ARKANSAS
SURGICAL HOSPITAL
PHYSICIAN OWNED

2024 EMPLOYEE BENEFIT BOOK

Dear Valued Employees,

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

That is why **Arkansas Surgical Hospital** has made these valuable insurance products from **The Hatcher Agency** available for you and your family. The voluntary benefits described in this booklet can build on the benefits already provided by **Arkansas Surgical Hospital** providing the additional protection you and your family may need. Keep in mind, more competitive rates are available through the workplace. We encourage you to take a look at the information in this booklet so you can make informed choices about these benefits.

Sincerely,
Brian Fowler, CEO

DISCLOSURES AND DISCLAIMER

This benefit booklet was designed to help you better understand your benefits and benefit choices. At the request of the plan administrator at **Arkansas Surgical Hospital** the word employee has been used to describe you (the employee) in this benefit book when detailing benefits, benefit options, and rates. The outlines in this benefit booklet are only benefit summaries and are designed to provide a brief overview of your coverages. For a full schedule of benefits and complete outline of coverage please review your insurance certificate of coverage, policy, or summary plan description.

Active Employment *(applies to group insurance products)* You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by **Arkansas Surgical Hospital** for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation. **Actively at Work** Being actively at work means on the day you apply for coverage, you are working at **Arkansas Surgical Hospital** for the required minimum hours each week. If you are applying for coverage on a day that is not one of your scheduled work days, then you'll be considered actively at work if you meet this definition as of your last scheduled workday. Employees are not considered actively at work if their normal duties are limited or altered due to their health, or if they are on a leave of absence. **Additional Information** *(applies to all individually owned policies)* This material is intended to be a brief description of the policy. The policy definitions, exclusions, and limitations will be used to determine actual benefit decisions. Product availability and provisions may vary by state.

BENEFIT OVERVIEW

BENEFITS	COVERAGE OPTIONS
*Medical Insurance by UMR	• Provides benefits for office visits, preventive care, prescription drugs, and hospital services. • Family coverage is available.
*Dental Insurance by Delta Dental	• Provides benefits for preventive service, periodontics, root canals and x-rays. • Family coverage is available.
*Vision Insurance by Delta Vision	• Provides benefits for a yearly eye exam, lenses, frames, and/or contacts. • Family coverage is available.
Group Life and Accidental Death & Dismemberment Insurance by USAble - EMPLOYER PAID	• Benefit is 1 times your basic annual salary to a $150,000 maximum.
Short Term Disability Insurance by USAble	• Benefits can pay 60% of weekly salary up to $2,000 a week, up to 12 weeks. • Benefits begin after 8 days of disability.
Long Term Disability Insurance by USAble - EMPLOYER PAID	• Benefits can pay 60% of pre-disability earnings to a maximum of $10,000 per month. • Benefits begin after 90 days of disability.
Voluntary Group Life by USAble	• Coverage up to 5 tmes your annual earnings up to $200,000.
Permanent Term to Age 121 Life Insurance by 5Star Life	• Permanent term life insurance to age 121 for you, your spouse, or children. Rates remain the same throughout policy life and do not increase with age.
*Cancer Insurance by Manhattan Life	• Policy pays directly to you in addition to other coverages. • Family coverage is available.
*Accident Insurance by Manhattan Life	• A lump sum benefit is payable based on the injury or qualifying event. • Family coverage is available.
*Critical Illness Insurance by Manhattan Life	• Policy pays directly to you in addition to other coverages. • Family coverage is also available.
*401(K) by Voya	• IRS extends max contribution to $23,000 for 2024 with the same catch up to $7,500 if 50 or older. • The hospital will match employee contributions up to 6% of deferral.
*Section 125 Flexible Spending Account & Health Savings Account by CAS	• A swipe card/debit card is provided. • Deductions are withheld from your paycheck pre-tax.
Figo Pet Insurance	• Choose your own pet insurance. Call or go online for a quote.

* The following deductions may be withheld pre-tax saving you approximately 30%.

MEET YOUR HR TEAM

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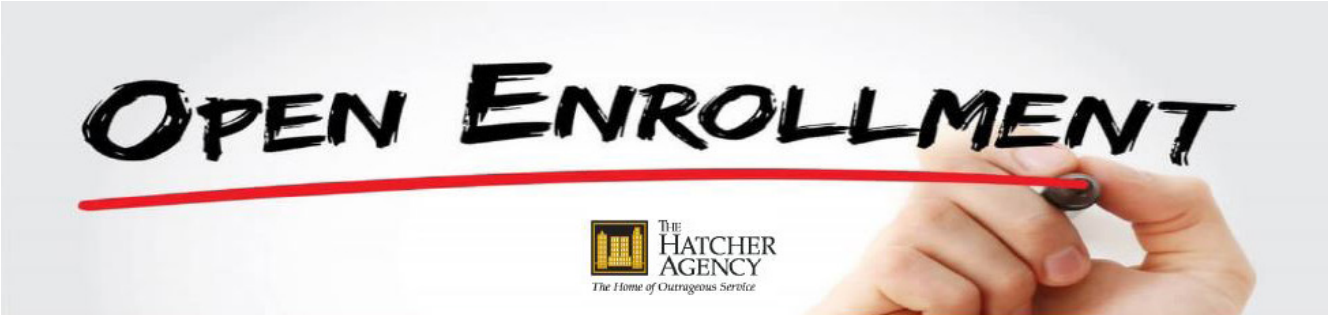

OPEN ENROLLMENT DATES: DECEMBER 4TH - DECEMBER 8TH

Enrollment Instructions:
Review the following benefit information.
Go online to your Paycor profile and click Enrollment under "My Tasks".

For any questions about your benefits please call your Human Resources Team at 501-748-0050 or The Hatcher Call Center at 501-943-4182 Monday-Friday 9AM to 5PM.

ARKANSAS SURGICAL HOSPITAL
PHYSICIAN OWNED

5201 Northshore Drive North
Little Rock, AR 72118 Phone
Number 501.748.8000
Fax Number 501.748.8099

Best of Biz
Arkansas Business
Every Year Since 2004!

The Hatcher Agency is proud to be the insurance broker for the employees at Arkansas Surgical Hospital. It is our promise to find you the lowest price each and every year with carriers that are the best in class. In addition to providing you the very best value for your coverage, it is our goal to deliver all of you Outrageous Service. Please feel free to contact any of your representatives shown if you ever have customer service questions in regard to your plan or if we can help you in any way. Our mission is to work for you and help you get the most out of your benefits.
Our office number is (501) 375-3737.

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MEDICAL BENEFITS

Below is a brief summary of the **In-Network Benefits** available to you. For a detailed description and information on Out-of-Network benefits, please refer to the plan summaries available to you at your **Hatcher Agency Portal**

Tier 1: AR Surgical/AR Heart	Tier 2: In Network UHC	Tier 3: Out of Network
UMR PPO PLAN	**TIER 1**	**TIER 2**	**TIER 3**
DEDUCTIBLE Individual Family	$750 $2,250	$1,000 $3,000	$3,000 $9,000
COINSURANCE: Percentage you are responsible for after your deductible has been met	10%	20%	50%
OUT OF POCKET MAXIMUM This includes your deductible	Individual: $3,000 Family: $9,000	Individual: $3,000 Family: $9,000	Individual: $8,000 Family: $24,000

Covered Services Dependents covered to age 26.			
OFFICE VISITS Primary Care Doctor Specialist	$20 $35	$25 $45	50% after deductible 50% after deductible
WELLNESS SERVICES	0% Covered in full	0% Covered in full	Not covered
EMERGENCY MEDICAL CARE Emergency Room Urgent Care Clinic	$250 copay only $50 + 20% after deductible	$250 copay, ded + 20% 40% after deductible	50% after deductible 50% after deductible
AMBULANCE	deductible + coinsurance		
HOSPITAL SERVICES Inpatient Out Patient	10% after deductible $100 copay only	20% after deductible $100 copay, ded + 20%	50% after deductible 50% after deductible
PRESCRIPTION BENEFITS	Copays with First Choice Pharmacies	Copays with Walgreens and Costco	
Generics **Preferred Brands** **Non-Preferred Brands** **Specialty Brands**	$20 $50 $70 $100	$30 $60 $80	

Your Cost (Includes Medical & Rx)		
Per Pay Period (24)	**NON-SMOKER RATES**	**SMOKER RATES**
Employee Only	$108.68	$163.01
Employee + Spouse	$316.84	$371.18
Employee + Child(ren)	$236.00	$290.34
Employee + Family	$342.25	$396.58

EMPLOYER CONTRIBUTION: **Arkansas Surgical Hospital** pays a portion of the employee's monthly premium.

NOTE: If the individual premium contribution exceeds 8.39% of your annual gross income, please contact Human Resources to discuss your deduction.

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MEDICAL BENEFITS

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Tier 1: AR Surgical/AR Heart	Tier 2: In Network UHC	Tier 3: Out of Network
UMR HSA PLAN	**TIER 1**	**TIER 2**	**TIER 3**
DEDUCTIBLE Individual Family	$1,500 $3,000	$2,000 $4,000	$5,000 $10,000
COINSURANCE: Percentage you are responsible for after your deductible has been met	0%	0%	50%
OUT OF POCKET MAXIMUM This includes your deductible	Individual: $1,500 Family: $3,000	Individual: $2,000 Family: $4,000	Individual: umlimited Family: umlimited

Covered Services Dependents covered to age 26.			
OFFICE VISITS Primary Care Doctor Specialist	0% after deductible 0% after deductible	0% after deductible 0% after deductible	50% after deductible 50% after deductible
WELLNESS SERVICES	0% Covered in full	0% Covered in full	Not covered
EMERGENCY MEDICAL CARE Emergency Room Urgent Care Clinic	0% after deductible 0% after deductible	0% after deductible 0% after deductible	50% after deductible 50% after deductible
AMBULANCE	deductible + coinsurance		
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Your Cost (Includes Medical & Rx)		
Per Pay Period (24)	**NON-SMOKER RATES**	**SMOKER RATES**
Employee Only	$61.17	$91.76
Employee + Spouse	$225.87	$256.46
Employee + Child(ren)	$167.65	$198.23
Employee + Family	$277.54	$308.12

EMPLOYER CONTRIBUTION: **Arkansas Surgical Hospital** pays a portion of the employee's monthly premium.

2024 HSA MAXIMUM CONTRIBUTION: $4,150 Individual $8,300 Family

NOTE: If the individual premium contribution exceeds 8.39% of your annual gross income, please contact Human Resources to discuss your deduction.

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Benefits Insights

Brought to you by the insurance professionals at
The Hatcher Agency

HSAs: Health Savings Accounts

Health savings accounts (HSAs) are a growing trend in health care. An HSA is a tax-exempt savings account established for the purpose of paying for the qualified medical expenses of an individual and/or his or her spouse and tax dependents. HSAs are designed to provide eligible individuals with the following federal tax benefits:

- HSA contributions are tax-free.
- Interest and other earnings on HSA contributions accumulate tax-free.
- Amounts distributed from an HSA for qualified medical expenses are tax-free as well.

In addition to tax benefits, HSA plans have grown in popularity because they offer potential health care cost savings to both employers and employees. For example, individuals covered under an HSA are more likely to seek preventive care, choose generic drugs, not misuse the emergency room, and use online tools to research health care providers.

HSA Eligibility

HSAs are offered in combination with high deductible health plans (HDHPs). To be HSA-eligible, an individual must be covered under a qualified HDHP and not also covered by another health plan that is not an HDHP (with a few exceptions, including disability, dental care, vision care and long-term care insurance). HDHPs generally have lower monthly premiums and higher deductibles than traditional health plans.

HSAs can cover medical expenses until the HDHP deductible is reached. The idea of this design is that the HSA pays for routine, smaller health expenses, while the HDHP offers protection in the event of a catastrophic medical expense, such as an unexpected illness, injury or hospitalization.

Because HSA amounts are non-forfeitable, amounts contributed to an HSA can increase savings for future health care needs, even into retirement.

In general, money placed into an HSA can be withdrawn at any time. Any HSA withdrawal used for a purpose other than to pay for qualified medical expenses is taxable as income and subject to an additional 20% penalty. After an individual reaches age 65, the additional penalty tax does not apply to HSA withdrawals.

Additional HSA Basics

- HSAs are controlled and owned by the individual or employee. HSA owners are responsible for annually reporting HSA contributions and distributions to the Internal Revenue Service (IRS) as an attachment to their IRS Form 1040 (U.S. Individual Income Tax Return).
- HSA contributions are non-taxable, and can be made by the HSA owner, an employer, a family member or any other person for months during which the owner is HSA-eligible.
- Annual limits apply to HSA contributions. The amount of the annual limit is federally mandated, and depends on whether the HSA owner has individual or family HDHP coverage.
- HSA funds, including interest and earnings, accumulate tax-free from year to year. HSAs are not subject to the “use it or lose it” rule applicable to health flexible spending accounts (FSAs).

2024 HSA AND HDHP LIMITS

Each year, the IRS announces inflation-adjusted limits for health savings accounts (HSAs) and high deductible health plans (HDHPs).

The following chart shows the HSA and HDHP limits for 2024 as compared to 2023. It also includes the catch-up contribution limit that applies to HSA-eligible individuals who are age 55 or older, which is not adjusted for inflation and stays the same from year to year.

TYPE OF LIMIT		2023	2024	CHANGE
HSA Contribution Limit	Self-only	$3,850	$4,150	**Up $300**
	Family	$7,750	$8,300	**Up $550**
HSA Catch-up Contributions *(not subject to adjustment for inflation)*	Age 55 or older	$1,000	$1,000	No change
HDHP Minimum Deductible	Self-only	$1,500	$1,600	**Up $100**
	Family	$3,000	$3,200	**Up $200**
HDHP Maximum Out-of-Pocket Expense Limit *(deductibles, copayments and other amounts, but not premiums)*	Self-only	$7,500	$8,050	**Up $550**
	Family	$15,000	$16,100	**Up $1,100**

FLEXIBLE SPENDING ACCOUNT (FSA) FAQ'S

Q: *What is a Flexible Spending Account?*
A: A flexible spending account (FSA) is an employer-sponsored plan that allows to deduct dollars from your paycheck and deposit them into a special account that's protected from taxes. FSA accounts are exempt from federal taxes, Social Security (FICA) taxes and, in most cases, state income taxes. The money in an FSA can be used for eligible health and/or dependent care expenses that are incurred while you are participating in the plan.

Q: *When does my FSA become effective?*
A: Your FSA becomes effective 1st of the month after enroll. Unlike other plans, an FSA does not start on your hire date. Contributions to your account begin as soon as administratively possible after you enroll.

Q: *How do I participate in a FSA?*
A: To participate, you must enroll within your waiting period after your date of hire, or elect to participate during annual Open Enrollment. If you have a life event change (for example, birth or adoption of a child), then you may be able to enroll without waiting for annual Open Enrollment, if you enroll within 31 days of the change.

Q: *Who can put money in my FSA?*
A: You and your employer, although employers rarely contribute to employees' FSAs.

Q: *What does it mean to incur expenses?*
A: The IRS considers expenses to be "incurred" at the time you receive medical care or dependent care--not when you are formally billed or actually pay for services. Only eligible expenses you incur within the plan year, including any employer-allowed grace period, are eligible for reimbursement.

Q: *Who qualifies as an eligible dependent?*
A: An eligible dependent is any dependent for which an employee pays a provider to care for him/her while they are at work or looking for work. The dependent must be under the age of 13 or incapable of taking care of themselves, and live in the employee's home for more than half of the year.

Q: *How often can I request reimbursements?*
A: Reimbursements can be requested as often as qualified expense are incurred. Expenses must be incurred during the plan year and the reimbursement must be requested before the end of the run-out period (or grace period if applicable).

Q: *Can I change my election or stop contributing money to my FSA at any time during the plan year?*
A: Federal regulations state that once you have enrolled in an FSA, you cannot change your election amount unless you have a qualifying life event. Your employer can give you a list of permitted change events.

Q: *What if I have a claim early in the plan year and do not have enough money in my account?*
A: You are eligible for 100% of your election at the start of the plan year for your Health FSA. This is referred to as the "Uniform Coverage Rule." It gives you the ability to budget your expenses and spread them out over the entire year. Your elected payroll deductions will continue throughout the plan year to catch up on the expenses you have been advanced. For the DCAP account, you will be reimbursed as your deductions are deposited with your employer.

Q: *What type of flexible spending plans are there?*
A: (1) Health Care FSA: Covers medical, prescription, dental and vision expenses. **(2) Dependent Care FSA**: Covers dependent care expenses including daycare, nursery school and day camp for children, and services for adult dependents who cannot care for themselves.

Q: Can expenses be reimbursed from the DCAP accountant the beginning of the month for care that will be provided during that month?
A: No, regulations require that DCAP claims can only be reimbursed when a service has actually been incurred. So, even though you may pay for the whole month at the beginning of the month, you are not entitled to the reimbursement until the care has actually been provided.

Q: What is the minimum I can put into my account(s)?
A: The amount specified in your Summary Plan Description as determined by your employer.

Q: What is the maximum I can put into my account(s)?
A: The maximum for each type of account is:
• FSA Medical: Arkansas Surgical Hospital allows you to contribute **$3,200** per participant per plan year
• Dependent Care: **$5,000** per plan year and calendar year for the head of household or married filing joint tax return; **$2,500** per plan year and calendar year for married filing separate tax return.

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FLEXIBLE SPENDING ACCOUNT (FSA) FAQ'S

Arkansas Surgical Hospital is happy to offer you a Flexible Spending Account (FSA). Using an FSA is a great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid benefits card. Plus,

Arkansas Surgical Hospital allows you an additional 2 ½ months to spend your funds, which gives you a total of 14 ½ months reducing your risk of losing dollars at the end of the plan year!

What is an F.S.A.?

With an FSA, you elect to have your annual contribution (up to the $3,200) deducted from your paycheck each pay period, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and service.

- A Healthcare FSA allows reimbursement of qualifying out-of-pocket medical expenses.
- A Limited Purpose Medical FSA works with a qualified high deductible health plan (HDHP) and Health Savings Account (HSA). A limited FSA only allows reimbursement for vision and dental expenses.
- A Dependent Care FSA allows reimbursement of dependent care expenses, such as daycare) incurred by eligible dependents.

With all FSA account types, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your claims history and submit requests for reimbursements.

In addition, you'll receive a convenient prepaid benefits card to make it easy to pay for eligible services and products not covered by your health insurance. When you use the card, payments are automatically withdrawn from your account. Just swipe the card and go. It's that easy! Save your receipts! Most expenses can be validated through the card transaction but you may be prompted to provide a copy of the receipt for certain transactions in accordance to IRS regulations. When required, receipts can be easily sent uploaded to either the consumer portal online or, through the mobile app. It's as simple as taking a picture of the receipt using the camera on your mobile device!

IS AN FSA RIGHT FOR ME?

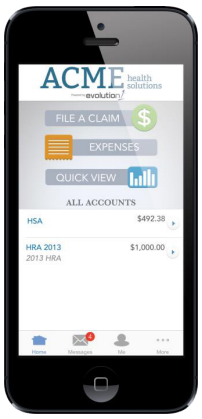
An FSA is a great way to pay for expenses with pre-tax dollars.

A Healthcare FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision plans
- Have a health condition that requires the purchase of prescription medications on an ongoing basis
- Wear glasses or contact lenses or are planning LASIK surgery
- Need orthodontia care, such as braces, or have dental expenses not covered by your insurance

A Dependent Care FSA provides pre-tax reimbursement of out-of-pocket expenses related to dependent care. This benefit may make sense if you (and your spouse, if married) are working or in school, and:

- Your dependent children under age 13 attend daycare, after-school care or summer day camp
- You provide care for a person of any age whom you claim as a dependent on your federal income tax return and who is mentally or physically incapable of caring for himself or herself



Above: With the convenience of a mobile device, you can see your available balance anywhere, anytime as well as file claims and upload receipts.

Plan Ahead

Before you enroll you must first decide how much you want to contribute to your account. You will want to spend some time estimating your anticipated eligible expenses for the **2024** calendar year.

Throughout the year, you'll likely find yourself with expenses for yourself and your family that insurance won't cover. By taking advantage of an FSA, you can actually reduce your taxable income and reduce your out-of-pocket expenses when you use your FSA to pay for the things you'd purchase anyway!

CAS
Consolidated Admin Services

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

HSA & FSA ELIGIBLE EXPENSES

Eligible Expenses

Maximize the Value of Your Reimbursement Account - Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

BABY/CHILD TO AGE 13
- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for
- Disability or Learning Disability*
- Well Baby /Well Child Care

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

EYES
- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING
- Hearing Aids and Batteries
- Hearing Exams
- LAB EXAMS/TESTS
- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

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

MEDICAL PROCEDURES/SERVICES
- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement & Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ do-

MEDICATIONS
- Insulin
- Prescription Drugs

OBSTETRICS
- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

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

THERAPY
- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

HSA Eligible Expenses (not eligible for FSAs)

- Insurance Premiums
- COBRA Premiums
- Long Term Care Premiums

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

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Variable copay™

LIVINITI™ formerly Southern Scripts

Big Savings

On Brand And Specialty Drugs

What is Variable Copay?

Variable Copay™ is a program offered through your employer's benefit package that significantly reduces the cost on eligible specialty and brand medications by utilizing manufacturer-provided coupons. If you are taking a medication that is on the Variable Copay Drug list, you will receive an enrollment letter and phone call to enroll in the program. It's that easy!

How it works

1. Enroll in the program and the Variable Copay Network Pharmacy will communicate with you each month on reminders of your shipment and verification of address.
2. Your medication(s) will arrive at your doorstep monthly via a shipping courier. You can expect your delivery approximately 5-7 days before your current medications are completed. Additionally, the Variable Copay network pharmacy will contact your prescribing physician when refills are needed.
3. Should you have any questions regarding your prescription fulfillment, please call (833) 439-9617 to speak with a Variable Copay concierge.

How to enroll

Enrollment in Variable Copay is quick and simple. Please call (833) 439-9617 to speak with a dedicated Variable Copay concierge. Enrollment is also available within the Liviniti mobile app.

Interested in a simple and fast way to track and manage your prescriptions?

Download the Liviniti app today — freely available on iOS and Android.
The Liviniti app provides convenient access to your pharmacy information, such as digital ID card, prescription history with Liviniti, drug price check, drug formulary search, pharmacy locator, Variable Copay enrollment, prior authorization reviews, plus more.

Questions?

Numerous specialty and brand drugs have manufacturer coupons available to bring value and savings to you. Please visit variablecopay.com to search for eligible Variable Copay medications. You can also call us at (833) 439-9617 or email us at questions@variablecopay.com.

Common medications that qualify for savings with Variable Copay

Simponi

Cosentyx

Stelara

Otezla

LIVINITI
formerly Southern Scripts

FirstChoice™

Select a FirstChoice pharmacy and save on your prescription medications.

Take These Simple Steps to Save Money on Prescription Drugs

Stay In-network

Select a pharmacy in the Liviniti FirstChoice network to enjoy the best costs. Our network includes national and community pharmacies, and offers the added benefit of filling a 90-day supply of medication.*

Use your member portal or mobile app to find a network pharmacy close to you. On the portal, just select the Network Pharmacy locator link in the left menu and follow the instructions, which prompt you to enter the Liviniti BIN number which is 015433, and your group code on your pharmacy ID card.

It's easy to transfer your prescription to a FirstChoice pharmacy.

You will need the name, strength and prescription number of each medication, the phone number of your old pharmacy, and information found on your pharmacy ID card.

How long will it take to complete the transfer?

The amount of time your new pharmacy needs can depend on how many prescriptions and may require several days. Remember to take your insurance card with you.

Find a FirstChoice Pharmacy

liviniti.com/members/firstchoice or scan the QR Code.

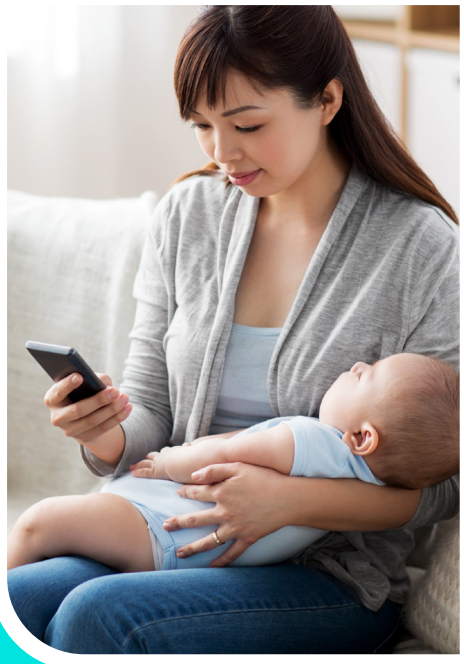
Find the Best Price with the Price Check Tool

It's easy to find the best price for your medication before you fill the prescription. Use your member portal or mobile app to compare costs.

Go to your member portal, select Price Check. Select your preferred pharmacy and be sure to have your drug name, desired quantity and days' supply in hand. Please note that pricing may vary pending on the actual medication filled at your pharmacy and the amount displayed does not include tax.

** Pharmacies that do not participate in the FirstChoice Pharmacy Network are unable to dispense a 90-day supply of medications. Specialty medications are limited to a 30-day supply.*

LIVINITI
formerly Southern Scripts



Liviniti Mobile App

Quick access to your prescriptions

For fast, on-the-go questions about your pharmacy benefits, the answers can fit in the palm of your hand with the Liviniti mobile app.

The mobile app has all the information and resources you would expect, in one convenient place. Use your smartphone to track and manage your prescriptions whenever you want. The free mobile app is a one-stop resource that keeps your pharmacy benefits always within your reach.

- Digital ID Card
- Prescription History
- Drug Price Check
- Drug Formulary Search
- Pharmacy Locator
- Variable Copay Enrollment
- Prior Authorization Reviews
- Plus More

Favorite Features

Drug Formulary Search

A formulary is a list of generic and brand name prescription drugs covered by your health plan. You can now quickly search for covered drugs inside the mobile app. Choose generics and preferred brands to save the most money.

Variable Copay Enrollment

The Variable Copay™ program significantly reduces the rising cost of eligible brand and specialty medications by utilizing manufacturer-provided coupons. Enrollment is necessary to receive these manufacturer provided coupons. You can enroll in Variable Copay directly from the mobile app, if applicable.

Prior Authorization Reviews

Prior authorization is a cost-savings initiative of your prescription plan and ensures the appropriate use of certain drugs. This program is designed to help prevent improper prescribing or use of certain drugs that may not be the best choice for a given health condition. You can view your prior authorization status within the mobile app.

Drug Price Check

Look up the cost of your prescriptions at various pharmacies to save additional money.

Download the mobile app

Download on the App Store

GET IT ON Google Play

In the app store, search for Liviniti or Southern Scripts.

Frequently Asked Questions

For Members

LIVINITI formerly Southern Scripts

Understanding My Benefits

Who is Liviniti?

Liviniti was selected by your health plan to manage your pharmacy benefits. As a pharmacy benefit manager (PBM), we work to help keep your costs low while you get the prescription medicines you need.

Who Can Help Me with Questions about My Pharmacy Benefits or Prescriptions?

The Liviniti service team is here around the clock to answer questions and provide the support you need. Call the number on your pharmacy ID card or send us an email: support@liviniti.com.

Filling Prescriptions

How Can I Find Out More about a Specific Medication?

Your Member Portal and Mobile App are the go-to locations for information about your meds. Use "Medication Search" and enter the drug's name to find:

- Information about the available strengths
- Formulary tier
- Whether the drug is considered a specialty medication
- Whether it's available over the counter
- The route/method the drug is administered
- Programs or pre-approvals needed under your pharmacy benefit plan

What is the FirstChoice™ Network?

This national pharmacy network includes 65,000+ pharmacies that have contracted with Liviniti to provide drugs and related supplies at preferred rates. You will generally save money by using a network pharmacy. The network includes national, regional and community pharmacies.

You can search for a network pharmacy using the Network Pharmacy Locator tool. Visit Liviniti.com/members and enter your Group Number in the Company Page section. You can narrow your search using your zip code and setting the search radius.

What is a Specialty Drug?

Specialty medications are biologic drugs used to treat complex, ongoing conditions. They generally cost more and you may have a higher out-of-pocket cost for specialty drugs. You can determine if a medication is considered a specialty drug in the Medication Search tool.

Can I Order my Prescriptions by Mail?

Under many benefit plans, you can choose a mail order pharmacy for medications you take on an ongoing basis. If you and your prescriber decide that a 90-day supply is right for you, visit Liviniti.com/members, enter your Group Number in the Company Page section and select the Mail Order icon to view your home delivery options.

Member FAQ

LIVINITI

What is PillPack and How Do I Get Started?

Sorting and organizing your various medications can be a never-ending chore. For members who rely on multiple medications, PillPack may be the answer! PillPack is a pharmacy that can sort your medications by date and time, and deliver them in pre-sorted packages right to your door. Visit the Member Center (Liviniti.com/members) to find the link to the PillPack pharmacy page.

Getting the Right Medication at the Best Price

What is a Prior Authorization (PA)?

Sometimes, when a patient is prescribed a specific medication for a complex condition, a prior authorization is required. When multiple medications can treat the same condition Liviniti will work with your doctor to ensure a cost-effective drug is selected. Prior authorization helps:

- Ensure that the prescribed medication is approved by the FDA to treat your condition.
- Determine if another drug should be tried first, before a more costly drug.

Once the PA is submitted by your doctor, Liviniti quickly evaluates the information and will determine if it is approved under your pharmacy plan. If a drug is denied for coverage, you and your doctor have the option to appeal the decision.

What is the Prior Authorization (PA) Appeal Form?

To file an appeal for denied coverage of a specific drug, your prescriber will need to complete the PA Appeal form and submit it to Liviniti with clinical documentation. The PA Appeal form is located on the Member Center.

How Do I Find Out if a Prior Authorization is Required for my Medication?

Liviniti wants to make it easy for you to know which drugs require PA approval. You can look up this information using the Medication Search capability in your Member Portal and also on the Your Company Page. Visit Liviniti.com/members to reach these tools. If a prior authorization is required, you will notice “PA” under the column labeled “Coverage Restrictions.”

Self-Service Tools

Does Liviniti Have a Mobile App or a Member Portal?

Yes. Making sure that you can find the information you need to manage your prescriptions and your pharmacy benefits is important. We have a variety of digital tools to make it easy. Visit the Member Center at Liviniti.com/members to:

- Login to the Member Portal or Your Company Page
- Download the **Member Welcome Guide** for an overview of the capabilities and features of the Member Portal
- Download the **Mobile App Flyer** for an overview of the capabilities and features of the Mobile App, including QR codes that you can use to easily find the Liviniti App in the App Store that you use.

INTRODUCING SCRIPTSOURCING'S $0 COPAY PROGRAM

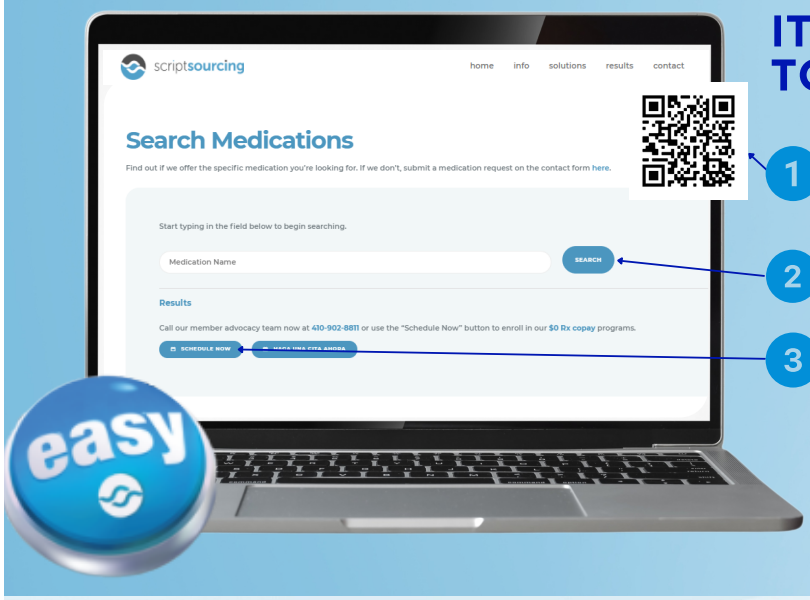
NAME BRAND & MAINTENANCE MEDICATIONS

$0 SHIPPING

$0 COPAYS

SEARCH FOR YOUR MEDICATIONS

WITH OUR SIMPLE ONLINE TOOL



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Just use the same username and password that you use on our full site.
What's even better — there's no app to download, nothing to install, no waiting.

Simplified navigation

Home – Return to the main menu.
Menu – Display the menu.
Gear – Log out or learn more about UMR and our mobile site.

What's new

Find out about new tools and information to help you live a healthier life.

Log in

Log in here to get instant access to all our mobile inquiry tools.

Find a provider

Find an in-network provider while you are "on the go".

Look up claims

Look up a claim for yourself or an authorized dependent.

Check your benefits

View medical and/or dental benefits, as well as persons covered.

Access account balances

Look up balances for your special accounts.

View, scan or fax your ID card

View your ID card, allow your provider to scan the on-screen bar code for instant access to your benefit information and/or fax a copy to a provider.

Estimate health care costs

See what you can expect to pay before receiving care.

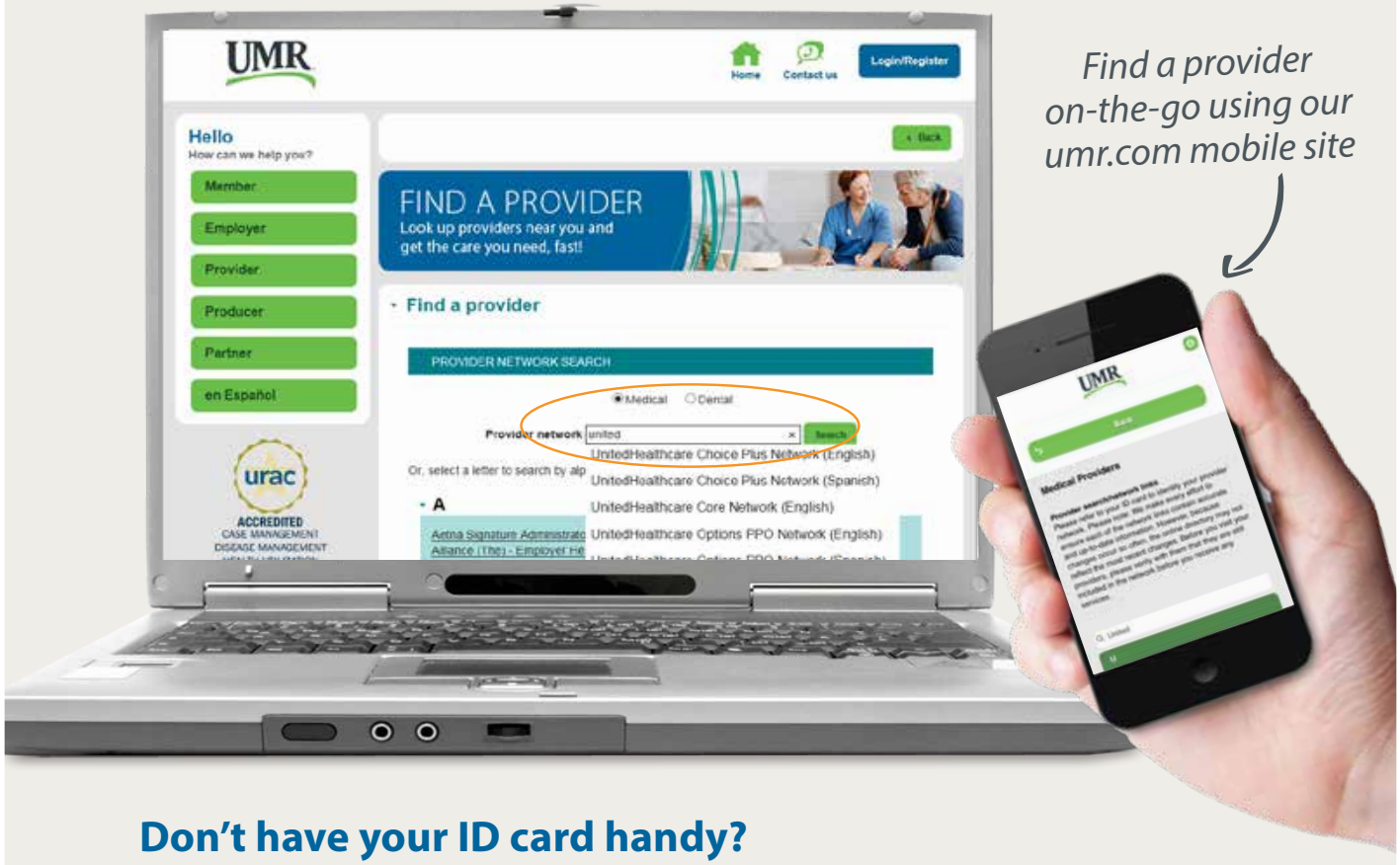
Find a provider

Finding a network provider on umr.com has never been easier

1 Go to **umr.com** and select **"Find a provider"**

2 Look for the name of your provider network on your **ID card**

3 Begin a search for your provider network using our alphabet navigation, or type the name into the **search box**



Find a provider on-the-go using our umr.com mobile site

Don't have your ID card handy?

That's OK. If you log in to your umr.com account and click "Find a provider" from the MyMenu, you will be directed to your in-network provider listing.

UMR℠

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24/7 doctor visits via phone or mobile app

TELADOC

Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.

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Get the care you need

Teladoc doctors can treat many medical conditions, including:

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- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.

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Women's preventive health services

What your health care plan covers

Federal health reform has guaranteed that basic health care services for women are now covered at 100 percent by your health care benefits plan. These services help prevent disease or help women deliver healthy babies. You do not need to pay any deductible, co-pay or co-insurance for these services if you go to an in-network doctor or health care facility.

These services include:

- ✓ Well-woman visits
- ✓ Mammograms (digital and film for all adult women)
- ✓ Diabetes screening
- ✓ Cervical cancer screening (including PAP smears)
- ✓ Breast cancer genetic test evaluation and counseling (BRCA)
- ✓ Counseling for cancer prevention strategies for women at high risk for breast cancer
- ✓ Screening and counseling for sexually transmitted infections, including gonorrhea, chlamydia and syphilis
- ✓ Screening for urinary incontinence
- ✓ Human immune-deficiency virus (HIV) screening and counseling for sexually active women
- ✓ Counseling and payment for FDA-approved contraceptives, including sterilization
- ✓ Osteoporosis screening for certain populations
- ✓ Counseling to stop smoking
- ✓ Vaccinations
- ✓ Screening and counseling for domestic violence
- ✓ Human papillomavirus testing (beginning at age 30)
- ✓ Screening for anxiety

DID YOU KNOW?

Federal health reform has now guaranteed that basic health care services for women are now covered at 100 percent by your health care benefits plan.

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REMEMBER: USE AN IN-NETWORK PROVIDER

These services must be given by an in-network health care provider in order to receive the benefit. You can find one by visiting umr.com and selecting **Find a provider**. You can also call the toll-free number on the back of your ID card.

Pregnant women also receive full coverage for:

- ✓ Pre-conception counseling and routine, prenatal care
- ✓ Screening for gestational diabetes, bacteria in urine, Hepatitis B virus, Rh incompatibility
- ✓ Breastfeeding support, supplies and counseling
- ✓ Counseling intervention for pregnant and postpartum persons who are at increased risk of perinatal depression

Remember, these services must be given by an in-network health care provider. You can find one by visiting **umr.com** and selecting **Find a provider**. You can also call the toll-free number on the back of your ID card.

In general, coverage for these services begins when your new plan year starts. Refer to your summary plan description (SPD) for the effective date for your plan.

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Essential screening tests for men

Heart disease and cancer are the two leading causes of death in the United States, and the risks of developing a significant health condition rise significantly higher with age. Your family health history can also make your predisposed to certain diseases. It's important to understand your risk factors and receive the right screenings to head off problems when they are most treatable.

Always discuss your particular health care needs with your doctor.*

AGE 18-39

Start regular screenings
for high blood pressure and obesity/body mass index (BMI).

Your doctor may suggest other screening tests depending on your personal risk factors.

AGE 40-49

Continue blood pressure & obesity/BMI screenings.

Begin cholesterol screening
Talk with your doctor regarding individualized screening and treatment, if needed.

Get screened for diabetes
if you are overweight or obese.

AGE 50-64

Continue blood pressure & obesity/BMI screenings.

Continue with cholesterol screenings.

Continue with diabetes screenings.

Begin colorectal cancer screening**
at age 50 and continue until age 75.

Prostate cancer screening**
Starting at age 55 through age 69.

AGE 65+

Continue blood pressure & obesity/BMI screenings.

Continue with cholesterol screenings.

Continue with diabetes screenings.

Continue with colorectal cancer screenings until age 75.**

Continue the discussion with your doctor about the risks and benefits of prostate cancer screening until age 69.

** To help doctors and all people decide whether a screening test is needed, the U.S. Preventive Services Task Force develops recommendations based on a review of high-quality scientific evidence.*

*** Risks and benefits of screening methods vary. Talk with your doctor.*

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Adult screenings and immunizations

General screening guidelines

Heart disease and cancer are the two leading causes of death in the United States, and the risks of developing a significant health condition rise significantly with age.

Your family health history can also make you predisposed to certain diseases. So it's important to understand your risk factors and receive appropriate screenings to head off potential problems when they are most treatable. Early detection could save your life.

Recommended tests are based on your age, gender and overall risk factors. The guidelines here are a general reference only. Always discuss your particular health care needs with your physician.

Tests for women

Age range	18-39	40-49	50-64	65 +
Mammogram*		Discuss with your doctor or nurse	Every two years through age 74; talk to your health care provider about need for screening after age 74	
Cervical cancer (Pelvic exam/pap smear)	At least every three years after age 21 or if you have been sexually active for three years	At least every three years		Ask your health care provider if you need testing
Bone mineral density (osteoporosis)			Ask your health care provider if you are at risk for osteoporosis	Receive test after age 65; talk to your health care provider about repeat testing
Blood pressure	At least every two years; or annually if your blood pressure is higher than 120/80			
Cholesterol		Regular screenings 40-75 years. Ask your health care provider for recommended frequency		
Obesity/BMI	Regular screenings; a BMI of 25 to 29.9 is considered overweight, and a BMI of 30 and above is considered obese			
Diabetes (fasting plasma glucose test recommended)	Regular screening if your blood pressure is higher than 135/80 or you take medication for high blood pressure			
Colorectal cancer			Fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 and continuing until age 75	

* The U.S. Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women age 40 and older.

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Tests for men

Age range	18-39	40-49	50-64	65 +
Blood pressure	At least every two years; or annually if your blood pressure is higher than 120/80			
Cholesterol		Regular screenings 40-75 years. Ask your health care provider for recommended frequency		
Obesity/BMI	Regular screenings; a BMI of 25 to 29.9 is considered overweight, and a BMI of 30 and above is considered obese			
Diabetes (fasting plasma glucose test recommended)	Regular screening if your blood pressure is higher than 135/80 or you take medication for high blood pressure			
Colorectal cancer			Fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 and continuing until age 75	
Prostate cancer			Talk to your doctor about the risks and benefits of screening*	

* The U.S. Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75. Given the uncertainties and controversy surrounding prostate cancer screening in men younger than 75, a clinician should not order the PSA test without first discussing with the patient.

Immunization guidelines

Vaccinations work to help your body learn to fight off disease and build immunity to future exposure. Traditional vaccines mimic a natural infection by introducing dead or weakened versions of the germs that trigger a specific illness. Your immune system can clear these germs from your body, without experiencing common symptoms and complications, and it will "remember" how to protect your body from germs it has encountered before. For additional information on immunizations, visit **cdc.gov/vaccines**.

Age range	19-26	27-49	50-59	60-64	65 +
Tetanus/diptheria (Td/Tdap)	One-time dose of Tdap, then Td booster every 10 years				Td booster every 10 years
Influenza (flu)	One dose annually				
Pneumococcal vaccine (pneumonia)	One or two doses recommended if risk factor present, based on medical, occupational or lifestyle indications				One dose
Shingles			RZV (recombinant zoster vaccine) Two doses. This is the preferred vaccine.	ZVL (Zoster vaccine live) One dose	
Varicella (chicken pox)	Two doses for those who have never had chicken pox or who lack evidence of immunity				
Human papillomavirus (HPV)	Gardasil4 to age 26 / Gardasil9 to age 45	Three doses for those who lack evidence of immunity*			* Not to be given during pregnancy
MMR (Measles, Mumps, Rubella)	One or two doses up to age 55 for those who lack evidence of immunity			One dose	
Meningococcal, Hepatitis A, Hepatitis B	Recommended for those with certain risk factors due to health, job or lifestyle, or who did not receive the vaccine as a child				

Sources: Recommended Adult Immunization Schedule 2018, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; The Guide to Clinical Preventive Services 2010-2014, Recommendations of the U.S. Preventive Services Task Force; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Save on hearing aids and hear life to the fullest

Through UnitedHeathcare Hearing, you have access to hundreds of name-brand and private-label hearing aids, plus convenient ordering options and personalized care to help you improve your hearing.

Hearing health care made easier

Treating your hearing loss may allow you to reconnect with the world around you and make it easier to engage with family and friends. UnitedHealthcare Hearing gives you options, care and convenience so you can start hearing the sounds you've been missing.

Name-brand and private-label hearing aids at significant savings

Choose from hundreds of name-brand and private-label hearing aids from major manufacturers, including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® and more at savings of up to 80% off industry prices.[1]

More than 5,000 credentialed hearing provider locations

Access the largest nationwide network[2] of credentialed hearing professionals that provide hearing tests, hearing aid evaluations and follow-up support.

Convenient ordering

Order hearing aids in person through a hearing provider or have them delivered right to your home in 5–10 business days.

Personal support,
every step of the way

You'll receive access to professional, nation-wide support, online tutorials, hearing health tips and more, so you can stay connected and get the most out of your hearing aids.

- over -

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Custom-programmed hearing aids for your unique hearing loss.

With a large selection of private-label and name-brand hearing aids and convenient home delivery and in-person care options, you can choose what works best for your needs.

	BASIC	RESERVE	ENTRY	ESSENTIAL	STANDARD	ADVANCED	PREMIUM
Hearing Aids	Private Label	Private Label	Name Brand	Name Brand	Name Brand	Name Brand	Name Brand
Cost	$	$+	$$	$$$	$$$$	$$$$$	$$$$$$
Styles*	BTE	RIC, ITE, Ultra Power BTE, CIC	All styles				
Batteries	1-year supply						5-year supply
Follow-up care	Additional cost per follow-up visit	Hearing aid fitting and 3 free follow-up visits included with-in the first year, after the 45-day trial period.					
Trial Period	70 days	45 days					
Warranty	3-year extended warranty (covers repair and a 1-time loss/damage replacement)**						

* BTE = behind-the-ear; RIC = receiver-in-canal; ITE = in-the-ear; CIC = completely-in-canal
** One-time replacement cost may apply.

1 Compared to industry average on a pair of hearing aids. Consumer Reports, 2017.
2 2019 UnitedHealthcare Internal Data.

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Integrated Solutions

SmartMatch Insurance

Projected Savings	**Ease of Implementation**
Employee Perception	**Prerequisites**
Availability outside of Pareto: Available outside Pareto	**No additional cost to employer**

Problem

Plan participants often linger on an employer's health plan for long after they become Medicare-eligible, taking the path of least resistance and avoiding the confusion that often accompanies the months leading up to their initial enrollment window. Employers are challenged to find ways to educate their employees about the complexities of Medicare while also remaining in compliance. But we know that while these participants also tend to incur more in claims expense compared their other enrolled counterparts, there is usually a Medicare option that provides comparable coverage at a lower cost—a "win-win" for both employer and employee.

Solution

SmartMatch Insurance is an independent insurance brokerage that proactively reaches out to educate Medicare-eligible employees about their (more cost-effective) options with Medicare. As a result, employees can confidently choose between Medicare Advantage and Medicare Supplement insurance plans. As an active program, SmartMatch includes proactive outreach. As a passive program it is a toolkit, only.

Impact

2-4%

Captive-wide savings on total costs

Problem

Cancer is astoundingly pervasive. Approximately one in two men and one in three women will face a cancer diagnosis during their lifetime. As standards of care change rapidly and disparity in provider quality pervades, sadly we know the following to be true as a result:

- Up to 25% of cancers are misdiagnosed or mis-staged
- Incorrect diagnoses lead not only to increased expenses for the employer, but also to unnecessary treatment for the employee
- Expensive care does not always lead to the best outcome
- Most utilization management occurs after the treatment plan has been determined

Solution

A newly diagnosed active plan participant is immediately paired via TPA with a CancerCARE+ care coordinator to ensure their diagnosis is confirmed and properly staged. The coordinator will:

- Coordinate a second opinion with renowned national centers of excellence
- Promote the utilization of clinical pathways prior to treatment planning
- Ensure the most evidence-based and cost-effective treatment protocol is implemented quickly
- Help the patient navigate all aspects of care
- Connect the patient to the Cancer Centers of Excellence Network for complex treatment needs
- Facilitate access to oncology experts who work to improve care and reduce costs

Note: A passive plan offers voluntary advocacy and concierge services, but isn't integrated pre-treatment.

Impact

2% to 10% captive-wide savings on total costs. Total savings for ParetoHealth members (so far): **Approximately $3M**.

Formerly Global Fit

Husk Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

YOUR LANDING PAGE:

Marketplace.huskwellness.com/paretohealth

Click on Activate Benefit to register for the program and unlock your discounts and exclusive offers. Be sure to use the provided "Eligibility ID" to register.

Have questions? Reach out to our Customer Support team at customerservices@huskwellness.com or call 800-294-1500

As part of the HUSK Marketplace program, you are eligible for exclusive discounts on:

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HUSK Marketplace members can access exclusive savings and flexible membership options to a variety of facilities. From national chains to specialty studios, HUSK has something for every workout.

HUSK NUTRITION

HUSK Nutrition provides evidence-based virtual health and nutrition programs. You will meet with a Registered Dietitian who will implement a complete 1-on-1 nutrition program specifically designed to answer your nutrition related questions, meet your health goals, individual needs and busy lifestyle.

HOME EQUIPMENT & TECH

Whatever your fitness level is, HUSK has exclusive equipment and wearable technology to help support you on your wellness journey. Whether you want to monitor an everyday activity or start a new fitness routine, find the best products and deals here.

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Take advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK's streaming membership options will take your wellness and workouts to the next level.

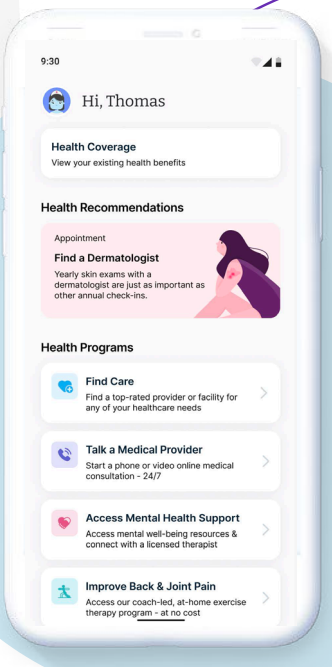
MENTAL HEALTH

We all need help sometimes. We all go through difficulties and struggles. HUSK Mental Health connects you with licensed therapists through technology. Our therapists empower you through guidance and support using evidence-based practices.

HealthJoy Makes it Easier to be Healthy and Well.

HealthJoy

HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. We're provided free by your employer to help understand and make the most of your benefits. We connect you and your family with the right benefits at the right moment in your care journey, saving you time, money, and frustration.



Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team, visits, and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and navigate your benefits. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.

- BENEFITS WALLET
- HEALTHCARE CONCIERGE
- RX SAVINGS REVIEW
- APPOINTMENT BOOKING
- PROVIDER RECOMMENDATIONS
- HSA / FSA SUPPORT

"It saved me the time I would have spent Googling results, calling specialists, and searching for an appointment. Instead, I just put in the request, and HealthJoy did the work. The app is like my little assistant!"

Veronica, AZ

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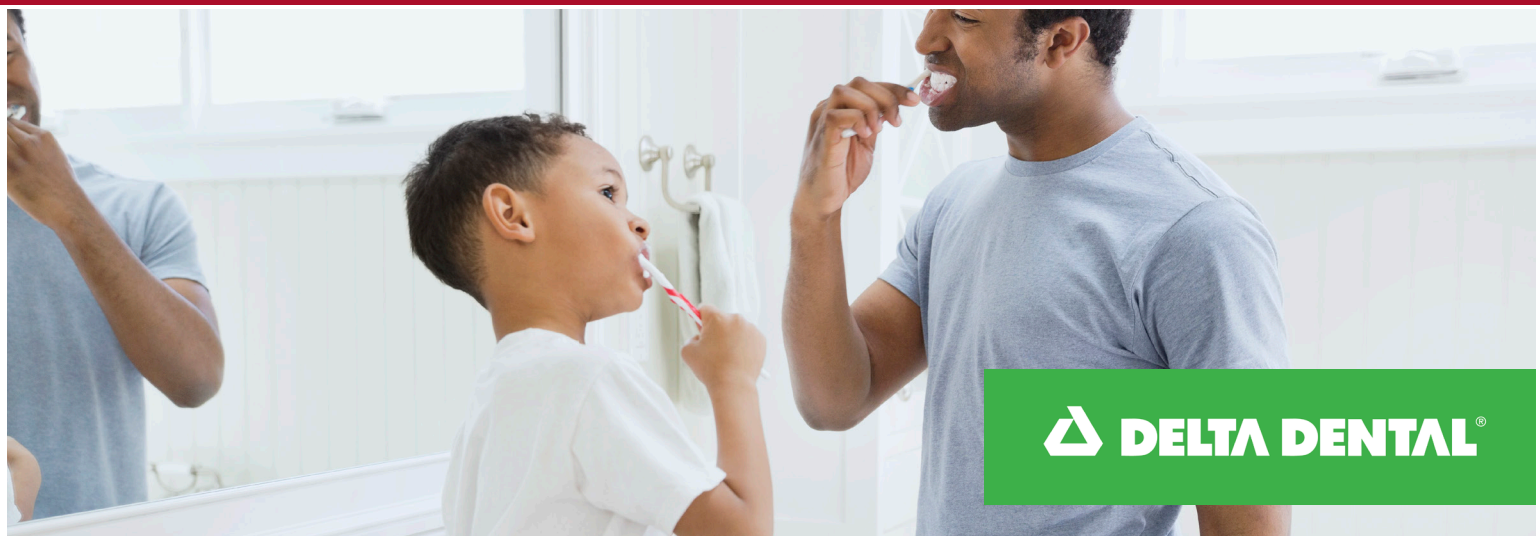
SCAN ME

DENTAL BENEFITS

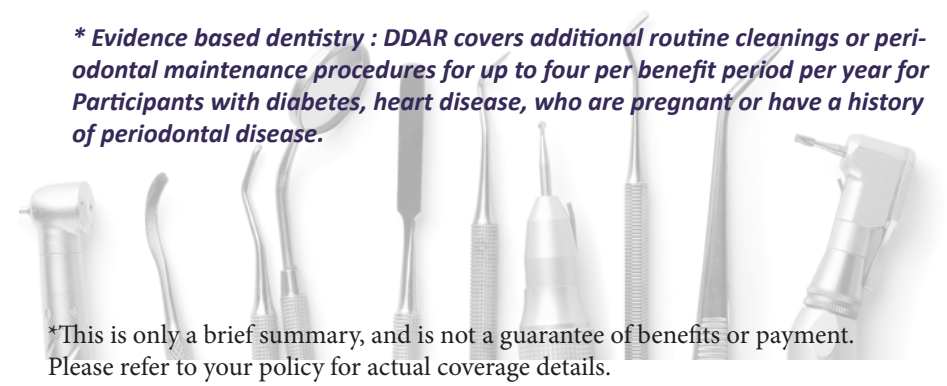


Delta Dental Plan	In Network
Deductible Calendar Year	**$50 (3x)** Per Person
Preventive Services Cleanings, Exams, X-Rays, Fluoride treatments (children to 19), Sealants	**100% Covered** Deductible does not apply (Employee and their family pays 0%)
Basic Services Space Maintainers, Simple Extractions, Endodontics (root canal) Fillings, Brush Biopsy, ER Palliative Treatment	**80% Covered** After deductible has been met (Employee and their family pays 20%)
Major Services Periodontics Surgery (gum disease), Crowns, Relines & Repairs and Prosthodontic Services to implants, Dentures, & Bridges	**50% Covered** After deductible has been met (Employee and their family pays 50%)
Annual Maximum	**$1,500** per person
Orthodontic Services (for children to age 19)	50% (Lifetime Max $1,000 per person)

Maximum Carryover: If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year and the total Benefit paid does not exceed $749.00 in that Benefit Year, up to $375.00 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, not to exceed $3,000.

**** Evidence based dentistry : DDAR covers additional routine cleanings or periodontal maintenance procedures for up to four per benefit period per year for Participants with diabetes, heart disease, who are pregnant or have a history of periodontal disease.***

Your Cost Per Pay Period (24)	
Employee Only	$2.00
Employee + Spouse	$14.92
Employee + Child(ren)	$17.40
Family	$32.17



*This is only a brief summary, and is not a guarantee of benefits or payment.
Please refer to your policy for actual coverage details.

VISION BENEFITS

Delta Vision 175	In-Network Benefits	Out-of-network Reimbursement
Exam Copay **Materials Copay** **Contact Lens Fitting**	**$5** **$5** **$5**	$30 Not Covered Not Covered
Lenses (standard) Per Pair: Single Vision Bifocal Trifocal	100% covered 100% covered 100% covered	Up to $25 Up to $40 Up to $55
Frames	**$175 Retail Allowance**	Up to $87.50 Retail Allowance
Contact Lenses	**$175 Retail Allowance**	Up to $140 Retail Allowance
Refractive Surgery (LASIK)	15-50% Discount	Not Covered

Service Frequency	
Exam	**12 Months**
Frames	**12 Months**
Lenses	**12 Months**
Contact Lenses & Fitting	**12 Months**
Note: The member must choose between either Frames & Lenses OR Contacts. The allowance will not apply to both Lenses/Frames and Contacts in one 12 month period	

**** Upgraded benefits could result in additional charges at the discounted Delta Vision price. Examples include: progressive lenses, scratch coating, UV protection, etc.***

Your Cost Per Pay Period (24)	
Employee Only	$6.53
Employee + Spouse	$11.77
Employee +Child(ren)	$12.74
Employee + Family	$17.63

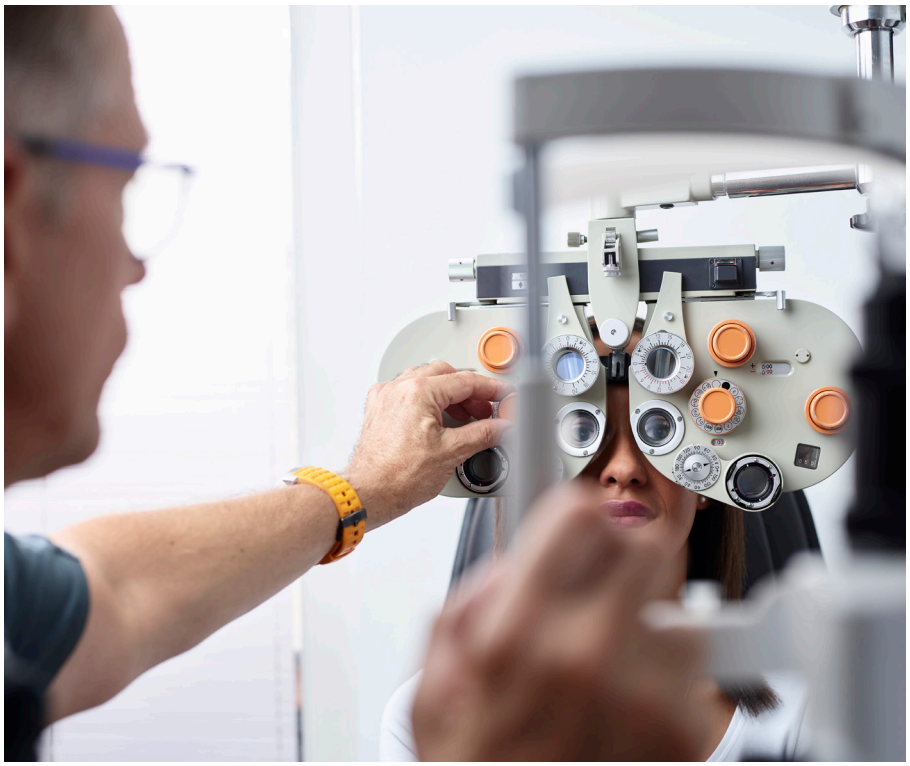
Find a Provider

You can find a dental or vision provider by visiting **www.deltadentalar.com/find-a-doctor**

You can also call Customer Service at 1-800-462-5410 for further help.

DELTA DENTAL®

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.



LIFE / AD&D INSURANCE

All active benefit eligible employees are provided with a Group Life and AD&D plan with Equitable. This benefit is covered by Arkansas Surgical Hospital at no cost to you.

Each eligible employee has a Life Policy with an additional Accidental Death and Dismemberment Benefit equal to one times their basic annual salary, rounded up to the nearest $1,000.

If you are age 65 or older your benefits will reduce according to the following age reduction schedule:

Age 65 but less than age 70 will reduce to 65% of benefit.
Age 70 but less than age 75 will reduce to 50% of benefit.

Accidental Death and Dismemberment (AD&D)

This additional benefit doubles the face value of your death benefit should you become deceased in an accident. In addition, there are specified benefit amounts which cover accidental bodily injuries such as the loss of a hand, foot or eye. Review the Certificate of Coverage for additional information.

BENEFICIARY: Please make sure your life insurance beneficiary is up to date! You can update your beneficiary at any time throughout the plan year.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

VOLUNTARY GROUP LIFE AND AD&D

GUARANTEE ISSUE FOR NEW HIRES - Voluntary Term Life

• Up to $200,000 in employee coverage is available without any evidence of insurability requirement

• Up to $30,000 in spouse coverage

• Up to $10,000 in child coverage is available in increments of $1,000.

Spouse/Partner life coverage is available when an Employee is covered. A Spouse/Partner may elect coverage in $5,000 increments up to $100,000 maximum. Spouse coverage cannot exceed 50% of your Employee election. Your Spouse can get up to $25,000 with no health questions. This is their Guarantee Issue Amount. Spouse/Partners can apply, through an Evidence of Insurability, for amounts greater than the Guarantee Issue limit.

Child(ren) life coverage is available in $1,000 increments up to $10,000 benefit. One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 14 days is $500.

****NO MEDICAL QUESTIONS IF YOU ARE COMING ON NEW THIS YEAR!!**

If you have been previously denied, you will need to submit an Evidence of Insurability form.

At the Policy's January 1 Anniversary, if participating in the voluntary life insurance plan, you will be allowed to increase your benefit, that of your Spouse/Partner or Child(ren) up to the full Guarantee Issue limits noted above. You can elect the increase(s) in the benefit increments indicated above or you can choose to increase all the way up to the full Guarantee Issue limit – with no questions asked!
If you are not participating, you can elect in now up to the full Guarantee Issue Limit (as long as you have not been previously declined) – with no questions asked.

Life and AD&D benefits reduce to: 65% at age 70, and 50% at age 75.
*Age = Age of Employee or Spouse on Policy effective date (November 1st for Open Enrollment).

USAble Life
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*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

RATE CHART

Employee -

AGE	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
0-24	$0.40	$0.80	$1.20	$1.60	$2.00	$2.40	$2.80	$3.20	$3.60	$4.00
25-29	$0.45	$0.90	$1.35	$1.80	$2.25	$2.70	$3.15	$3.60	$4.05	$4.50
30-34	$0.65	$1.30	$1.95	$2.60	$3.25	$3.90	$4.55	$5.20	$5.85	$6.50
35-39	$0.70	$1.40	$2.10	$2.80	$3.50	$4.20	$4.90	$5.60	$6.30	$7.00
40-44	$0.80	$1.60	$2.40	$3.20	$4.00	$4.80	$5.60	$6.40	$7.20	$8.00
45-49	$1.15	$2.30	$3.45	$4.60	$5.75	$6.90	$8.05	$9.20	$10.35	$11.50
50-54	$1.80	$3.60	$5.40	$7.20	$9.00	$10.80	$12.60	$14.40	$16.20	$18.00
55-59	$3.35	$6.70	$10.05	$13.40	$16.75	$20.10	$23.45	$26.80	$30.15	$33.50
60-64	$5.15	$10.30	$15.45	$20.60	$25.75	$30.90	$36.05	$41.20	$46.35	$51.50
65-69	$9.90	$19.80	$29.70	$39.60	$49.50	$59.40	$69.30	$79.20	$89.10	$99.00
70-74	$16.10	$32.20	$48.30	$64.40	$80.50	$96.60	$112.70	$128.80	$144.90	$161.00
75+	$16.10	$32.20	$48.30	$64.40	$80.50	$96.60	$112.70	$128.80	$144.90	$161.00

Employee -

AGE	$110,000	$120,000	$130,000	$140,000	$150,000	$160,000	$170,000	$180,000	$190,000	$200,000
0-24	$4.95	$5.40	$5.20	$6.30	$6.75	$7.20	$7.65	$8.10	$8.55	$9.00
25-29	$4.95	$5.40	$5.85	$6.30	$6.75	$7.20	$7.65	$8.10	$8.55	$9.00
30-34	$7.15	$7.80	$8.45	$9.10	$9.75	$10.40	$11.05	$11.70	$12.35	$13.00
35-39	$7.70	$8.40	$9.10	$9.80	$10.50	$11.20	$11.90	$12.60	$13.30	$14.00
40-44	$8.80	$9.60	$10.40	$11.20	$12.00	$12.80	$13.60	$14.40	$15.20	$16.00
45-49	$12.65	$13.80	$14.95	$16.10	$17.25	$18.40	$19.55	$20.70	$21.85	$23.00
50-54	$19.80	$21.60	$23.40	$25.20	$27.00	$28.80	$30.60	$32.40	$34.20	$36.00
55-59	$36.85	$40.20	$43.55	$46.90	$50.25	$53.60	$56.95	$60.30	$63.65	$67.00
60-64	$56.65	$61.80	$66.95	$72.10	$77.25	$82.40	$87.55	$92.70	$97.85	$103.00
65-69	$108.90	$118.80	$128.70	$138.60	$148.50	$158.40	$168.30	$178.20	$188.10	$198.00
70-74	$177.10	$193.20	$209.30	$225.40	$241.50	$257.60	$273.70	$289.80	$305.90	$322.00
75+	$177.10	$193.20	$209.30	$225.40	$241.50	$257.60	$273.70	$289.80	$305.90	$322.00

Spouse -

AGE	$5,000	$10,000	$15,000	$20,000	$25,000
0-24	$0.20	$0.40	$0.60	$0.80	$1.00
25-29	$0.23	$0.45	$0.68	$0.90	$1.13
30-34	$0.33	$0.65	$0.98	$1.30	$1.63
35-39	$0.35	$0.70	$1.05	$1.40	$1.75
40-44	$0.40	$0.80	$1.20	$1.60	$2.00
45-49	$0.58	$1.15	$1.73	$2.30	$2.88
50-54	$0.90	$1.80	$2.70	$3.60	$4.50
55-59	$1.68	$3.35	$5.03	$6.70	$8.38
60-64	$2.58	$5.15	$7.73	$10.30	$12.88
65-69	$4.95	$9.90	$14.85	$19.80	$24.75
70-74	$8.05	$16.10	$24.15	$32.20	$40.25
75+	$8.05	$16.10	$24.15	$32.20	$40.25

Child(ren)	$10,000
	$1.00

Age Reduction Schedule:
35% of the original life amount at age 65
50% of the original life amount at age 70

- ***At your initial eligibility you may elect up to $200,000 life guarantee issue.***
- ***$30,000 on spouse and $10,000 on children***
- ***If you choose less than the guarantee issue at your initial enrollment you can increase by $10,000 at each open enrollment.***
- ***If you do not elect coverage during your initial eligibility, medical underwriting will be required to elect coverage in the future.***

SHORT TERM DISABILITY INSURANCE

Short Term Disability

There are going to be times when you have to miss work for several weeks, even a month or two due to an illness, injury, or accident. How are you going to pay the bills? Maybe you have a week or two of sick leave or earned time off, but after that, what happens?

Arkansas Surgical Hospital provides you an opportunity to purchase short term disability insurance from **USAble.** This policy will pay you **60%** of your pre-disablity income, to a maximum of **$2,000 a week** when you become disabled due to a covered illness or off-the-job accident.

- This benefit pays up to **12 weeks** if you are deemed disabled by your physician.
- Benefits are available after you have been unable to work for **7 calendar days** due to a covered illness or injury.
- Your premiums are paid with post tax dollars; therefore the benefits you receive are not taxed, under current IRS laws.
- Deductions are calculated each pay period based on your current salary. Deductions may vary.

*****NO MEDICAL QUESTIONS IF YOU ARE COMING ON THE PLAN NEW THIS YEAR!!***

If you have been previously denied, you will need to submit an Evidence of Insurability form.

USAble Life
Live life. You're covered.™

Equation to calculate Short Term Disability

STEP ONE:
Current Annual Salary x .60 / 52 = Your weekly benefit

STEP TWO:
Weekly benefit x **0.0772** x 12 / 52 = Cost per pay period

Salary of $42,000: Weekly Rate of $14.39

Annual Salary	Semi Monthly	Monthly
$20,000	$8.91	$17.82
$21,000	$9.35	$18.71
$22,000	$9.80	$19.60
$23,000	$10.24	$20.49
$24,000	$10.69	$21.38
$25,000	$11.13	$22.27
$26,000	$11.58	$23.16
$27,000	$12.03	$24.05
$28,000	$12.47	$24.94
$29,000	$12.92	$25.83
$30,000	$13.36	$26.72
$31,000	$13.81	$27.61
$32,000	$14.25	$28.50
$33,000	$14.70	$29.40
$34,000	$15.14	$30.29
$35,000	$15.59	$31.18
$36,000	$16.03	$32.07
$37,000	$16.48	$32.96
$38,000	$16.92	$33.85
$38,500	$17.15	$34.29
$39,000	$17.37	$34.74
$39,500	$17.59	$35.19
$40,000	$17.82	$35.63
$45,000	$20.04	$40.08
$50,000	$22.27	$44.54
$55,000	$24.50	$48.99
$60,000	$26.72	$53.45
$65,000	$28.95	$57.90
$70,000	$31.18	$62.35
$75,000	$33.40	$66.81
$80,000	$35.63	$71.26
$85,000	$37.86	$75.72
$90,000	$40.08	$80.17
$95,000	$42.31	$84.62
$100,000	$44.54	$89.08
$110,000	$48.99	$97.98
$120,000	$53.45	$106.89

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

Long Term Disability

What would happen if you were seriously injured in a car accident or diagnosed with cancer? You may eventually get better but it may take a long time; it is also possible you might never be able to return to work. In addition to dealing with health issues, how would you make your house and car payments, buy food, clothing and other essentials?

Arkansas Surgical Hospital provides this Long Term Disability benefit at no cost to you. There is a 90-day elimination period before this benefit will begin to pay. Once you are disabled for **90 days** the benefit will pay **60%** of your pre-disability income, to a maximum of **$10,000 per month**.

Your LTD benefits are payable for the period during which you continue to meet the definition of disability. Payments continue based on how old you are when your disability occurs. If you are under the age 60, your benefits will be greater of **24 months own occupation**, followed by a reducing schedule for members over the age of 60.

Survivor Benefit: Your eligible survivor (group life beneficiary on file) will receive a lump sum benefit equal to three months of your gross disability payment if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to payments under the plan.

Note: The amount of benefits you receive from the plan may be reduced or offset by income from other sources such as legal judgments, certain retirement plans and the amounts you receive or are entitled to receive as disability income from workers' compensation, a state compulsory benefit plan, and the amount you (and your family, if applicable) receive or are entitled to receive as disability payments under Social Security Disability.

- Pays 60% of Monthly Earnings
- Maximum Benefit of $10,000 per month
- 90 Day Elimination Period
- After 13 weeks, if you are still disabled, the Long Term Disability will start to pay.
- Two Year Mental/Nervous Limitation
- Duration of Benefits to Age 65 (Reduced at age 70)
- Bonus up for Tax Free Benefit

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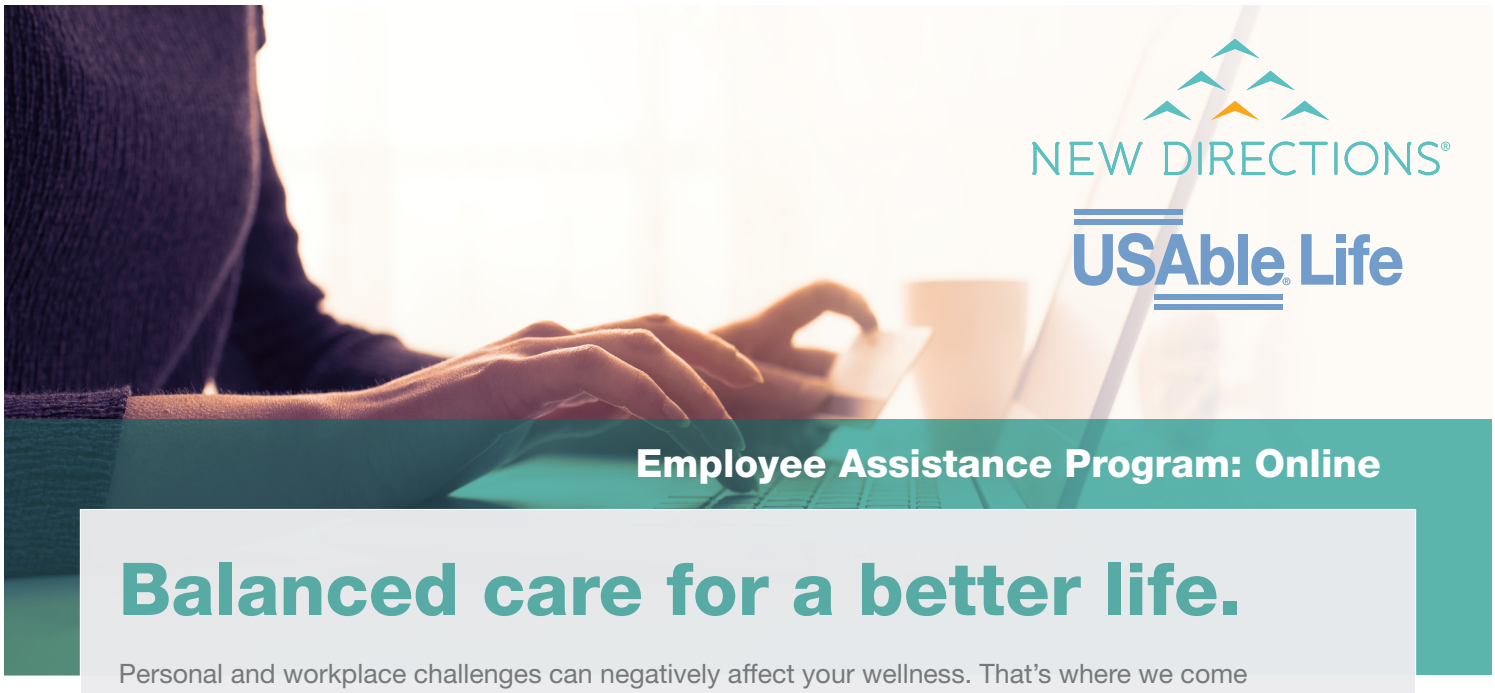
Sample Equation for Long Term Disability

STEP ONE:
(Current Annual Salary) / 12 X .60 = Your Monthly benefit

$42,000 salary = $2,100 monthly benefit.



NEW DIRECTIONS®

USAble Life

Employee Assistance Program: Online

Balanced care for a better life.

Personal and workplace challenges can negatively affect your wellness. That's where we come in. The New Directions Employee Assistance Program (EAP) gives you and your loved ones completely free, entirely confidential access to the programs, tools and services you need to live a balanced and happy life.

Finding Your Best Self

Visit eap.ndbh.com and view more than 10,000 resources to assist you in your improvement journey. Some available resources include:

- Videos
- Will Prep Toolkit
- Calculators
- Self-Assessments
- Budgeting Worksheets
- Legal Documents
- Provider Directories
- Elder & Child Care Resources
- Stress Management Tools

Relationship Support

Visit eap.ndbh.com to help you find resources to work through parental, personal or work-related relationship challenges.

Legal Resource Center

Explore a large database of free, customizable legal documents for wills, budgeting, retirement planning, big purchases and more. Store documents in one place for easy updates and secure saving.

Health Resource Library

Search a comprehensive collection of articles, videos, self-assessments, calculators and planners for information on thousands of topics designed to help improve your health.

Weekly Tips

Sign up for weekly tips and advice on how to work through stress, parenting, being your best at work and other helpful material — delivered right to your inbox.

Stress Toolkit

Understand the impact of stress on your happiness and productivity with this online toolkit. Take steps to improving your health with assessments, apps, tools and resources designed to reduce stress.

Visit eap.ndbh.com to begin improving your health.

eap.ndbh.com
Code: USAL903

5 STAR TERM TO 121 LIFE INSURANCE

5STAR LIFE INSURANCE COMPANY
An AFBA related enterprise

Nearly
85%
of people said they thought most people need life insurance.

Yet only
59%
said that they have coverage themselves

And
33%
wish their spouse or partner had more life insurance.*

PREPARE FOR THE FUTURE. PROTECT YOUR LOVED ONES	
Customizable	With several options to choose from, select the coverage that best meets the needs of your family.
Family Coverage	You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children (14 days to 19 years old, 26 if full-time student) under your coverage or your spouse's. No matter what the future brings, you and your family are protected.
Portable	Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly.
Terminal Illness Acceleration of Benefits	Coverage pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).
Protection You Can Count On	Within one business day of notification, payment of 50% of coverage or $10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.
Quality of Life Rider	Optional benefit that accelerates a portion of the death benefit on a monthly basis up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following: Permanent inability to perform at least two of the six Activities of Daily Living (ADLS) without substantial assistance or permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.
Convenient	Easy payment through payroll deduction

Scanlon, J.,Terry, K., Leyes, M., 2018 Insurance Barometer Study. Retrieved from www.limra.com/Research/Abstracts_Public/2018/2018_Insurance_Barometer.aspx. Please note there is a cost associated with this research paper. Underwritten by 5Star Life Insurance Company (777 Research Drive, Lincoln, NE 68521), administered by NTT. Product not available in all states.
Policy #: ICC18-GFPPPOL

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

5 STAR RATE TABLE

FPPg Rate Sheet

Monthly Rates with Quality of Life Rider
Defined Benefit

	$10,000	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
18-25	$9.90	$14.98	$23.46	$31.94	$40.42	$48.89	$57.38
26	$9.91	$15.04	$23.59	$32.13	$40.66	$49.21	$57.75
27	$9.98	$15.20	$23.92	$32.62	$41.34	$50.04	$58.76
28	$10.08	$15.45	$24.42	$33.37	$42.34	$51.29	$60.26
29	$10.23	$15.82	$25.13	$34.44	$43.75	$53.07	$62.38
30	$10.43	$16.32	$26.12	$35.94	$45.75	$55.56	$65.38
31	$10.64	$16.84	$27.16	$37.50	$47.84	$58.16	$68.50
32	$10.87	$17.42	$28.34	$39.25	$50.17	$61.09	$72.01
33	$11.11	$18.02	$29.55	$41.06	$52.58	$64.11	$75.63
34	$11.40	$18.75	$31.00	$43.26	$55.50	$67.75	$80.00
35	$11.72	$19.54	$32.59	$45.63	$58.67	$71.71	$84.76
36	$12.08	$20.44	$34.37	$48.31	$62.25	$76.18	$90.13
37	$12.46	$21.41	$36.34	$51.25	$66.16	$81.09	$96.00
38	$12.88	$22.44	$38.38	$54.32	$70.25	$86.19	$102.13
39	$13.33	$23.59	$40.67	$57.76	$74.83	$91.92	$109.00
40	$13.83	$24.81	$43.13	$61.44	$79.75	$98.06	$116.38
41	$14.38	$26.19	$45.87	$65.57	$85.25	$104.94	$124.63
42	$14.98	$27.70	$48.92	$70.12	$91.34	$112.54	$133.76
43	$15.60	$29.25	$52.00	$74.75	$97.50	$120.25	$143.01
44	$16.26	$30.90	$55.30	$79.69	$104.08	$128.48	$152.88
45	$16.93	$32.58	$58.67	$84.75	$110.83	$136.92	$163.00
46	$17.67	$34.42	$62.33	$90.26	$118.17	$146.09	$174.00
47	$18.43	$36.31	$66.13	$95.94	$125.75	$155.56	$185.38
48	$19.19	$38.23	$69.96	$101.69	$133.42	$165.15	$196.88
49	$20.02	$40.31	$74.13	$107.94	$141.75	$175.57	$209.38
50	$20.93	$42.58	$78.67	$114.75	$150.84	$186.92	$223.01
51	$21.94	$45.11	$83.71	$122.32	$160.91	$199.52	$238.13
52	$23.11	$48.04	$89.59	$131.13	$172.66	$214.21	$255.75
53	$24.42	$51.29	$96.09	$140.87	$185.67	$230.46	$275.26
54	$25.88	$54.96	$103.42	$151.88	$200.33	$248.80	$297.25
55	$27.44	$58.84	$111.17	$163.50	$215.83	$268.17	$320.51
56	$29.19	$63.21	$119.92	$176.63	$233.33	$290.04	$346.76
57	$30.99	$67.73	$128.96	$190.19	$251.41	$312.64	$373.88
58	$32.84	$72.35	$138.21	$204.06	$269.91	$335.77	$401.63
59	$34.74	$77.09	$147.67	$218.25	$288.83	$359.42	$430.01
60	$36.71	$82.04	$157.59	$233.13	$308.66	$384.21	$459.75
61	$38.77	$87.19	$167.88	$248.57	$329.25	$409.94	$490.63
62	$40.93	$92.58	$178.67	$264.75	$350.83	$436.92	$523.00
63	$43.22	$98.31	$190.13	$281.94	$373.75	$465.56	$557.38
64	$45.72	$104.54	$202.59	$300.62	$398.67	$496.71	$594.76
65	$48.50	$111.50	$216.50	$321.50	$426.50	$531.50	$636.51
66*	$49.13	$113.06	$219.63	$326.19	$432.75	$539.31	$645.88
67*	$52.62	$121.79	$237.08	$352.38	$467.67	$582.96	$698.25
68*	$56.58	$131.71	$256.92	$382.13	$507.33	$632.54	$757.75
69*	$61.09	$142.98	$279.46	$415.94	$552.42	$688.90	$825.38
70*	$66.18	$155.69	$304.88	$454.06	$603.25	$752.44	$901.63

*Quality of Life not available ages 66-70. Quality of Life benefits not available for children.

Available only on children of employee or spouse, 14 days to 19 years or 26 if full time student.
$1.00 monthly for $5,000 coverage and $2.00 monthly for $10,000 coverage.

Guaranteed Issue amounts are approved for eligible employees during open enrollment and for new hires.

Employee: $150,000
Spouse: $50,000
Child/ren: $10,000

***Coverage is available for you, your spouse, and children, but you must buy a policy on *each* individual**

***Quality of Life not available ages 66-70. Quality of Life benefits not available for children.**

***Available only on children of employee or spouse, 14 days to 19 years or 26 if full time student.
$1.00 monthly for $5,000 coverage and $2.00 monthly for $10,000 coverage.**

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

The Hatcher Agency
The Home of Outrageous Service

Cancer Insurance

Hatcher Agency Exclusive Cancer Insurance

Underwritten by ManhattanLife Assurance Company of America

ManhattanLife

Ease the financial burden while healing

Fortunately, we can help with unexpected expenses

Every year, more and more people are being diagnosed with cancer.[1] Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose - such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

Covered Events	Benefit Paid
Prevention & Non-Invasive Cancer Related Events	
Cancer Screening Benefit	$75/insured/year, Includes a $75 cancer screening follow up benefit
Positive Diagnosis test	up to $100
Initial Diagnosis of Cancer	$6,500 for Employee, $6,500 for Spouse, $6,500 for Child
Treatment Benefits	
Radiation/Chemotherapy	Actual Charges up to $15,000 per 12 month period
Blood, Plasma, Platelets	Actual Charges up to $15,000 per 12 month period
Experimental Treatment	Actual Charges up to $15,000 per 12 month period
Covered Inpatient Surgery	Payment based on surgical schedule in your policy
Covered Outpatient Surgery	Payment based on surgical schedule in your policy
Second Surgical Opinion	Actual charges up to $250
Anesthesia	Actual Charges up to 25% of surgery benefit
Ambulatory Surgical Center	Actual Charges up to $375 per day

DID YOU KNOW?

2/3 of the cost
of cancer is non-medical[1]

$1,266
is the monthly average out of pocket cost for cancer[2]

5% increase
In cancer costs every year[3]

62% of bankruptcies
are the results of medical causes despite 76% of those claiming bankruptcy had medical insurance[4]

1 www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf;
2 "Study Links Medical Costs and Personal Bankruptcy," Bloomberg BusinessWeek, June 4, 2009
3 Duke University Medical Center, 2011 http://clearhealthcosts.com/tag/duke-university-medical-center

ENROLL TODAY

During this enrollment, you can elect coverage for you and your family:

- Convenient payroll deductions
- Portable
- Guarantee Issue: no health questions asked at enrollment
- Pre-existing Condition Limitation - 3 month look back period, 12 month exclusion period
- Waiver of Premium – if you become disabled due cancer for 60 days, premiums will be waived thereinafter so long as you continue to be disabled

*continued on next page

CANCER INSURANCE CONTINUED

Hospital Confinement Benefits	
Hospital Confinement	$250 per day
Extended Hospital Confinement	$300 per day
Hospital Intensive Care	$200 per day
Government or Charity Hospital	$100 per day
Inpatient Special Nursing	Actual Charges up to $150/day
Inpatient Drugs and Medicine	$25 per day
Attending Doctor	Actual Charges up to $40/day
Extended Care Facility	Actual Charges up to $100/day
Home Health Care	Actual Charges up to $100/day
Lodging and Transportation Benefits	
Ambulance	Actual charges up to $200 a day (no maximum if transported to ICU)
Transportation/Companion Transportation	$0.45 per mile or coach fare (100 miles minimum per round trip)
Outpatient and Family Member Lodging	Actual charges up to $100/day (Limit $4,000 per 12 month period)
Miscellaneous Benefits	
Hospice	Actual Charges up to $150/day
Physical or Speech Therapy	Actual Charges up to $50/day
Breast Prosthesis	incurred expenses
Skin Cancer	Actual Charges up to $120 for first removal, $60 each additional removal
Medical Imaging	Actual Charges up to $250 per year
Anti-Nausea Medication	Actual Charges up to $100 per year
Hematological Drugs	Actual Charges up to $100 per year
Hair Prosthesis	$25 every two years
Nonsurgical External Breast Prosthesis	Included under Breast Prosthesis
Waiver of Premium	after 60 days
Donor Benefit Bone Marrow and Stem Cell Transplant	2x Hospital confinement benefit, Actual charges for transportation, $50/day for lodging/meals
Bone Marrow/Stem Cell transplant	Incurred expenses up to $5,000
National Cancer Institute Evaluation	Billed Charges up to $750
Rental/Purchase Durable Goods	up to $500/year

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for Cancer Insurance at Disclosure.ManhattanLife.com.

Cost per pay period	
Employee	$14.14
Family	$25.57

*Employer Paid on both tiers for employees who have been employed 10 years or more.

INITIAL DIAGNOSIS BENEFIT

This is a once in a lifetime benefit. This one-time benefit pays **$6,500** for the first time diagnosis of internal cancer. Any prior diagnosis at any time of internal cancer would eliminate this benefit.

ANNUAL CANCER SCREENING BENEFIT

For Employees & Covered Family Members:
This plan pays you **$75** once per year per covered individual. See schedule for list of covered procedures.

If you or a covered family member receive an additional invasive diagnosis procedure that is recommended by your doctor due to the results of the initial cancer screening, this plan will pay you an additional **$75.**

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

The Hatcher Agency
The Home of Outrageous Service

Accident Insurance

Hatcher Agency Exclusive Accident Insurance

Underwritten by ManhattanLife Assurance Company of America

ManhattanLife™

Accidents happen

Fortunately, we can help with unexpected expenses

ManhattanLife Insurance helps offset the costs associated with both minor and major on and off-the-job accidents:

- For every covered accident, ManhattanLife can pay a benefit based on the injury you sustain and the various treatments and/or services received, regardless of what is covered by medical insurance.
- Plus, ManhattanLife will increase covered benefits by 20% for a child who has an accident while playing organized sports.*

**The child must be insured by the plan on date the accident occurred. The child must be 18 years of age or younger.*

See next page for a schedule of paid benefits and monthly rates.

A benefit when you need it

Consider some of the unexpected costs that may result from an accident such as travel to treatment centers, child care while recovering, household expenses while you can't work, or even modifications to a home or automobile. Payments are made directly to the employee and can be used for any purpose — even everyday expenses like groceries, rent and mortgage.

Enroll today

During this enrollment, you and your family are guaranteed coverage:

- No health questions
- Family coverage available
- Convenient payroll deductions
- Portable

DID YOU KNOW?

1 out of 5 people
receive emergency room treatment annually[1]

$17,749
is the average out-of-pocket medical bills and that's not including the loss of earnings of the injured and their spouses[2]

62% of bankruptcies
are the results of medical causes despite 76% of those claiming bankruptcy had medical insurance[3]

1 www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf;
2 "Study Links Medical Costs and Personal Bankruptcy," Bloomberg Business Week, June 4, 2009
3 Duke University Medical Center, 2011 http://clearhealthcosts.com/tag/duke-university-medical-center

ANNUAL WELLNESS BENEFIT

For Employees & Covered Family Members:

- This plan pays you **$50** once per year, per covered individual for receiving one or more approved covered wellness screenings or for an annual physical / well child visit. See schedule for list of covered procedures.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for Accident Insurance at Disclosure.ManhattanLife.com.

COVERED EVENTS	BENEFITS PAID
Initial Transportation & Treatment	
Air / Ground Ambulance (<50 miles away)	$1000/$150
Transportation	$500 3 x per accident
Accident ER Treatment / Urgent Care or Office	$200/$75
Accident Medical Expenses Benefit	$250
Diagnostic Exam (Major) / X-ray	$150/$30
Injury Diagnosis	
Coma / Concussions	$15,000/$75
Burns (2nd Degree/3rd Degree)	$100 for a burn that covers 15% or less of the body surface and $500 for burn that covers more than 15% of the body surface
Burn – Skin Graft	50% of Burn benefit
Dislocations	up to $4,400
Eye Injury	$300
Fractures (Bone)	up to $5,500
Knee Cartilage	$500
Laceration	$400
Tendon/Ligament/Rotator Cuff	$500 to $1,000
Brain Injury Diagnosis Benefit	$150
Hospitalization	
Hospital Admission / ICU Admission	$1,000/$2,000
Hospital Confinement	$225 per day
ICU Confinement	$450 per day
Treatments & Family Care	
Appliance[1], Blood/Plasma/Platelets, Emergency Dental Work, Epidural Anesthesia for Pain, Joint Replacement, Artificial Limb, Rehabilitation Unit Confinement, Ruptured Disc Surgical Repair, Surgeries	Additional Money paid for these treatments. Please refer to plan summary for details.
Family Care[2]	$20 per day
Lodging	$125 per day
Follow - Up	
Accident Follow-Up Visits – Doctor	$50 per visit up to 6 visits
Chiropractic Visits	$25 per visit up to 6 visits
Occupational or Physical Therapy	$25 per visit up to 10 days

Accident Insurance

Cost per pay period	
Employee	$12.91
Employee & Spouse	$20.70
Employee & Child	$20.80
Family	$28.59

Accidental Death Benefit	
Employee	$25,000
Spouse	$12,500
Child	$5,000
Common Carrier	$150,000 for Employee and Spouse, $25,000 for Child
Common Disaster	200% of AD&D
Seatbelts	$10,000
Airbags	$15,000
Dismemberment	
Quadriplegia	100% of AD&D
Paraplegia	50% of AD&D
Loss of Speech & Hearing	100% of AD&D
Loss of hand, foot & sight	1: 50% of AD&D 2: 100% of AD&D

1 Appliance- Benefit is paid if a wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck is prescribed by a physician as necessary due to an injury sustained as the result of a covered accident. 2 Family Care- Benefit is payable for each child attending a Child Care center while the insured is confined to the hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

The Hatcher Agency
The Home of Outrageous Service

Critical Illness Insurance

Hatcher Agency Exclusive Critical Illness Insurance

Underwritten by ManhattanLife Assurance Company of America
Administered by Bay Bridge Administrators

Helping employees focus on recovery - not their finances

The antidote for expenses not covered by medical insurance

Treatment of critical illnesses such as cancer, heart attack and stroke can lead to unexpected expenses that create an additional financial burden. Critical Illness insurance helps fill in the gaps that medical insurance doesn't cover. This may include travel to treatment centers, ongoing household bills, co-pays, deductibles, and everyday expenses like groceries, rent and mortgage.

Critical Illness insurance pays a lump-sum amount directly to you upon initial diagnosis of:

COVERED EVENTS	First Occurrence	Second Occurrence
Invasive Cancer	100%	50%
Carcinoma in Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	$250 per lifetime	0%
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Arteriosclerosis	30%	0%
Angioplasty	10%	0%
Organ Failure	100%	50%
Kidney Failure	100%	50%
First Occurrence Benefit for the following conditions		
Addison's Disease 30%	ALS 100%	Alzheimer's 50%
Coma 100%	Huntington's 30%	Multiple Sclerosis 30%
Loss of Speech 100%	Loss of Hearing 100%	Loss of Sight 100%
Parkinson's 100%	Paralysis 1 limb 50%	Paralysis 2+ limbs 100%
Severe Burns 100%	Occupational HIV 100%	Loss of Independent Living 25%
Childhood Diseases		
Cerebral Palsy 100%	Cleft lip/palate 100%	Club Foot 100%
Cystic Fibrosis 100%	Down's Syndrome100%	Muscular Dystrophy 100%
Spina Bifida 100%	Type 1 Diabetes 100%	

ENROLL TODAY

During this enrollment, you and your family are guaranteed coverage with no medical questions.

HOW IT WORKS

Choose the level of coverage – **$5,000** to **$25,000** that works best for employees and their family members. Actively at work employees, along with their spouse and children can be covered (spouses covered up to 50%, child coverage at 25%).

ManhattanLife™

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

The Hatcher Agency
The Home of Outrageous Service

Critical Illness Insurance

Monthly Premiums

EMPLOYEE						
BENEFIT AMOUNTS	**Issue Age**					
	<30	30-39	40-49	50-59	60-69	70+
$5,000	$6.61	$8.16	$13.06	$21.66	$31.94	$59.58
$10,000	$11.36	$14.41	$24.06	$40.96	$61.19	$115.93
$15,000	$16.11	$20.66	$35.06	$60.26	$90.44	$172.28
$20,000	$20.86	$26.91	$46.06	$79.56	$119.69	$228.63
$25,000	$25.61	$33.16	$57.06	$98.86	$148.94	$284.98
SPOUSE - rate is based off Employee's age						
$2,500	$4.24	$5.04	$7.56	$12.01	$17.32	$31.41
$5,000	$6.61	$8.16	$13.06	$21.66	$31.94	$59.58
$7,500	$8.99	$11.29	$18.56	$31.31	$46.57	$87.76
$10,000	$11.36	$14.41	$24.06	$40.96	$61.19	$115.93
$12,500	$13.74	$17.54	$29.56	$50.61	$75.82	$144.11
Child cost is included with employee election.						

*Benefits reduce by 50% at age 70. 3/12 Pre-existing condition limitation. Spouse's benefit is 50% of the Employee value.

HIGHLIGHTS

- Coverage is portable.
- Rates will not increase as you advance through age brackets.
- No Lifetime Maximum
- Benefits are payable on all covered conditions

GUARANTEE ISSUE AMOUNTS

Valid for groups with 10 - 999 eligible lives:

Employee **$25,000**
Spouse **$12,500**

*All child amounts are guaranteed

ANNUAL WELLNESS BENEFIT

For Employees & Covered Family Members:
This plan pays you **$50** once per year per covered individual for receiving one or more approved covered wellness screenings. See schedule for list of covered procedures.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for Critical Illness Insurance at Disclosure.ManhattanLife.com.

Did someone say gift card?

This is an opportunity worth wagging your tail over.

Figo pet insurance has advantages for pet parents, including:

- Freedom to see any veterinarian for your pet's care
- 24/7 access to live, licensed veterinary professionals via chat or text
- An easy claims process with personalized, caring customer service
- Protection for your pet from the unexpected with coverages for accidents, illnesses and wellness benefits*

Get a quote between Sept. 1 and Dec. 16, 2022, and you will be automatically entered for a chance to win a gift card for a BarkBox or meowbox! Winners will be selected monthly.**

Scan the code with your phone or call **888-246-6918** to request a quote.***

United Healthcare | FIGO

ARKANSAS SURGICAL HOSPITAL
PHYSICIAN OWNED

Because pets are family, too

It's easier to get pet insurance plans now that UnitedHealthcare has teamed up with Figo Pet Insurance.* Choose from customized care plans—designed to help take good care of your dog or cat if unexpected injuries and illnesses occur—including the deductible and reimbursement levels that best meet your needs, as well as optional add-ons like dental coverage.

Advantages for pet parents

- Freedom to see any veterinarian for your pet's care
- 24/7 access to live veterinary professionals
- An easy claims process with personalized, caring customer service
- Direct-deposit reimbursements

United Healthcare | FIGO Underwritten by Independence American Insurance Co.

*Pet insurance policies are underwritten by Independence American Insurance Company (IAIC), a Delaware Insurance Company.

continued

Head-to-tail coverage for your pet

- Surgeries
- Laboratory and diagnostic testing
- Chronic conditions
- Emergency services
- Hospitalization
- Knee conditions (including ACL)*
- Cancer treatments
- Prescription medications
- Laboratory and diagnostic testing
- Non-routine dental (accident only)
- Prosthetic and orthotic devices
- Behavioral
- Rehabilitation
- Hereditary and congenital conditions**
- No upper-age limit on pets
- All breeds included

Powerup coverage***

- Wellness with dental
- Veterinary exam fees**** for accident and illness
- Extra Care Pack
  - Advertising or reward
  - Boarding fees

Customize your plan in 2 steps

1. Choose a plan with the deductible and reimbursement levels that meet your needs
2. Add optional Powerups like wellness with dental coverage

Connect and explore with the Pet Cloud

Be in the know—and know where to go—with the Pet Cloud app, designed to help make pet parenting a breeze with tips, reminders and search tools. You can download it from the **App Store®** or **Google Play®.**

Enroll in Figo today

Scan the code

or

Click here

Questions?
888-246-6918
support@figopetinsurance.com

United Healthcare | FIGO Underwritten by Independence American Insurance Co.

*Orthopedic conditions coverage may be subject to a 6-month waiting period.

**Covered if no signs or symptoms were evident during the waiting period of the plan.

***Powerups are an optional coverage, available to add on for an additional charge.

****Not intended to cover exam fees related to routine, wellness or preventive visits.

Arkansas Surgical Hospital LLC 401(k) plan summary:

Arkansas Surgical Hospital has a Safe Harbor plan. IRS extends maximum contribution to $23,000 for 2024 with catch up of $7,500 for those over age 50.

The hospital will match employee contribution up to 6% of deferral. If an employee contributes 6%, the hospital will match that at 6%. If the employee contributes less than 6%, such as 2%, the hospital will match only 2%. If the employee contributes 10%, the hospital will only match 6%.

Employees may begin deferring their compensation the first of the month, following 3 months of service and 21 years of age. The hospital will begin matching when the employee begins deferring their compensation. Employees are 100% vested in the Arkansas Surgical Hospital LLC 401(k) plan at the time they begin deferring compensation. The 401(k) plan administrator is ERISA Services.

1-870-268-2444
cameron.mccarty@morganstanley.com

FREQUENTLY ASKED QUESTIONS

Q: Who is eligible to receive insurance benefits?
A: Full-time & Part-time Employees are eligible to enroll; after all waiting periods have been met.

Q: When will my insurance go into effect?
A: Any elected coverage will be effective the first day of the month following Date of Hire. So, if your start date is January 5th, your insurance will be effective February 1st.

Q: Can I cancel or make changes to my insurance at any time?
A: Your insurance may be changed if you experience a "qualifying event". Examples of a qualifying event are birth, adoption, marriage, death, divorce, change in work status, or loss of coverage.

Q: When can I make changes to my insurance elections?
A: You can make changes within 30 calendar days of a "qualifying event" or during the designated open enrollment period.

Q: How do I cancel or make changes to my insurance?
A: Please e-mail or call HR and provide the necessary documentation within 30 calendar days from the date of your qualifying event. HR can advise you on the documentation required for your qualifying event.

Q: Who should I contact if I have questions about my benefits?
A: Please e-mail any questions to HR or any of your Hatcher Agency Representatives. Your e-mail will be answered as soon as possible.

Q: How and when can I add or drop a dependent?
A: A dependent can only be added or dropped during an open enrollment period, unless you have an IRS qualifying event (for a listing of qualifying events please the next page).

Q: Can part-time employees carry insurance?
A: Yes.

Q: Do we need referrals to see a specialist under our medical plan?
A: No. UMR does not require any referrals to see an in-network provider. Please note, that some services require prior authorization from UMR. Please see your certificate of coverage for more information.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

Q: How and when do I get my insurance I.D. cards?
A: Your insurance cards are mailed directly to employees address on file from all benefit vendors. Most insurance cards are received within 3-6 weeks of the effective date.

Q: Can I carry dependents on voluntary coverages without carrying them on the medical insurance?
A: Yes. You do not have to carry medical insurance on dependents to carry them on voluntary benefits that are offered for family members. You may carry dependent coverage on any benefit you wish without carrying it on other coverages.

Q: When does the company's annual enrollment take place?
A: **Arkansas Surgical Hospital** annual open enrollment is in early December of each policy year for a January 1st effective date. Employees may make changes to any/all benefit coverages available.

Q: Can my dependents be denied coverage for pre-existing conditions?
A: Beginning as early as 2010, employer-based health plans and newly instated individual health plans will NOT be allowed to deny or exclude coverage for your child dependents (under age 19) due to preexisting health conditions including disabilities. Beginning 2014, these same health plans will NOT be allowed to deny or exclude coverage for any individual.

Q: What are considered qualifying events (make changes to insurance before open enrollments)?
A: There are several life events that qualify for a change in coverage:

• Change in marital status---marriage, death of spouse, divorce, legal separation, or annulment. Note: Proof of event is needed when a change is to be made.
• Change in number of dependents---birth, death, or adoption of a child, or placement of a child for adoption. Note: Proof of event is needed when a change is to be made.
• Change in employment status---commencement or termination of employment, strike or lockout, commencement or return from an unpaid leave of absence, change in work site, or any of these events that may apply to the employee, the employee's spouse, or the employee's dependent(s). Note: the IRS regulation specify that an employee must actually obtain coverage under the spouse's or dependent's plan for the election change to be consistent. The employee's certification that he or she either has or will obtain the coverage is sufficient proof. Note: Proof of event is needed when a change is to be made.
• Change of residence---change in the place of residence of the employee or the employee's spouse or dependent. If, for example, an employee and/or the employee's family move to another town, changing their coverage to a plan that provides coverage in the new location would be necessary. Note: Proof of event is needed when a change is to be made.
• Significant change in coverage---a significant cost increase or reduction in coverage. Under this reason, however, only the election for plan coverage may be change at midyear; medical flexible spending accounts (FSAs) may not be changed midyear on account of changes in cost of coverage. Note: Proof of event is needed when a change is to be made.
• A substantial loss of providers available in a network option may be considered a coverage decrease: however, the loss of a single physician from a network where there are other physicians available in the network and in the geographic area covered by the plan would not be considered a coverage decrease.
• If there is a significant cost decrease for a specific plan, an employee may be allowed to make a change to participate in that plan if he or she is not a current participant. Similarly, if there are significant improvements in the plan, employees may be allowed to make an election to participate.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

CONTACT INFORMATION

Arkansas Surgical Hospital Human Resources Team	
Glenda Hayes 501-748-0050 ghayes@arksurgicalhospital.org	Tina Albright 501-748-8078 talbright@arksurgicalhospital.com

Medical & Pharmacy: UMR

Phone # (800) 826-9781 **800-710-9341**
Website: www.umr.com **support@southernscripts.net**

Dental: Delta Dental

Group # 2410
Phone # (800) 462-5410
Website: www.deltadentalar.com

Vision: Delta Dental

Group # 2410V
Phone # (800) 462-5410
Website: www.deltadentalar.com

Life & Voluntary Life: USAble

Phone # (800) 370-5856
Website: www.usablelife.com

5 Star Term to 121 Life Insurance

Group # 01577
Phone # (866) 863-9753
Website: www.5starlifeinsurance.com

Cancer & Accident: Manhattan Life

Group # 2569
Phone # (800) 845-7519
Website: www.bbadmin.com

Disability: USAble

Phone # (800) 370-5856
Website: www.usablelife.com

FSA Administration & COBRA: CAS

Phone # (877) 941-5956
Website: www.consolidatedadmin.com

401(k) Advisor: Cameron McCarty

Phone # (870) 268-2444
cameron.mccarty@morganstanley.com

To view details regarding the available benefits (SBC, Certificates of Coverage, Claim forms, etc.)
Visit your Hatcher Portal

The Hatcher Agency
The Home of Outrageous Service

The Hatcher Agency is proud to be the insurance broker for the employees at **Arkansas Surgical Hospital.** It is our promise to find you the lowest price each and every year with carriers that are the best in class. In addition to providing you the very best value for your coverage, it is our goal to deliver all of you Outrageous Service. Please feel free to contact any of your representatives shown if you ever have customer service questions in regard to your plan or if we can help you in any way. Our mission is to work for you and help you get the most out of your benefits.

(501) 375-3737 | www.hatcheragency.com