

# SUCCESS

*Your vision.* Made perfectly clear.

2025 Plan Year

## Benefit Guide

Great Hire Inc.

## Required 2025 Hospital Indemnity Notice

### **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

### **Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

### **Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

(2) If participants are required to reenroll (in either paper or electronic form) for purposes of renewal or reissuance of the insurance, the notice described in paragraph (c)(4)(ii)(D)(1) of this section is prominently displayed in any marketing and reenrollment materials provided at or before the time participants are given the opportunity to reenroll in coverage.

(3) If a plan or issuer provides a notice satisfying the requirements in paragraphs (c)(4)(ii)(D)(1) and (2) of this section to a participant, the obligation to provide the notice is considered to be satisfied for both the plan and issuer.

# ELIGIBILITY

## Eligibility for you and your dependents

You are eligible to participate in the group benefit plans if you are an active full-time employee and scheduled to work 30 or more hours per week. Employees are eligible to enroll on the first of the month following 60 days of employment. Certain dependents of eligible team members may be able to enroll in benefits as well. See eligibility rules below.

### Eligible dependents include:

- Your legal spouse [spousal exclusion/surcharge]
- Your natural children, legally adopted children, step-children and children for whom you assume legal guardianship up to age 26
- Children age 26 or older incapable of self-support due to a mental or physical condition incurred prior to age 26. You may be required to complete a Handicapped/Disabled Certification form prior to the child attaining age 26

## Qualifying Life Events

The choices you make during your New Hire period or Annual Open Enrollment period are irrevocable until either the next Annual Open Enrollment period or unless you experience a qualifying life event. Qualifying life events include changes to your legal marital status, giving birth or adopting a child, a change in you or your spouse's employment status or your entitlement to Medicare.

If you anticipate any of these changes, please see Human Resources in advance of the event to verify your right to change plan coverage(s). You must elect your change in benefits within 30 days of the qualified life event. **If you do not notify Human Resources within 30 days of a qualifying event, you will have to wait until the next annual open enrollment period to make benefit changes unless you have another qualifying event.**



Loss of Essential Coverage



Loss of COBRA Benefits



Marriage or Divorce



Permanent Relocation



Birth, adoption or new dependent



Aged off of Parent's Plan



Change in Employment Status



Death in Family



Change in Government Assistance Eligibility

## Medical Insurance – OptionsPlus MEC

|   | OptionsPlus Option 1 | OptionsPlus Option 2                               | OptionsPlus Option 3                               | OptionsPlus Option 4                               |
|---|----------------------|--|--|--|
| Plan Name                                 | WellCare             | OptimaCare   | EliteCare  | EliteCare+National High                            |
| <b>Medical Benefits</b>                   |                      |  |  |  |
| <b>Deductible</b>                         |                      |  |  |  |
| Single/Family                             | N/A                  | N/A  | N/A  | N/A  |
| <b>Out of Pocket Maximum</b>              |                      |  |  |  |
| Single/Family                             | N/A                  | N/A  | N/A  | N/A  |
| <b>Coinsurance Level</b>                  | N/A                  | N/A  | N/A  | N/A  |
| <b>Coinsurance Maximum: Single/Family</b> | N/A                  | N/A  | N/A  | N/A  |
| Primary Care                              | Use Telemedicine     | \$15 Copay Unlimited                               | \$15 copay Unlimited                               | \$15 copay Unlimited                               |
| Sick Office Visits                        | Not Covered          | \$15 Copay Unlimited                               | \$15 copay Unlimited                               | \$15 copay Unlimited                               |
| Specialist                                | Not Covered          | Network Discounts                                  | \$15 copay Unlimited                               | \$15 copay Unlimited                               |
| Urgent Care                               | Not Covered          | \$50 Copay Unlimited                               | \$50 Copay Unlimited                               | \$50 Copay Unlimited                               |
| Emergency Room                            | Not Covered          | Not Covered  | Not Covered  | 2 per Year \$100 per day                           |
| <b>Hospitalization (Indemnity)</b>        |                      |  |  |  |
|   | Not Covered          | Not Covered  | Not Covered  | 1 per Year \$2,500                                 |
| <b>Prescription Drugs</b>                 |                      |  |  |  |
| <b>Deductible</b>                         | N/A                  | N/A  | N/A  | N/A  |
| Tier 1/2/3/4                              | MMA Card             | Tier 1 \$15; Tier 2 \$30; Tier 3 \$50; Tier 4 \$75 | Tier 1 \$15; Tier 2 \$30; Tier 3 \$50; Tier 4 \$75 | Tier 1 \$15; Tier 2 \$30; Tier 3 \$50; Tier 4 \$75 |
| <b>Out of Network</b>                     |                      |  |  |  |
| <b>Deductible</b>                         |                      |  |  |  |
| Single/Family                             | Not Covered          | Not Covered  | Not Covered  | Not Covered  |
| <b>Out of Pocket Maximum</b>              |                      |  |  |  |
| Single/Family                             | Not Covered          | Not Covered  | Not Covered  | Not Covered  |
| <b>Services Overview</b>                  |                      |  |  |  |
| <b>Coinsurance Level</b>                  | Not Covered          | Not Covered  | Not Covered  | Not Covered  |
| <b>Coinsurance Maximum: Single/Family</b> | Not Covered          | Not Covered  | Not Covered  | Not Covered  |
| Primary Care                              | Not Covered          | Not Covered  | Not Covered  | Not Covered  |
| Specialist                                | Not Covered          | Not Covered  | Not Covered  | Not Covered  |
| Urgent Care                               | Not Covered          | Not Covered  | Not Covered  | Not Covered  |
| Emergency Room                            | Not Covered          | Not Covered  | Not Covered  | Not Covered  |
| Hospitalization                           | Not Covered          | Not Covered  | Not Covered  | Not Covered  |
| <b>Prescription Drugs</b>                 |                      |  |  |  |
| <b>Deductible</b>                         | Not Covered          | Not Covered  | Not Covered  | Not Covered  |
| Tier 1/2/3/4                              | Not Covered          | Not Covered  | Not Covered  | Not Covered  |

## Medical Monthly Payroll Deductions

|                  | WellCare       | OptimaCare     | EliteCare      | EliteCare+National High |
|------------------|----------------|----------------|----------------|-------------------------|
|                  | Rate per Month | Rate per Month | Rate per Month | Rate per Month          |
| <b>Employee</b>  | \$49.00        | \$113.00       | \$144.00       | \$194.00                |
| <b>ES and EC</b> | \$89.00        | \$210.00       | \$270.00       | \$389.00 / \$364.00     |
| <b>Family</b>    | \$119.00       | \$310.00       | \$390.00       | \$541.00                |

*This spreadsheet is for illustrative purposes only. Should any discrepancy arise, any such contract supersedes this illustration.*

## Dental Coverage

| Dental Low Plan       |                               |
|-----------------------|-------------------------------|
| Benefit Features      | In-Network Benefit            |
| Preventive Services*  | 90% of Negotiated Fee         |
| Basic Services**      | 70% of Negotiated Fee         |
| Major Services***     | 50% of Negotiated Fee         |
| <b>Deductible</b>     |                               |
| Individual            | \$75                          |
| Family                | \$225                         |
| <b>Annual Maximum</b> | \$1,000 plus Maximum Rollover |
| <b>Orthodontia</b>    | N/A                           |

## Vision Coverage

| Vision Plan 1 (VSP)   |  |
|---|--|
| Coverage Type - Every 12 months                                       | In-Network Benefit   |
| <b>Eye Exams Benefit</b>  | \$10 Copay   |
| <b>Frames Benefit</b>   | \$150 retail max +<br>20% off balance                                  |
| Costco, Walmart, Sam's Club Frame<br>Visions Upgrade Options Included | \$80 retail max<br>Retail Chain Provider                               |
| <b>Lenses Benefit</b>   |  |
| Single Vision   | \$25   |
| Bifocal   | \$25   |
| Trifocal  | \$25   |
| Lenticular  | \$25   |
| <b>Contact Lenses Benefit</b>   |  |
| <i>(In lieu of eyeglass lenses and/or frames)</i>                     |  |
| Medically Necessary   | Covered after copay  |
| Elective Materials  | \$150 max <i>(Copay waived)</i>  |
| Elective Fitting and Evaluation                                       | Included in the Contact<br>Lens Allowance. 15%<br>discount on the fee. |

| Dental Monthly Payroll Deductions |          |
|-----------------------------------|----------|
|                                   | Low Plan |
| Employee                          | \$19.09  |
| Employee + Spouse                 | \$43.77  |
| Employee + Child(ren)             | \$52.66  |
| Family                            | \$72.92  |

| Vision Monthly Payroll Deductions |         |
|-----------------------------------|---------|
|                                   | Plan 1  |
| Employee                          | \$6.64  |
| Employee + Spouse                 | \$13.28 |
| Employee + Child(ren)             | \$11.25 |
| Family                            | \$18.54 |

## Basic Life Insurance

| Basic Term Life / AD&D Options |   |
|--------------------------------|---|
| Benefit Features               | All Eligible Employees  |
| Employee Benefit               | Elections of \$15,000, \$25,000, \$50,000, 1.5X Annual Salary to 250K or 2X Annual Salary to 500K |
| Employee AD&D                  | 100% of Life Benefit to a maximum of \$50,000   |
| Accelerated Life               | 80% of the death benefit, Minimum: \$10,000, Maximum: \$500,000                                   |
| Waiver of Premium              | If disabled, insurance will continue until age 65 or no longer disabled.                          |
| Portability                    | Included with Evidence of Insurability  |
| Seatbelt/Airbag                | Employee: \$10,000/\$15,000   |
| Conversion                     | Included  |

*Note: It is Guardian's intent to match the current rates, but Guardian rates will not be combined and need to be verified prior to sale.*

| Basic Term Life / AD&D Monthly Benefit Cost |        |
|---|--------|
| Basic Life Benefit – 15K                    | \$3.17 |

## Voluntary Life Insurance

| Voluntary Term Life Options |  |
|-----------------------------|--|
| Benefit Features            | All Eligible Employees   |
| Employee Benefit            | \$10,000 to \$500,000 in \$10,000 increments   |
| Employee AD&D               | 100% of Life benefit to \$500,000  |
| Dependent AD&D              | 100% of Life Benefit   |
| Spouse Benefit              | 50% of employee amount, Max: \$250,000   |
| Child Benefit               | \$5,000, \$10,000, not to exceed 100% of Employee's amount   |
| Infant Benefit              | \$500  |
| Dependent Age Limits        | 14 days to 26 years (26 if full time student). Infant Age: Birth to 14 days.<br>Spouse terminates at 70. |
| Accelerated Life            | 75% of the death benefit, Minimum: \$10,000, Maximum: \$250,000  |
| Waiver of Premium           | If disabled, insurance will continue until age 65 or no longer disabled.                                 |
| Portability                 | Included, without Evidence of Insurability   |
| Conversion                  | Included   |
| Seatbelt/Airbag             | Employee: \$10,000/\$15,000, Dependent: \$5,000/\$7,500  |

# Short Term Disability

| Short Term Disability Weekly Rates (Voluntary)<br>Max \$750 per week |         |       |         |
|--|---------|-------|---------|
| Age  | Rate    | Age   | Rate    |
| < 25   | \$0.570 | 45-49 | \$0.502 |
| 25-29  | \$0.570 | 50-54 | \$0.621 |
| 30-34  | \$0.527 | 55-59 | \$0.774 |
| 35-39  | \$0.527 | 60+   | \$0.995 |
| 40-44  | \$0.459 |       |         |

*Rates are per \$10 of weekly benefit.*



# Critical Illness

| BENEFITS  |  |                  |                   |
|---|--|------------------|-------------------|
| All Eligible Employees                            |  |                  |                   |
| <b>Employee Critical Illness Benefit Amounts</b>  | Employee may choose a lump sum benefit of \$5,000 to \$30,000 in increments of \$5,000   |                  |                   |
| <b>Dependent Critical Illness Benefit Amount</b>  | Spouse may choose a lump sum benefit of \$2,500 to \$15,000 in increments of \$2,500 up to 50% of the employee benefit. Child: 50% of Employee benefit   |                  |                   |
| BENEFITS (continued)                              |  |                  |                   |
| All Eligible Employees                            |  |                  |                   |
| <b>Covered Conditions<br/>(lump sum payments)</b> | Condition  | First Occurrence | Second Occurrence |
|   | <b>Cancer</b>  |                  |                   |
|   | Invasive Cancer:   | 100%             | 100%              |
|   | Carcinoma In Situ  | 30%              | 0%                |
|   | Benign Brain Tumor   | 75%              | 0%                |
|   | Skin Cancer  | \$250            | Not Covered       |
|   | <b>Vascular</b>  |                  |                   |
|   | Heart Attack   | 100%             | 50%               |
|   | Stroke   | 100%             | 50%               |
|   | Heart Failure  | 100%             | 50%               |
|   | Coronary Arteriosclerosis  | 30%              | 0%                |
|   | <b>Other</b>   |                  |                   |
|   | Organ Failure  | 100%             | 50%               |
|   | Kidney Failure   | 100%             | 50%               |
|   | Infectious Contagious Disease  | 30%              | 0%                |
| <b>Group 2 Covered Conditions</b>                 | First Occurrence of these additional illnesses: <ul style="list-style-type: none"> <li>• 100% Benefit: ALS (Lou Gehrig's Disease), Coma, Loss of Speech, Sight or Hearing, Parkinson's Disease, Severe Burns</li> <li>• 50% Benefit: Alzheimer's Disease</li> <li>• 30% Benefit: Addison's Disease, Huntington's Disease, Multiple Sclerosis</li> <li>• Permanent Paralysis: 50% for 1 limb, 100% for 2 limbs</li> </ul> |                  |                   |
| <b>Group 3 Childhood Covered Conditions</b>       | 100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, and Type 1 Diabetes.  |                  |                   |
| <b>Wellness Benefit</b>                           | Provides a per year benefit for completing certain routine wellness screenings or procedures (refer to Plan Highlights section for example procedures). Employee \$50; Spouse \$50; Child \$50   |                  |                   |
| <b>Dependent Age Limits</b>                       | 0 days to 26 years (26 if full time student)   |                  |                   |
| <b>Pre-Existing Condition Limitation</b>          | Not applicable   |                  |                   |
| <b>Benefit Reduction (of original amount)</b>     | <u>Age</u>   | <u>Reduction</u> |                   |
|   | 70   | 50%              |                   |



# Critical Illness

| MONTHLY PREMIUM |         |         |         |         |          |          |
|-----------------|---------|---------|---------|---------|----------|----------|
| Employee        |         |         |         |         |          |          |
| Benefit Amounts | <30     | 30-39   | 40-49   | 50-59   | 60-69    | 70+      |
| <b>\$5,000</b>  | \$2.90  | \$4.80  | \$9.00  | \$16.05 | \$23.35  | \$39.50  |
| <b>\$10,000</b> | \$5.80  | \$9.60  | \$18.00 | \$32.10 | \$46.70  | \$79.00  |
| <b>\$15,000</b> | \$8.70  | \$14.40 | \$27.00 | \$48.15 | \$70.05  | \$118.50 |
| <b>\$20,000</b> | \$11.60 | \$19.20 | \$36.00 | \$64.20 | \$93.40  | \$158.00 |
| <b>\$25,000</b> | \$14.50 | \$24.00 | \$45.00 | \$80.25 | \$116.75 | \$197.50 |
| <b>\$30,000</b> | \$17.40 | \$28.80 | \$54.00 | \$96.30 | \$140.10 | \$237.00 |
| Spouse          |         |         |         |         |          |          |
| Benefit Amounts | <30     | 30-39   | 40-49   | 50-59   | 60-69    | 70+      |
| <b>\$2,500</b>  | \$1.45  | \$2.40  | \$4.50  | \$8.03  | \$11.68  | \$19.75  |
| <b>\$5,000</b>  | \$2.90  | \$4.80  | \$9.00  | \$16.05 | \$23.35  | \$39.50  |
| <b>\$7,500</b>  | \$4.35  | \$7.20  | \$13.50 | \$24.08 | \$35.03  | \$59.25  |
| <b>\$10,000</b> | \$5.80  | \$9.60  | \$18.00 | \$32.10 | \$46.70  | \$79.00  |
| <b>\$12,500</b> | \$7.25  | \$12.00 | \$22.50 | \$40.13 | \$58.38  | \$98.75  |
| <b>\$15,000</b> | \$8.70  | \$14.40 | \$27.00 | \$48.15 | \$70.05  | \$118.50 |

|                 |   |
|-----------------|---|
| <b>Premiums</b> | Premiums listed are for Issue Age and will not increase due to an insured aging |
| <b>Spouse</b>   | Spouse rate is based on employee's age bracket.                                 |
| <b>Child</b>    | Child cost is included with employee election.                                  |

| Underwriting Requirements | Employee | Spouse   | Child(ren)                       |
|---------------------------|----------|----------|----------------------------------|
| <b>Guarantee Issue</b>    | \$30,000 | \$15,000 | All child amounts are guaranteed |

# Accident

| BENEFITS   |  |
|--|--|
|  | Plan #1  |
|  | All Eligible Employees   |
| <b>Schedule</b>  | Value Plan   |
| <b>Contribution/Participation</b>  | Voluntary / 2 enrolled employees   |
| <b>Accident Coverage</b>   | Off Job  |
| <b>Accidental Death and Dismemberment</b>                                |  |
| Death Benefit  | Employee: \$10,000<br>Spouse: \$5,000 Child: \$5,000<br>Quadriplegia: 100% of AD&D   |
| Catastrophic Loss  | Loss of speech and hearing (both ears):<br>100% of AD&D<br>Loss of cognitive function: 100% of AD&D Hemiplegia:50% of AD&D Paraplegia:50% of AD&D<br>200% of AD&D<br>200% of Spouse AD&D benefit |
| Common Carrier Common Disaster   |  |
| <b>Dismemberment</b>   |  |
| Hand, Foot, Sight  | Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit   |
| Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot | 25% of AD&D benefit  |
| Seatbelts and Airbags  | Seatbelts: \$10,000 or Seatbelts & Airbags: \$15,000   |
| Reasonable Accommodation to Home or Vehicle                              | \$2,500  |
| <b>Rainy Day Fund</b>  | Benefit Amount: \$300 Rollover Maximum:<br>\$150 Fund Maximum: \$600   |
| <b>Wellness Benefit</b>  | Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures (refer to Plan Highlights section for example procedures).                                     |
| <b>Portability</b>   | Included without Evidence  |
| <b>Child(ren) Age Limits</b>   | Birth to 26 years subject to state limitations   |
| <b>Air Ambulance</b>   | \$750  |
| <b>Ambulance</b>   | \$150  |
| <b>Blood/Plasma/Platelets</b>  | \$300  |
| <b>Burns (2nd Degree/3rd Degree)</b>                                     | 9 sq inches to 18 sq inches: \$0 / \$2,000 18 sq inches to 35 sq inches: \$1,000 / \$4,000<br>Over 35 sq inches: \$3,000 / \$12,000  |
| <b>Burn – Skin Graft</b>   | 50% of burn benefit  |
| <b>Child Organized Sport</b>   | 25% increase to child benefits   |
| <b>Chiropractic Visits</b>   | \$25 per visit up to 6 visits  |

# Accident

| BENEFITS (continued)                                   |  |
|--|--|
|  | Plan #1  |
|  | All Eligible Employees   |
| Coma   | \$7,500  |
| Concussion Baseline Study                              | \$25   |
| Concussions  | \$100  |
| Diagnostic Exam (Major)                                | \$100  |
| Dislocations   | Schedule up to \$3,000   |
| Doctor Follow-Up Visits                                | \$25 up to 6 treatments  |
| Emergency Dental Work                                  | \$200/Crown \$50/Extraction  |
| Emergency Room Treatment                               | \$150  |
| Epidural Anesthesia Pain Management                    | \$100, 2 times per accident  |
| Eye Injury   | \$200  |
| Family Care  | \$20/day up to 30 days   |
| Fractures  | Schedule up to \$4,000   |
| Gun Shot Wound   | \$500  |
| Hospital Admission                                     | \$750  |
| Hospital Confinement                                   | \$150/day – up to 1 year   |
| Hospital ICU Admission                                 | \$1,500  |
| Hospital ICU Confinement                               | \$300/day – up to 15 days  |
| Initial Doctor's Office/Urgent Care Facility Treatment | \$75   |
| Joint Replacement (hip/knee/shoulder)                  | \$1,500/\$750/\$750  |
| Knee Cartilage   | \$250  |
| Laceration   | Schedule up to \$300   |
| Lodging  | \$100/day, up to 30 days for companion hotel stay                        |
| Medical Appliance                                      | Schedule up to \$400   |
| Outpatient Therapies                                   | \$25/day up to 10 days   |
| Post-Traumatic Stress Disorder                         | \$300  |
| Prosthetic Device/Artificial Limb                      | 1: \$250   |
| 2 or more: \$500                                       | 1: \$1,000   |
| 2 or more: \$2,000                                     |  |
| Rehabilitation Unit Confinement                        | \$50/day up to 15 days   |
| Ruptured Disc with Surgical Repair                     | \$250  |
| Surgery (Cranial, Open Abdominal, Thoracic)            | Schedule up to \$1,000 Hernia:\$200                                      |
| Surgery – Exploratory or Arthroscopic                  | \$300  |
| Tendon/Ligament/Rotator Cuff                           | 1: \$250<br>2 or more: \$500   |
| Transportation   | \$0.50 per mile, limited to \$400/round trip, up to 3 times per accident |
| Traumatic Brain Injury                                 | \$3,000  |
| X-Ray  | \$30   |

# Accident

| MONTHLY RATES     |         |
|-------------------|---------|
|                   | Plan #1 |
| Employee          | \$7.07  |
| Employee & Spouse | \$11.99 |
| Employee & Child  | \$12.90 |
| Family            | \$17.82 |



*This spreadsheet is for illustrative purposes only. Should any discrepancy arise, any such contract supersedes this illustration.*

# Hospital Indemnity

## MONTHLY RATES

|              | Employee Only | Employee & Spouse | Employee & Children | Full Family |
|--------------|---------------|-------------------|---------------------|-------------|
| <b>Rates</b> | \$13.80       | \$27.59           | \$23.01             | \$36.80     |

## BENEFITS

|                                      | All Eligible Employees  |
|--------------------------------------|---|
| <b>Hospital/ICU Admission</b>        | \$1000 per admission to a max of 2 admissions per year, per insured   |
| <b>Hospital/ICU Confinement</b>      | \$100 / \$200 per day to a max of 30 days per year, per insured   |
| <b>Health Screenings</b>             | \$50 per day of screening to a max of 1 day per year, per insured   |
| <b>Dependent Age Limits</b>          | Child Birth to 26 years (26 if full time student)   |
| <b>Treatments Covered</b>            | Sickness and Injury   |
| <b>Treatment of Normal Pregnancy</b> | Hospital Admission benefits are not payable for birth within first 9 months of coverage. See Plan Limitations & Exclusions section below for details. |



*\*This communication represents a brief summary of the various benefits available to you and is provided for reference only. The actual policies issued by the Insurance Carrier determine coverage and contain exclusions, limitations, full coverage terms, conditions and requirements. Any notices included in this document do not replace an Employer's requirement for communication.*