	4.57	6.09	7.62	10.66	16.75	28.94	47.22	86.82	159.92	304.62
\$340,000	4.71	4.71	6.28	7.85	10.98	17.26	29.82	48.65	89.45	164.77	313.85
\$350,000	4.85	4.85	6.46	8.08	11.31	17.77	30.69	50.08	92.08	169.62	323.08
\$360,000	4.98	4.98	6.65	8.31	11.63	18.28	31.57	51.51	94.71	174.46	332.31
\$370,000	5.12	5.12	6.83	8.54	11.95	18.78	32.45	52.94	97.34	179.31	341.54
\$380,000	5.26	5.26	7.02	8.77	12.28	19.29	33.32	54.37	99.97	184.15	350.77
\$390,000	5.40	5.40	7.20	9.00	12.60	19.80	34.20	55.80	102.60	189.00	360.00
\$400,000	5.54	5.54	7.38	9.23	12.92	20.31	35.08	57.23	105.23	193.85	369.23
\$410,000	5.68	5.68	7.57	9.46	13.25	20.82	35.95	58.66	107.86	198.69	378.46
\$420,000	5.82	5.82	7.75	9.69	13.57	21.32	36.83	60.09	110.49	203.54	387.69
\$430,000	5.95	5.95	7.94	9.92	13.89	21.83	37.71	61.52	113.12	208.38	396.92
\$440,000	6.09	6.09	8.12	10.15	14.22	22.34	38.58	62.95	115.75	213.23	406.15
\$450,000	6.23	6.23	8.31	10.38	14.54	22.85	39.46	64.38	118.38	218.08	415.38

Rates

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$460,000	6.37	6.37	8.49	10.62	14.86	23.35	40.34	65.82	121.02	222.92	424.62
\$470,000	6.51	6.51	8.68	10.85	15.18	23.86	41.22	67.25	123.65	227.77	433.85
\$480,000	6.65	6.65	8.86	11.08	15.51	24.37	42.09	68.68	126.28	232.62	443.08
\$490,000	6.78	6.78	9.05	11.31	15.83	24.88	42.97	70.11	128.91	237.46	452.31
\$500,000	6.92	6.92	9.23	11.54	16.15	25.38	43.85	71.54	131.54	242.31	461.54

Rates

Spouse - Coverage and **bi-weekly** cost for Spouse Voluntary Life.

Rates are effective as of June 15, 2024.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the spouse's age.

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	0.07	0.07	0.09	0.12	0.16	0.25	0.44	0.72	1.32	2.42	4.62
\$10,000	0.14	0.14	0.19	0.23	0.32	0.51	0.88	1.43	2.63	4.85	9.23
\$15,000	0.21	0.21	0.28	0.35	0.48	0.76	1.32	2.15	3.95	7.27	13.85
\$20,000	0.28	0.28	0.37	0.46	0.65	1.02	1.75	2.86	5.26	9.69	18.46
\$25,000	0.35	0.35	0.46	0.58	0.81	1.27	2.19	3.58	6.58	12.12	23.08
\$30,000	0.42	0.42	0.55	0.69	0.97	1.52	2.63	4.29	7.89	14.54	27.69
\$35,000	0.48	0.48	0.65	0.81	1.13	1.78	3.07	5.01	9.21	16.96	32.31
\$40,000	0.55	0.55	0.74	0.92	1.29	2.03	3.51	5.72	10.52	19.38	36.92
\$45,000	0.62	0.62	0.83	1.04	1.45	2.28	3.95	6.44	11.84	21.81	41.54
\$50,000	0.69	0.69	0.92	1.15	1.62	2.54	4.38	7.15	13.15	24.23	46.15
\$55,000	0.76	0.76	1.02	1.27	1.78	2.79	4.82	7.87	14.47	26.65	50.77
\$60,000	0.83	0.83	1.11	1.38	1.94	3.05	5.26	8.58	15.78	29.08	55.38
\$65,000	0.90	0.90	1.20	1.50	2.10	3.30	5.70	9.30	17.10	31.50	60.00
\$70,000	0.97	0.97	1.29	1.62	2.26	3.55	6.14	10.02	18.42	33.92	64.62
\$75,000	1.04	1.04	1.38	1.73	2.42	3.81	6.58	10.73	19.73	36.35	69.23
\$80,000	1.11	1.11	1.48	1.85	2.58	4.06	7.02	11.45	21.05	38.77	73.85
\$85,000	1.18	1.18	1.57	1.96	2.75	4.32	7.45	12.16	22.36	41.19	78.46
\$90,000	1.25	1.25	1.66	2.08	2.91	4.57	7.89	12.88	23.68	43.62	83.08
\$95,000	1.32	1.32	1.75	2.19	3.07	4.82	8.33	13.59	24.99	46.04	87.69
\$100,000	1.38	1.38	1.85	2.31	3.23	5.08	8.77	14.31	26.31	48.46	92.31
\$105,000	1.45	1.45	1.94	2.42	3.39	5.33	9.21	15.02	27.62	50.88	96.92
\$110,000	1.52	1.52	2.03	2.54	3.55	5.58	9.65	15.74	28.94	53.31	101.54
\$115,000	1.59	1.59	2.12	2.65	3.72	5.84	10.08	16.45	30.25	55.73	106.15
\$120,000	1.66	1.66	2.22	2.77	3.88	6.09	10.52	17.17	31.57	58.15	110.77
\$125,000	1.73	1.73	2.31	2.88	4.04	6.35	10.96	17.88	32.88	60.58	115.38
\$130,000	1.80	1.80	2.40	3.00	4.20	6.60	11.40	18.60	34.20	63.00	120.00
\$135,000	1.87	1.87	2.49	3.12	4.36	6.85	11.84	19.32	35.52	65.42	124.62
\$140,000	1.94	1.94	2.58	3.23	4.52	7.11	12.28	20.03	36.83	67.85	129.23
\$145,000	2.01	2.01	2.68	3.35	4.68	7.36	12.72	20.75	38.15	70.27	133.85
\$150,000	2.08	2.08	2.77	3.46	4.85	7.62	13.15	21.46	39.46	72.69	138.46
\$155,000	2.15	2.15	2.86	3.58	5.01	7.87	13.59	22.18	40.78	75.12	143.08
\$160,000	2.22	2.22	2.95	3.69	5.17	8.12	14.03	22.89	42.09	77.54	147.69
\$165,000	2.28	2.28	3.05	3.81	5.33	8.38	14.47	23.61	43.41	79.96	152.31
\$170,000	2.35	2.35	3.14	3.92	5.49	8.63	14.91	24.32	44.72	82.38	156.92
\$175,000	2.42	2.42	3.23	4.04	5.65	8.88	15.35	25.04	46.04	84.81	161.54
\$180,000	2.49	2.49	3.32	4.15	5.82	9.14	15.78	25.75	47.35	87.23	166.15
\$185,000	2.56	2.56	3.42	4.27	5.98	9.39	16.22	26.47	48.67	89.65	170.77
\$190,000	2.63	2.63	3.51	4.38	6.14	9.65	16.66	27.18	49.98	92.08	175.38
\$195,000	2.70	2.70	3.60	4.50	6.30	9.90	17.10	27.90	51.30	94.50	180.00
\$200,000	2.77	2.77	3.69	4.62	6.46	10.15	17.54	28.62	52.62	96.92	184.62
\$205,000	2.84	2.84	3.78	4.73	6.62	10.41	17.98	29.33	53.93	99.35	189.23
\$210,000	2.91	2.91	3.88	4.85	6.78	10.66	18.42	30.05	55.25	101.77	193.85
\$215,000	2.98	2.98	3.97	4.96	6.95	10.92	18.85	30.76	56.56	104.19	198.46
\$220,000	3.05	3.05	4.06	5.08	7.11	11.17	19.29	31.48	57.88	106.62	203.08

Rates

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$225,000	3.12	3.12	4.15	5.19	7.27	11.42	19.73	32.19	59.19	109.04	207.69
\$230,000	3.18	3.18	4.25	5.31	7.43	11.68	20.17	32.91	60.51	111.46	212.31
\$235,000	3.25	3.25	4.34	5.42	7.59	11.93	20.61	33.62	61.82	113.88	216.92
\$240,000	3.32	3.32	4.43	5.54	7.75	12.18	21.05	34.34	63.14	116.31	221.54
\$245,000	3.39	3.39	4.52	5.65	7.92	12.44	21.48	35.05	64.45	118.73	226.15
\$250,000	3.46	3.46	4.62	5.77	8.08	12.69	21.92	35.77	65.77	121.15	230.77
\$255,000	3.53	3.53	4.71	5.88	8.24	12.95	22.36	36.48	67.08	123.58	235.38
\$260,000	3.60	3.60	4.80	6.00	8.40	13.20	22.80	37.20	68.40	126.00	240.00
\$265,000	3.67	3.67	4.89	6.12	8.56	13.45	23.24	37.92	69.72	128.42	244.62
\$270,000	3.74	3.74	4.98	6.23	8.72	13.71	23.68	38.63	71.03	130.85	249.23
\$275,000	3.81	3.81	5.08	6.35	8.88	13.96	24.12	39.35	72.35	133.27	253.85
\$280,000	3.88	3.88	5.17	6.46	9.05	14.22	24.55	40.06	73.66	135.69	258.46
\$285,000	3.95	3.95	5.26	6.58	9.21	14.47	24.99	40.78	74.98	138.12	263.08
\$290,000	4.02	4.02	5.35	6.69	9.37	14.72	25.43	41.49	76.29	140.54	267.69
\$295,000	4.08	4.08	5.45	6.81	9.53	14.98	25.87	42.21	77.61	142.96	272.31
\$300,000	4.15	4.15	5.54	6.92	9.69	15.23	26.31	42.92	78.92	145.38	276.92
\$305,000	4.22	4.22	5.63	7.04	9.85	15.48	26.75	43.64	80.24	147.81	281.54
\$310,000	4.29	4.29	5.72	7.15	10.02	15.74	27.18	44.35	81.55	150.23	286.15
\$315,000	4.36	4.36	5.82	7.27	10.18	15.99	27.62	45.07	82.87	152.65	290.77
\$320,000	4.43	4.43	5.91	7.38	10.34	16.25	28.06	45.78	84.18	155.08	295.38
\$325,000	4.50	4.50	6.00	7.50	10.50	16.50	28.50	46.50	85.50	157.50	300.00
\$330,000	4.57	4.57	6.09	7.62	10.66	16.75	28.94	47.22	86.82	159.92	304.62
\$335,000	4.64	4.64	6.18	7.73	10.82	17.01	29.38	47.93	88.13	162.35	309.23
\$340,000	4.71	4.71	6.28	7.85	10.98	17.26	29.82	48.65	89.45	164.77	313.85
\$345,000	4.78	4.78	6.37	7.96	11.15	17.52	30.25	49.36	90.76	167.19	318.46
\$350,000	4.85	4.85	6.46	8.08	11.31	17.77	30.69	50.08	92.08	169.62	323.08
\$355,000	4.92	4.92	6.55	8.19	11.47	18.02	31.13	50.79	93.39	172.04	327.69
\$360,000	4.98	4.98	6.65	8.31	11.63	18.28	31.57	51.51	94.71	174.46	332.31
\$365,000	5.05	5.05	6.74	8.42	11.79	18.53	32.01	52.22	96.02	176.88	336.92
\$370,000	5.12	5.12	6.83	8.54	11.95	18.78	32.45	52.94	97.34	179.31	341.54
\$375,000	5.19	5.19	6.92	8.65	12.12	19.04	32.88	53.65	98.65	181.73	346.15
\$380,000	5.26	5.26	7.02	8.77	12.28	19.29	33.32	54.37	99.97	184.15	350.77
\$385,000	5.33	5.33	7.11	8.88	12.44	19.55	33.76	55.08	101.28	186.58	355.38
\$390,000	5.40	5.40	7.20	9.00	12.60	19.80	34.20	55.80	102.60	189.00	360.00
\$395,000	5.47	5.47	7.29	9.12	12.76	20.05	34.64	56.52	103.92	191.42	364.62
\$400,000	5.54	5.54	7.38	9.23	12.92	20.31	35.08	57.23	105.23	193.85	369.23
\$405,000	5.61	5.61	7.48	9.35	13.08	20.56	35.52	57.95	106.55	196.27	373.85
\$410,000	5.68	5.68	7.57	9.46	13.25	20.82	35.95	58.66	107.86	198.69	378.46
\$415,000	5.75	5.75	7.66	9.58	13.41	21.07	36.39	59.38	109.18	201.12	383.08
\$420,000	5.82	5.82	7.75	9.69	13.57	21.32	36.83	60.09	110.49	203.54	387.69
\$425,000	5.88	5.88	7.85	9.81	13.73	21.58	37.27	60.81	111.81	205.96	392.31
\$430,000	5.95	5.95	7.94	9.92	13.89	21.83	37.71	61.52	113.12	208.38	396.92
\$435,000	6.02	6.02	8.03	10.04	14.05	22.08	38.15	62.24	114.44	210.81	401.54
\$440,000	6.09	6.09	8.12	10.15	14.22	22.34	38.58	62.95	115.75	213.23	406.15
\$445,000	6.16	6.16	8.22	10.27	14.38	22.59	39.02	63.67	117.07	215.65	410.77
\$450,000	6.23	6.23	8.31	10.38	14.54	22.85	39.46	64.38	118.38	218.08	415.38
\$455,000	6.30	6.30	8.40	10.50	14.70	23.10	39.90	65.10	119.70	220.50	420.00
\$460,000	6.37	6.37	8.49	10.62	14.86	23.35	40.34	65.82	121.02	222.92	424.62
\$465,000	6.44	6.44	8.58	10.73	15.02	23.61	40.78	66.53	122.33	225.35	429.23
\$470,000	6.51	6.51	8.68	10.85	15.18	23.86	41.22	67.25	123.65	227.77	433.85
\$475,000	6.58	6.58	8.77	10.96	15.35	24.12	41.65	67.96	124.96	230.19	438.46

Rates

Coverage amounts	Age and cost										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$480,000	6.65	6.65	8.86	11.08	15.51	24.37	42.09	68.68	126.28	232.62	443.08
\$485,000	6.72	6.72	8.95	11.19	15.67	24.62	42.53	69.39	127.59	235.04	447.69
\$490,000	6.78	6.78	9.05	11.31	15.83	24.88	42.97	70.11	128.91	237.46	452.31
\$495,000	6.85	6.85	9.14	11.42	15.99	25.13	43.41	70.82	130.22	239.88	456.92
\$500,000	6.92	6.92	9.23	11.54	16.15	25.38	43.85	71.54	131.54	242.31	461.54

Child - Coverage and **bi-weekly** cost for Child Voluntary Life.

Rates are effective as of June 15, 2024.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Coverage amounts	Cost per pay period
\$10,000	0.46

Accidental Death and Dismemberment (AD&D) insurance

Augusta Health Care, Inc. | All Eligible Employees | 966826

Protect your savings and your family

A serious accident can change the course of your life and leave you and the people you love with unexpected expenses. AD&D insurance provides financial protection if you or anyone on your plan suffers from a covered accidental injury or accidental death.

How it works

You have the opportunity to purchase additional Accidental Death & Dismemberment (AD&D) insurance, beyond what your employer has provided for you.

You are responsible for paying all or a portion of the cost.

Benefits

For you	<p>You can choose from \$10,000 to \$500,000—in increments of \$10,000, not to exceed 7 times your basic annual earnings.</p> <p>Benefits are reduced to 50% at age 70.</p> <p>Coverage ends at termination of employment or retirement.</p>
For your spouse	<p>If you elect coverage for yourself, you can choose \$5,000 to \$500,000—in increments of \$5,000.</p> <p>(Not to exceed 100% of your Elected amount.)</p> <p>Benefits are reduced to 50% when your spouse turns age 70.</p> <p>Benefit may be reduced when the employee benefit amount is reduced.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose \$10,000.</p> <p>(Not to exceed 100% of your Elected amount.)</p> <p>Benefit may be reduced when the employee benefit amount is reduced.</p> <p>A full benefit is payable for a dependent child from birth to 26 years old.</p>



Reasons why you may need AD&D insurance



Provide financial support for you or others



Pay household expenses



Hire help for child or elder care



Funeral or medical expenses

You or your beneficiaries can use the benefit to pay for injury-related expenses or to help replace lost income—however way the money is needed.

Covered accidental injuries

You may receive up to 100% of your AD&D coverage amount for losses resulting from one accident, such as paralysis, speech or hearing loss, or thumb and index finger loss. If a covered accident results in your death, your beneficiary will receive 100% of your AD&D coverage amount.

This chart shows a partial list of AD&D insurance benefit amounts as a percentage of coverage. You may refer to the certificate for the full list of covered accidental injuries.

Benefits

Accidental injury	The plan pays
Accidental death	100%
Quadriplegia	100%
Loss of sight of one eye	50%
Loss of speech only or hearing only	50%
Loss of limb (arm or leg)	50%
Loss of thumb and index finger on the same hand	25%

Accidental Death and Dismemberment FAQ

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer’s plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

How is my benefit claim filed and paid?

In the event of your accidental death or injury, you or your beneficiary(ies) and your employer will complete

the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply, and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the important plan provisions section for more information including limitations and exclusions.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01, TDBPOLICY-2006, and TDI-POLICY.

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Rate Sheet

Employee - Coverage and **bi-weekly** cost for employee Voluntary AD&D.

Rates are effective as of June 15, 2024.

The chart below shows possible coverage amounts and the corresponding costs per bi-weekly pay period.

Coverage Amounts	Cost per Bi-Weekly pay period
\$10,000	0.06
\$20,000	0.12
\$30,000	0.18
\$40,000	0.24
\$50,000	0.30
\$60,000	0.36
\$70,000	0.42
\$80,000	0.48
\$90,000	0.54
\$100,000	0.60
\$110,000	0.66
\$120,000	0.72
\$130,000	0.78
\$140,000	0.84
\$150,000	0.90
\$160,000	0.96
\$170,000	1.02
\$180,000	1.08
\$190,000	1.14
\$200,000	1.20
\$210,000	1.26
\$220,000	1.32
\$230,000	1.38
\$240,000	1.44
\$250,000	1.50
\$260,000	1.56
\$270,000	1.62
\$280,000	1.68
\$290,000	1.74
\$300,000	1.80
\$310,000	1.86
\$320,000	1.92
\$330,000	1.98
\$340,000	2.04
\$350,000	2.10
\$360,000	2.16
\$370,000	2.22
\$380,000	2.28
\$390,000	2.34
\$400,000	2.40
\$410,000	2.46
\$420,000	2.52
\$430,000	2.58
\$440,000	2.64
\$450,000	2.70
\$460,000	2.76
\$470,000	2.82
\$480,000	2.88
\$490,000	2.94
\$500,000	3.00

Rate Sheet

Spouse - Coverage and **bi-weekly** cost for spouse Voluntary AD&D.

Rates are effective as of June 15, 2024. Rates are based on spouse age.

The chart below shows possible coverage amounts and the corresponding costs per bi-weekly pay period.

Coverage Amounts	Cost per Bi-Weekly pay period
\$5,000	0.03
\$10,000	0.07
\$15,000	0.10
\$20,000	0.13
\$25,000	0.16
\$30,000	0.19
\$35,000	0.23
\$40,000	0.26
\$45,000	0.29
\$50,000	0.32
\$55,000	0.36
\$60,000	0.39
\$65,000	0.42
\$70,000	0.45
\$75,000	0.48
\$80,000	0.52
\$85,000	0.55
\$90,000	0.58
\$95,000	0.61
\$100,000	0.65
\$105,000	0.68
\$110,000	0.71
\$115,000	0.74
\$120,000	0.78
\$125,000	0.81
\$130,000	0.84
\$135,000	0.87
\$140,000	0.90
\$145,000	0.94
\$150,000	0.97
\$155,000	1.00
\$160,000	1.03
\$165,000	1.07
\$170,000	1.10
\$175,000	1.13
\$180,000	1.16
\$185,000	1.20
\$190,000	1.23
\$195,000	1.26
\$200,000	1.29
\$205,000	1.32
\$210,000	1.36
\$215,000	1.39
\$220,000	1.42
\$225,000	1.45
\$230,000	1.49
\$235,000	1.52
\$240,000	1.55
\$245,000	1.58
\$250,000	1.62

\$255,000	1.65
\$260,000	1.68
\$265,000	1.71
\$270,000	1.74
\$275,000	1.78
\$280,000	1.81
\$285,000	1.84
\$290,000	1.87
\$295,000	1.91
\$300,000	1.94
\$305,000	1.97
\$310,000	2.00
\$315,000	2.04
\$320,000	2.07
\$325,000	2.10
\$330,000	2.13
\$335,000	2.16
\$340,000	2.20
\$345,000	2.23
\$350,000	2.26
\$355,000	2.29
\$360,000	2.33
\$365,000	2.36
\$370,000	2.39
\$375,000	2.42
\$380,000	2.46
\$385,000	2.49
\$390,000	2.52
\$395,000	2.55
\$400,000	2.58
\$405,000	2.62
\$410,000	2.65
\$415,000	2.68
\$420,000	2.71
\$425,000	2.75
\$430,000	2.78
\$435,000	2.81
\$440,000	2.84
\$445,000	2.88
\$450,000	2.91
\$455,000	2.94
\$460,000	2.97
\$465,000	3.00
\$470,000	3.04
\$475,000	3.07
\$480,000	3.10
\$485,000	3.13
\$490,000	3.17
\$495,000	3.20
\$500,000	3.23

Rate Sheet

Child(ren) - Coverage and **bi-weekly** cost for child Voluntary AD&D.
Rates are effective as of June 15, 2024.
The chart below shows possible coverage amounts and the corresponding costs per bi-weekly pay period.

Coverage Amounts	Cost per Bi- Weekly pay period
\$10,000	0.19

Accident Insurance



You can purchase this coverage for you and your family. Child coverage is available to age 26.

▶ HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

ACCIDENT FAST FACTS

Falls
are the leading cause of injuries treated in emergency rooms every year, for people of all ages.¹

This coverage pays benefits whether your covered accident happens at work, at home, or away (also known as 24-hour coverage).

AUGUSTA HEALTH CARE, INC.

All Eligible Employees

POLICY # 966840

Sun Life Assurance Company of Canada

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What's covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here.

DISLOCATIONS	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$8,000	\$4,000
Knee, ankle, or bones of the foot	\$3,000	\$1,500
Elbow, wrist, Shoulder, Collarbone, bones of the hand or Lower jaw	\$2,000	\$1,000
Finger(s) or toe(s)	\$500	\$250
FRACTURES	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip or thigh	\$8,000	\$4,000
Skull-depressed	\$16,000	\$8,000
Skull-simple, Leg, Vertebrae or Sternum	\$4,000	\$2,000
Vertebral processes, Bones of the face, Nose, Upper jaw, upper arm, Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow, Heel or Multiple ribs	\$1,500	\$750
Pelvis	\$2,400	\$1,200
Rib, Finger or Toe	\$600	\$300
Coccyx	\$800	\$400
ADDITIONAL INJURIES		
Eye Injury - surgical repair		\$500
Eye Injury - object remove		\$300
Brain injury		\$500
Paralysis—paraplegia		\$25,000
Paralysis—quadriplegia		\$50,000
Coma		\$10,000
Concussion		\$200
BURNS	2ND DEGREE	3RD DEGREE
21-40 square centimeters	\$300	\$750
41-65 square centimeters	\$600	\$1,500
66-160 square centimeters	\$800	\$4,500
161-225 square centimeters	\$1,200	\$10,000
More than 225 square centimeters	\$2,000	\$15,000
Skin graft	50% of the applicable Burn Benefit	
LACERATIONS		
No sutures and treated by doctor		\$35
Single laceration under 5 cm with sutures		\$65
5-15 cm with sutures (total of all lacerations)		\$250
Greater than 15 cm with sutures (total of all lacerations)		\$700

MEDICAL SERVICES	
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$200
Diagnostic Exam - X-ray (1 time per covered accident)	\$200
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$150
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$100
Physical Therapy (per visit up to 10 visits per covered accident)	\$50
Medical Devices	\$200
Epidural Pain Management (up to 2 times per covered accident)	\$100
Prescription drug	\$35
Prosthesis (one)	\$750
Prosthesis (two)	\$1,500
Blood, Plasma, or Platelet Transfusion	\$400
HOSPITAL	
Hospital Admission (once per benefit year)	\$1,000
Hospital Confinement (per day up to 365 days per covered accident)	\$200
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$2,000
Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)	\$200
Ambulance (Ground)	\$400
Ambulance (Air)	\$1,500
Emergency Room Admission	\$150
Family Lodging (per day up to 30 days per benefit year)	\$100
Transportation (100 or more miles up to 3 times per covered accident)	\$600
Rehabilitation Unit (per day up to 30 days per covered accident)	\$200
SURGERY	
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$750
Open Surgery	\$2,500
Exploratory Surgery or Debridement	\$250
Tendon/Ligament/Rotator Cuff Tear	\$750
Torn Knee Cartilage	\$750
Ruptured/Herniated Disc	\$1,250
EMERGENCY DENTAL	
Emergency Dental extraction	\$100
Emergency Dental crown	\$300
WELLNESS	
Wellness Screening Benefit (once per benefit year)	\$50

LIFE AND DISMEMBERMENT LOSSES*	
Accidental Death	\$50,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$100,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$25,000
Loss of one hand, foot, leg, or arm	\$15,000
Loss of sight of one eye or loss of one eye	\$15,000
Two or more fingers or toes	\$3,000
One finger or one toe	\$1,500
Loss of hearing of one ear or loss of one ear	\$5,000

*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

Frequently asked questions

How do I file an accident claim?

If you have an accident after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about the accident and the treatment provided.

What happens once my claim is approved?

The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

Is there a time period that I need to follow?

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your Certificate for details.

How do I get the Wellness Screening Benefit?

You may be paid the benefit when you or a covered family member submit proof of a covered screening each year, like specific blood tests and cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). Our wellness screening benefit claim form can also be downloaded from our website.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Is my benefit taxable?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Accident insurance is a limited benefit policy. The Certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of your Certificate.

1. "Health, United States, 2016," US Department of Health and Human Services, Table 75.

Read the *Important information* section for more details including limitations and exclusions.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger;

work-related illness or injuries unless you are enrolled in 24-hour coverage.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 12-AC-C-01, 15-GP-01 and 16-AC-C-01.

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GVBH-EE-8384

SLPC 29579

Rates

Coverage and **bi-weekly** cost for Accident.

Rates are effective as of June 15, 2024.

Accident coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Cost per pay period*
Employee	\$5.71
Employee + Spouse	\$8.38
Employee + Child(ren)	\$9.77
Employee + Family	\$12.44

*Contact your employer to confirm your part of the cost.

Critical Illness Insurance



➤ HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

➤ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

➤ PAYS A CASH BENEFIT DIRECTLY TO YOU.

Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

Included:

Health Navigator Help Line for expert guidance with health needs and medical billing questions.

BENEFITS (You can purchase this coverage at a group rate.)

For you	You can choose between \$10,000 and \$40,000 of coverage, in increments of \$10,000. No medical questions asked.
For your spouse	If you elect coverage for yourself, you can choose between \$10,000 and \$40,000 of coverage, in increments of \$10,000. No medical questions asked. Not to exceed 100% of your coverage amount.
For your child(ren)	If you elect coverage for yourself, you can choose between \$5,000 and \$20,000 of coverage, in increments of \$5,000. No medical questions asked. Not to exceed 50% of your coverage amount. An eligible child is defined as your child from birth to age 26.

AUGUSTA HEALTH CARE, INC.

All Eligible Employees

POLICY #: 966840

Sun Life Assurance Company of Canada

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Critical Illness Insurance

What's covered

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance plan's effective date. Below is the full list of conditions.

COVERED CONDITIONS – The plan pays 100% of the benefit amount unless stated otherwise.

Core Conditions	Heart Attack ^R End-Stage Kidney Disease ^R Occupational HIV/Hepatitis B, C, or D Major Organ Failure ^R	Stroke ^R Coronary Artery Bypass Graft ^R (Pays 25%) Angioplasty ^R (Pays 5%)
Cancer Conditions	Invasive Cancer ^R Noninvasive Cancer ^R (Pays 25%) Skin Cancer ^R (Pays 5%)	
Other Conditions	Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma	Severe Burns Advanced ALS/Lou Gehrig's Disease Advanced Parkinson's Disease (Pays 25%) Advanced Alzheimer's Disease (Pays 25%) Paralysis
Childhood Conditions <i>Applies to dependent children only</i>	Down Syndrome Cystic Fibrosis Type 1 Diabetes Mellitus Complex Congenital Heart Disease	Cerebral Palsy Cleft Lip/Palate Muscular Dystrophy Spina Bifida
Wellness Screening Benefit	Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening.	Employee \$50 Spouse \$50 Child \$50

^R = Recurrence Benefit available

When would I need the Recurrence Benefit?

Sometimes people are diagnosed with the same condition twice. If this happens to you, and 12 consecutive months have passed between the first and second diagnoses, we'll pay you an additional benefit (the amount of which is noted in your Certificate). Only the conditions marked (R) in the table above are eligible for the Recurrence Benefit. Once a Recurrence Benefit has been paid, no additional benefit will be paid for that critical illness.

Frequently asked questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

How do I file a critical illness claim?

If you have a diagnosis after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about your medical condition.

How do I get the Wellness Screening Benefit?

You may be paid the benefit when you or a covered family member submit proof of a covered screening each year, like specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). The claim form can also be downloaded from our website.

Can I receive benefits for more than one critical illness?

Yes. In order to receive benefits for more than one critical illness, there must be at least 6 consecutive months between each diagnosis date. You can only claim benefits once for each covered condition unless a recurrence benefit is payable.

How is my benefit taxed?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your options.

CRITICAL ILLNESS FAST FACT

*Most heart attack victims are middle-aged or older; the risk of a heart attack climbs for men after age 45 and for women after age 55.***

**"What Are Your Odds of a Heart Attack?" health.com, June 2018.

Critical Illness insurance is a limited benefit policy. The certificate has exclusions, limitations and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

Read the *Important information* section for more details including limitations and exclusions.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Critical Illness

We will not pay a benefit that is due to or results from services, treatment or complications not included in the Benefit Highlights; provided by an immediate family member; or unrelated to a Critical Illness/Specified Disease. These include an autologous bone marrow transplant, suicide, attempted suicide or intentionally self inflicted injuries, elective plastic or cosmetic surgery, active military duty, war, any act of war, or your active duty in any armed service during a time of war (excluding during acts of terrorism); your active participation in a riot, rebellion or insurrection; committing or attempting to commit an assault, felony or other criminal act; engaging in dangerous conduct or hazardous activity where there is a likelihood of death or serious injury; being incarcerated in a penal institution of any kind; being legally intoxicated or under the influence of any narcotic, unless taken on the advice of a physician and taken as prescribed.

Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of coverage.

This product is inappropriate for individuals who are eligible for Medicaid coverage.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed.

Health Navigator Help Line is provided by PinnacleCare. PinnacleCare is a member of the Sun Life Financial Inc. ("Sun Life") family of companies. PinnacleCare and its employees do not diagnose medical conditions, recommend treatment options or provide medical care, and any information or services provided should not be considered medical advice. Any medical decisions should be made only after consultation with and at the direction of the medical provider. Any person or entity who provides health care services following a referral or other service provided does so independently and not as an agent or representative of PinnacleCare.

Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value-added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. Value-added services are not available in New York and may not be available in all other states.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life"). Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 15-GP-01, 12-SD-C-01, and 16-SD-C-01.

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Rates

Rates are effective as of June 15, 2024.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Employee Critical Illness – Non-Tobacco rates | Age and cost – pay period (bi-weekly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	1.98	1.94	2.63	3.46	5.22	7.15	9.69	13.06	18.42	25.29	35.63	35.45
\$20,000	3.97	3.88	5.26	6.92	10.43	14.31	19.38	26.12	36.83	50.58	71.26	70.89
\$30,000	5.95	5.82	7.89	10.38	15.65	21.46	29.08	39.18	55.25	75.88	106.89	106.34
\$40,000	7.94	7.75	10.52	13.85	20.86	28.62	38.77	52.25	73.66	101.17	142.52	141.78

Employee Critical Illness – Tobacco rates | Age and cost – pay period (bi-weekly) premium

Coverage amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	3.00	2.91	4.11	5.49	8.31	11.58	15.97	21.46	30.55	42.46	60.97	60.88
\$20,000	6.00	5.82	8.22	10.98	16.62	23.17	31.94	42.92	61.11	84.92	121.94	121.75
\$30,000	9.00	8.72	12.32	16.48	24.92	34.75	47.91	64.38	91.66	127.38	182.91	182.63
\$40,000	12.00	11.63	16.43	21.97	33.23	46.34	63.88	85.85	122.22	169.85	243.88	243.51

Rates

Rates are effective as of June 15, 2024.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the spouse's age.

Spouse Critical Illness – Non-Tobacco rates | Age and cost – pay period (bi-weekly) premium

Coverage amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	1.98	1.94	2.63	3.46	5.22	7.15	9.69	13.06	18.42	25.29	35.63	35.45
\$20,000	3.97	3.88	5.26	6.92	10.43	14.31	19.38	26.12	36.83	50.58	71.26	70.89
\$30,000	5.95	5.82	7.89	10.38	15.65	21.46	29.08	39.18	55.25	75.88	106.89	106.34
\$40,000	7.94	7.75	10.52	13.85	20.86	28.62	38.77	52.25	73.66	101.17	142.52	141.78

Spouse Critical Illness – Tobacco rates | Age and cost – pay period (bi-weekly) premium

Coverage amounts	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	3.00	2.91	4.11	5.49	8.31	11.58	15.97	21.46	30.55	42.46	60.97	60.88
\$20,000	6.00	5.82	8.22	10.98	16.62	23.17	31.94	42.92	61.11	84.92	121.94	121.75
\$30,000	9.00	8.72	12.32	16.48	24.92	34.75	47.91	64.38	91.66	127.38	182.91	182.63
\$40,000	12.00	11.63	16.43	21.97	33.23	46.34	63.88	85.85	122.22	169.85	243.88	243.51

Rates are effective as of June 15, 2024.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Child(ren) Critical Illness

Coverage amounts	Cost – pay period (bi-weekly) premium
\$5,000	0.32
\$10,000	0.65
\$15,000	0.97
\$20,000	1.29

Preventive Screening Benefit



This benefit was created to promote annual screenings and we encourage you to take advantage of it. The benefit pays according to a fixed schedule once per covered person, per calendar year and it pays in addition to your other coverages.



There are over 30 tests covered, including:

- Annual physical examination
- Abdominal and aortic aneurysm ultrasonography
- Biopsies for cancer
- Bone density screening
- Bone marrow testing
- BRCA (cancer genetic mutation test)
- Breast cancer screening (clinical breast exam, Mammography, MRI, thermography, ultrasound)
- CA15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Cardiac exercise stress test
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colorectal cancer screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- CT angiography
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Double contrast barium enema
- Echocardiogram
- Electrocardiogram (ECG)-resting or stress
- Flexible Sigmoidoscopy
- Hemocult Stool Analysis
- Immunizations
- Interscholastic sports physical exam
- Lymphocyte genome sensitivity test (LGS) (universal blood test for cancer)
- Lipid panel (total cholesterol including serum cholesterol test, triglycerides, HDL, LDL)
- Pap smear (including ThinPrep)
- Prostate Cancer Screening (digital rectal exam, PSA blood test)
- Serum Protein Electrophoresis (blood test for myeloma)
- Skin cancer screening
- Smoking cessation program
- Testicular ultrasound
- Weight reduction program
- Dental examination
- Vision examination

How do I submit a claim?

1. Online at

www.sunlife.com/account

Log in to your Sun Life account and select *submit a claim*

2. Telephonically - Just dial 888-444-2126, select option 2 from the prompts, and our Client Services Team will assist you.

You will need to provide your:

- Name
- Date of Birth
- Social Security Number
- Date of exam
- Type of exam

Once the representative has this information, they can initiate your claim and you should receive your benefit amount shortly.

Insurance products are underwritten by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states, except New York.

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Hospital Indemnity Insurance



▶ HELPS PROTECT YOUR FINANCES.

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

You can purchase this coverage for you and your family. Child coverage is available to age 26.

BENEFITS

Benefits are payable for hospital stays due to:

- Sickness
- Accidents*
- Routine pregnancy
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse

Additional reasons to sign up:

- No medical questions to answer - guaranteed issue coverage
- Benefits add up - many of your benefits can all be payable on the same day

*Confinements due to an accident must be within 365 days of the accident.

AUGUSTA HEALTH CARE, INC.

All Eligible Employees

POLICY # 966840

Sun Life Assurance Company of Canada

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Hospital Indemnity Insurance

What's covered

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFIT SCHEDULE

FIRST DAY BENEFITS Payable per benefit year	CHOICE 1
First day hospital confinement – This benefit pays the first day you stay in a regular hospital bed.	\$1,000 per day 1 day
CONFINEMENT BENEFITS Payable per benefit year	CHOICE 1
Hospital confinement – This benefit pays for a hospital stay in a standard room. Payable with: • <i>First day hospital confinement benefit</i>	\$150 per day Up to 180 days
Newborn nursery confinement – This benefit pays for a routine well baby newborn stay in the hospital nursery.	\$150 per day Up to 3 days
Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay. Payable with: • <i>Hospital confinement benefit</i>	\$150 per day Up to 30 days
ADDITIONAL AND ENHANCED BENEFITS Payable per benefit year	CHOICE 1
Observation unit stay – This benefit pays for a stay in an observation unit of less than 20 hours.	\$150 per day Up to 1 day
EMPLOYER FACILITY – Pays the following additional amounts if confined in an employer specified facility. Your employer will provide you with a list of the facilities.	CHOICE 1
First day hospital confinement	\$500 per day
Hospital confinement	\$50 per day
ICU confinement	\$50 per day
Observation unit stay	\$50 per day

Frequently asked questions

What benefits will I receive for my newborn child?

If your newborn has to stay in the Neonatal Intensive Care unit (NICU), benefits are payable. Hospital stays for routine newborn care are provided under the *Newborn nursery confinement benefit*.

How do I file a Hospital Indemnity claim?

If you are confined to the hospital after the effective date of coverage, you can file a claim with us by downloading forms from our website. You will need to provide information about your hospital stay.

Do I need to file my claim within a certain timeframe?

You should file your claim within 30 days of a covered confinement or as soon as reasonably possible.

Is my benefit taxable?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your option.

Please read the *Important information* section of this document.

Helpful definitions

Benefit year means a calendar year beginning on January 1 of any year and ending on December 31 of that year.

Confinement means resident inpatient stay in a hospital for at least 20 continuous hours. There must be a charge for room and board unless it is a Veteran's Administration Hospital or other federal government operated hospital.

Hours spent in an observation unit are not eligible for the *First day hospital confinement* benefit. An observation unit stay of 20 hours or more will be covered under the Hospital confinement benefit.

Confinement does not include the period of time in a hospital emergency room, observation room, a freestanding surgical facility or an outpatient facility.

Covered Accident means an accident that the policy or applicable riders or endorsements attached to it does not exclude.

Covered Sickness means a sickness that the policy or applicable riders or endorsements attached to it does not exclude.

Hospital means a licensed facility that provides inpatient medical care and treatment to sick and injured persons with 24-hour nursing service under the supervision of a physician. Hospital does not include a rest home; a skilled nursing facility; an extended care facility; a place of convalescence; a rehabilitation unit; a hospice facility; a place providing custodial care; a mental and nervous disorder facility or a substance abuse facility.

Intensive Care Unit (ICU) means a specifically designated part of a hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants. The ICU must be under continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis and have an assigned physician on a full-time basis. An ICU is not a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit or an observation unit.

Inpatient or Inpatient Treatment means receiving treatment as a resident patient using, and being charged for, the room and board facilities of a hospital. The requirement that you be charged does not apply to confinement in a Veteran's Administration Hospital or other federal government operated hospital.

Observation Unit means a specified area within a hospital, apart from the Emergency Room, where a patient can be monitored by a physician and which is under the direct supervision of a physician or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An observation unit stay lasting 20 hours or more is treated as a Hospital confinement.

Rehabilitation Unit means a distinct unit within a hospital that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of multidisciplinary physical restorative services to achieve the highest possible functional ability for disability due to sickness or injury. Services are provided by or under the supervision of a trained and experienced rehabilitation physician. A rehabilitation unit is not a freestanding rehabilitative facility; a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a hospice facility; a facility for the treatment of alcoholism or drug addiction or an assisted living facility.

Important information

This is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations. This product is inappropriate for individuals who are eligible for Medicaid coverage.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

Exclusions

The exclusions listed below may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Hospital Indemnity

No benefits will be payable relating to or resulting from services or treatment rendered or confinement outside the United States or Canada. No benefits will be payable for any loss that is caused or contributed to by: war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism); active military duty; riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated; committing of or attempting to commit an assault, felony or other criminal act; active participation in a riot, rebellion or insurrection; committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally; incarceration in a penal institution of any kind; elective abortion or complications thereof; elective or cosmetic surgery or procedures, except for reconstructive surgery unless due to congenital anomaly or disease of a dependent child which has resulted in a defect; artificial insemination, in vitro fertilization, test tube fertilization; or sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a physician.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life"). Group Hospital Indemnity Insurance is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01 in certain states.

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Rates

Coverage and **bi-weekly** cost for Hospital Indemnity.

Rates are effective as of June 15, 2024.

Hospital Indemnity coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

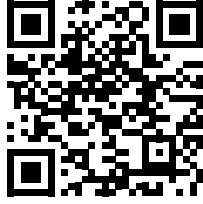
Coverage	Cost per pay period*
Employee	\$10.07
Employee + Spouse	\$19.30
Employee + Child(ren)	\$15.56
Employee + Family	\$24.79

*Contact your employer to confirm your part of the cost.

A Sun Life account provides information about your coverage and makes submitting claims easy.



It's the simplest way to stay up-to-date on your plan and claims. Just head to www.sunlife.com/createaccount and register. You can also snap the QR code to be taken to the registration page. Our site is available via mobile or desktop.



Your Sun Life account allows you to:

- Upload claims
- View claim status and payment information
- Report your return-to-work date
- Submit requests for leave of absence
- Submit medical forms (Evidence of Insurability) where required
- Access your Employee Assistance Program (EAP), benefits information and more

Tips

- Your Username must have 8 to 30 characters with no spaces or special characters.
- Your password must have 8 to 32 characters, including at least one number, one lowercase letter, and one uppercase letter. Password can only contain letters and numbers and cannot have any spaces, special characters or punctuation.

Forgot your Username? Head to sunlife.com/account and fill in the information to retrieve it.

For more information, to register by phone, or if you need help, just call 888-444-0239, Monday through Friday from 8 a.m. to 8 p.m. ET. We're here to answer all your questions.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

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SHMPFL-1905-a

Short-Term Disability Plan*



Protects your income when you can't work.

If you're unable to work because of a covered disability, a Short-Term Disability plan replaces a portion of your income until you can return to work.

Provides you with a weekly check.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

Core Benefits

Weekly benefit after your claim is approved	You will receive a check for your benefits on a weekly basis. It will cover 60% of your Total Weekly Earnings up to \$2,500 each week.
When benefits begin	Benefits begin as soon as 8 days from the date you are unable to work due to an injury or illness.
Benefits may be paid for	Up to 26 weeks, as long as you are still unable to work due to a covered disability.
Additional plan information	This plan provides a benefit for a disability due to illness (including pregnancy) or injury that is not work-related.

Commonly covered disabilities

- ✓ Pregnancy
- ✓ Injuries
- ✓ Joint disorders
- ✓ Back disorders
- ✓ Digestive disorders

SHORT-TERM DISABILITY FAST FACTS

Just over 1 in 4

of today's 20-year-olds will become disabled before they retire.¹

22% of U.S. adults

have no emergency savings at all.²

Augusta Health Care, Inc.

All Other Full-Time and Part-Time Employees

Frequently asked questions

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table). Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability.

Can I work while I'm disabled?

Your plan is designed to encourage and support your return to work. If you are able to work part-time, you may receive your benefit while working.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability benefits required by law; state paid family and medical leaves, other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this plan is appropriate for you, contact your Benefits Administrator.

Contact your Benefits Administrator for more details regarding your plan.

*For information, call your Benefits Administrator at Augusta Health Care, Inc. or Sun Life at (800) 247-6875. The plan is a self-funded welfare benefit plan ("Plan") providing short term disability benefits ("STD") to eligible participants under the terms and conditions of the Plan. The Plan is administered by Augusta Health Care, Inc.. In all states, except New York, Sun Life Assurance Company of Canada ("Sun Life") provides certain non-fiduciary claim processing services for self-funded disability plans. In New York, Sun Life and Health Insurance Company (U.S.) provides certain non-fiduciary claim processing services for self-funded disability plans. The Plan is not insured by Sun Life and Sun Life has not issued any insurance policy that would fund benefits under the Plan nor is Sun Life responsible for the payment of any benefits under the Plan. All benefits are funded by Augusta Health Care, Inc.. The description of Eligible Classes in the Benefit Highlights will help you determine what benefits apply to you.

1. "You, disabled? What are your chances?" Council for Disability Awareness, 2023.

2. "Bankrate's 2023 annual emergency savings report." Bankrate.com, June 2023.

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Long-Term Disability Insurance



COMMON CAUSES OF DISABILITY

- ✓ Musculoskeletal conditions
- ✓ Circulatory conditions
- ✓ Cancer
- ✓ Nervous system disorders
- ✓ Injuries

► HELPS YOU KEEP YOUR LIFE ON TRACK.

If you're unable to work because of a covered disability, Long-Term Disability insurance replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

► HELPS YOU RETURN TO WORK.

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer.

BENEFITS

Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will replace 60% of your Total Monthly Earnings, up to \$10,000 each month.
When benefits begin	Benefits begin as soon as 180 days from the date of your disability.
Benefits may be paid for	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

LONG-TERM DISABILITY FAST FACTS

34.6 months
The length of the average long-term disability claim.¹

You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.

AUGUSTA HEALTH CARE, INC.

All Other Full-Time and Part-Time Employees

POLICY # 966826

Sun Life Assurance Company of Canada

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Frequently asked questions

How do I file a Long-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

What if I have a pre-existing condition?

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

Can I work while I'm disabled?

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work

earnings. For more information, contact your benefits administrator.

How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. "Chances of disability," Council for Disability Awareness, disabilitycanhappen.org, last accessed April 2019.

Read the *Important information* section for more details including limitations and exclusions.

Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage"). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to the Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Long-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated. Disability benefits may be limited for certain conditions.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 12-GP-01, 12-DI-C-01, 15-GP-01, 16-DI-C-01, TDBPOLICY-2006 and TDI-POLICY.

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1 Accessing the Leave Policy from Pulse:

- 1a.** Click on the **Pulse icon** (our Intranet) located on the desktop.



- 1b.** Scroll down to the "links" box at the bottom and click on **Policy Manager**



- 1c.** Once you are at the log-in screen you will need to sign in with your credentials.

Once you are logged in, type in under the Policies & Procedures box, "**Leave Policy.**"

Healthcare Marketplace Notice

As you might be aware, nearly every U.S. citizen is now required by the Affordable Care Act (ACA) to have at least minimum health insurance coverage—through an employer, directly from an insurance company, through a government health plan or through the new federal- or state-operated Health Insurance Marketplaces.

You Are Covered if You Are Enrolled in One of Augusta Health's Medical Plans

Augusta Health proudly offers and shares in the cost of providing you with medical insurance coverage that meets and exceeds minimum essential coverage requirements as defined by the Affordable Care Act.

What Is a Health Insurance Marketplace?

A Health Insurance Marketplace is an online public shopping site where individuals, families and small business owners can shop for, and compare, health insurance coverage options that meet ACA requirements. Each state has a Health Insurance Marketplace. These Marketplaces are intended to enhance competition in the insurance market, improve choice of affordable health insurance and give small businesses the same purchasing clout as large businesses. The Marketplaces will perform a variety of functions, including certifying that plans meet ACA requirements, determining eligibility for enrolling and for subsidies to help buy coverage, and responding to customer requests for assistance.

Can I Save Money on my Health Insurance Premiums in a Marketplace?

You are free to explore your options. However, if you are a full-time employee and eligible for Augusta Health's health insurance coverage, it is unlikely you will save money on health insurance premiums in the Marketplace. August Health pays a substantial portion of the costs of your health insurance coverage, and you will lose that contribution if you purchase your insurance through the Marketplace. In addition, you are not likely to be eligible for tax credits because our coverage is affordable and exceeds minimum standards.

What If I Am Not Enrolled in an Augusta Health Plan?

You are required by law to enroll in a plan that meets ACA's minimum essential coverage requirements or pay a penalty.

How Can I Get More Information?

For more information about the Marketplaces, visit www.healthcare.gov or contact Augusta Health Human Resources at 540-332-4700.



Explore Your Team Member Benefits

Augusta Health team members have exceptional healthcare benefit offerings to support their physical, mental, and financial health. From medical coverage to emotional support and more, our benefits are comprehensive and competitive.

Check out our [NEW - Augusta Health | Investing in Us Website!](#)

Team Member Website

Our Investing in Us Team Member website is dedicated to providing our team members with invaluable resources designed with your needs in mind.

- ✓ **Access the latest information about your benefits**
(including plan details, website links, guides, FAQs, and more!)
- ✓ **Stay informed and make the most of the opportunities available to you**



Scan [HERE](#) to access the website!

Augusta Health | New Team Member

Orientation Presentation

Our New Team Member Orientation Presentation is your go-to source for all the details you need to get started on your journey with us. Learn about our resources available to you as a new team member!



Scan [HERE](#) to access the presentation!

Questions?

✉ HumanResources@AugustaHealth.com

☎ (540) 332-4700

