



EQUITABLE

Products Included

Life/AD&D
Dental
Vision
Short-Term Disability
Long-Term Disability
Critical Illness
Accident
Hospital Indemnity

Policy Form/Contract Numbers:

Dental: MOEBP19DEN; MOEBP19DEN_PPO; AXEBP19DEN and State Variations.

Vision: MOEBP15VN; AXEBP15VN and State Variations.

Group Life Insurance: ICC15 AXEBP15LI; ICC15 MOEBP15LI; MOEBP15LI; AXEBP15LI and State Variations.

Short- and Long-Term Disability: AXEBP15DI; MOEBP15DI and State Variations.

Group Critical Illness/Specified Disease Insurance: MOEBP19 CI; AXEBP19 CI; and State Variations.

Accident: MOEBP19 ACC; AXEBP19 ACC; and State Variations.

Group Hospital Indemnity Insurance: MOEBP22 HI; AXEBP22 HI; and State Variations.

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This proposal includes optional non-insurance services for specific lines of coverage and carry separate PEPM charges that are added to the cost of insurance. Travel Assistance Program services are provided by AXA Assistance USA, Inc.

Employee Benefits Proposal for:

**Favorite Healthcare
Staffing, Inc**

Presented by:

**Hub International NE LLC House
Account**

Hub International New England

Effective Date: January 01, 2024

Prepared On: August 08, 2023

Valid Until: November 06, 2023



Group Term Life

| Eligibility | | |
|-----------------------------|--|--------------------------|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Core Employees Class 5: All Active Full Time R&D Core Employees | |
| Minimum Hours Requirement | 30 Hours per week | |
| Eligibility Waiting Period | TBD | |
| Benefit Plan and Features | | |
| Plan Schedule | 1.0 x Basic Annual Earnings | |
| Benefit Maximum | \$50,000 | |
| Guarantee Issue | \$50,000 | |
| Age Reduction | 35% of the original life amount at age 65 60% of the original life amount at age 70 75% of the original life amount at age 75 85% of the original life amount at age 80 | |
| Benefit Minimum | \$10,000 | |
| Round to the Next | \$1,000 | |
| Waiver of Premium | Total Disability Prior to Age 60 Any Occupation 9 Month Elimination Period Terminates at age 65 | |
| Accelerated Death Benefit | 75% to \$250,000 payable for terminal illness, severe cognitive impairment or loss of Activities of Daily Living | |
| Conversion Benefit | Included | |
| Employee Assistance Program | Not Included | |
| Travel Assistance | Included | |
| Takeover | Yes | |
| Definition of Earnings | Basic Annual Earnings Only | |
| Premium Contribution | | |
| Employer Contribution | 100% | |
| Participation Requirement | Greater of 4 enrolled lives or 100% of eligible employees | |
| Cost Summary | Volume | Monthly Rate per \$1,000 |
| | \$31,817,800 | \$0.055 |
| Monthly Premium | \$1,749.98 | |
| Eligible Employees | 678 | |
| Covered Employees | 678 | |
| Commissions | Flat 10% | |
| Rate Guarantee | 36 Months | |



Group Accidental Death & Dismemberment

| Eligibility | | |
|---|--|--------------------------|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Core Employees Class 5: All Active Full Time R&D Core Employees | |
| Minimum Hours Requirement | 30 Hours per week | |
| Eligibility Waiting Period | TBD | |
| Benefit Plan and Features | | |
| Plan Schedule | 1.0 x Basic Annual Earnings | |
| Benefit Maximum | \$50,000 | |
| Definition of Loss | 365 Days | |
| Dismemberment Benefit | 100% Both Hands or Both Feet 100% One Hand and One Foot 100% Hand or Foot and Sight in One Eye 50% One Hand or One Foot 50% Sight in One Eye 25% All Toes on One Foot 25% All Fingers on One Hand 25% Uniplegia 75% Paraplegia 50% Hemiplegia 100% Quadriplegia 50% Speech 50% Hearing in Both Ears 50% One Limb 100% Sight in Both Eyes | |
| Age Reduction | 35% of the original AD&D amount at age 65 60% of the original AD&D amount at age 70 75% of the original AD&D amount at age 75 85% of the original AD&D amount at age 80 | |
| Minimum Benefit Amount | \$10,000 | |
| Round to the Next | \$1,000 | |
| Common Carrier Benefit | 100% of AD&D benefit up to \$250,000 | |
| Exposure and Disappearance Benefit | Included | |
| Rehabilitation/Physical Therapy Benefit | \$5,000 | |
| Seat Belt Benefit | \$10,000 | |
| Airbag Benefit | \$5,000 | |
| Premium Contribution | | |
| Employer Contribution | 100% | |
| Participation Requirement | Greater of 4 enrolled lives or 100% of eligible employees | |
| Cost Summary | Volume | Monthly Rate per \$1,000 |
| | \$31,817,800 | \$0.020 |
| Monthly Premium | \$636.36 | |
| Eligible Employees | 678 | |
| Covered Employees | 678 | |
| Commissions | Flat 10% | |
| Rate Guarantee | 36 Months | |



Group Supplemental Life

| Eligibility | |
|----------------------------|--|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Core Employees Class 5: All Active Full Time R&D Core Employees |
| Minimum Hours Requirement | 30 Hours per week |
| Eligibility Waiting Period | TBD |
| Benefit Plan and Features | |
| Plan Schedule | \$10,000 to \$500,000 in \$10,000 increments, not to exceed 5 times employee's Basic Annual Earnings |
| Benefit Maximum | \$500,000 |
| Guarantee Issue | \$200,000 |
| Age Reduction | 35% of the original life amount at age 65 50% of the original life amount at age 70 |
| Minimum Benefit Amount | \$10,000 |
| Waiver of Premium | Total Disability Prior to Age 60 Any Occupation 9 Month Elimination Period Terminates at age 65 |
| Accelerated Death Benefit | 75% to \$250,000 payable for terminal illness, severe cognitive impairment or loss of Activities of Daily Living |
| Portability | Included |
| Conversion Benefit | Included |
| Enrollment | Open enrollment for the policy effective date only (EOI is required for any amounts above the GI amount); for future annual enrollments coverage can be increased during the annual enrollment period by 2 increment(s) without EOI; EOI is required for any increases above this amount, for any amounts above the GI amount, and for all late entrants |
| Takeover | Yes |
| Definition of Earnings | Basic Annual Earnings Only |
| Premium Contribution | |
| Employer Contribution | 0% |
| Participation Requirement | 20% of eligible employees |



Group Supplemental Life

| Cost Summary | Volume | Monthly Rate per \$1,000 |
|--------------------|-------------|--------------------------|
| <25 | \$50,000 | \$0.070 |
| 25-29 | \$1,940,000 | \$0.070 |
| 30-34 | \$3,520,000 | \$0.100 |
| 35-39 | \$3,850,000 | \$0.140 |
| 40-44 | \$2,590,000 | \$0.180 |
| 45-49 | \$2,010,000 | \$0.300 |
| 50-54 | \$2,870,000 | \$0.510 |
| 55-59 | \$180,000 | \$0.710 |
| 60-64 | \$380,000 | \$1.500 |
| 65-69 | \$200,000 | \$2.030 |
| 70-74 | \$0 | \$4.140 |
| 75-79 | \$0 | \$4.140 |
| 80+ | \$0 | \$4.140 |
| Monthly Premium | \$4,667.00 | |
| Eligible Employees | 678 | |
| Covered Employees | 137 | |
| Commissions | Flat 10% | |
| Rate Guarantee | 36 Months | |



Group Supplemental Accidental Death & Dismemberment

| Eligibility | | |
|---|--|--------------------------|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Core Employees Class 5: All Active Full Time R&D Core Employees | |
| Minimum Hours Requirement | 30 Hours per week | |
| Eligibility Waiting Period | TBD | |
| Benefit Plan and Features | | |
| Plan Schedule | \$10,000 to \$500,000 in \$10,000 increments, not to exceed 5 times employee's Basic Annual Earnings | |
| Benefit Maximum | \$500,000 | |
| Definition of Loss | 365 Days | |
| Dismemberment Benefit | 100% Both Hands or Both Feet 100% One Hand and One Foot 100% Hand or Foot and Sight in One Eye 50% One Hand or One Foot 50% Sight in One Eye 25% All Toes on One Foot 25% All Fingers on One Hand 25% Uniplegia 75% Paraplegia 50% Hemiplegia 100% Quadriplegia 50% Speech 50% Hearing in Both Ears 50% One Limb 100% Sight in Both Eyes | |
| Age Reduction | 35% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 | |
| Common Carrier Benefit | 100% of AD&D benefit up to \$250,000 | |
| Rehabilitation/Physical Therapy Benefit | \$5,000 | |
| Seat Belt Benefit | \$10,000 | |
| Airbag Benefit | \$5,000 | |
| Premium Contribution | | |
| Employer Contribution | 0% | |
| Participation Requirement | 20% of eligible employees | |
| Cost Summary | Volume | Monthly Rate per \$1,000 |
| | TBD | \$0.020 |
| Monthly Premium | TBD | |
| Eligible Employees | 678 | |
| Covered Employees | TBD | |
| Commissions | Flat 10% | |
| Rate Guarantee | 36 Months | |



Group Supplemental Dependent Life

| Eligibility | |
|---------------------------------------|--|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Core Employees Class 5: All Active Full Time R&D Core Employees |
| Minimum Hours Requirement | 30 Hours per week |
| Eligibility Waiting Period | TBD |
| Definition (as defined in the policy) | Spouse and Child(ren) must be living in the United States and performing the normal activities of a person of like age/sex on the effective date of insurance. Child(ren) covered from birth to age 26. |
| Benefit Plan and Features | |
| Plan Schedule | Spouse: \$5,000 to \$250,000 in \$5,000 increments, not to exceed 100% of the employee's Supplemental Life amount. Child: Live birth to 14 days: \$500 15 days to age 26: \$10,000 to \$10,000 in \$10,000 increments |
| Guarantee Issue | Spouse: \$50,000 |
| Age Reduction | 35% of the original life amount at age 65 50% of the original life amount at age 70 |
| Waiver of Premium | Total Disability Prior to Age 60 Any Occupation 9 Month Elimination Period Terminates at age 65 |
| Spouse Accelerated Death Benefit | 75% to \$250,000 payable for terminal illness, severe cognitive impairment or loss of Activities of Daily Living |
| Enrollment | Open enrollment for the policy effective date only for spouse coverage; EOI is required for any spouse amounts above the GI amount; for future annual enrollments coverage can be increased on spouses during the annual enrollment period by 2 increment(s) without EOI; EOI is required for any increases above this amount, for any amounts above the GI amount, and for all late entrants. Employees can add or increase coverage on their child(ren) at any annual enrollment period without EOI. |
| Premium Contribution | |
| Employer Contribution | 0% |
| Participation Requirement | 20% of eligible employees |



Group Supplemental Dependent Life

| Cost Summary | Volume | Monthly Rate per \$1000 |
|---|-----------|-------------------------|
| SPOUSE | | |
| <25 | TBD | \$0.070 |
| 25-29 | TBD | \$0.070 |
| 30-34 | TBD | \$0.100 |
| 35-39 | TBD | \$0.140 |
| 40-44 | TBD | \$0.180 |
| 45-49 | TBD | \$0.300 |
| 50-54 | TBD | \$0.510 |
| 55-59 | TBD | \$0.710 |
| 60-64 | TBD | \$1.500 |
| 65-69 | TBD | \$2.030 |
| 70-74 | TBD | \$4.140 |
| 75-79 | TBD | \$4.140 |
| 80+ | TBD | \$4.140 |
| CHILD(REN) | TBD | \$0.160 |
| Monthly Premium | TBD | |
| Eligible Employees with Dependents | 678 | |
| Enrolled Employees with Dependents | TBD | |
| Commissions | Flat 10% | |
| Rate Guarantee | 36 Months | |



Group Supplemental Dependent Accidental Death & Dismemberment

| Eligibility | | |
|----------------------------|--|--------------------------|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Core Employees Class 5: All Active Full Time R&D Core Employees | |
| Minimum Hours Requirement | 30 Hours per week | |
| Eligibility Waiting Period | TBD | |
| Benefit Plan and Features | | |
| Plan Schedule | Spouse: \$5,000 to \$250,000 in \$5,000 increments, not to exceed 100% of the employee's Supplemental Life amount. Child: Live birth to 14 days: \$500 15 days to age 26: \$10,000 to \$10,000 in \$10,000 increments | |
| Benefit Maximum | Spouse: \$250,000 Child: \$10,000 | |
| Definition of Loss | 365 Days | |
| Dismemberment Benefit | 100% Both Hands or Both Feet 100% One Hand and One Foot 100% Hand or Foot and Sight in One Eye 50% One Hand or One Foot 50% Sight in One Eye 25% All Toes on One Foot 25% All Fingers on One Hand 25% Uniplegia 75% Paraplegia 50% Hemiplegia 100% Quadriplegia 50% Speech 50% Hearing in Both Ears 50% One Limb 100% Sight in Both Eyes | |
| Age Reduction | 35% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 | |
| Premium Contribution | | |
| Employer Contribution | 0% | |
| Participation Requirement | 20% of eligible employees | |
| Cost Summary | Volume | Monthly Rate per \$1,000 |
| SPOUSE | TBD | \$0.020 |
| CHILD(REN) | TBD | \$0.020 |
| Monthly Premium | TBD | |
| Eligible Employees | 678 | |
| Covered Employees | TBD | |
| Commissions | Flat 10% | |
| Rate Guarantee | 36 Months | |



Group PPO Dental

| Eligibility | |
|---|---|
| Class Description | Class 1: All Active Full Time Employees Excluding Temporary FHS, R&D Partners and R&D Core Employees Class 3: All Temporary FHS Employees electing Medical coverage Class 4: All Active Full Time XLL Eligible R&D Partners Employees Class 5: All Active Full Time R&D Core Employees |
| Minimum Hours Requirement | 30 Hours per week |
| Eligibility Waiting Period | TBD |
| Benefit Plan and Features | |
| Coinsurance | 100/80/50 In-Network 100/80/50 Out-Network (R&C) |
| R&C Percentile | 90th |
| Annual Deductible In-Network | \$50 Calendar Year |
| Annual Deductible Out-Network | \$50 Calendar Year |
| Deductible Waived for Preventive Services In-Network | Yes |
| Deductible Waived for Preventive Services Out-Network | Yes |
| Family Deductible In-Network | \$150 |
| Family Deductible Out-Network | \$150 |
| Annual Maximum In-Network | \$1,750 Calendar Year |
| Annual Maximum Out-Network | \$1,750 Calendar Year |
| Periodic and Comprehensive Oral Evaluations | Included in Preventive Services |
| Limited Oral Evaluations | Included in Preventive Services |
| Professional Consultations | Included in Preventive Services |
| Professional Office Visits | Included in Preventive Services |
| X-Rays (Complete Series/Panoramic) | Included in Preventive Services |
| X-Rays (Bitewings) | Included in Preventive Services |
| X-Rays (All Others) | Included in Basic Services |
| Prophylaxis (Cleanings) | Included in Preventive Services |
| Fluoride Treatments | Included in Preventive Services |
| Lab and Tests | Included in Preventive Services |
| Sealants | Included in Preventive Services |
| Basic Restorative Services - Amalgam Fillings and Composites Fillings on Anterior Teeth | Included in Basic Services |
| Basic Restorative Services - Composites on Posterior Teeth Fillings | Included in Basic Services |
| Space Maintainers | Included in Preventive Services |
| Palliative (Emergency) Treatment | Included in Basic Services |
| Simple Extractions | Included in Basic Services |
| Surgical Extractions and Removal of Impacted Teeth | Included in Basic Services |
| Oral Surgery | Included in Major Services |
| Surgical Endodontics | Included in Major Services |
| Non-Surgical Endodontics | Included in Major Services |



Group PPO Dental

| Benefit Plan and Features | | |
|---|---|---|
| Periodontal Maintenance | Included in Basic Services | |
| Non-Surgical Periodontics | Included in Major Services | |
| Surgical Periodontics | Included in Major Services | |
| Anesthesia | Included in Basic Services | |
| Occlusal Guards | Not Covered | |
| Inlays/ Onlays/ Crowns | Included in Major Services | |
| Veneers | Not Covered | |
| Dentures | Included in Major Services | |
| Bridges | Included in Major Services | |
| Implants | Included in Major Services | |
| Adjustments, Repairs, Reline and Rebase of Dentures | Included in Major Services | |
| Other Prosthetics | Included in Major Services | |
| Teeth Whitening | Not Included | |
| Orthodontics | Child: 50% Coinsurance Child: No Deductible \$1,500 Lifetime Maximum Child Only (up to age 19) | |
| TMJ | Not Included | |
| Benefit Waiting Periods | Standard New Hires Only None | Late Entrants 12 Months Basic Services 12 Months Major Services 12 Months Ortho Services |
| Enrollment | Initial and Annual Open Enrollment | |
| Takeover | Yes | |
| Prior Coverage Deductible Credit | No | |
| Premium Contribution | | |
| Employer Contribution | 0% | |
| Participation Requirement | Greater of 10 enrolled lives or 80% of eligible employees | |
| Cost Summary | # of Employees | Monthly Rates |
| Employee Only | 789 | \$32.22 |
| Employee & Spouse | 92 | \$61.18 |
| Employee & Child | 155 | \$72.45 |
| Family | 138 | \$101.41 |
| Monthly Premium | \$56,274.47 | |
| Commissions | Flat 10% | |
| Rate Guarantee | 24 Months | |



Group PPO Dental

Plan Specifications

| | |
|---|---|
| Dependent Children | To Age 26 |
| Reasonable & Customary (R&C) | Out-Network benefits are calculated by applying the coinsurance percentage to the dentist's charge, subject to the reasonable and customary limit, less the deductible. |

Benefit Category

Type I: Diagnostic and Preventive Services

| | |
|---|---|
| Periodic and Comprehensive Oral Evaluations | 2 per 12 consecutive months inclusive of Limited Evaluations and Office Visits After Regularly Scheduled Hours. |
| Limited Oral Evaluations | Limited Oral Evaluations: 2 per 12 consecutive months inclusive of Periodic and Comprehensive Evaluations and Office Visits After Regularly Scheduled Hours. |
| Professional Consultations | Professional Consultations: 1 per 12 consecutive months per specialty and no more than 2 for all specialties within this period, inclusive of Office Visit for Observation During Regularly Scheduled Hours- No Other Services Performed. |
| Professional Office Visits | Professional Office Visits: 1 per 12 consecutive months inclusive of Periodic and Comprehensive Evaluations, Limited Evaluations and Professional Consultations. |
| Prophylaxis (Cleanings) | 2 per 12 consecutive months inclusive of Periodontal Maintenance and Full Mouth Debridements. |
| Fluoride Treatment | 2 per 12 consecutive months to age 18. |
| Sealants | Covered to Age 16 limited to one per tooth per 36 months for non-restored first and second permanent molars. |
| Bitewing X-Rays | 2 sets per 12 consecutive months |
| Complete Series/ Panoramic X-Rays | Once per 36 consecutive months |
| Tests | Limited to Adjunctive Pre Diagnostic, HBA1c, and Pulp Vitality - 1 per 12 consecutive months |
| Labs | Brush Biopsy, Accession of Tissue and Laboratory Accession of Sample - 1 per 12 consecutive months |
| Space Maintainers | Limited to initial appliance only up to age 16. Includes all adjustments within 6 months of installation |

Type II: Basic Services

| | |
|---|---|
| Periapicals and Other X-Rays | Once per 36 consecutive months |
| Palliative (Emergency) Treatment | Eligible only when no other procedure is performed on the same day except for Diagnostic procedures. |
| Anesthesia | General Anesthesia is covered when medically or dentally necessary in conjunction with covered surgical dental services. Local Anesthesia is included in the fee for procedure being performed. |
| Basic Restorative Services - Amalgam Fillings and Composites Fillings on Anterior Teeth | 1 per tooth surface in 12 consecutive months |
| Basic Restorative Services - Composites Fillings on Posterior Teeth | 1 per tooth surface in 12 consecutive months |
| Simple Extractions | 1 per tooth per lifetime. Extractions of primary teeth or adult teeth solely for orthodontic purposes will be classified as orthodontic services. |
| Surgical Extractions and Removal of Impacted Teeth | 1 per tooth per lifetime. Extractions of primary teeth or adult teeth solely for orthodontic purposes will be classified as orthodontic services. |



Group PPO Dental

| | |
|--|---|
| Periodontal Maintenance | Only where Periodontal Treatment has been performed, limited to 4 per 12 consecutive months less the number of regular Cleanings and Debridements (if covered) received during such period. If more than one periodontal treatment covered, they must be 3 months apart. |
| Type III: Major Services | |
| Oral Surgery | Limited to 1 unique site per 36 months |
| Surgical Endodontics | 1 per 36 consecutive months |
| Non-Surgical Endodontics | Root Canal and Miscellaneous Services - 1 per tooth per lifetime. Retreatment of Root Canal - 1 per tooth per 12 consecutive months. |
| Non-Surgical Periodontics | Full Mouth Debridement - 1 per 5 years when Necessary to enable comprehensive evaluation and diagnosis. Counted towards Periodontal Maintenance and regular Cleanings. Scaling in Presence of Generalized Gingival Inflammation - 1 per full mouth per 24 consecutive months. Other Non-Surgical procedures - 1 per quadrant per 36 consecutive months. |
| Surgical Periodontics | 1 per quadrant per 36 consecutive months |
| Inlays/Onlays/Crowns | 1 replacement per tooth in 60 consecutive months |
| Dentures | 1 replacement in 60 consecutive months, subject to the Missing Tooth clause. |
| Bridges | 1 replacement in 60 consecutive months, subject to the Missing Tooth clause. |
| Implants | 1 per tooth per lifetime subject to the Missing Tooth clause. |
| Adjustments, Repairs, Relines and Rebase | Denture Adjustments, Repairs and Replacement of services - 1 per 12 consecutive months. Reline and Rebase - 1 per 24 consecutive months. If by same dentist who performed the installation. Adjustments allowed only after 6 months of installation. |
| Other Prosthetics | Overdentures - 1 replacement per arch per 60 consecutive months against Dentures. Tissue Conditioning - 1 per arch per 12 consecutive months. |

Dental ID cards are not needed in order to receive treatment from a dentist, but can help to simplify our members' office experience so we encourage that members have them available when visiting a dentist.

We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our insured. A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed based on eligible services and subject to benefits availability at the time that the pre-treatment is received. A pre-treatment estimate is not required in order to receive benefits for covered services.

This proposal provides a summary of benefits only. Complete benefit frequencies, limitations, alternate benefits provisions, plan provisions and procedures requiring technical review are shown in the certificate of coverage. If this case is sold, refer to Group Dental Insurance certificate for complete benefits information.



Group Vision

| Eligibility | | | | |
|----------------------------|---|--|-------------------------------------|----------------------|
| Class Description | | Class 1: All Active Full Time Employees Excluding Temporary FHS, R&D Partners and R&D Core Employees Class 3: All Temporary FHS Employees electing Medical coverage Class 4: All Active Full Time XLL R&D Partners Employees Class 5: XLL Eligible R&D Partners Employees | | |
| Minimum Hours Requirement | | 30 Hours per week | | |
| Eligibility Waiting Period | | TBD | | |
| Covered Services | Description | In-Network Benefit | In-Network Copay | Frequency* |
| Eye Examination | Wellness examination to evaluate eye health | Covered in Full | \$10 | Every 12 Months |
| Prescription Eyeglasses | | | \$25 | See Frame and Lenses |
| Frames | | \$150 allowance for a wide selection of frames; \$170 allowance for featured frame brands; 20% savings on the amount over your allowance | Included in Prescription Eyeglasses | Every 24 Months |
| Lenses | Single Vision, Lined Bifocal and Lined Trifocal and Lenticular Lenses; Polycarbonate lenses for Dependent Children | Covered in Full | Included in Prescription Glasses | Every 12 Months |
| Lens Enhancements | Standard Progressive Premium Progressive Custom Progressive | | \$55 \$95-\$105 \$150-\$175 | Every 12 Months |
| Elective Contact Lenses | Available in lieu of prescription eyeglasses | \$150 allowance for contacts | Included in Prescription Glasses | Every 12 Months |
| | | Contact Lens exam (fitting and evaluation) | Up to \$60 | |
| Necessary Contact Lenses | Available in lieu of prescription eyeglasses | Covered in Full | \$25 | Every 12 Months |
| Covered Services | Description | Out-of-Network Benefit | | Frequency |
| Eye Examination | Wellness examination to evaluate eye health | Up to \$45 | | Every 12 Months |
| Frames | | Up to \$70 | | Every 24 Months |
| Lenses | Single Vision Lined Bifocal Lined Trifocal Lenticular | Up to \$30 Up to \$50 Up to \$65 Up to \$100 | | Every 12 Months |
| Elective Contact Lenses | Available in lieu of prescription eyeglasses | Up to \$105 | | Every 12 Months |
| Necessary Contact Lenses | | Up to \$210 | | Every 12 Months |
| Benefit Plan and Features | | | | |
| Enrollment | | Initial and Annual Open Enrollment | | |
| Takeover | | Yes | | |

*Frequency is calculated from last date of service/last date of purchase.



Group Vision

| Premium Contribution | | |
|---------------------------|---|---------------|
| Employer Contribution | 0% | |
| Participation Requirement | Greater of 10 enrolled lives or 65% of eligible employees | |
| Cost Summary | # of Employees | Monthly Rates |
| Employee Only | 661 | \$5.96 |
| Employee & Spouse | 86 | \$11.31 |
| Employee & Child | 132 | \$11.91 |
| Family | 108 | \$17.52 |
| Monthly Premium | \$8,376.50 | |
| Commissions | Flat 10% | |
| Rate Guarantee | 24 Months | |

Quote includes annual open enrollment.



Administrative Services Only

Administrative Services with Check Cutting

| Eligibility | | | | |
|----------------------------|--|--|-------------------|--------------|
| Class Description | | Class 1: All Active Full Time Employees Excluding R&D Core Employees Class 5: All Active Full Time R&D Core Employees | | |
| Claim Management Services | | | | |
| Claim Submission | <ul style="list-style-type: none">• Fax• Paper• Telephonic | | | |
| Claim Management | <ul style="list-style-type: none">• Claims will be managed to the plan design provided by the employer• Provide claimant and employer with:<ul style="list-style-type: none">• Approval or denial delivered via telephone, email or letter. For approvals, provide duration of benefits. For denials, provide perfection or appeal language. For closed claims, provide perfection or appeal language.• Provide assessment for clinical management and Return-to-Work opportunities• Conduct a midpoint assessment for LTD transition | | | |
| Check Cutting Services | <ul style="list-style-type: none">• Clients will pre-fund an Equitable bank account• Benefit payments issued via check or EFT | | | |
| Appeals | Appeal Assistance: Upon Company's receipt of an appeal letter, Company on behalf of Customer, conducts a new and complete review of the claim file. Company provides Customer with an analysis that includes a recommendation, the applicable reasons, and specific references to the Plan Documents upon which the recommendation is based. Customer conducts its full and fair file review, makes the final appeal determination, and then Customer communicates the decision to claimant and Company. | | | |
| Fiduciary Responsibilities | Employer is both claim and plan fiduciary. | | | |
| Cost Summary | | Per Employee Per Month Fee (PEPM): | Covered Employees | Monthly Rate |
| | | \$2.00 | 1486 | \$2,972.00 |
| Commissions | | Flat 0% | | |
| Rate Guarantee | | 24 Months | | |



Group Long-Term Disability

| Eligibility | | |
|---|---|----------------------------|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Partners and R&D Core Employees Class 5: All Active Full Time R&D Core Employees | |
| Minimum Hours Requirement | 30 Hours per week | |
| Eligibility Waiting Period | TBD | |
| Benefit Plan and Features | | |
| Benefit Percentage | 60% | |
| Maximum Monthly Benefit | \$7,500 | |
| Elimination Period | 90 Days | |
| Minimum Monthly Benefit | Greater of \$100 or 10% of Gross benefit | |
| Guaranteed Issue Benefit | \$7,500 | |
| Own Occupation Period | 24 Month Own Occ/ Any Occ After | |
| Earnings Test | Own Occupation 80% / Any Occupation 60% | |
| Social Security Integration | Direct Family | |
| Maximum Payment Duration | ADEA1 with SSNRA | |
| Definition of Disability | Residual | |
| Recurrent Disability | 6 months | |
| Pre-Existing Condition Limitation | 3/12 | |
| Coverage Basis | 24 Hour | |
| Mental Illness/Substance Abuse Limitation | 24 Months Lifetime Benefit | |
| Special Conditions Limitation | Not Included | |
| Return to Work Incentive Benefit | 12 months | |
| Survivor Income Benefit | 3 Month Gross Lump Sum | |
| Rehabilitation Program | Mandatory Participation | |
| Family Care Deduction Benefit | Included | |
| Workplace Modification Benefit | Included | |
| Waiver of Disability Premium | Included | |
| Activities of Daily Living | Not Included | |
| Takeover | Yes | |
| Employee Assistance Program | Not Included | |
| FICA Match | Included | |
| W2 Services | Included | |
| Definition of Earnings | Basic Annual Earnings Only | |
| Premium Contributions | | |
| Employer Contribution | 100% | |
| Participation Requirement | Greater of 10 enrolled lives or 100% of eligible employees | |
| Cost Summary | Monthly Covered Payroll (MCP) | Monthly Rate per \$100 MCP |
| | \$3,295,892 | \$0.400 |
| Monthly Premium | \$13,183.57 | |
| Eligible Employees | 678 | |
| Covered Employees | 678 | |
| Commissions | Flat 10% | |
| Rate Guarantee | 36 Months | |



Group Long-Term Disability

| Eligibility | | |
|---|---|----------------------------|
| Class Description | Class 4: All Active Full Time XLL R&D Partners Employees | |
| Minimum Hours Requirement | 30 Hours per week | |
| Eligibility Waiting Period | TBD | |
| Benefit Plan and Features | | |
| Benefit Percentage | 60% | |
| Maximum Monthly Benefit | \$10,000 | |
| Elimination Period | 90 Days | |
| Minimum Monthly Benefit | Flat \$100 | |
| Guaranteed Issue Benefit | \$10,000 | |
| Own Occupation Period | 24 Month Own Occ/ Any Occ After | |
| Earnings Test | Own Occupation 80% / Any Occupation 80% | |
| Social Security Integration | Direct Family | |
| Maximum Payment Duration | ADEA1 with SSNRA | |
| Definition of Disability | Residual | |
| Recurrent Disability | 6 months | |
| Pre-Existing Condition Limitation | 3/12 | |
| Coverage Basis | 24 Hour | |
| Mental Illness/Substance Abuse Limitation | 24 Months Lifetime Benefit | |
| Special Conditions Limitation | Not Included | |
| Return to Work Incentive Benefit | 12 months | |
| Survivor Income Benefit | 3 Month Gross Lump Sum | |
| Rehabilitation Program | Mandatory Participation | |
| Family Care Deduction Benefit | Included | |
| Workplace Modification Benefit | Included | |
| Waiver of Disability Premium | Included | |
| Activities of Daily Living | Not Included | |
| Takeover | Yes | |
| Employee Assistance Program | Not Included | |
| FICA Match | Included | |
| W2 Services | Included | |
| Definition of Earnings | Basic Annual Earnings Only | |
| Premium Contributions | | |
| Employer Contribution | 0% | |
| Participation Requirement | Greater of 10 enrolled lives or 30% of eligible employees | |
| Cost Summary | Monthly Covered Payroll (MCP) | Monthly Rate per \$100 MCP |
| | \$623,157 | \$0.569 |
| Monthly Premium | \$3,545.76 | |
| Eligible Employees | 186 | |
| Covered Employees | 61 | |
| Commissions | Flat 10% | |
| Rate Guarantee | 36 Months | |



Critical Illness

| Eligibility | | |
|-----------------------------------|--|--------------------------------|
| Class Description | Class 1: All Active Full Time Employees excluding Temporary FHS Employees & XLL R&D Partners Employees | |
| Minimum Hours Requirement | 30 Hours per week | |
| Eligibility Waiting Period | TBD | |
| Benefit Plan and Features | | |
| Plan Schedule | \$5,000 to \$25,000 in \$5,000 Increments | |
| Benefit Minimum | \$5,000 | |
| Benefit Maximum | \$25,000 | |
| Guarantee Issue | \$25,000 | |
| Age Reduction | No age reductions | |
| Additional Occurrence | Included | |
| Recurrence | Unlimited | |
| Lifetime Maximum | Unlimited | |
| Portability | To age 70 | |
| Pre-Existing Condition Limitation | 12/12 | |
| Premium Rate Basis | Attained Age Rating | |
| Enrollment | Annual Open Enrollment | |
| Takeover | Yes | |
| Covered Conditions | Benefit Percentages | Recurrence Benefit Percentages |
| Heart Attack | 100% | 25% |
| Stroke | 100% | 25% |
| Major organ failure | 100% | 25% |
| End-stage heart failure | 100% | 25% |
| End-stage kidney disease | 100% | 25% |
| Occupational infectious disease | 100% | N/A |
| Coronary artery bypass | 25% | 25% |
| Angioplasty | 5% | 5% |
| Cancer | 100% | 100% |
| Cancer In Situ | 25% | 25% |
| Skin Cancer | 5% | 5% |
| Benign Brain Tumor | 100% | 25% |
| Coma | 100% | 25% |
| Blindness | 100% | N/A |
| Paralysis | 100% | N/A |
| Loss Of Speech | 100% | N/A |
| Complete Loss of Hearing | 100% | N/A |
| Advanced ALS/Lou Gehrig's Disease | 100% | N/A |
| Advanced Alzheimer's Disease | 25% | N/A |
| Advanced Parkinson's Disease | 25% | N/A |
| Severe Burns | 100% | 25% |
| Childhood Specific Conditions | | |
| Down Syndrome | 100% | N/A |
| Cerebral Palsy | 100% | N/A |



Critical Illness

| Covered Conditions | Benefit Percentages | Recurrence Benefit Percentages |
|--|--|--------------------------------|
| Complex Congenital Heart Disease | 100% | N/A |
| Cystic Fibrosis | 100% | N/A |
| Spina Bifida | 100% | N/A |
| Cleft Lip/Palate | 100% | N/A |
| Type 1 Diabetes Mellitus | 100% | N/A |
| Muscular Dystrophy | 100% | N/A |
| Wellness Benefit | | |
| Annual benefit for covered wellness exams & screenings | \$50 | |
| Premium Contribution | | |
| Employer Contribution | 0% | |
| Participation Requirement | Greater of 5 enrolled employees or 10% of eligible employees | |
| Employee Cost Summary | Monthly Rate per \$1,000 | |
| Based on Employee's Age at Effective Date | Non-Smoker | Smoker |
| <29 | \$0.37 | \$0.40 |
| 30-39 | \$0.65 | \$0.78 |
| 40-49 | \$1.46 | \$2.19 |
| 50-59 | \$2.98 | \$5.35 |
| 60-69 | \$5.37 | \$10.79 |
| 70+ | \$10.50 | \$20.67 |
| Cost for included Wellness Benefit | Added to Monthly Premium | |
| Employee | \$1.04 | |
| Rate Guarantee | | |
| | 24 months | |
| Payable Commissions | | |
| Flat | 20% | |

| Non-Smoking Monthly Premium Illustration for Employee Benefit | | | | | | |
|---|---------|---------|---------|---------|----------|----------|
| Benefit | <29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+ |
| \$5,000 | \$2.89 | \$4.29 | \$8.34 | \$15.94 | \$27.89 | \$53.54 |
| \$10,000 | \$4.74 | \$7.54 | \$15.64 | \$30.84 | \$54.74 | \$106.04 |
| \$15,000 | \$6.59 | \$10.79 | \$22.94 | \$45.74 | \$81.59 | \$158.54 |
| \$20,000 | \$8.44 | \$14.04 | \$30.24 | \$60.64 | \$108.44 | \$211.04 |
| \$25,000 | \$10.29 | \$17.29 | \$37.54 | \$75.54 | \$135.29 | \$263.54 |



Critical Illness Spouse

| Eligibility | | |
|---|---|---------|
| Spouse Coverage | Requires Employee Coverage | |
| Maximum Percentage of Employee Benefit | 50% | |
| Benefit Plan and Features | | |
| Plan Schedule | \$2,500 to \$12,500 in \$2,500 Increments | |
| Benefit Minimum | \$2,500 | |
| Benefit Maximum | \$12,500 | |
| Guarantee Issue | \$12,500 | |
| Additional Occurrence | Included | |
| Recurrence | Unlimited | |
| Lifetime Maximum | Unlimited | |
| Portability | To age 70 | |
| Premium Rate Basis | Attained Age Rating | |
| Enrollment | Annual Open Enrollment | |
| Premium Contribution | | |
| Employer Contribution | 0% | |
| Spouse Cost Summary | Monthly Rate per \$1,000 | |
| Based on Spouse's Age at Effective Date | Non-Smoker | Smoker |
| <29 | \$0.37 | \$0.40 |
| 30-39 | \$0.65 | \$0.78 |
| 40-49 | \$1.46 | \$2.19 |
| 50-59 | \$2.98 | \$5.35 |
| 60-69 | \$5.37 | \$10.79 |
| 70+ | \$10.50 | \$20.67 |
| Cost for included Wellness Benefit | Added to Monthly Premium | |
| Spouse | \$1.04 | |

| Non-Smoking Monthly Premium Illustration for Spouse Benefit | | | | | | |
|---|--------|--------|---------|---------|---------|----------|
| Benefit | <29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+ |
| \$2,500 | \$1.96 | \$2.66 | \$4.69 | \$8.49 | \$14.46 | \$27.29 |
| \$5,000 | \$2.89 | \$4.29 | \$8.34 | \$15.94 | \$27.89 | \$53.54 |
| \$7,500 | \$3.82 | \$5.92 | \$11.99 | \$23.39 | \$41.32 | \$79.79 |
| \$10,000 | \$4.74 | \$7.54 | \$15.64 | \$30.84 | \$54.74 | \$106.04 |
| \$12,500 | \$5.66 | \$9.16 | \$19.29 | \$38.29 | \$68.16 | \$132.29 |



Critical Illness Child

| Eligibility | |
|--|--|
| Child(ren) Coverage | Requires Employee Coverage |
| Maximum Percentage of Employee Benefit | 50% |
| Benefit Plan and Features | |
| Plan Schedule | \$2,500 to \$5,000 in \$2,500 Increments |
| Benefit Minimum | \$2,500 |
| Benefit Maximum | \$5,000 |
| Guarantee Issue | \$5,000 |
| Additional Occurrence | Included |
| Recurrence | Unlimited |
| Lifetime Maximum | Unlimited |
| Portability | To age 70 |
| Premium Rate Basis | Attained Age Rating |
| Enrollment | Annual Open Enrollment |
| Premium Contribution | |
| Employer Contribution | 0% |
| Child Cost Summary | Monthly Rate per \$1,000 |
| | \$0.63 |
| Cost for included Wellness Benefit | Added to Monthly Premium |
| Child(ren) | No added cost |

| Monthly Premium Illustration for Child(ren) Benefit | |
|---|-------------------------|
| Benefit | All eligible Child(ren) |
| \$2,500 | \$1.58 |
| \$5,000 | \$3.15 |



Accident

| Eligibility | |
|----------------------------|--|
| Class Description | Class 1: All Active Full Time Employees excluding Temporary FHS Employees & XLL R&D Partners Employees |
| Minimum Hours Requirement | 30 Hours per week |
| Eligibility Waiting Period | TBD |
| Benefit Plan and Features | |
| Coverage Basis | Non-Occupational |
| Age Reduction | No Age Reductions |
| Annual Maximum Payout | Unlimited |
| Lifetime Maximum Payout | Unlimited |
| Portability | To age 70 |
| Enrollment | Annual Open Enrollment |
| Takeover | Yes |
| Premium Contribution | |
| Employer Contribution | 0% |
| Participation Requirement | Greater of 5 enrolled employees or 10% of eligible employees |
| Employee Cost Summary | |
| Monthly Rate | |
| Employee | \$6.95 |
| Employee and Spouse | \$12.91 |
| Employee and Child(ren) | \$14.26 |
| Employee and Family | \$20.22 |
| Rate Guarantee | |
| | 24 months |
| Payable Commissions | |
| Flat | 20% |



Accident

What your benefits cover:

| Life and Dismemberment Losses | Employee | Spouse | Child |
|---|---|----------|----------|
| Accidental Death | \$25,000 | \$25,000 | \$12,500 |
| Accidental Death Common Carrier | \$50,000 | \$50,000 | \$25,000 |
| Catastrophic Loss: Loss of Arm or Loss of Hand- both arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye | \$7,500 | \$7,500 | \$3,750 |
| Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm | \$3,750 | \$3,750 | \$1,875 |
| Loss of a Finger or Loss of a Toe-two or more fingers or toes | \$750 | \$750 | \$375 |
| Loss of a Finger or Loss of a Toe-one finger or one toe | \$375 | \$375 | \$190 |
| Loss of Hearing or Loss of an Ear-one ear | \$3,750 | \$3,750 | \$1,875 |
| Loss of Sight or Loss of an Eye-one eye | \$3,750 | \$3,750 | \$1,875 |
| Dislocations | Surgical / Non-Surgical Repair | | |
| Hip | \$2,000 / \$1,000 | | |
| Knee, ankle or bones of the foot | \$1,000 / \$500 | | |
| Elbow or wrist | \$400 / \$200 | | |
| Shoulder | \$500 / \$250 | | |
| Collarbone or bones of the hand | \$800 / \$400 | | |
| Finger(s) or toe(s) | \$100 / \$50 | | |
| Lower jaw | \$400 / \$200 | | |
| Incomplete Dislocation | 25% of the applicable Non-Surgical Repair | | |
| Fractures | Surgical / Non-Surgical Repair | | |
| Hip or thigh | \$2,000 / \$1,000 | | |
| Skull-depressed | \$3,000 / \$1,500 | | |
| Skull-simple | \$1,500 / \$750 | | |
| Vertebral processes | \$350 / \$175 | | |
| Bones of face or nose | \$350 / \$175 | | |
| Leg (tibia or fibula) | \$1,000 / \$500 | | |
| Vertebrae (body of) or sternum | \$800 / \$400 | | |
| Pelvis (excluding coccyx) | \$800 / \$400 | | |
| Upper jaw or upper arm | \$375 / \$190 | | |



Accident

| Fractures | Surgical / Non-Surgical Repair |
|---|---|
| Lower jaw | \$325 / \$170 |
| Knee cap | \$325 / \$170 |
| Ankle | \$325 / \$170 |
| Foot | \$325 / \$170 |
| Collarbone | \$325 / \$170 |
| Shoulder | \$325 / \$170 |
| Forearm | \$325 / \$170 |
| Hand | \$325 / \$170 |
| Wrist | \$325 / \$170 |
| Elbow | \$325 / \$170 |
| Heel | \$325 / \$170 |
| Rib, finger, toe or coccyx | \$175 / \$90 |
| Multiple ribs | \$500 / \$250 |
| Chip Fractures and other Fractures not resolved by Surgical or Non-Surgical Repair | 25% of the applicable Non-Surgical Repair |
| Additional Injuries | |
| Eye Injury | \$125 |
| Gunshot wound | \$250 |
| Brain Injury | \$75 |
| Paralysis - monoplegia | \$500 |
| Paralysis - diplegia | \$2,500 |
| Paralysis - hemiplegia | \$2,500 |
| Paralysis - paraplegia | \$12,500 |
| Paralysis - quadriplegia | \$25,000 |
| Coma | \$7,500 |
| Concussion | \$150 |
| Concussion Lifetime Maximum Benefit | \$1,500 |
| Lacerations | |
| Lacerations(s) with no sutures and treated by Physician | \$20 |
| Single lacerations under 5 centimeters with sutures | \$35 |
| Lacerations 5 - 15 centimeters with sutures (total of all lacerations) | \$125 |
| Lacerations greater than 15 centimeters with sutures (total of all lacerations) | \$250 |
| Burns | |
| 21 - 40 square centimeters 2nd degree | \$200 |
| 21 - 40 square centimeters 3rd degree | \$500 |
| 41 - 65 square centimeters 2nd degree | \$400 |
| 41 - 65 square centimeters 3rd degree | \$1,000 |
| 66 - 160 square centimeters 2nd degree | \$600 |
| 66 - 160 square centimeters 3rd degree | \$3,000 |
| 161 - 225 square centimeters 2nd degree | \$800 |



Accident

| Burns | |
|---|--------------------------------------|
| 161 - 225 square centimeters 3rd degree | \$7,000 |
| More than 225 square centimeters 2nd degree | \$1,000 |
| More than 225 square centimeters 3rd degree | \$10,000 |
| Skin graft | \$50% of the applicable Burn Benefit |
| Medical Services | |
| Diagnostic Exam (1 time per Benefit Year): | |
| Arteriogram, angiogram, CT, CAT, EKG, EEG, or MRI | \$100 |
| X-ray | \$25 |
| Accident Emergency Treatment (non-Emergency Room or non-Urgent Care Facility) (1 time per Covered Accident) | \$50 |
| Physician's follow-up Treatment office visit (per visit, up to 10 times per Covered Accident) | \$25 |
| Physical and occupational therapy (per visit up to 10 visits per Covered Accident) | \$25 |
| Medical Devices | \$100 |
| Epidural Pain Management (up to 2 times per Covered Accident) | \$25 |
| Prescription drug | \$15 |
| Prosthesis (one) | \$250 |
| Prosthesis (two) | \$500 |
| Anesthesia | \$25 |
| Blood, plasma or platelet transfusion | \$100 |
| Hospital | |
| Hospital admission (once per Benefit Year) | \$1,000 |
| Hospital Confinement (per day up to 365 days per Covered Accident) | \$200 |
| Intensive Care Unit admission (once per Benefit Year; payable instead of Hospital admission benefit if Confined immediately to ICU) | \$1,500 |
| Intensive Care Unit Confinement (per day up to 15 days; payable in addition to any Hospital Confinement benefit) | \$400 |
| Ambulance (Ground) | \$400 |
| Ambulance (Air) | \$2,000 |
| Emergency Room admission or Urgent Care Facility | \$100 |
| Rehabilitation Unit (per day up to 30 days per Covered Accident) | \$50 |
| Transportation (100 or more miles up to 3 times per Covered Accident) | \$250 |
| Family lodging | \$50 |
| Maximum Lodging Night Stays: 1 benefit per day, 30 days per Benefit Year | |



Accident

Surgery

| | |
|---|-------|
| Miscellaneous Surgery requiring general anesthesia that is not otherwise listed (once per 24 hour period even though multiple surgical procedures may be performed) | \$150 |
| Open Surgery | \$625 |
| Exploratory Surgery or debridement | \$125 |
| Laparoscopic Surgery or hernia repair | \$150 |
| Tendon/Ligament/Rotator cuff tear | \$300 |
| Torn Knee Cartilage | \$300 |
| Ruptured / herniated disc | \$300 |
| Emergency Dental | |
| Emergency dental extraction | \$30 |
| Emergency dental crown | \$100 |



Group Hospital Indemnity

| Eligibility | |
|-----------------------------------|--|
| Class Description | Class 1: All Active Full Time Employees excluding Temporary FHS Employees & XLL R&D Partners Employees |
| Minimum Hours Requirement | 30 Hours per week |
| Eligibility Waiting Period | TBD |
| Benefit Plan and Features | |
| Single Product Bundle | Hospital Indemnity |
| Coverage Basis | 24-Hour |
| Age Reduction | None |
| Maternity Waiting Period | No Waiting Period |
| Pre-Existing Condition Limitation | None |
| Annual Maximum Payout | Unlimited |
| Lifetime Maximum Payout | Unlimited |
| Portability | To age 70 |
| Takeover | Yes |
| Enrollment | Annual Open Enrollment |
| Premium Contribution | |
| Employer Contribution | 0% |
| Participation Requirement | Greater of 5 enrolled employees or 10% of eligible employees |
| Cost Summary | |
| | Monthly Rate |
| Employee | \$17.37 |
| Employee and Spouse | \$37.07 |
| Employee and Child(ren) | \$28.35 |
| Employee and Family | \$48.05 |
| Rate Guarantee | |
| | 24 months |
| Payable Commissions | |
| Flat | 20% |

What your benefits cover:

| Included Benefits | Benefit Amount |
|---|--------------------------------|
| First Day Hospital Confinement | \$1,500, once per year |
| First Day Intensive Care Unit (ICU) Confinement | \$1,500, once per year |
| Daily Hospital Confinement | \$100, up to 365 days per year |
| Daily ICU Confinement | \$100, up to 60 days per year |
| Daily Rehabilitation Unit Confinement | \$50, up to 60 days per year |

Admission and Confinement benefits are not additive.

Qualifying exams and screenings for Wellness Screening Benefit

- CA15-3 (blood test for breast cancer)
- Breast Cancer Screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- CA 125 (blood test for ovarian cancer)
- Colorectal Cancer Screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- CEA (blood test for colon cancer)
- Lipid panel(cholesterol, triglycerides, HDL, LDL)
- Pap smear
- Prostate Cancer Screening (digital rectal exam, PSA blood test)
- Skin Cancer Screening
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Cardiac exercise stress test
- Electrocardiogram (ECG)-resting or stress
- Chest x-ray
- Hemocult stool analysis
- Serum protein electrophoresis
- Carotid Doppler
- Echocardiogram
- Immunizations
- Interscholastic Sports Physical Exam

General Assumptions

- Final terms and rates are based on Equitable's standard policy language unless otherwise specifically indicated in this proposal. It is recommended that existing coverage be kept in force until Equitable has accepted any requested non-standard language and reviewed the final census. State filings or specially drafted contract language is not assumed in the quoted rates in this proposal.
- This proposal is intended to explain certain portions of the group plan being considered and does not constitute a contract.
- Any discrepancies between this proposal and the contract will be resolved by the wording in the contract.
- Quote assumes a situs state of KS.
- The employer's assumed primary business is classified as an SIC Code of 7363.
- Equitable reserves the right to re-evaluate and adjust the rates:
 - For any change of 10% or more to the amount of lives or coverage (volume) since the effective date.
 - If the sold plan design differs from the proposed/quoted plan design.
 - For changes in State or Federal Insurance regulations.
 - If a material misstatement of the information provided in the RFP, bid specifications, claim experience or plan of benefits is discovered post-sale, final rates will be calculated on the effective date of the plan based on the actual participants, volume and benefits elected.
- Equitable reserves the right to change the plan to comply with any state mandated benefits, including charging additional premium for such changes, if applicable.
- Claims incurred prior to the effective date of the contract will be the liability of the prior carrier, unless as stated in the Work in Progress Upon Transfer of Carriers in the Group Dental Insurance Certificate.
- If required product participation requirements are not met, Equitable reserves the right to either re-price or to decline to accept the risk if the minimum participation threshold is not met. Evidence of Insurability may also be required.
- This proposal assumes an employer/employee relationship for all eligible classes of employees. 1099 employees are not eligible for coverage.
- Quote does not include temporary or seasonal employees.
- Quote assumes all eligible employees are U.S. citizens or U.S. residents working in U.S. locations who have met the eligibility requirements.
- Quote assumes employees must be Actively at Work on the effective date. The deferred effective date provision applies unless the employer's contract is currently in force with Equitable.
- Quote assumes that the proposed plans are subject to ERISA regulations.
- The agent certifies that he/she is appropriately licensed and appointed to solicit insurance business in accordance with applicable state law requirements.
- A current billing statement or census will be required at time of sale to verify current enrollees and insurance amounts.
- Proposal is not subject to Collective Bargaining Agreements.

Equitable policy strictly prohibits doing business with any person or entity involved with marijuana production, distribution or other ancillary operations. Marijuana related businesses also include the marketing of marijuana related products and services, persons and businesses that service and receive income from the marijuana industry, and business involving hemp and hemp related ingredients.

Life Coverage

- An employee must be approved for Basic Life Insurance in order to be eligible for Supplemental Life Insurance.
- Insured benefit amounts from the previous carrier will be grandfathered up to the class benefit maximum illustrated in the benefit summary section. All future amounts are subject to the guarantee issue limit and actively at work provision.
- Evidence of Insurability is required for all late entrants or coverage amounts in excess of any specified Guarantee Issue amount.
- AD&D coverage is packaged with the Life.
- We will not pay any Supplemental Life benefit, or increase in benefit, for a loss caused by suicide within the first two years from the Certificate Effective Date or the effective date of the increase. Credit will be given for time covered under a prior plan.
- Spouse age reduction is based on employee age, unless otherwise noted.

Dental

- If actual enrollment averages more than 3 children per family unit, we reserve the right to re-evaluate the quoted rates.
- Out of Network benefits will be calculated by applying the coinsurance percentage to the dentist's charge, capped at the reasonable and customary limit, less any deductible amount.
- The dental network is administered by Careington International and NovaNet Inc.
- Quote does not include retirees.

Vision

- For group sizes 5-9, 70% enrollment is required. For group sizes 2-4, 100% enrollment is required.
- The vision network is administered by VSP.
- Quote does not include retirees.

Long-Term Disability Coverage

- Quote assumes the employer participates in Workers' Compensation, Social Security and statutory disability where mandated for all eligible employees.
- Evidence of Insurability is required for all late entrants or coverage amounts in excess of any specified Guarantee Issue amount.
- A new pre-existing condition limitation period will apply on the date of any increase in coverage.
- The employer must be in business for at least 2 years and be in good financial standing. If otherwise, additional underwriting approval will be required prior to sale.

Short-Term Disability Coverage

Advice to Pay(ATP) and Administrative Services Only(ASO) Short-Term Disability:

- These services are offered to clients who provide self-insured plans
- ATP and ASO STD products must be purchased with another insured product including STD, Life, Dental and Vision
- ATP and ASO STD products are available for groups with 100+ eligible lives

Travel Assistance Program:

Travel assistance services are considered non-insurance services and are provided by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance Program are underwritten by a licensed third-party insurance company. The Travel Assistance Program and services provided are separate and apart from the insurance provided by Equitable. Equitable is not affiliated with AXA Assistance USA, Inc.

AD&D Limitations and Exclusions (State variations may apply)

We will not pay any Accidental Death and Dismemberment Benefit for a loss:

1. caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
3. caused or contributed to by suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
4. caused or contributed to by travel in or descent from an aircraft, if the Insured Person acted in a capacity other than as a passenger;
5. caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
6. declared or undeclared war, or any act of war, or any conflict involving the armed forces of one or more countries;
7. caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
8. while the Insured Person is incarcerated;
9. caused or contributed to by the Insured Person's participation in a felony or illegal activity ("felony" is defined by the law of the jurisdiction in which the activity takes place);
10. caused or contributed to by voluntary intake or use of any drug, unless prescribed or administered by a Physician and taken in accordance with the Physician's instructions, an over the counter drug taken in accordance with the manufacturer's instructions, or the voluntary inhalation of poison, gas, or fumes except as the direct result of an occupational accident;
11. caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
12. caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
13. caused or contributed to by bungee jumping, rock climbing, mountain climbing, hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing.

Dental Limitations and Exclusions (State variations may apply)

Limitations: Payment of benefits is limited under this certificate as follows: Refer to the Group Dental Insurance Certificate for full limitations and exclusions

1. For takeover groups with Orthodontic coverage under the prior carrier, we will pay for active work in progress up to our lifetime maximum benefit per individual per lifetime considering any amounts already paid under the prior carrier. We will require a copy of the last Orthodontic Explanation of Benefits paid by the prior carrier showing total amount paid toward the Orthodontic maximum in order to determine remaining benefits. For takeover groups without Orthodontic coverage under the prior carrier, we will not pay for work in progress.
2. Services must begin after the end of any applicable Waiting Period. Waiting Periods for each category of service show in the Benefit Plan and Features section.
3. When multiple dental services of similar types are provided, the frequency limit under the plan will combine all the similar types of services under the stated frequency limit in combination. Certain comprehensive dental services have multiple steps associated with them. These steps can be completed at one time or during multiple sessions. For benefit purposes under this plan, these separate steps of one service are considered to be part of the more comprehensive service. Even if the dentist submits separate bills, the total benefit payable for all related charges will be limited by the maximum benefit payable for the more comprehensive service. For example, root canal therapy includes x-rays, opening of the pulp chamber, additional x-rays, and filling of the chamber. Although these services may be performed in multiple sessions, they all constitute root canal therapy. Therefore, we will only pay benefits for the root canal therapy.
4. Alternate Benefit: If we determine that a service, less costly than the covered service the dentist performed, could have been performed to treat a dental condition, we will pay benefits based upon the less costly service if such service:
 - a. would produce an equivalent therapeutic or diagnostic result as to the diagnosis or treatment of the individual's dental condition; and
 - b. would qualify as a covered service. For example, if a high noble metal crown and a predominantly base metal crown are both professionally acceptable methods for restoring a tooth, we may base our determination on the less costly predominantly base metal material.

If we pay benefits based upon a less costly service in accordance with this subsection, the dentist may charge for the difference between the service that was performed and the less costly service. This is the case even if the service is performed by an in-network dentist.

5. Basic restorative services are limited as follows:
 - a. Amalgam, composite resin, acrylic, synthetic or plastic restorations for treatment of caries. If the tooth can be restored with such materials, any other restoration such as a crown or jacket is not a covered service.
 - b. Micro filled resin restorations which are non-cosmetic.
 - c. Replacement of a restoration is covered only when it is defective, as evidenced by conditions such as recurrent caries or fracture, and replacement is medically necessary.

Exclusions: We will not pay benefits under this certificate for any of the following:

1. Any procedures not specifically listed as a Covered Service in the Schedule of Benefits and Benefits We Pay sections of the Group Dental Insurance Certificate.
2. Services which are not deemed to be dentally necessary care or treatment and/or medically necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature.
3. Services for which the insured person would not be required to pay in the absence of dental insurance.
4. Services or supplies received by an insured person before the dental insurance starts for that person.
5. Treatment or services received outside of the United States and Canada.
6. Services which are primarily cosmetic, except for services covered under the Teeth Whitening Benefit if Teeth Whitening is shown as a covered service under the Benefit Plan and Features section.
7. Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for:
 - a. scaling and polishing of teeth; or
 - b. fluoride treatments.

8. Services or appliances which restore or alter occlusion or vertical dimension.
9. Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease or unless TMJ is listed as a covered service under the Plan Benefit and Features section .
10. Restorations or appliances used for the purpose of periodontal splinting.
11. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
12. Personal supplies or devices including: water piks, toothbrushes, or dental floss.
13. Decoration or inscription of any tooth, device, appliance, crown or other dental work.
14. Charges for missed appointments.
15. Services:
 - a. covered under any workers' compensation or occupational disease law to the extent You are covered or are required to be covered by the workers' compensation or occupational disease law. If You enter into a settlement giving up your right to recover future dental benefits under a workers' compensation law or occupational disease law, We will not pay those medical benefits that would have been payable in absence of that settlement;
 - b. covered under any employer liability law;
 - c. for which the employer of the person receiving such services is required to pay; or
 - d. received at a facility maintained by Your employer, labor union, mutual benefit association, or VA hospital.
16. Services covered under other coverage provided by Your employer.
17. Temporary or provisional restorations.
18. Temporary or provisional appliances.
19. Prescription drugs.
20. Services for which the submitted documentation indicates a poor prognosis.
21. Fixed and removable appliances for correction of harmful habits , unless Orthodontics is listed as a covered service under the Benefit Plan and Features section .
22. Application of desensitizing agents.
23. Repair or replacement of an orthodontic device.
24. The following, when charged by the dentist on a separate basis:
 - a. claim form completion;
 - b. infection control, such as gloves, masks, and sterilization of supplies; or
 - c. local anesthesia or non-intravenous conscious sedation.
25. Caries susceptibility tests.
26. Appliances or treatment for bruxism (grinding teeth), including occlusal guards and night guards , unless Occlusal Guards is listed as a covered service under the Benefit Plan and Features section, then only the occlusal guards is covered.
27. Precision attachments associated with fixed and removable prostheses.
28. Adjustment of a denture made within 6 months after installation by the same Dentist who installed it.
29. Duplicate prosthetic devices or appliances.
30. Replacement of a lost or stolen appliance, cast restoration or denture.
31. Extra-oral photographic images, unless TMJ is listed as a covered service under the Benefit Plan and Features section.
32. Cone beam imaging.
33. Diagnostic casts, unless part of overall treatment plan allowance for orthodontia, if Orthodontia is listed as a covered service under the Benefit Plan and Features section .
34. Labial veneers.
35. Modification of removable prosthodontic and other removable prosthetic services.

36. Occlusal adjustments.

37. The following services are not covered services:

- a. a connector bar;
- b. a stress breaker;
- c. coping;
- d. pediatric partial dentures.

Vision Limitations and Exclusions (State variations may apply)

Limitations: Some brands of spectacle frames may be unavailable for purchase as plan benefits, or may be subject to additional limitations. Insured Persons may obtain details regarding frame brand availability by calling the information number shown in the Certificate Information Page.

Exclusions: We will not pay benefits under this certificate for any of the following:

1. Services provided without a Benefit Authorization or after expiration of a Benefit Authorization;
2. Services and/or materials not specifically included in the Schedule of Benefits;
3. Orthoptics or vision training and any associated supplemental testing;
4. Plano lenses (less than a ± 50 diopter power), except as specifically allowed in the frames benefit shown in the Certificate Information page;
5. Two pair of glasses in lieu of bifocals;
6. Medical or surgical treatment of the eyes;
7. Replacement of eyeglass lenses, frames or contact lenses furnished under this plan which are lost or broken, except at the normal intervals when services are otherwise available;
8. Plano contact lenses to change eye color cosmetically;
9. Artistically-painted contact lenses;
10. Contact lens insurance policies or service contracts;
11. Additional office visits associated with contact lens pathology;
12. Contact lens modification, polishing or cleaning;
13. Costs for Covered Services and/or materials above In-Network or Out-of-Network benefit allowance;
14. Services or materials of a cosmetic nature;
15. Services and/or materials not indicated in this Certificate as Covered Services;
16. Pathological treatment;
17. Services associated with Corneal Refractive Therapy (CRT) or Orthokeratology;
18. Laser or any other form of refractive surgery;
19. Pre- and post-operative services;
20. Local, state and/or federal taxes, except where We are required by law to pay; or
21. Corrective vision treatment of an Experimental Nature.

Long-Term Disability Limitations and Exclusions (State variations may apply)

Exclusions: What Disabilities are not covered?

The Policy does not cover, and We will not pay a benefit for, any Disability:

1. unless You are under the Regular Care of a Physician;
2. that is caused or contributed to by war or act of war, whether declared or not;
3. caused by Your commission of or attempt to commit a felony;
4. caused or contributed to by Your being engaged in an illegal occupation; or
5. caused or contributed to by an intentionally self-inflicted injury.

If You are receiving or are eligible for benefits for a Disability under a prior disability plan that:

1. was sponsored by Your Employer; and
2. was terminated before the Effective Date of The Policy;

no benefits will be payable for that Disability under The Policy.

Pre-existing Condition Limitation: *Are benefits limited for Pre-existing Conditions?*

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to by, a Pre existing Condition, unless, at the time You become Disabled You have been continuously covered under The Policy for 365 consecutive days.

Pre-existing Condition means:

1. any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
2. any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse; for which You received Medical Care during the 90 consecutive days period that ends the day before:
 - a. Your effective date of coverage; or
 - b. the effective date of a Change in Coverage.

Medical Care is received when a Physician or other health care provider:

1. is consulted or gives medical advice; or
2. recommends, prescribes, or provides Treatment.

Treatment includes but is not limited to:

1. medical examinations, tests, attendance or observation; and
2. use of drugs, medicines, medical services, supplies or equipment

Critical Illness Exclusions (State variations may apply)

Exclusions: What is not covered?

We will not pay a benefit for any Critical Illness that is due to or results from:

- services or Treatment not included in the Benefit Highlights;
- services or Treatment for which an Insured is not charged, unless there is no charge because the facility is a United States government facility;
- services or Treatment provided by a Family Member;
- Treatment or complications of Treatment not related to a Critical Illness ;
- an autologous bone marrow transplant, one in which Your own bone marrow is used;
- intentionally self-inflicted injuries;
- elective plastic or cosmetic surgery;
- active military duty;
- war or any act of war or Your active duty in any armed service during a time of war (this does not include acts of terrorism);
- Your active Participation in a Riot, Rebellion or Insurrection;
- committing of or attempting to commit an assault, felony or other criminal act;
- Your engagement in dangerous conduct or hazardous activity where there is a likelihood of death or serious Injury;
- committing or attempting to commit suicide, whether sane or insane;
- incarceration in a penal institution of any kind;
- being legally Intoxicated or under the influence of any narcotic unless taken on the advice of a Physician and taken as prescribed; or
- improper or illegal use of inhalents or huffing.

Accident Exclusions (State variations may apply)

Exclusions: What is not covered?

No benefits will be payable for any loss that is the result of a Covered Accident that is due to or results from:

- war or any act of war or Your active duty in any armed service during a time of war (this does not include acts of terrorism);
- active participation in a war (declared or undeclared);
- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated;
- Intoxication;
- operating, learning to operate, serving as a crew member of, jumping or falling from any aircraft, including those which are not motor-driven. This does not include:
 1. flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline;
 2. flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
 3. flying in Your Employer's corporate aircraft as a passenger or crew member; or
 4. flying in a life-saving medevac or similar medical air transport service;
- Injuries sustained from any aviation activities, other than riding as a fare paying passenger;
- operating a taxi or any other delivery service for any kind of compensation or profit;
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating;
- committing of or attempting to commit an assault, felony or other criminal act;
- active Participation in a Riot, Rebellion or Insurrection;
- committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
- improper or illegal use of inhalants or huffing;
- a Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
- incarceration in a penal institution of any kind;
- for Non-Occupational plans, an Injury arising out of or in the course of any work for pay or profit.

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States.

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Hospital Indemnity Exclusions (State variations may apply)

Exclusions: What is not covered?

No benefits will be payable for any loss that is the result of, or is caused or contributed to by:

- war or any act of war or Your active duty in any armed service during a time of war (this does not include acts of terrorism);
- active military duty;
- active participation in a war (declared or undeclared);
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated (where the blood alcohol level meets the legal presumption of intoxication in the jurisdiction where the Accident or Injury occurred);
- intoxication;
- committing of or attempting to commit an assault, felony or other criminal act;
- participation in a riot, rebellion, insurrection, civil commotion, civil disobedience, or unlawful assembly; (For purposes of this exclusion, "Participation" means to take an active part in common with others. "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority.)
- committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
- incarceration in a penal institution of any kind;
- elective abortion or complications thereof;
- elective or cosmetic surgery or procedures, except for reconstructive surgery or unless due to congenital anomaly or disease of a Child which has resulted in a defect;
- artificial insemination, in vitro fertilization, test tube fertilization;
- sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a Physician;
- gender change, unless recommended by a Physician;
- Treatment, supplies or services provided by, through or, behalf of any government agency or program or program for which there is not normally any charge except for Treatment provided by or through a Veteran's Home or Hospital;
- operating, learning to operate, serving as a crew member of, jumping or falling from any aircraft, including those which are not motor-driven. This does not include:
 1. flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline;
 2. flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
 3. flying in your employer's corporate aircraft as a passenger or crew member; or
 4. flying in a life-saving medevac or similar medical air transport service;
- Injuries sustained from any aviation activities, other than riding as a fare paying passenger;
- operating a taxi or any other delivery service for any kind of compensation or profit;
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- any Mental and Nervous Disorder; or
- Substance Abuse.

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States.

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.