



# Your 2023 Employee Benefits Guide

*prepared by*

*B*  
**BILL C. BROWN ASSOCIATES**



*A promise to serve.*

# Medical Schedule of Benefits

*Big Red Liquors/Cap N' Cork/Vine & Table*



Effective 10/1/2022

	 <b>Anthem HSA Option</b>	 <b>Anthem PPO Option</b>
<b>Medical Benefits</b>		
Calendar Year Deductible: (Individual/Family) <i>In-Network</i> <i>Out-of-Network</i>	\$5,000 / \$10,000 \$10,000 / \$20,000	\$5,000 / \$10,000 \$10,000 / \$20,000
Coinsurance: <i>In-Network</i> <i>Out-of-Network</i>	100 / 0 70 / 30	80 / 20 50 / 50
Out of Pocket Maximum: (Individual/Family) <i>In-Network</i> <i>Out-of-Network</i>	\$6,550 / \$13,100 \$20,000 / \$40,000	\$7,150 / \$14,300 \$20,000 / \$40,000
Office Visit Copay (PCP/SCP) <i>Copay does not apply toward the deductible</i>	Deductible	\$15 / \$50
Emergency Services <i>Urgent Care</i> <i>Emergency Room</i>	Deductible Deductible	\$50 \$300 + 20% Coinsurance
Preventive Care	100% of Eligible Charges	100% of Eligible Charges
Hospital Services: <i>Inpatient</i> <i>Outpatient</i>	Deductible Deductible	Deductible + Coinsurance Deductible + Coinsurance
Behavior Health <i>Inpatient</i> <i>Outpatient</i>	Deductible Deductible	Deductible + Coinsurance \$15
Prescription Drug Card: <i>Retail – 30 day supply (Generic/Formulary/Brand)</i> <i>Mail Order – 90 day supply (Generic/Formulary Brand)</i> <i>Bio-Tech</i>	<b>Deductible Must Be Met 1st</b> \$10 / \$35 / \$60 \$25 / \$88 / \$150 25% up to \$350 max per script	\$10 / \$35 / \$60 \$25 / \$88 / \$150 25% up to \$150 max per script
Lifetime Benefit Maximum	Unlimited	Unlimited



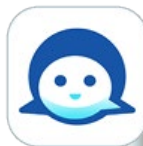
## Employee Medical Rates Per Pay

### HSA Option

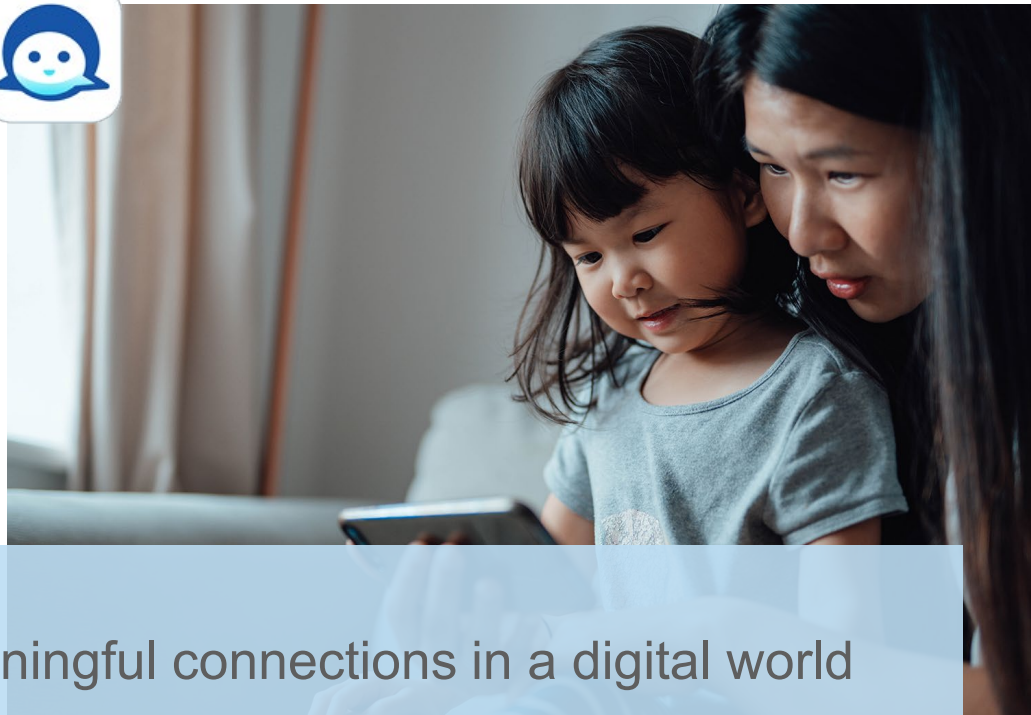
Employee Only	\$59.29
Employee/Spouse	\$396.99
Employee/Child	\$246.33
Family	\$578.84

### PPO Option

Employee Only	\$69.46
Employee/Spouse	\$508.83
Employee/Child	\$312.81
Family	\$745.42



# Sydney Health: a more personalized healthcare experience



Making meaningful connections in a digital world

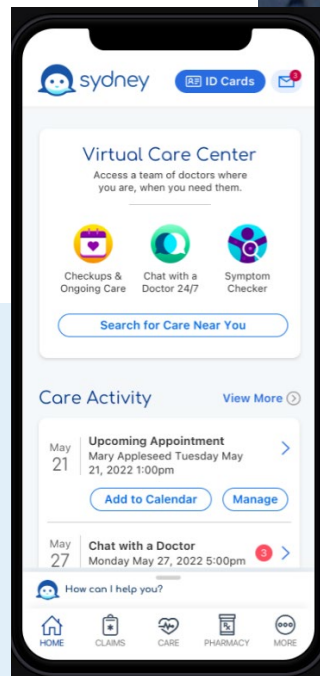


# Sydney Health mobile app

Download Sydney Health and register on the app to take full advantage of your Anthem plan.

Use it to:

- Find care and check costs.
- See all benefits.
- View claims and payment information.
- View and use digital ID cards.
- Get answers quickly with the interactive chat feature.
- Access virtual care.
- Access wellness resources and rewards.
- Sync with your fitness tracker.
- Reach Member Services for support.



# My Health Dashboard: empowering healthy habits

My Health Dashboard offers your employees targeted information for their specific needs. With this feature, they can access:



Action plans.



Links to personal wellness trackers, including our exclusive Nutrition Tracker.



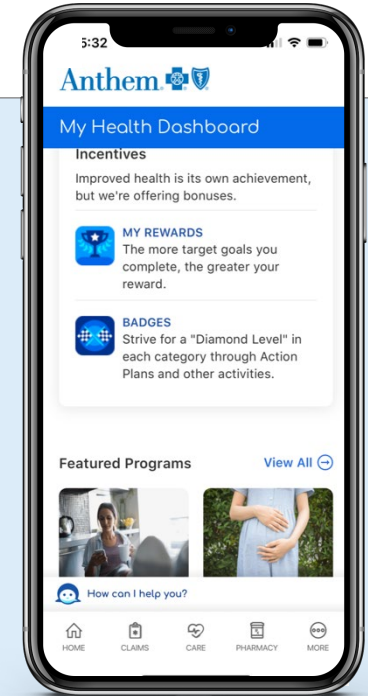
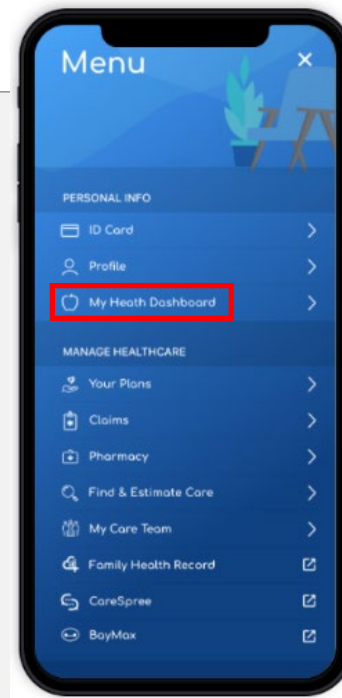
Incentives, Smart Rewards, and badges.



Personalized, smarter care programs.



Health news.

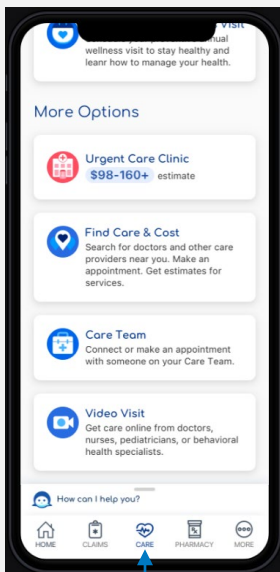


# Find Care: making meaningful connections

Your employees can find providers, resolve health issues, and bridge care gaps

## Our experience is differentiated by:

- Our patented Personalized Match, which sorts search results for the optimal provider and guides members to high-quality, cost-effective care.
- Cost transparency on over 700 different shoppable procedures, as well as common office visits.
- The advancement of digital-first and virtual care options, helping members find the right care wherever they are.

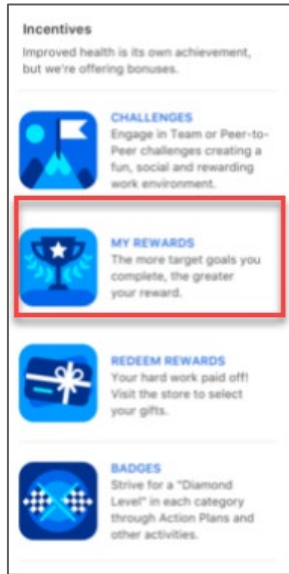
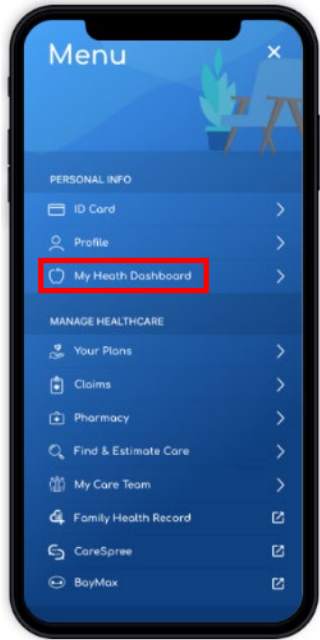


## Every Find Care interaction is an opportunity to help your employees:

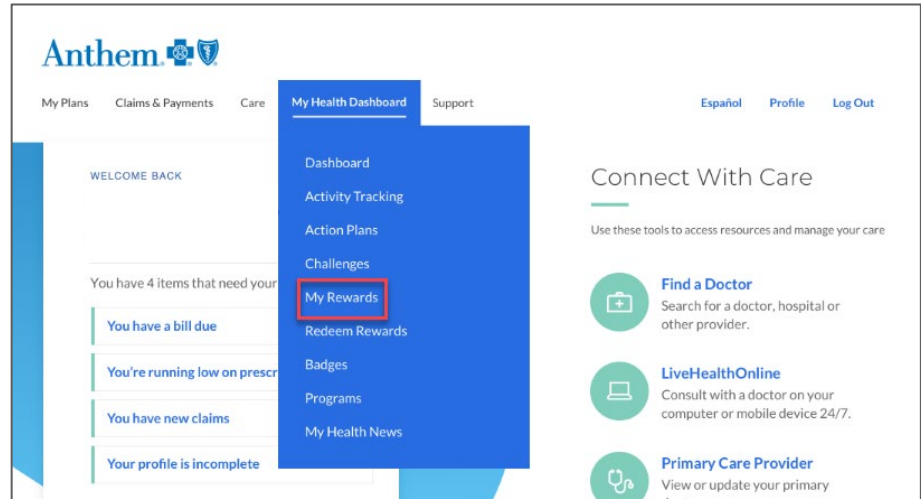
- Connect with a primary care physician and care team.
- Close care gaps with personalized recommendations driven by their interactions and data.
- Learn about care alternatives, ways to save, and smarter care programs.

# Accessing My Rewards

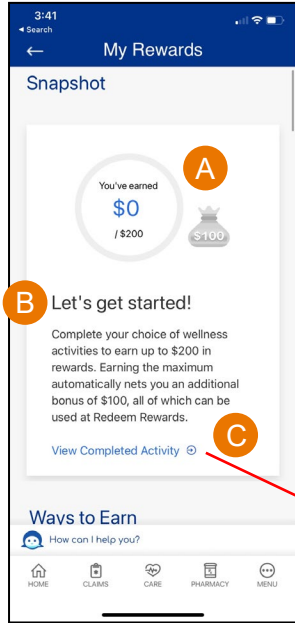
Sydney Health<sup>SM</sup>



anthem.com



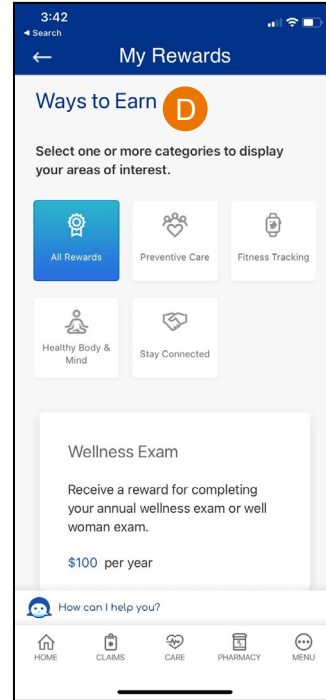
# Viewing My Rewards



**View Completed Activity**

IMPORTANT: Activities can take up to 60 days to display below.

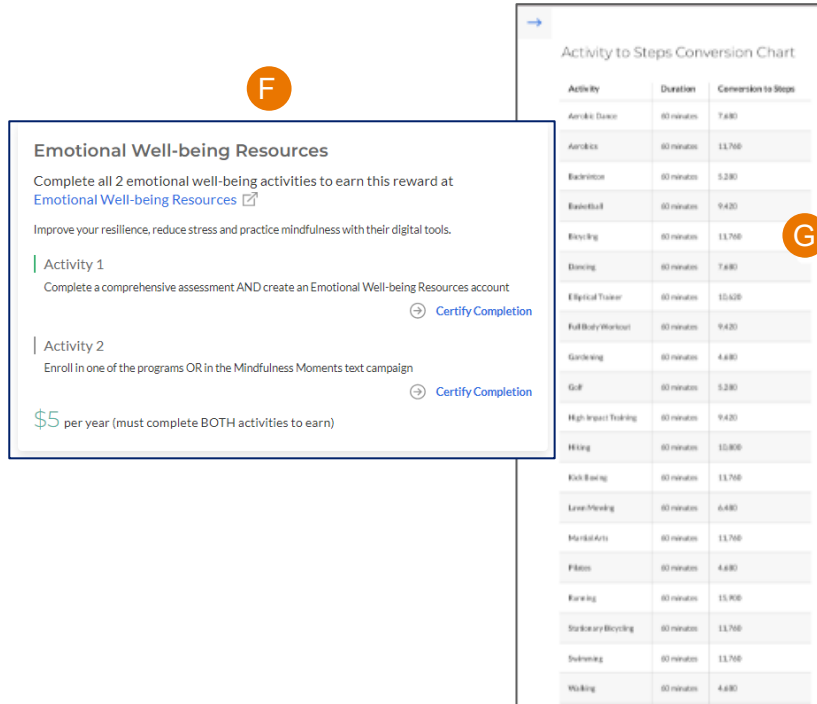
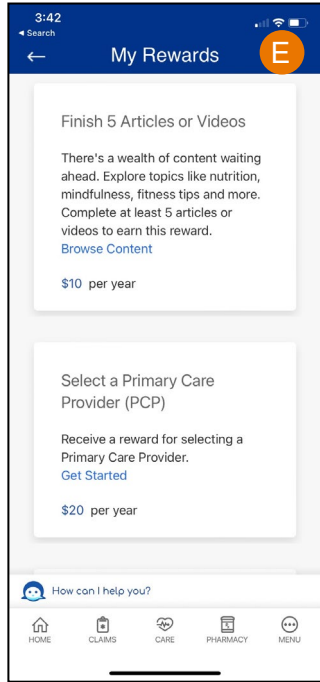
Activity	Date	Credit
Health Assessment	Jan. 1, 2021	\$0
Flu Shot	Jan. 4, 2021	\$100
Financial Fitness Novice	Apr. 11, 2021	\$25



- A** Snapshot of progress towards maximum incentive available.
- B** Engagement messaging – changes four times based on progress.
- C** Track completed activity.
- D** New filter to allow members to focus on items of interest. Member can select one or more categories. The page refreshes with incentives chosen and defaults to **See All Rewards**.



# Viewing My Rewards



**E** List of incentives by package purchased by client to include header, short description, amount, and term.

**F** New layout to include visual progression and clarity regarding incentive participation.

**G** Activity to step conversion chart so members can easily select fitness activities.






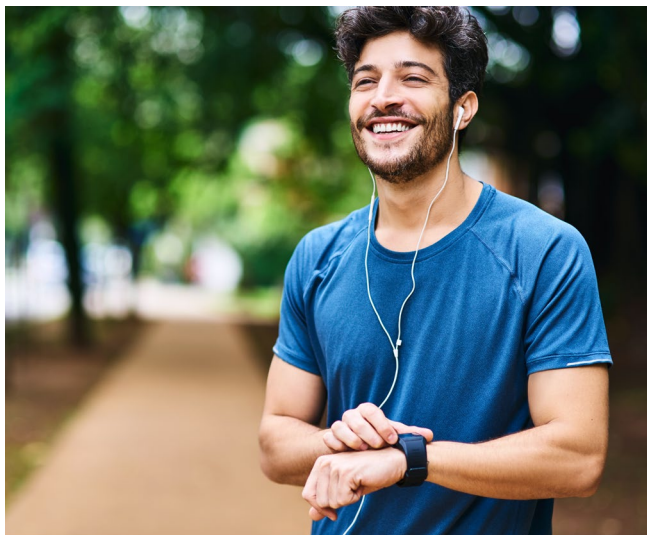
**GOOD HEALTH IS WORTH IT**

## Focus on your well-being and earn rewards up to \$200

The more activities you complete, the greater your reward.

Your whole health matters, and we want to reward you for taking care of it. The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the Wellbeing Solutions activities listed below sponsored by your employer, you'll earn rewards to put toward electronic gift cards for select retailers or an account deposit depending on what your employer has chosen for rewards. You choose the activities you'd like to complete to receive the maximum of \$200 in rewards. Don't wait, use your Sydney App or Anthem.com and go to *My Health Dashboard*, select My Rewards to learn more.

Activity type	Activities	Amount
 <p><b>Preventive care measures</b></p> <p><b>How you earn:</b> Receive your reward when claims are processed</p>	Complete an annual preventive wellness exam or well woman exam with your doctor	\$25
	Get an annual cholesterol test <sup>1</sup>	\$20
	Complete a colorectal cancer screening (45 years and older)	\$25
	Complete a routine mammogram (women 40 to 74)	\$25
	Have an annual eye exam <sup>2</sup>	\$25
	Get an annual flu shot	\$20
 <p><b>Condition management programs</b></p> <p><b>How you earn:</b> Reach certain benchmarks or complete a program</p>	ConditionCare program: Work one-on-one with your health coach for a chronic condition and earn rewards for participating in and completing the program <sup>3</sup>	Up to \$50 (\$20 participation/\$30 completion)
	Future Moms program: Moms-to-be can receive support from a registered nurse and earn rewards for completing initial, interim, and postpartum assessments <sup>4</sup>	Up to \$40 (\$20 initial/\$10 interim/\$10 postpartum assessments)
	Wellbeing Coach Telephonic – Weight Management Program: Receive one-on-one support and lifestyle coaching for weight management. Complete your goal to earn a reward <sup>5</sup>	\$25
	Wellbeing Coach Telephonic – Tobacco Cessation Program: Receive one-on-one support and lifestyle coaching for tobacco cessation. Complete your goal to earn a reward <sup>6</sup>	\$25
 <p><b>Digital Wellness activities</b></p> <p><b>How you earn:</b> Complete activities in the Sydney Health<sup>SM</sup> app or on anthem.com</p>	Log in to your Anthem account	\$5
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$20
	Complete action plans around eating healthy, weight management, physical activity, and more	Up to \$25 (\$5 per action plan)
	Track your steps	Up to \$60 (\$2 per 50,000 steps tracked)
	Complete Well-being Coach Digital daily mission check-ins <sup>7</sup>	Up to \$20 (\$4 per milestone)
Update your contact information	\$10	



## Well-being Coach can help you meet your goals

Well-being Coach offers multiple options to help you meet your health goals. Our digital coaching app offers personalized 24/7 support on the go. Well-being Coach combines smart technology and proven behavioral therapy techniques to help you maintain a healthy weight, quit tobacco, and improve your nutrition, activity, mindfulness and sleep. Well-being Coach is powered by Lark and accessible from the Sydney Health app.

If you prefer a helping hand and would like additional support meeting your health goals for weight management and tobacco cessation, Well-being Coach gives you access to a certified health coach by phone. You and your health coach will identify healthy habits and develop custom action plans to achieve your health goals. No matter how you connect, you can earn rewards with Well-being Coach.

## How to redeem your rewards

When you're ready to redeem your rewards, go to [anthem.com](https://www.anthem.com) or open the Sydney Health app. Then go to *My Health Dashboard*, select **Redeem Rewards**, and use your rewards credit toward an electronic gift card.

You choose from popular retailers including MasterCard, Amazon, Bed Bath & Beyond, Gap (all brands), Staples, Target, The Home Depot, and TJ Maxx. The minimum gift card amount is set by each individual retailer.

Log on to [anthem.com](https://www.anthem.com) or open the Sydney Health app anytime to explore the electronic gift card options available to you.

If you'd like more information about any of the Wellbeing Solutions activities, call the Member Services number on the back of your ID card

1 Annual cholesterol test eligibility: men 35 years and older, women 40 years and older with a full cholesterol (Lipid) panel

2 Routine Annual eye exam reward is available if employer provides vision coverage through Anthem.

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in 1 of 5 ConditionCare programs and completion for 1 of 5 ConditionCare programs: (Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), Asthma, Diabetes, and Congestive Heart Failure (CHF).

4 Future Moms assessments completion dates: Initial assessment must be completed by day 97; Interim assessment must be completed by 1 day prior to delivery; Postpartum Assessment must be completed by 56 days after delivery.

5 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a BMI of 30 or higher.

6 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.

7 Members may earn rewards for completing quarterly Well-being Coach Digital milestones while logging daily mission check-in activities on the digital coaching app. The digital coaching app download is available using Sydney Health or [anthem.com](https://www.anthem.com). Well-being Coach Digital is provided by Lark Health.

All preventive care activities are claims-based. Medical waivers apply to all claim-based activities.

Rewards eligibility applies to only employees and their spouse/domestic partner. Members must be active on the plan and activity must take place during the plan effective year. It may take a little time once you complete a wellness activity before you see the reward amount in your account.

Subscriber and spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim. Anthem claims are required for claims-based activity rewards and may take up to 60 days to adjudicate.

Product availability may vary. The reward amount redeemed may be considered income to you and/or your spouse/domestic partner and subject to state and federal taxes in the tax year it is paid. You and/or your spouse/domestic partner should consult a tax expert with any question regarding tax obligations.

The list of retailers available for electronic gift card rewards redemption is subject to change. Open the Sydney Health app or log on to [anthem.com](https://www.anthem.com) or to explore the electronic gift card options available to you.

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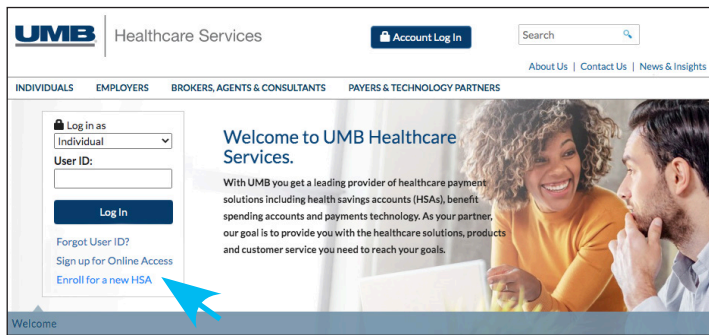


# UMB HSA Online Enrollment Guide

## Before you start, make sure you have the following required information available:

- Your physical address (you must have a physical address to open the account, but you may also enter a P.O. Box in “mailing address”), phone number, email address
- Your Date of Birth and Social Security number
- DOB & SS# for your spouse and/or dependents (age 18 or older) if requesting additional debit cards
- Employer verification code and program start date, provided by your employer

**Note:** You will not choose your beneficiary during enrollment. You will do this the first time you log on to your HSA.



## Follow the six-step online enrollment process:

### STEP 1: Enrollment Verification Number

Use the unique link provided by your employer, which will take you to Step 2, or go to **HSA.UMB.com** and click on “**Enroll for a new HSA**” and enter Enrollment Verification # provided by your employer.

### STEP 2: Eligibility Requirements

Before proceeding, you will be prompted to confirm your eligibility to enroll in an HSA. This confirmation is performed by asking a series of questions. If you answer correctly based on the IRS requirements for eligibility, you will be able to proceed to Step 3.

### STEP 3: Account Owner Personal Information

This step contains “sub-screens” that will capture all your personal information, verify your email address (UMB will send a code to your email), and allow you to input additional cardholders, if desired (spouse and/or dependents). **Note:** you must input a physical address to open your HSA or you will get an error message.

### STEP 4: Review and Consent to Disclosures

In this step you will be required to open the disclosure documents and consent before you can continue. The documents will open in PDF format.

### STEP 5: Verify & Submit Enrollment Information

You will be given a final opportunity to review all the information you typed in before your enrollment is transmitted to UMB for CIP review (Customer Identification Program, as required by Section 326 of the USA PATRIOT ACT, and UMB’s CIP policy).

### STEP 6: Confirmation

Based on the results during the session, you will get one of the following screens:

#### Complete Enrollment

The account is created (IF YOU GET THIS SCREEN, NO ADDITIONAL DOCUMENTATION IS REQUIRED).

#### Incomplete Enrollment

A message will appear indicating that UMB needs additional documentation from you (a copy of your social security card and driver’s license) before we can open your account. The message provides three options (request a secure email link, fax or U.S. mail) for sending documentation copies to UMB.

**Note:** Your account will not be opened during this session. Your account will remain in pending status and unable to accept contributions until UMB receives the requested documentation and opens your account manually.



Once you have completed enrollment, within 5-7 business days you will receive two envelopes in the mail:

1. Your welcome letter with your account number, log on instructions, and additional information about your UMB HSA
2. HSA debit card including additional cards you ordered during your online enrollment session.

**Once you receive your welcome letter, you may set up your online access, log in to your account and choose your beneficiary(s).**

For questions or more information call 1.866.520.4HSA (4472).

# Pay for Qualified Medical Expenses Tax-Free!\*

Your UMB Health Savings Account (HSA) is a versatile tool that allows you to decide whether to spend your money to pay for current qualified medical expenses or save your money and allow your HSA to grow for future qualified medical expenses and even retirement!

UMB offers 3 convenient ways for you to spend the money in your HSA:

- 1. UMB HSA Visa® debit card-** For expenses such as prescriptions and over-the-counter items, you no longer have to use cash, checks or credit cards, or wait to be reimbursed for out-of-pocket expenses. Instead, you simply pull out your UMB HSA Visa debit card or access your card using digital wallet (includes: Apple Pay, Samsung Pay, Garmin Pay and FitBit Pay) pay—and go. Your total purchase on the card is deducted from your HSA.
- 2. HSA Online Bill Pay-** For other types of expenses such as doctor’s visits or hospitalization, you may need to pay your portion of the medical bill after you receive your Explanation of Benefits from your insurance provider. In these instances, you may pay with your UMB HSA Visa® debit card OR HSA Bill Pay. With Bill Pay, UMB will send a check directly to your provider from your HSA.
- 3. HSA Online Reimbursement-** When you must use cash or another form of payment such as a personal credit card to pay for qualified expenses, you can easily reimburse yourself by using UMB’s online banking feature, “Request a Reimbursement”. Based on your direction, UMB will transfer funds from your HSA to your checking/savings account.

Qualified medical expenses are defined by IRS Code, Section 213(d) and include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease for the purpose of affecting any structure or function of the body.

## Qualified Medical Expenses\*\*

- Acupuncture
- Alcoholism treatment
- Ambulance service
- Annual physical examination
- Artificial Limb
- Artificial Teeth
- Bandages
- Body Scan
- Braille books and magazines (partial cost)
- Breast Reconstruction Surgery following a mastectomy
- Capital expenses for special equipment installed in home for main purpose of medical care (ex: support bars, exit ramps, lowering of cabinets)
- Car special equipment for disabilities
- Chiropractor
- Christian Science Practitioner
- COBRA premiums
- Contact lenses and supplies
- COVID-19 Testing and Treatment
- Crutches
- Dental treatments (ex. cleanings, fluoride treatments, x-rays, fillings, extractions)
- Dentures
- Diagnostic devices (ex. blood sugar test kit)
- Doctor’s visits
- Drug Addiction treatment
- Eye Exam
- Eyeglasses
- Eye surgery (including laser vision correction surgery)
- Fertility procedures
- Guide dog or other service animal
- Health plan premiums during a period in which you are receiving government unemployment compensation
- Hospital Services
- Insulin and Supplies
- Laboratory Fees
- Long Term Care insurance premiums
- Medicare Part A, B, C, or D
- Menstrual products (pads and tampons)
- Nursing home (non-custodial)
- Nursing services
- Operations
- Optometrist
- Orthodontia (braces)
- Over-the-Counter Medicines and Supplies
- Oxygen and equipment
- Personal Protective Equipment (masks, hand sanitizer)
- Pregnancy Test Kit
- Pre-natal vitamins
- Prescription medication
- Psychiatric care
- Psychologist Special home for intellectually and developmentally disabled
- Special Education

*Continued*

## Qualified Medical Expenses\*\*

- Stop-Smoking programs
- Telephone and Television for hearing impaired
- Therapy
- Transplant (ex: heart, kidney)
- Transportation for medical care
- Vasectomy and sterilization
- Wheelchair
- X-rays

## Non-Qualified Expenses\*\*

Expenses for items that are merely beneficial to the general health of an individual are not considered qualified expenses. If you use your HSA to pay for expenses that are not qualified you will have to pay income tax and a 20 percent penalty on the non-qualified purchase amount. Below are some examples of non-qualified expenses:

- Childcare for normal, healthy baby
- Controlled substances that violate federal law
- Cosmetic dentistry
- Cosmetic surgery
- Dancing lessons
- Electrolysis
- Funeral expenses
- Hair transplant
- Health club dues
- Household help
- Late Charges
- Maternity clothes
- Nutritional supplements and vitamins
- Swimming lessons
- Teeth Whitening
- Vacation
- Veterinary Fees

### Documentation of Qualified Medical Expenses

The IRS requires that you keep itemized receipts to document your qualified withdrawals. Those receipts must include the date of service and the type of expense. Use UMB's ReceiptVault to store and organize receipts online for qualified healthcare expenses. Bankcard statements and estimates of expenses are not permitted.

### Whose expenses are qualified?

Your qualified tax-free HSA\* withdrawals may be for expenses incurred by you, your spouse or your eligible dependents (Section 152 of the federal tax code), regardless of whether or not they are covered under your health plan.

### When are expenses qualified?

Your expenses are qualified when they are incurred after your HSA is established. Then, even if you lose eligibility to make contributions to your HSA, you may still spend the money you have accrued in your HSA to pay for qualified medical expenses, tax-free.\*

### Questions?

Contact your helpful UMB Healthcare Services customer support agent at 866.520.4HSA (4472), or visit us at [hsa.umb.com](http://hsa.umb.com).

INVESTMENTS IN SECURITIES THROUGH UMB HSA SAVER ARE: NOT FDIC-INSURED · MAY LOSE VALUE · NO BANK GUARANTEE

*NOTE: HSA funds used to pay for non-qualified medical expenses are subject to income taxes on the amount and a possible additional 20% penalty, if you're under age 65.*

*\*All mention of taxes is made in reference to federal tax law. State taxes may vary, consult your tax adviser for details.*

*\*\*The list provides examples of eligible and ineligible medical expenses. This list is not all-inclusive. Remember, the IRS may modify its list of eligible expenses from time to time. For additional details on what qualifies or doesn't qualify as a medical expense, contact your tax professional or see IRS tax publication 502: Medical and Dental Expenses on the web at <http://www.irs.gov/publications>.*

# Saving and Spending Health Savings Account Dollars

Making the most of your health savings account (HSA) means finding the right balance of saving and spending that works for you and your family right now and when life changes.

## Your Account Grows in Three Ways

### 1. CONTRIBUTIONS

You can contribute to your account in two ways.

- **Payroll deductions.**
- **Direct contributions:** either by an electronic funds transfer from a personal account or by mailing in a personal check along with a contribution form. Friends and family members are also allowed to make contributions to your HSA on your behalf.

Your employer may provide funding to your account, too. Keep in mind that any contributions your employer makes cannot be deducted on your tax return. Employer contributions are not considered taxable income, so you don't pay taxes on them.

All contributions—yours, your employer's, friends' or family—count toward the annual maximum set by the IRS.

Contribution Limits		
	Individual	Family
2023	\$3,850	\$7,750
2024	\$4,150	\$8,300

If you are age 55 or older, you may contribute an additional \$1,000.



### 2. INTEREST AND INVESTMENT EARNINGS

If you hold a balance in your HSA, your account will grow faster to the extent that interest or earnings are credited and remain in the account. Interest can be accrued daily and paid monthly. Any balance above \$1,000 can be invested in UMB HSA Saver.<sup>1</sup> Go to [HSA.UMB.com](https://HSA.UMB.com) for more details on current interest rates and how investment options work.

### 3. TAX SAVINGS

Your account is completely tax-free,<sup>2</sup> as long as you use your funds to pay for qualified medical expenses.

- **Tax-free deposits.** Whether or not you itemize deductions on your income tax return, your HSA contributions are deductible—up to the IRS annual limit.
- **Tax-free earnings.** Your interest and any investment earnings grow tax-free.
- **Tax-free withdrawals.** The money you withdraw—today or in the future—to pay for eligible medical expenses isn't subject to taxes. That's different from a 401(k) or similar retirement plans, which are taxed when you withdraw funds.

**NOTE:** If you use your HSA funds to pay for goods or services that aren't qualified medical expenses, you are responsible for reporting that to the IRS, paying income taxes on the amount and a 20% penalty if you are under age 65.

INVESTMENTS IN SECURITIES THROUGH UMB HSA SAVER ARE: NOT FDIC-INSURED · MAY LOSE VALUE · NO BANK GUARANTEE

<sup>1,2</sup> See reverse side for important disclosure information.




# Spending Your Money

When you have a medical bill, you have a decision to make. Spend your HSA dollars? Or let your balance keep growing? Since your HSA is like a personal banking account, check that you have enough money in your account to cover a bill before you pay it. Don't have enough saved up? Pay your bill out of pocket. Then, if you still want to use your HSA dollars, you can reimburse yourself no matter when you incurred the expense.

When you are ready to pay a bill, follow these three steps:

- 1. Check if it's eligible.** Since your HSA is supposed to work together with your high-deductible plan, qualified eligible expenses for your HSA are typically the same bills that count toward your deductible, plus medicines, certain premiums, and some vision and dental costs. A full list of qualified expenses can be found in IRS Publication 502 at [www.irs.gov](http://www.irs.gov).
- 2. Choose a payment method.** Here are some guidelines:

Your debit card is sent to you once you open your account. You can request up to four additional cards at no charge. The expenses must be incurred for you, your spouse, or your eligible dependents.

When?	Pay your Bill with:
<b>At the pharmacy.</b> Swipe your debit card like any other credit card when you purchase prescription drugs at a network pharmacy or access your card using your digital wallet. Your pharmacist can typically calculate your cost, including whether or not you've met your deductible, right at the time of your purchase. Also use for vision or dental care.	Debit Card/Digital Wallet (ApplePay, Samsung Pay, Garmin Pay, FitBit Pay) 
<b>After you get a bill from a network provider.</b> Wait for your claim to be processed so that you get the network savings and deductible credit applied to your doctor or hospital bill before you pay. Then you can give your HSA debit card number. If your provider won't accept a debit card payment, log into your account on <a href="http://HSA.UMB.com">HSA.UMB.com</a> to have a check sent directly to your provider. Pay for your long-term care premiums this way, too.	Debit Card or Online Bill Pay 
<b>After you've paid in full to see an out-of-network provider.</b> Some providers may require payment at the time of service. And your total bill may vary depending on whether or not you've met your deductible. Once you are logged into your account on <a href="http://HSA.UMB.com">HSA.UMB.com</a> , follow the instructions to "Request a Reimbursement."	Online Reimbursement 

- 3. Save your receipts.** The IRS may request that you show proof of how you used your tax-free money. Use UMB's ReceiptVault to store and organize receipts online for qualified healthcare expenses. If you use your HSA funds to pay for goods or services that aren't qualified medical expenses, you are responsible for reporting that to the IRS, paying income taxes on the amount and possibly an additional 20% penalty.

For more information about health savings accounts, see IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans.

INVESTMENTS IN SECURITIES THROUGH UMB HSA SAVER ARE: NOT FDIC-INSURED · MAY LOSE VALUE · NO BANK GUARANTEE

<sup>1</sup> UMB Investment Management selects mutual funds in various asset classes for inclusion in the UMB HSA Saver Investment Program. UMB Investment Management and UMB Custody Services are departments of UMB Bank, n.a. UMB Bank, n.a. is a wholly owned subsidiary of UMB Financial Corporation.

UMB Custody Services provides safekeeping and settlement of the mutual fund investments in the UMB HSA Saver® investment program.

<sup>2</sup> All mention of taxes is made in reference to federal tax law. States can choose to follow the federal tax-treatment guidelines for HSAs or establish their own; some states tax HSA contributions. Please check with each state's tax laws to determine the tax treatment of HSA contributions, or consult your tax adviser. Neither UMB Bank, n.a., nor its parent, subsidiaries, or affiliates are engaged in rendering tax or legal advice and this document is not intended as tax or legal advice.



Dear Employees:

We are excited to tell you about a great benefit your company is offering to its employees. It's called a Section 125 Cafeteria Plan or Flexible Benefits Plan. By using the Flexible Spending Account (FSA) available through the plan, you can save a great deal of money. The savings is achieved by not paying taxes on the amount you put into your account for health care and dependent care expenses.

Your Flexible Benefits Plan includes these components:

**Health Care Spending Account** – pre-tax dollars set aside to cover out-of-pocket medical expenses not covered by your plan.

**Limited Flexible Spending Account** – pre-tax dollars set aside to cover out-of-pocket expenses not covered by your dental, vision or post deductible expenses and preventive care

**Dependent Care Spending Account** – pre-tax dollars that can be used to pay for day care for tax dependents.

**Premium Conversion** – allows you to have your benefit premiums deducted pretax from payroll.

Here's how it works. Each payroll, your company places the amount you designate from your pay into your personal health and/or dependent care spending accounts. The money – which is put aside without being taxed – is earmarked for out-of-pocket expenses. Those expenses might include your day care bill, a co-pay for a visit to the doctor or a prescription.

The money you can save by using your FSA can be significant. For example, Employee A earns \$1,700 per month. She elects to place \$60 in her Health FSA, \$260 in her Dependent Care FSA and also has her \$50 health plan contribution taken out before tax each month. By taking care of these necessary expenses on a pre-tax basis, she could save over \$100 in taxes per month, money she will surely be happy to spend elsewhere.

Every employee's situation is a little different, but there is a reason this plan is called a Flexible Benefits Plan. It can be used to suit your needs and will save you money.

Participation is easy. Just review the enrollment materials provided for all the rules, calculate your expenses to determine your annual election, fill out the enrollment form and start saving.

If you have questions about your plan, please contact your HR representative.

**FSA worksheet**  
Estimated unreimbursed health care expenses

<b>Medical</b>	Annual amount	<b>Dependent Day Care</b>	Annual amount
Deductible	_____	(necessary for you and your spouse to work)	
Coinsurance payment	_____	After-school care	_____
Contraceptives	_____	Care of other dependents	_____
Doctor's office visits	_____	Child care/day care center	_____
Immunizations	_____	Child care in home	_____
Insulin	_____	Preschool	_____
Laboratory tests	_____		
Other expenses	_____	<b>TOTAL<sup>2</sup></b>	_____
Over-the-counter medicine <sup>1</sup>	_____		
Physicals/annual checkups	_____		
Prescription drugs	_____		
Splints, supports, corrective devices	_____		
Therapy treatments (medical reasons only)	_____		
Well-baby care	_____		
<b>SUBTOTAL</b>	_____		
<b>Dental</b>			
Deductible	_____		
Coinsurance payment	_____		
Cleaning Dentures	_____		
Fillings/crowns/bridges	_____		
Fluoride treatments	_____		
Orthodontia (based on expenses incurred for upcoming plan year)	_____		
X-rays	_____		
<b>SUBTOTAL</b>	_____		
<b>Vision</b>			
Deductible	_____		
Coinsurance payment	_____		
Contact lenses and solutions	_____		
Examinations	_____		
Frames	_____		
Laser eye surgery	_____		
Lenses	_____		
<b>SUBTOTAL</b>	_____		
<b>TOTAL</b>	_____		

Unreimbursed health care expenses cannot exceed your plan's maximum.

NOTE: any coordination of benefits with another group plan may reduce your out-of-pocket expenses.

<sup>1</sup>Effective January 1, 2011, over-the-counter medicines or drugs are not eligible for reimbursement under Health Flexible Spending Accounts (FSA) or health Reimbursement Arrangements (HRA) without a doctor's prescription.

<sup>2</sup>Cannot exceed \$5,000 (\$2,500 if married, filing separately), per calendar year or earned income of employee or spouse, whichever is less.

# INFINISOURCE

## BENEFIT SERVICES



### KNOW YOUR ELIGIBLE AND INELIGIBLE EXPENSES

Maximize the Value of Your Reimbursement Account

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



## ELIGIBLE EXPENSES

### Baby/Child to age 13

- Lactation consultant
- Lead-based paint removal\*
- Special formula\*
- Tuition: special school/teacher for disability or learning disability\*
- Well baby/well child care

### Dental

- Dental x-rays
- Dentures and bridges
- Exams and teeth cleaning
- Extractions and fillings
- Oral surgery
- Orthodontia
- Periodontal services

### Eyes

- Eye exams
- Eyeglasses and contact lenses
- Laser eye 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

### Medications

- Insulin
- Prescription drugs

### Medical Equipment/Supplies

- Air purification equipment\*
- Arches and other 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\*

### Obstetrics

- Doula\*
- Lamaze class
- OB/GYN exams
- OB/GYN prepaid maternity fees (reimbursable after date of birth)
- Pre- and post-natal treatments

### Practitioners

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

### Therapy

- Alcohol and drug addiction counseling (must be treating a medical condition)
- Exercise programs\*
- Hypnosis\*
- Massage\*
- Occupational therapy
- Physical therapy
- Smoking cessation programs\*
- Speech therapy
- Weight loss programs\*

### Medical Procedures/Services

- Acupuncture
- Alcohol and drug/substance abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility enhancement and treatment
- Hair loss treatment\*
- Hospital services
- Immunization
- In vitro fertilization
- Personal trainers\*
- Physical examination (not employment-related)
- Reconstructive surgery (due to a congenital defect, accident or medical treatment.)
- Service animals
- Sterilization/sterilization reversal
- Transplants (including organ donor)
- Transportation\*



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 Infnisource.

## INELIGIBLE EXPENSES

Note: This list is not meant to be all-inclusive

- Contact lens or eyeglass insurance
- Cosmetic surgery/procedures
- Electrolysis
- Marriage or career counseling
- Swimming lessons
- Sunscreen (SPF less than 15 needs RX)



### PLEASE NOTE:

Please note: The IRS will not allow OTC medicines or drugs to be purchased with the FSA funds unless accompanied by a prescription.



## ELIGIBLE OVER-THE-COUNTER ITEMS

Note: Product categories are listed in bold face; common examples of products are listed in regular face.

The following is a high-level list of over-the-counter (OTC) items that clearly are not medicine or drugs and are eligible for purchase with Health Care FSA or HRA dollars. You can use your benefits card for these items

**Antiseptics, wound cleaners**  
Alcohol, peroxide, Epsom salt

**Baby electrolytes**  
Pedialyte, Enfalyte

**Denture adhesives, repair and cleansers**  
PoliGrip, Benzodent, Efferdent

**Diabetes testing and aids**  
Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes, glucose products

**Diagnostic products**  
Thermometers, blood pressure monitors, cholesterol testing

**Elastics/athletic treatments**  
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts

**Eye care**  
Contact lens care

**Family planning**  
Pregnancy and ovulation kits

**First aid dressings and supplies**  
Band Aid, 3M Nexcare, non-sport tapes

**Hearing aid/medical batteries**

**Incontinence products**  
Attends, Depend, GoodNites for juvenile incontinence

**Sunscreen (SPF 15 and over)**



**INFINISOURCE**  
BENEFIT SERVICES

FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

Infinisource  
PO Box 488, Coldwater, MI 49036-0488  
P: 866.370.3040 | Fax: 800.379.5670 | Email: [fsa@infinisource.com](mailto:fsa@infinisource.com)



# Dental

Administered by Paramount Dental



Dental insurance provides you and your family with access to quality dental care for preventive services as well as reduced out-of-pocket costs for basic and major services.

Deductible	Cost
Individual	\$0
Family	\$0
Yearly Maximum	\$1,000
<b>Diagnostic Services</b>	
Examinations (every 6 months)	100%
X-rays/Films	100%
<b>Preventive Services</b>	
Cleanings (every 6 months)	100%
Fluoride Treatment	100%
Space Maintainers	100%
<b>Basic Restorative Services</b>	
Fillings (white & silver)	80%
Root Canal Therapy	80%
Oral Surgery – Extractions (routine)	80%
<b>Major Restorative Services</b>	
Crown	50%
Endodontics	50%
Oral Surgery – Complex	50%
Inlays/Onlays (gold & porcelain)	50%
Periodontal Services	50%
Removable/Fixed Bridgework	50%
Prosthetics	50%
<b>Orthodontics</b>	
Child	Yes
Adult	No
Deductible	\$0
Coinsurance	50%

## RATES

Effective October 1, 2022

Employee Pays Each Pay Period

### Employee Only

Current Employee Pays = \$6.09

New Rate Employee Pays = \$6.09

### Employee & Spouse

Current Employee Pays = \$20.91

New Rate Employee Pays = \$20.91

### Employee & Child(ren)

Current Employee Pays = \$23.58

New Rate Employee Pays = \$23.58

### Employee & Family

Current Employee Pays = \$38.26

New Rate Employee Pays = \$38.26

Visit [www.insuringsmiles.com](http://www.insuringsmiles.com) to find a provider.

*(The highlights at left are not intended to be a complete description. See policy for full coverage)*



# Vision

Administered by Davis Vision



Vision insurance provides you and your family with access to quality vision care with reduced out-of-pocket costs.

Service	In-Network / Out-of-Network
Examination	\$10 copay / Reimbursed up to \$40
Frequency	Every 12 months
Frames	Covered in full if Davis Vision Collection or Allowance up to \$200* plus 20% discount on the balance.
Frequency - Frames	Every 24 months
Lenses	\$25 Copay + discounts on lens extras
Frequency - Lenses	Every 12 months
Contact Lenses (in lieu of glasses)	Covered in full if Davis Vision Collection or \$150 Allowance plus 15% off the balance / Reimbursed up to \$105
Frequency – Contacts	Every 12 months

## RATES

Effective October 1, 2022

Employee Pays Each Pay Period

### Employee Only

Current Employee Pays = \$2.92

New Rate Employee Pays = \$2.92

### Employee & Spouse

Current Employee Pays = \$5.83

New Rate Employee Pays = \$5.83

### Employee & Child(ren)

Current Employee Pays = \$6.12

New Rate Employee Pays = \$6.12

### Employee & Family

Current Employee Pays = \$8.52

New Rate Employee Pays = \$8.52

To find Network Provider visit

[www.davisvision.com](http://www.davisvision.com)

*(The highlights at left are not intended to be a complete description. See policy for full coverage)*



# GROUP WHOLE LIFE INSURANCE and Living Care Benefits



## Give yourself protection for a lifetime

Many people buy life insurance to provide financial protection for those left behind. What if your life insurance could also provide benefits if you suffer from a permanent health condition and you require ongoing care from a family member or professional caregiver?

### Value of Whole Life insurance

- Permanent Life insurance
- Living Care benefits for chronic illnesses
- Guaranteed premiums and death benefits
- Accumulates cash value<sup>1</sup>
- Payroll-deducted premiums
- Coverage can be taken with you if you change jobs or retire, billed directly to you at home

Atlantic American's Whole Life & Living Care plan combines the guarantees of permanent life insurance with the benefits of living care protection. Our living care benefits can assist you when you need to take care of ongoing expenses that arise from a chronic medical condition.

### How can Living Care benefits help?



### This hybrid life product is ideal if you want to:

- Leave a death benefit to loved ones after you die
- Provide benefits for the costly expenses associated with care, particularly over long periods of time
- Lifelong coverage through retirement with no increase in premiums

<sup>1</sup>Access to cash values through borrowing or partial surrenders will reduce the policy's cash value and death benefit, increase the chance the policy will lapse, and may result in a tax liability if the policy terminates before the death of the insured.

# GROUP WHOLE LIFE INSURANCE

## The ABC's of Living Care<sup>1</sup> benefits

Long-term chronic illnesses can have a significant impact on an individual's quality of life, both physically and financially. These types of illnesses often require ongoing medical treatment and care, which can be costly and financially devastating for individuals and their families. Atlantic American's Whole Life plan allows you to access a portion of your life insurance benefits while living. We call this Living Care.

You may not have a long-term illness now, but let's consider how you may use a hybrid life plan.

## Living Care<sup>1</sup> ABC's

### Example Election:

Whole Life  
\$70,000

Living Care  
4% up to 50 months

Death  
Restoration

# A

### What if you need care for a long-term illness?

You are able to use our Living Care benefit with a maximum **monthly benefit \$2,800**, for up to **50 months**.

When you pass away, your beneficiary still receives a **Death Benefit of 25%**, or **\$17,500**.

Use it all and get restored

# B

### What if you need care for a brief period of time?

You could have a serious illness that leaves you needing care for a brief period. **You use only \$28,000** for your care, before passing away.

The remainder of your policy, **\$42,000**, is paid to your beneficiary as a **death benefit**.

Use some and leave some

# C

### You could pass away, without ever needing care

The entire **\$70,000** face amount of your policy will be paid as a **death benefit** to your beneficiaries.

Keep it all as a legacy

<sup>1</sup>The Living Care Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Living Benefits may not be available in all states or may be named differently. Please consult your policy for complete details. This hypothetical example does not guarantee or predict actual performance. This is an example for illustrative purposes only. Actual policy amounts and payments will depend on benefits purchased, death and living benefits.



# GROUP WHOLE LIFE INSURANCE



## Summary of Benefits

Atlantic American Employee Benefits' Group Whole Life insurance plan includes the benefits listed below. Each benefit is subject to conditions for payment as detailed in the certificate.

### PLAN INFORMATION

Available To	ISSUE AGES	BENEFIT AMOUNT
Employee	18-70	Up to \$70,000 in \$10,000 increments
Spouse Coverage*	18-65	Up to \$20,000, in \$10,000 increments - up to 100% of employee election. Based on spouse age.
Dependent Coverage*	15 days - age 25	\$10,000 - up to 100% of employee election. Term rider continues to age 26 at which point they may choose to convert to an individual policy, up to 5x the Child's coverage amount, on a guarantee issue basis.

### ADDITIONAL PLAN DETAILS

Portability	Included
-------------	----------

### RIDERS

Employee	Accelerated Death Benefit for Terminal Illness Rider - Insured can receive up to 50% of elected face amount during their life when there are diagnosed with a terminal illness that leaves them with a life expectancy of 12 months or less.
	Waiver of Premium Rider - Plan premiums are waived during disability period when insured has been disabled for 6 months. Included on issue ages 18-65; terminates at age 70.
	Accelerated Death Benefit for Chronic Illness Rider with Extension of Benefits Rider - Provides a 4% monthly benefit, up to 200% of certificate face amount.
Spouse	Restoration of Benefits Rider - Restores 25% of the death benefit for the beneficiary in the event the Acceleration for Chronic Illness Rider is exhausted.
	Accelerated Death Benefit for Terminal Illness Rider
	Accelerated Death Benefit for Chronic Illness Rider with Extension of Benefits Rider - 4% monthly benefit, up to 200% of certificate face amount.
	Restoration of Benefits Rider - Restores 25% of the death benefit for the beneficiary in the event the Acceleration for Chronic Illness Rider is exhausted.

All benefit amounts are Guarantee Issue

\* Employee coverage is required in order to elect spouse and/or dependent coverage.

# Exclusions, Limitations and Other Plan Information

## GROUP WHOLE LIFE

**EXCLUSIONS** – No Benefits are provided for the following, nor will We pay any expenses incurred as a result of any Loss which is caused by, or sustained while, or incurred for, directly or indirectly: 1) suicide – If the Insured, whether sane or insane, dies by Suicide, within two (2) years\* from the Effective Date, Our liability will be limited to an amount equal to the premiums paid for this Certificate.

\* 1 year in CO, MO, ND.

**OTHER LIMITATIONS AND EXCLUSIONS** – The policy and riders have other elimination periods, exclusions and limitations that may affect coverage. Please refer to your certificate for full details.

**DELAYED EFFECTIVE DATE PROVISION** – Atlantic American Employee Benefits will postpone the Effective Date of an eligible Spouse/Dependent, other than a newborn child's coverage if, on that date, he or she is: 1) confined to a hospital or other health care facility; 2) home confined; or 3) unable to perform two or more daily living activities. In that case, we will postpone the Effective Date of his or her coverage until the day after the date: (a) of his or her discharge from such facility; (b) his or her home confinement ends; or (c) he or she is no longer requires assistance with two or more activities of daily living. If a Spouse/Dependent was covered under a prior plan at replacement, this language will not apply to the amount of coverage that was in force with the prior plan.

**QUALIFYING CHRONIC ILLNESS** – a Chronic Illness: 1) that was Diagnosed no more than twelve (12) months prior to the date We received a claim for benefits under this Rider; 2) that has continued while this Rider has been In Force for at least ninety (90) consecutive Days; 3) which was not caused by a mental or nervous disorder (except organically demonstrable disorders, such as Alzheimer's or senile dementia), alcoholism or drug addiction; and 4) which is expected to be Permanent.

**PORTABILITY OPTION** – If you, an employee, lose eligibility for this insurance, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

**COVERED CHILDREN AND GRANDCHILDREN** – Children are covered if the child is a natural, step, or legally adopted child and dependent of the employee. A grandchild is covered if the child is a dependent of the employee and filed as such on their federal tax returns. Children/grandchildren must reside in the U.S. to receive coverage.

**CONVERSION** – Within the 31-day period after the expiration date of the term insurance on each Dependent Child, such term insurance may be converted to a new whole life policy without evidence of insurability up to 5x the term rider coverage amount.

**EXPIRATION OF CHILDREN TERM INSURANCE** – The term insurance on each Dependent Child will expire on the earlier of 1) the end of the month of the child's 26th birthday; or 2) the date the Certificate matures or becomes paid up for its full Face Amount.

# GROUP WHOLE LIFE INSURANCE



**\$8,910**

was the monthly median cost for a private room in a nursing home facility in 2021.

<https://bit.ly/3Fflouk>

chance that someone turning 65 will need long-term care services in their remaining years.

almost **70%**

<https://bit.ly/3uTPdxs>

Group Whole Life policy form series B 21803 GMP, Accelerated Death Benefit Rider for Terminal Illness form B 21803 R1 ACL, Accelerated Death Benefit Rider for Chronic Illness form B 21803 R12 CIACL, Restoration of Benefits Rider for Chronic Illness form B 21803 R13 ROBCI, Extension of Benefits Rider form B 21803 R14 EOBR, Children's Term Insurance Rider form B 21803 R8 CTR, Waiver of Premium for Disability Rider form B 21803 R9 WPD, and Accidental Death and Dismemberment Rider form B 21803 R10 ADD underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; the terms and conditions in the actual policy and certificate provisions control. Refer to the specific policy and certificate for details. Application to determine eligibility may be required. The Policy, any optional Riders and the benefits therein are subject to availability and may vary by state. This is only a summary of products and services offered; actual offerings may vary by group size and other underwriting or legal considerations. This is a solicitation of insurance and an independent agent may call on you.

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## Group Customer Care

**(866) 458-7502**

[groupcustomercare@atlam.com](mailto:groupcustomercare@atlam.com)

[aemployeebenefits.com](https://www.aemployeebenefits.com)



## Easy access to coverage

MyCoverage is an easy-to-use website that allows you to access coverage and benefit information 24/7, update your profile and more.

[mycoverage.atlam.com](https://mycoverage.atlam.com)

# Basic Group Life & Voluntary Term Life & AD&D

*Especially designed for the employees & families of*  
**Big Red Liquors**



Life insurance provides your loved ones with a payment, based on the amount of your coverage, upon your death. By purchasing Reliance Standard life insurance through your employer, you can take advantage of affordable group rates. Your premium (the cost of the plan) will be determined by your age and the amount of coverage you choose. You will be eligible for coverage—up to a Guaranteed Issue amount—without answering medical questions. In addition, you will be able to purchase coverage for your eligible dependents.

Each active full-time employee working at least 30 hours per week who has met the required service waiting period for Big Red Liquors is provided with a Basic Life insurance benefit of \$20,000. If a covered employee dies as a result of a covered accident the benefit is doubled. The Basic Group Term Life is guaranteed issue.

Eligible employees also have the option to elect additional Voluntary Group Term Life insurance. This life insurance coverage can include spouse and unmarried dependent children up through age 19 or through age 25 if a full-time student.

**Employee Coverage** \$10,000 to \$500,000 in increments of \$10,000.  
**Guaranteed Issue \$100,000** up to and including age 69.

**Spouse Coverage** \$10,000 to \$500,000 in increments of \$10,000.  
**Guaranteed Issue \$30,000** up to and including age 59.

- Dependent benefit cannot exceed employee's benefit.
- Accelerated Death / Living Benefit is a benefit that enables the policyholder to receive cash advances against the death benefit in the case of being diagnosed with a terminal illness. This policies benefit is 50% to maximum of \$250,000.
- Waiver of premium if totally disabled before age 60 for a minimum of 6 months.
- Portability – The plan is portable, so you can continue your coverage if you leave employment. You are required to complete an application for Portability within 30 days of your employment termination date.
- Conversion - Group Term Life Insurance is intended to provide employees with coverage during their working years. This coverage terminates at retirement; however, the plan does have a conversion option. The coverage amount also reduces when you reach certain ages.
- This is a brief summary of benefits. Please refer to the certificate of coverage for complete provisions, limitations and exclusions.

## AGE REDUCTION SCHEDULE:

Age	Amount of Coverage Reduces to:
75-79	60.0% of the amount in force at age 74
80-84	35.0% of the amount in force at age 74
85-89	27.5% of the amount in force at age 74
90-94	20.0% of the amount in force at age 74
95-99	7.5% of the amount in force at age 74
100 and over	5.0% of the amount in force at age 74

## Accidental Death & Dismemberment

Accidental Death and Dismemberment (AD&D) will pay out a lump-sum death benefit in the event you're killed accidentally or die later as the direct result of a covered accident.

Loss of Life .....	The Principal Sum
Loss of Two or More Members .....	The Principal Sum
Loss of Speech and Hearing .....	The Principal Sum
Loss of One Member .....	1/2 The Principal Sum
Loss of Speech or Hearing .....	1/2 The Principal Sum
Loss of Thumb and Index Finger of the Same Hand .....	1/4 The Principal Sum

# Basic Group Life & Voluntary Term Life & AD&D

Especially designed for the employees & families of  
Big Red Liquors



## Premiums based on bi-weekly deductions -- Undiff. - Nicotine

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<25	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15
25-29	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15
30-34	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15
35-39	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
40-44	\$0.69	\$1.38	\$2.08	\$2.77	\$3.46	\$4.15	\$4.85	\$5.54	\$6.23	\$6.92
45-49	\$1.02	\$2.03	\$3.05	\$4.06	\$5.08	\$6.09	\$7.11	\$8.12	\$9.14	\$10.15
50-54	\$1.57	\$3.14	\$4.71	\$6.28	\$7.85	\$9.42	\$10.98	\$12.55	\$14.12	\$15.69
55-59	\$2.49	\$4.98	\$7.48	\$9.97	\$12.46	\$14.95	\$17.45	\$19.94	\$22.43	\$24.92
60-64	\$3.14	\$6.28	\$9.42	\$12.55	\$15.69	\$18.83	\$21.97	\$25.11	\$28.25	\$31.38
65-69	\$8.35	\$16.71	\$25.06	\$33.42	\$41.77	\$50.12	\$58.48	\$66.83	\$75.18	\$83.54
70-74	\$14.31	\$28.62	\$42.92	\$57.23	\$71.54	\$85.85	\$100.15	\$114.46	\$128.77	\$143.08
75+	\$14.31	\$28.62	\$42.92	\$57.23	\$71.54	\$85.85	\$100.15	\$114.46	\$128.77	\$143.08
Age	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
<25	\$4.57	\$4.98	\$5.40	\$5.82	\$6.23	\$6.65	\$7.06	\$7.48	\$7.89	\$8.31
25-29	\$4.57	\$4.98	\$5.40	\$5.82	\$6.23	\$6.65	\$7.06	\$7.48	\$7.89	\$8.31
30-34	\$4.57	\$4.98	\$5.40	\$5.82	\$6.23	\$6.65	\$7.06	\$7.48	\$7.89	\$8.31
35-39	\$5.08	\$5.54	\$6.00	\$6.46	\$6.92	\$7.38	\$7.85	\$8.31	\$8.77	\$9.23
40-44	\$7.62	\$8.31	\$9.00	\$9.69	\$10.38	\$11.08	\$11.77	\$12.46	\$13.15	\$13.85
45-49	\$11.17	\$12.18	\$13.20	\$14.22	\$15.23	\$16.25	\$17.26	\$18.28	\$19.29	\$20.31
50-54	\$17.26	\$18.83	\$20.40	\$21.97	\$23.54	\$25.11	\$26.68	\$28.25	\$29.82	\$31.38
55-59	\$27.42	\$29.91	\$32.40	\$34.89	\$37.38	\$39.88	\$42.37	\$44.86	\$47.35	\$49.85
60-64	\$34.52	\$37.66	\$40.80	\$43.94	\$47.08	\$50.22	\$53.35	\$56.49	\$59.63	\$62.77
65-69	\$91.89	\$100.25	\$108.60	\$116.95	\$125.31	\$133.66	\$142.02	\$150.37	\$158.72	\$167.08
70-74	\$157.38	\$171.69	\$186.00	\$200.31	\$214.62	\$228.92	\$243.23	\$257.54	\$271.85	\$286.15
75+	\$157.38	\$171.69	\$186.00	\$200.31	\$214.62	\$228.92	\$243.23	\$257.54	\$271.85	\$286.15

Dependent Children Life Insurance bi-weekly deductions (for \$10,000) - \$0.920  
(regardless of the number of children)

# Employer Paid Long Term Disability

## *Especially designed for the Employees of:*

### Big Red Liquors



Big Red Liquors provides each benefits eligible employee with Reliance Standard's Long Term Disability Plan at no cost.

Long Term Disability provides a monthly benefit for a disability resulting from a covered injury or sickness that lasts past Short Term Disability. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

### Plan Highlights

Elimination Period: 90 days

Maximum Percentage of Income Replaced: 60%

Maximum Monthly Benefit Payable : \$6,000

Maximum Benefit Period:

Benefits will last the longer of (A) or (B) as stated below:

(A)

Age at Disability	Duration
Prior to age 62	to age 65
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

(B) Normal Retirement Age as defined by the 1983 amendments to the United States Social Security Act and determined by your year of birth:

Year of Birth	Normal Retirement Age
1937 or before	65 years
1938	65 years and 2 months
1939	65 years and 4 months
1940	65 years and 6 months
1941	65 years and 8 months
1942	65 years and 10 months
1943 - 1954	66 years
1955	66 years and 2 months

- Long Term Disability benefits are payable up to or until you are released by your doctor to return to work. If you are able to accept rehabilitative employment after receiving benefits, the plan can pay a partial disability benefit up to the plan maximum duration.
- **Pre-existing Limitation Condition - 3/12.** A pre-existing condition is any condition in which you have already received medical advice, treatment, or taken prescribed medications for during the **3 months** prior to your effective date of coverage. If you file a claim within the first **12 months** of coverage, the look back period of **3 months** from the effective date would apply for pre-existing conditions related to this claim. If your claim is due to a pre-existing condition, no benefits will be payable for that claim. However, after 12 months of coverage, the pre-existing condition limitation no longer applies. Any claim for a new condition, or a condition you have not been treated for, during the 3 month look back would be covered. Pre-existing Limitation Conditions also apply to benefit increases.
- "Totally Disabled" and "Total Disability" mean, that as a result of an Injury or Sickness, during the Elimination Period and there and thereafter an Insured cannot perform the material duties of his/her regular occupation.
- **Substance Abuse Limitation - 24 months**
- Long Term Disability plan includes a Survivor Benefit. This benefit pays a lump-sum payment equal to 3 months' benefit to your beneficiary should you die while receiving benefits.
- This is a brief summary of benefits. Please refer to the certificate of coverage for complete provisions, limitations and exclusions.

### To calculate your monthly LTD benefit amount use this formula:

Annual Salary / 12 = Monthly Salary

Annual Salary / 12 x 60% = Monthly Benefit

Maximum monthly benefit allowed is \$6,000

# Voluntary Short Term Disability

*Especially designed for the employees of:*  
**Big Red Liquors**



Even though no one likes to think about getting sick or sustaining an injury, almost everyone makes sure to get medical insurance - just incase. But medical insurance is only designed to cover all or most of the healthcare costs an illness or injury brings - what happens to your paycheck if you've exhausted your paid time off? If your paycheck were to stop for a period of time, how would it affect you and your family? If you never thought about the possibility, now is a good time.

Reliance Standard provides Short Term Disability that has a weekly cash tax-free benefit to help pay for everyday expenses (such as mortgage / rent, utilities, childcare, or groceries) if you are unable to work due to a covered disability.

Short Term Disability benefits are payable for an off-the-job accident, sickness or pregnancy. Pregnancy benefits for normal delivery up to 6 weeks; C-Section up to 8 weeks (minus the waiting period) – can be longer if medically necessary and under doctor's care.

Employees can choose from \$100 to **\$1,500** in increments of \$25, not to exceed **60%** of weekly earnings.

## Plan Highlights

Waiting Period	14 days for an injury / 14 days for a sickness
Maximum Percentage of Income Replaced	60%
Minimum Weekly Benefit Payable	\$1 0
Maximum Weekly Benefit Payable	\$1 500
Pre-Existing Limitation Condition	3/12
Maximum Benefit Period	11 weeks

- Benefits are subject to a pre-existing condition limitation. A pre-existing condition is any condition in which you have already received medical advice, treatment, or taken prescribed medications for during the **3 months** prior to your effective date of coverage.
- If you file a claim within the first **12 months** of coverage, the look back period of **3 months** from the effective date would apply for pre-existing conditions related to this claim. If your claim is due to a pre-existing condition, no benefits will be payable for that claim. However, after **12 months** of coverage, the pre-existing condition limitation no longer applies. Any claim for a new condition, or a condition you have not been treated for, during the **3 month** look back would be covered.
- Enrollment in the Short Term Disability plan is Guaranteed Issue, so you do not have to answer any health questions to be covered. Once your coverage goes into effect and if you have to be out of work for a covered short term disability, benefits begin after **14 days for an injury / 14 days for a sickness**.
- Short Term Disability benefits are payable up to **11 weeks** or until you are released by your doctor to return to work. Partial disability benefit is available subject to certain limitations.
- Premium payments are waived once your benefits begin.
- Short Term Disability Benefits do not pay in addition to Paid Time Off.
- Definition of Disability: An employee is considered disabled when he/she is unable to perform his/her job, is not doing any work for pay and is under the regular care of a physician. This definition may vary by state.
- This is a brief summary of benefits. Please refer to the certificate of coverage for complete provisions, limitations and exclusions.

# Voluntary Short Term Disability

*Especially designed for the employees of:*  
**Big Red Liquors**



## Premiums based on bi-weekly deductions

Weekly Benefits	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275	\$300	\$325	\$350	\$375	\$400
<b>Age</b>													
< 40	2.31	2.88	3.46	4.04	4.62	5.19	5.77	6.35	6.92	7.50	8.08	8.65	9.23
40 - 49	2.91	3.63	4.36	5.09	5.82	6.54	7.27	8.00	8.72	9.45	10.18	10.90	11.63
50 - 59	3.28	4.10	4.92	5.73	6.55	7.37	8.19	9.01	9.83	10.65	11.47	12.29	13.11
60+	3.88	4.85	5.82	6.78	7.75	8.72	9.69	10.66	11.63	12.60	13.57	14.54	15.51
Min Income	\$166	\$208	\$250	\$291	\$333	\$375	\$416	\$458	\$500	\$541	\$583	\$625	\$666
Weekly Benefits	\$425	\$450	\$475	\$500	\$525	\$550	\$575	\$600	\$625	\$650	\$675	\$700	\$725
<b>Age</b>													
< 40	9.81	10.38	10.96	11.54	12.12	12.69	13.27	13.85	14.42	15.00	15.58	16.15	16.73
40 - 49	12.36	13.08	13.81	14.54	15.27	15.99	16.72	17.45	18.17	18.90	19.63	20.35	21.08
50 - 59	13.93	14.75	15.57	16.38	17.20	18.02	18.84	19.66	20.48	21.30	22.12	22.94	23.76
60+	16.48	17.45	18.42	19.38	20.35	21.32	22.29	23.26	24.23	25.20	26.17	27.14	28.11
Min Income	\$708	\$750	\$791	\$833	\$875	\$916	\$958	\$1,000	\$1,041	\$1,083	\$1,125	\$1,166	\$1,208
Weekly Benefits	\$750	\$800	\$850	\$900	\$950	\$1,000	\$1,050	\$1,100	\$1,150	\$1,200	\$1,250	\$1,300	\$1,500
<b>Age</b>													
< 40	17.31	18.46	19.62	20.77	21.92	23.08	24.23	25.38	26.54	27.69	28.85	30.00	34.62
40 - 49	21.81	23.26	24.72	26.17	27.62	29.08	30.53	31.98	33.44	34.89	36.35	37.80	43.62
50 - 59	24.58	26.22	27.85	29.49	31.13	32.77	34.41	36.05	37.68	39.32	40.96	42.60	49.15
60+	29.08	31.02	32.95	34.89	36.83	38.77	40.71	42.65	44.58	46.52	48.46	50.40	58.15
Min Income	\$1,250	\$1,333	\$1,416	\$1,500	\$1,583	\$1,666	\$1,750	\$1,833	\$1,916	\$2,000	\$2,083	\$2,166	\$2,500



# Voluntary Accident Benefits

*Especially designed for the employees of:*  
**Big Red Liquors**



No one likes to think about the possibility of an accident, but the likelihood—as well as the havoc it can cause for families—is very real. Whether it’s an automobile accident, sports injury or the inevitable slip-and-fall, an accident can bring about not only lifestyle challenges but tangible economic ones as well.

Health insurance can offset many of the treatment costs, but there are “hidden” costs as well: time lost from work, satisfying deductibles, paying co-pays. And don’t forget medications, convenient meals for the family and transportation to and from doctor visits. As a safety net against all the incremental burdens and expenses an accidental injury can cause, Reliance Standard offers Voluntary Accident Insurance (VAI).

If you experience a covered accident **off-the-job**, you will receive a tax-free cash benefit according to a benefits schedule. You may use this money however you wish—to pay for prescriptions or other out-of-pocket expenses, like crutches, that may not be covered by health insurance.

Ambulance Transportation (Ground/Air).....	\$150 / \$750
Emergency Treatment per visit.....	\$200
Diagnostic Exam per CT, MRI, PET, SPECT Scans.....	\$200
Initial Physician Office Visit .....	\$75
Initial Hospital Admission.....	\$1,000
Initial ICU Hospital Admission.....	\$1,500
Hospital Confinement (per day/365 days max).....	\$250
ICU Confinement (per day/30 days max).....	\$500
Rehabilitation Facility Confinement (per day/30 day max).....	\$100
Follow-up Physician Office Visit.....	\$75
Transportation (if more than 100 miles from residence one way).....	\$450
Lodging (per day, up to 30 days, if more than 100 miles from residence).....	\$150
Fractures (non-surgical).....	\$75 up to \$3,750
Fractures (surgical).....	\$150 up to \$7,500
Chip fracture: 25% of non-surgical benefit	
Multiple fractures: 100% of highest sustained fracture	
Dislocations (non-surgical).....	\$150 up to \$2,400
Dislocations (surgical).....	\$300 up to \$4,800
Dislocation (partial): 25% of full dislocation	
Dislocation (multiple): 100% of highest dislocation benefit	
Blood/Plasma/Platelets.....	\$300
Burns (2nd degree).....	\$200 up to \$1,600
Burns (3rd degree).....	\$1,600 up to \$12,800
Skin Graft (benefit payable for burns).....	25%
Coma.....	\$7,500
Concussion.....	\$150
Dental Injury (extraction/crown).....	\$75 / \$300
Eye Injury (removal of foreign object/surgical repair).....	\$150 / \$300
Medical Appliance.....	\$150
Prosthesis (one).....	\$750
Prosthesis (two or more).....	\$1,500
Physical Therapy( 6 visits).....	\$35
Lacerations (no sutures required).....	\$35
Lacerations (sutures required).....	\$75 up to \$600
Paralysis (paraplegia or hemiplegia).....	\$7,500
Paralysis (quadriplegia).....	\$15,000
Exploratory Surgery (no repair).....	\$150
Knee Cartilage (surgical repair).....	\$450
Abdominal or Thoracic (surgical repair).....	\$1,500
Ruptured Disc (surgical repair).....	\$750
Tendon, Ligament or Rotator Cuff (one surgical repair).....	\$450
Tendon, Ligament or Rotator Cuff (two or more surgical repair).....	\$900

# Voluntary Accident Benefits

*Especially designed for the employees of:*

## Big Red Liquors

### GROUP ACCIDENTAL DEATH & DISMEMBERMENT HIGHLIGHTS



<b>Benefit Schedule:</b>	<b>Plan B</b>
Employee Loss of Life .....	\$50,000
Spouse Loss of Life .....	\$25,000
Child(ren) Loss of Life (per child) .....	\$10,000
Loss of Life on a Common Carrier .....	100%
Loss of a Hand, Foot, Arm, Leg, Sight in one Eye, or Hearing in one Ear .....	50%
Loss of Finger, Thumb or Toe .....	\$500
Combination Loss of two or more - Finger, Thumb, or Toe .....	\$1,500
Catastrophic Loss of Speech .....	100%
Catastrophic Loss - Two or more losses except fingers, thumbs, or toes .....	50%

**Wellness Health Screening** \$50

For Employee, Spouse and Children if applicable. This benefit pays for one health screening benefit performed during a twelve month period for the Insured, his/her insured dependents. One health screening will be paid per twelve months for dependent children as a group.

#### Covered Health Screening Tests Include:

- Breast ultrasound or mammography
- Blood test for lipids including LDL, HDL and triglycerides
- Chest x-ray
- Colonoscopy
- Pap smear
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Serum Protein Electrophoresis (blood test for myeloma)

### Premiums based on bi-weekly deductions

<b>Employee Only.....</b>	<b>\$8.65</b>
<b>Employee and Spouse.....</b>	<b>\$13.22</b>
<b>Employee and Children.....</b>	<b>\$15.67</b>
<b>Family.....</b>	<b>\$19.78</b>

For insured age 65 and older, the benefit amount is subject to age reduction. Spouse Benefit will reduce in the same manner upon spouse's attainment of the reducing age.

Age	% of available inforce at age 64
65-69	50%
70+	25%

- Employee and Spouse must be under age 70 to apply.
- Portability - The plan is portable, so employees can continue their coverage if you leave employment. Employees are required to complete an application for Portability within 30 days of your employment termination date.
- This is a brief summary of benefits. Please refer to the certificate of coverage for complete provisions.

# Voluntary Critical Illness Benefits

## *Especially designed for the employees of:*

### Big Red Liquors



More and more Americans are outliving cancer, stroke, heart disease and other critical illnesses. It's a mixed blessing. On the one hand, it's another chance at life and family. On the other, surviving a critical illness brings with it considerable financial demands at a time when life is already demanding. As a hedge against the lost income, out-of-pocket medical expenses and all the "little things" that add up, there is Voluntary Critical Illness Insurance (VCI) from Reliance Standard.

**You can choose between \$5,000 and \$50,000 of lump sum coverage.** Spouse and Child coverage is also available. The spouse amount may not exceed 100% of the employee amount.

Children may be covered for up to 25% of employee amount.

**\*Guaranteed Issue** for Employee and Spouse is **\$20,000** and all child coverage is **guaranteed issue**.

#### **Critical Illnesses fall into 1 of 3 Categories : Cancer, Cardiovascular, Other**

• <b>Cancer</b>	<b>100% of Insurance Amount</b>
• <b>Carcinoma in SITU</b>	<b>25% of Insurance Amount</b>
• <b>Heart Attack</b>	<b>100% of Insurance Amount</b>
• <b>Stroke</b>	<b>100% of Insurance Amount</b>
• <b>Kidney (Renal) Failure</b>	<b>100% of Insurance Amount</b>
• <b>**Coronary Artery Bypass Surgery</b>	<b>25% of Insurance Amount</b>
• <b>**Major Organ Transplant</b>	<b>100% of Insurance Amount</b>
• <b>Enhanced Plan Includes: Paralysis, Coma, Brain Damage, Blindness, Ruptured Cerebral, Carotid or Aortic Aneurysm</b>	<b>100% of Insurance Amount</b>

- Lifetime Maximum Benefit per Category is 200% of the Amount of Insurance
- Subsequent Occurrence Benefit (Different Category) :100% of the Amount of Insurance. Occurrences must be separated by at least 6 months.
- Re-Occurrence Benefit (Same Category):100% of the Amount of Insurance. Occurrence must be separated by at least 12 months.
- Benefit Waiting Period - None
- Portability - The plan is portable, and employees can continue their coverage if you leave employment. Employees are required to complete an application for portability within 30 days of your employment termination date.
- This is a brief summary of benefits. Please refer to the certificate of coverage for complete provisions, limitations and exclusions.

**Age Reduction Schedule** - This plan has an age reduction schedule of 50% of the original purchase amount at age 70.

Benefits are subject to a pre-existing condition limitation. A pre-existing condition is any condition in which you have already received medical advice, treatment, or taken prescribed medications for, during the **3 months** prior to your effective date of coverage.

If you file a claim within the first **12 months** of coverage, the look back period of **3 months** from the effective date would apply for pre-existing conditions related to this claim. However, after **12 months** of coverage, the pre-existing condition limitation no longer applies. Any claim for a new condition, or a condition you have not been treated for during the **3 month** look back would be covered.

# Voluntary Critical Illness Benefits

## *Especially designed for the employees of:*

### Big Red Liquors



### \$50 Health Screening Benefit

To help prevent Critical Illness and for early detection of potential critical health problems, this plan includes annual Health Screening Benefit for screening tests during the year. For Employee, Spouse and Children if applicable. This benefit pays \$50 for one health screening benefit performed during a twelve month period for the Insured, his/her insured dependents. One health screening will be paid per twelve months for dependent children as a group.

#### Covered Health Screening Tests Include:

- Breast ultrasound or mammography
- Blood test for lipids including LDL, HDL and triglycerides
- Chest x-ray
- Colonoscopy
- Pap smear
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Serum Protein Electrophoresis (blood test for myeloma)

### BiWeekly EE & Spouse Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<b>Non-Nicotine</b> < 30	0.97	1.94	2.91	3.88	4.85	5.82	6.78	7.75	8.72	9.69
30-39	1.64	3.28	4.92	6.55	8.19	9.83	11.47	13.11	14.75	16.38
40-49	3.18	6.37	9.55	12.74	15.92	19.11	22.29	25.48	28.66	31.85
50-59	5.61	11.22	16.82	22.43	28.04	33.65	39.25	44.86	50.47	56.08
60-69	8.93	17.86	26.79	35.72	44.65	53.58	62.52	71.45	80.38	89.31
70+	8.93	17.86	26.79	35.72	44.65	53.58	62.52	71.45	80.38	89.31

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<b>Nicotine</b> < 30	1.52	3.05	4.57	6.09	7.62	9.14	10.66	12.18	13.71	15.23
30-39	2.72	5.45	8.17	10.89	13.62	16.34	19.06	21.78	24.51	27.23
40-49	6.51	13.02	19.52	26.03	32.54	39.05	45.55	52.06	58.57	65.08
50-59	11.12	22.25	33.37	44.49	55.62	66.74	77.86	88.98	100.11	111.23
60-69	17.70	35.40	53.10	70.80	88.50	106.20	123.90	141.60	159.30	177.00
70+	17.70	35.40	53.10	70.80	88.50	106.20	123.90	141.60	159.30	177.00

#### Child Rider Premiums based on bi-weekly deductions

Age	\$1,250	\$2,500	\$3,750	\$5,000	\$6,250	\$7,500	\$8,750	\$10,000	\$11,250	\$12,500
0-26	0.14	0.29	0.43	0.58	0.72	0.87	1.01	1.15	1.30	1.44

One rate for all eligible dependent children in family, regardless of number.

Spouse premiums are based on the spouse's age on the coverage effective date.

# Voluntary Hospital Indemnity

## *Especially designed for the employees of:*

### Big Red Liquors



No one likes to think about the possibility of hospitalization, but the likelihood — as well as the stress it can cause for families — is very real. Whether caused by injury or illness, a hospitalization can bring about not only lifestyle challenges, but tangible economic ones as well. And it's not a few Americans who are impacted each year by these occurrences; it's millions.

Major medical insurance plans can offset some of the treatment expenses, but there are "hidden" costs as well: time lost from work, satisfying deductibles, paying co-pays. And don't forget prescribed medications, transportation costs, and continuing to provide for a family. As a safety net against the burdens and expenses a hospitalization can cause, Reliance Standard offers Voluntary Hospital Indemnity (VHI) coverage. This benefit provides a range of fixed, tax-free, lump-sum daily cash benefits. These benefits are paid directly to you following a hospitalization that meets the criteria for benefit payment

## FEATURES

- Guaranteed issue; no medical questions
- No pre-existing conditions exclusions
- Mental & Nervous and Substance Abuse treated same as any other hospital admission
- No deductibles
- COBRA eligible
- COBRA administration
- HIPAA privacy compliant
- Coverage Offered on a Voluntary Basis
- Overlying Major Medical Plan NOT Required Note: The state of California requires its residents to be enrolled in an overlying major medical plan in order to enroll for Voluntary Hospital Indemnity.

Hospital Room & Board	
Room & Board Benefit per Day (180 Daily Benefits per Coverage Year)	\$100
Hospital Critical Care Unit	
Critical Care Unit Benefits per Day (30 Daily Benefits per Coverage Year)	\$100
Hospital Admission	
One Daily Benefit per Coverage Year	\$1,000
Hospital Critical Care Admission	
One Daily Benefit per Coverage Year	\$1,000
Wellness Care	
One Daily Benefit per Coverage Year	\$50
Non-Insurance Services	
On-Call Travel Assistance	Included

### Premiums based on bi-weekly deductions

Employee Only	\$8.41
Employee & Spouse	\$17.74
Employee & Children	\$12.61
Employee, Spouse & Children	\$21.95

- Wellness Care means medical examinations and procedures that are preventive in nature and not for the treatment of Injury or Sickness.
- Hospital Room & Board: In no event will the Daily Benefits exceed 180 daily benefits per Coverage Year.
- Travel assistance services provide medical assistance services for covered individuals. If you are more than 100 miles or more from home, you may access this service 24 hours a day.
- Continuation of Coverage - Under certain circumstances, the insured may continue their coverage for a set period of time. The insured must notify Reliance Standard in writing within 31 days of the terminating event.
- This is a brief summary of benefits. Please refer to the certificate of coverage for complete provisions, limitation and exclusions.

# Voluntary Hospital Indemnity

## Especially designed for the employees of: Big Red Liquors



### How Travel Assistance Services Work

Using your travel emergency services is a cinch! Just contact On Call International directly at (603) 328-1966 anytime you need assistance while traveling. On Call's Global Response Center is open 24 hours a day, 365 days a year and can provide the following services through your group coverage with Reliance Standard.

The following is an outline of the On Call emergency travel assistance service program. For a complete description of all services and the program terms and limitations, please request a Description of Covered Services from your employer.

### Covered Services

When traveling more than 100 miles from home or in a foreign country, On Call offers you and your dependents the following services:

#### Pre-Trip Assistance

- ▶ Inoculation requirements information
- ▶ Passport/visa requirements
- ▶ Currency exchange rates
- ▶ Consulate/embassy referral
- ▶ Health hazard advisory
- ▶ Weather information

#### Emergency Medical Transportation\*

- ▶ Emergency evacuation
- ▶ Medically necessary repatriation
- ▶ Visit by family member or friend
- ▶ Return of traveling companion
- ▶ Return of dependent children
- ▶ Return of vehicle
- ▶ Return of mortal remains

#### Emergency Personal Assistance Services

- ▶ Urgent message relay
- ▶ Interpretation/translation services
- ▶ Emergency travel arrangements
- ▶ Recovery of lost or stolen luggage/personal possessions
- ▶ Legal assistance and/or bail bond

#### Medical Assistance Services Include

- ▶ Medical referrals for local physicians/dentists
- ▶ Medical case monitoring
- ▶ Prescription assistance and eyeglasses replacement
- ▶ Convalescence arrangements

\* The services listed above are subject to a maximum combined single limit of \$250,000. Return of vehicle is subject to \$2,500 maximum.

### 24-Hour Travel Assistance

On Call International provided through Reliance Standard



In the U.S., toll free  
**(800) 456-3893**



Worldwide, collect  
**(603) 328-1966**

Administered By



**RELiance STANDARD**  
A MEMBER OF THE TOKIO MARINE GROUP

For emergency medical, legal and travel assistance information and referral service 24 hours a day, 365 days a year, call the numbers below. To place a collect call, dial the INTERNATIONAL COUNTRY CODE:



*employee assistance*



**ACI**  
SPECIALTY  
BENEFITS

ACI's Employee Assistance Program (EAP) provides professional and confidential services to help employees and family members address a variety of personal, family, life, and work-related issues.

## Confidential and professional assessment and referral services for employees and their family members

### EAP and Work-Life Benefits:

From the stress of everyday life to relationship issues or even work-related concerns, the EAP can help with any issue affecting overall health, well-being and life management.

- Unlimited Telephonic Clinical Assessment and Referral
- Up to 3 Sessions of Professional Assessment for Employees and Family Members
- Unlimited Child Care and Elder Care Referrals
- Legal Consultation for Unlimited Number of Issues per Year
- Financial Consultation for Unlimited Number of Issues per Year
- Unlimited Pet Care Consultation
- Unlimited Education Referrals and Resources
- Unlimited Referrals and Resources for any Personal Service
- Unlimited Community-based Resource Referrals
- Online Legal Resource Center
- *Affinity*™ Online Work-Life Website
- myACI App for Mobile Access
- Multicultural and Multilingual Providers Available Nationwide

EAP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible through ACI's 24/7, live-answer, toll-free number.

EAP services are provided by ACI Specialty Benefits, under agreement with Reliance Standard Life Insurance Company.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product availability and features may vary by state.

### Additional Questions?

Contact Human Resources or contact ACI Specialty Benefits toll-free at

**855-RSL-HELP**

(855-775-4357)

[rsli@acieap.com](mailto:rsli@acieap.com)

<http://rsli.acieap.com>



**RELIANCE STANDARD**  
A MEMBER OF THE TOKIO MARINE GROUP

# Contact Information



Your insurance carriers have established Member Services contact numbers and websites to help you find answers to a wide variety of questions and service requests. To maintain the privacy of your personal health information, carriers will ask you to verify certain identifying details about yourself and your coverage to ensure they are speaking with you directly. Be sure to provide your name, employer's name, group ID, and Member ID when calling or emailing.

## Anthem

- Member Services: 1-833-578-4441
- [www.anthem.com](http://www.anthem.com)

## Paramount

- Member Services: 800.727.1444
- [www.insuringsmiles.com](http://www.insuringsmiles.com)

## Guardian

- Member Services: 888.482.7342
- [www.guardianlife.com](http://www.guardianlife.com)

## Bill C. Brown Associates

- **Jennifer Tumey – Account Manager**
- 306 S. State Road 446 Bloomington, IN 47401
- Phone: 812.332.937
- Cell: 765-346-0235
- [jtumey@billcbrown.com](mailto:jtumey@billcbrown.com)





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**BILL C. BROWN ASSOCIATES**

*A promise to serve.*

306 State Highway 446 | Bloomington, Indiana 47401  
812.332.9378 | [billcbrown.com](http://billcbrown.com)