



BENEFITS GUIDE

Effective Dates | December 1, 2016 – November 30, 2017

The Scientific Consulting Group



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WELCOME TO YOUR BENEFITS

The benefits offered by The Scientific Consulting Group are designed to provide a comprehensive package for our employees. These benefits are valuable and are provided to assist in managing the health of you and your family. Open enrollment takes place each year. This is the time, other than at a life event, when you can change your benefits elections. During this period, you must enroll and/or decline coverages for the coming year. **The effective date is December 1st.**

We encourage you to evaluate and select benefits that best suit the needs for you and your eligible dependents. This benefits guide highlights the many benefit options available to you and explains how to enroll in the benefits you choose. Please read this guide carefully, make your decisions, and enroll.

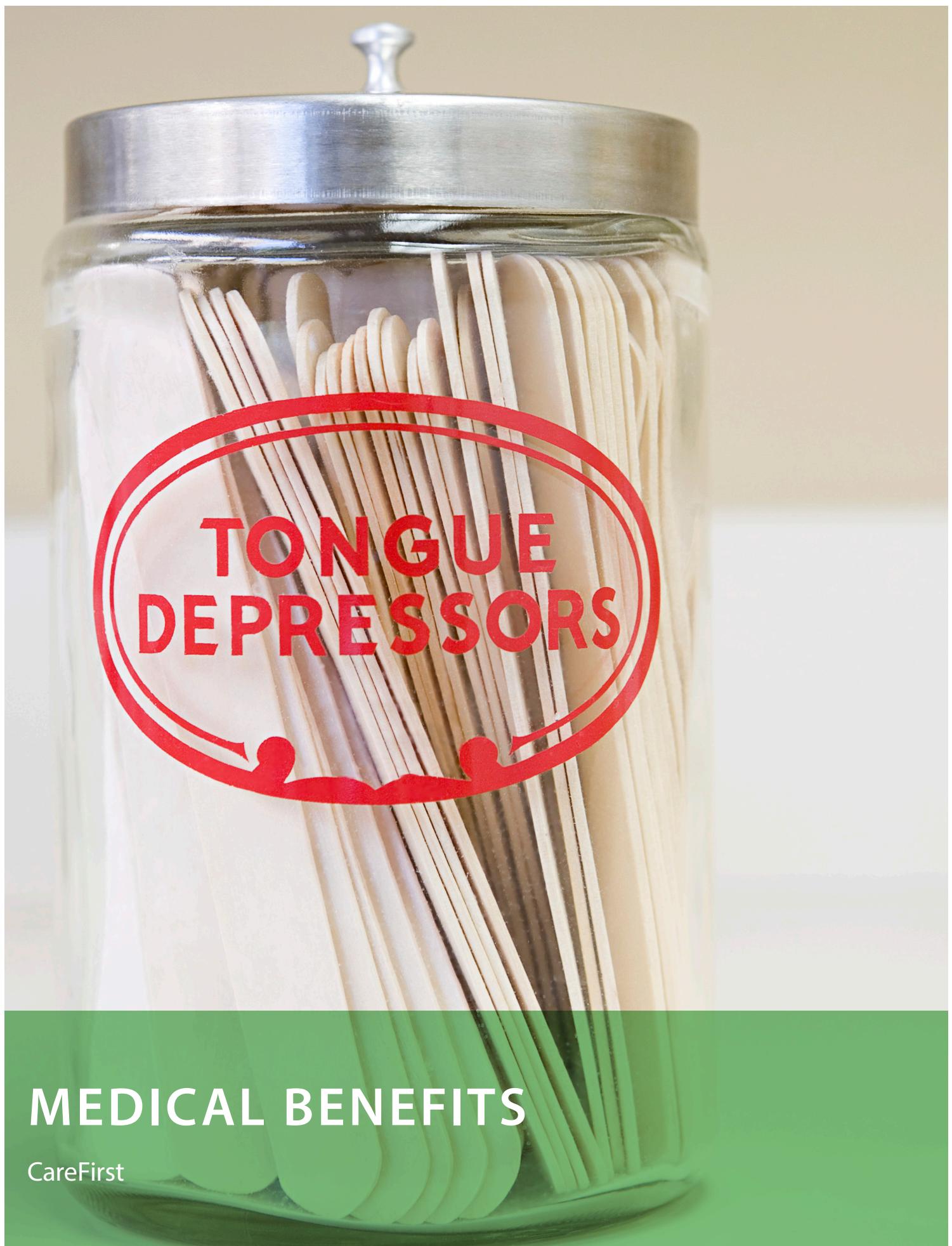
RESTRICTIONS ON MID-YEAR PLAN CHANGES

Under IRS regulations, after the plan year has started, employees may not change their benefit elections except under certain qualifying events deemed as exceptions (see list below). Election changes must be consistent with your status change. Please contact Human Resources no later than 30 days after the event for detailed discussion of the event and related enrollment possibilities. You will be required to provide proof of change, such as a marriage certificate, record of birth or student verification information.

QUALIFYING LIFE EVENTS

- Marriage, legal separation or divorce
- Birth or adoption of a child
- Change in employment status for you or your spouse
- Change in a dependent's benefits eligibility status
(i.e. a dependent's child exceeding the maximum age for coverage)
- A significant change in the cost or coverage of your spouse's benefits
- Change in place of residence causing a loss of eligibility
(i.e. moving outside of the service area)
- Change in the cost of dependent care
(only for the Dependent Care Spending Account)
- Loss of a dependent (death)
- Open enrollment for your spouse

If you qualify for a change in your benefits, please notify The Scientific Consulting Group within 30 days of the change in status. You will need to provide proof of the change.



**TONGUE
DEPRESSORS**

MEDICAL BENEFITS

CareFirst

BlueChoice Opt-Out Plus

Open Access HRA/HSA

Integrated Deductible

Summary of Benefits

Services	In-Network You Pay ¹	Out-of-Network You Pay ¹
Visit www.carefirst.com/doctor to locate providers		
FIRSTHELP—24/7 NURSE ADVICE LINE		
Free advice from a registered nurse. Visit www.carefirst.com/needcare to learn more about your options for care.	When your doctor is not available, call FirstHelp at 800-535-9700 to speak with a registered nurse about your health questions and treatment options.	
BLUE REWARDS		
Visit www.carefirst.com/bluerewards for more information	Blue Rewards is an incentive program where you can earn up to \$300 for taking an active role in getting healthy and staying healthy.	
ANNUAL DEDUCTIBLE (Benefit period)²		
Individual	\$1,500	\$2,250
Family	\$3,000	\$4,500
ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period)³		
Medical ⁴	\$3,000 Individual/\$6,550 Family	\$4,500 Individual/\$9,000 Family
Prescription Drug ⁴	Combined with in-network medical out-of-pocket maximum	All drug costs are subject to in-network out-of-pocket maximum
LIFETIME MAXIMUM BENEFIT		
Lifetime Maximum	None	None
PREVENTIVE SERVICES		
Well-Child Care (including exams & immunizations)	No charge*	20% of Allowed Benefit
Adult Physical Examination (including routine GYN visit)	No charge*	20% of Allowed Benefit
Breast Cancer Screening	No charge*	20% of Allowed Benefit
Pap Test	No charge*	20% of Allowed Benefit
Prostate Cancer Screening	No charge*	20% of Allowed Benefit
Colorectal Cancer Screening	No charge*	20% of Allowed Benefit
OFFICE VISITS, LABS AND TESTING		
Office Visits for Illness	Deductible, then \$10 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Imaging (MRA/MRS, MRI, PET & CAT scans) ⁵	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Lab ⁵	No charge* after deductible	Deductible, then 20% of Allowed Benefit
X-ray ⁵	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Allergy Testing	Deductible, then \$10 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Allergy Shots	Deductible, then \$10 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Physical, Speech and Occupational Therapy	Deductible, then \$20 per visit (limited to 30 visits/condition/benefit period)	Deductible, then 20% of Allowed Benefit
Chiropractic	Deductible, then \$20 per visit (limited to 20 visits/benefit period)	Deductible, then 20% of Allowed Benefit
Acupuncture	Not covered (except when approved or authorized by Plan when used for anesthesia)	Not covered (except when approved or authorized by Plan when used for anesthesia)
EMERGENCY SERVICES		
Urgent Care Center	Deductible, then \$20 per visit	In-network deductible, then \$20 per visit
Emergency Room—Facility Services	Deductible, then \$100 per visit (waived if admitted)	In-network deductible, then \$100 per visit (waived if admitted)
Emergency Room—Physician Services	No charge* after deductible	No charge* after in-network deductible
Ambulance (if medically necessary)	No charge* after deductible	Deductible, then 20% of Allowed Benefit

Services	In-Network You Pay ^{1,2}	Out-of-Network You Pay ^{1,3}
HOSPITALIZATION (Members are responsible for applicable physician and facility fees)		
Outpatient Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	Deductible, then \$10 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Inpatient Facility Services	Deductible, then \$250 per admission	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
HOSPITAL ALTERNATIVES		
Home Health Care	No charge* after deductible	Deductible, then 20% of Allowed Benefit(limited to 40 visits/up to 4 hours per visit/episode of care)
Hospice (Inpatient—limited to 30 days; Outpatient—unlimited during Hospice eligibility period)	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Skilled Nursing Facility	No charge* after deductible	Deductible, then 20% of Allowed Benefit
MATERNITY		
Preventive Prenatal and Postnatal Office Visits	No charge*	Deductible, then 20% of Allowed Benefit
Delivery and Facility Services	Deductible, then \$250 per admission	Deductible, then 20% of Allowed Benefit
Nursery Care of Newborn	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Artificial and Intrauterine Insemination ⁶	Deductible, then 50% of Allowed Benefit (limited to 6 attempts per live birth)	Deductible, then 50% of Allowed Benefit
In Vitro Fertilization Procedures ⁶ (limited to 3 attempts per live birth up to \$100,000 lifetime maximum)	Deductible, then 50% of Allowed Benefit	Deductible, then 50% of Allowed Benefit
MENTAL HEALTH AND SUBSTANCE ABUSE (Members are responsible for applicable physician and facility fees)		
Inpatient Facility Services	Deductible, then \$250 per admission	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Outpatient Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	Deductible, then \$10 PCP/\$20 Specialist	Deductible, then 20% of Allowed Benefit
Office Visits	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Medication Management	No charge* after deductible	Deductible, then 20% of Allowed Benefit
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	Deductible, then 25% of Allowed Benefit	Deductible, then 50% of Allowed Benefit
Hearing Aids for ages 0-18 (limited to 1 hearing aid per hearing impaired ear every 3 years)	No charge* after deductible	No charge* after deductible
VISION		
Routine Exam (limited to 1 visit/benefit period)	\$10 per visit at participating vision provider	Not covered
Eyeglasses and Contact Lenses	Discounts from participating vision centers	Not covered

Note: Allowed Benefit is the fee that participating providers in the network have agreed to accept for a particular service. The participating provider cannot charge the member more than this amount for any covered service. Example: Dr. Carson charges \$100 to see a sick patient. To be part of CareFirst's network, he has agreed to accept \$50 for the visit. The member will pay their copay/coinsurance and deductible (if applicable) and CareFirst will pay the remaining amount up to \$50.

Out-of-network coinsurances are based on a percentage of the out-of-network Allowed Benefit. If services are received from a non-participating provider, the member is responsible for 100% of charges above the Allowed Benefit. However, if services are received from a participating provider, the member is only responsible for amount up to the Allowed Benefit.

* No copayment or coinsurance.

¹ When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.

² For family coverage only: The family deductible must be met before any member starts receiving benefits. The deductible may be met by one member or any combination of members.

³ For family coverage only: The family out-of-pocket maximum must be met before any member's services will be covered at 100% up to the Allowed Benefit. The out-of-pocket maximum may be met by one member or any combination of members.

⁴ Plan has an integrated medical and prescription drug out-of-pocket maximum.

⁵ For In-Network benefits, members must use LabCorp as their Lab Test facility and freestanding facilities for Imaging and X-rays. Other providers may be used for out-of-network coverage. Please refer to your schedule of benefits for out-of-network coverage details.

⁶ Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment options for infertility. Preauthorization required.

Note: Upon enrollment in CareFirst BlueChoice, you will need to select a Primary Care Provider (PCP). To select a PCP, go to www.carefirst.com for the most current listing of PCPs from our online provider directory. You may also call the Member Services toll free phone number on the front of your CareFirst BlueChoice ID card for assistance in selecting a PCP or obtaining a printed copy of the CareFirst BlueChoice provider directory.

Not all services and procedures are covered by your benefits contract. This summary is for comparison purposes only and does not create rights not given through the benefit plan.

The benefits described are issued under form numbers: In-Network: MD/CFBC/GC (R. 1/13); MD/CFBC/EOC (R. 4/08); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/DOCS (R. 4/08); MD/BC-OOP/SOB HDHP (9/06); MD/CFBC/ELIG (R.7/09); and any amendments. Out-of-Network: MD/CF/GC (R. 1/13); MD/BP/EOC (10/07); MD/GHMSI/DOL APPEAL (R. 9/11); MD/BP/DOCS (10/07); MD/CF/MM/SOB (R. 4/08); MD/CF/ATTC (R. 7/09) and any amendments. RX Rider: MD/CF/RX (R. 7/12) (GHMSI). In-Network: MD/CFBC/GC (R. 1/13); MD/CFBC/EOC (R. 4/08); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/DOCS (R. 4/08); MD/BC-OOP/SOB HDHP (9/06); MD/CFBC/ELIG (R.7/09); and any amendments. Out-of-Network: CFMI/51+/GC (R.1/13); CFMI/51+/EOC (4/09); CFMI/DOL APPEAL (R. 9/11); CFMI/51+/DOCS (4/09); CFMI/51+/MM SOB (4/09); CFMI/51+/ELIG (R. 1/10) and any amendments. RX Rider: CFMI/51+/RX (R. 7/12) (CFMI)



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst MedPlus is the business name of First Care, Inc. CareFirst BlueCross BlueShield, First Care, Inc., and CareFirst BlueChoice, Inc., are independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ®' Registered trademark of CareFirst of Maryland, Inc.

Pharmacy Program

Integrated Deductible

**See Annual Deductible on Medical Summary of Benefits
\$0/15/35/60 Retail Copays ■ 50% Injectables Coinsurance**

Summary of Benefits

Plan Feature	Amount	Description
Deductible	See medical summary of benefit for annual deductible amount	If you meet your combined medical and drug deductible, you will pay a different copay or coinsurance depending on the drug tier. Drugs not subject to any medical or drug deductible are noted below.
Out-of-Pocket Maximum	See medical summary of benefit for annual out-of-pocket amount	If you reach your out-of-pocket, CareFirst or CareFirst BlueChoice will pay 100% of the Applicable allowed benefit for most covered services for the remainder of the year. All deductibles, copays, coinsurance, and other eligible out-of-pocket costs count toward your out-of-pocket maximum except balance billed amounts.
Preventive Drugs (Affordable Care Act) (up to a 34-day supply)	\$0 (not subject to deductible)	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List (ACA).* (Examples: Folic Acid, Fluoride and FDA approved contraceptives for women.)
Oral Chemotherapy Drugs Diabetic Supplies (up to a 34-day supply)	\$0 (not subject to deductible except for HSA Plans)	Diabetic supplies include needles, lancets, test strips and alcohol swabs.
Generic Drugs – (Tier 1) (up to a 34-day supply)	\$15	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (up to a 34-day supply)	\$35	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (up to a 34-day supply)	\$60	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Self-administered Injectable (excluding insulin) (Tier 4) (up to a 34-day supply)	50% coinsurance up to a maximum payment of \$75	All Self-Administered Injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
Maintenance Drugs (up to a 90-day supply)	Generic: \$30 Preferred Brand: \$70 Non-preferred Brand: \$120 Self-Administered Injectables: 50% coinsurance, up to a maximum payment of \$150	Maintenance drugs of up to a 90-day supply are available for twice the copay through Mail Service Pharmacy or a retail pharmacy. Injectables (excluding insulin) are covered at 50% coinsurance up to a maximum payment of \$150.
Restricted Generic Substitution	Yes	If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay or coinsurance. Also, if your prescription is written for a brand-name drug and DAW (dispense as written) is noted by your doctor, you will only pay the copay.



*Access the drug search tool at www.carefirst.com/rx for the most up-to-date Preferred Drug List, Preventive Drug List (ACA) and care management criteria. Care management criteria are applied so that some medications can be used in limited quantities; others require that your doctor obtain prior authorization from CareFirst before they can be filled.

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Policy Form Numbers: MD/CFBC/RX (R. 7/12) • MD/CF/RX (R. 7/12) • CFMI/51+/RX (R. 7/12)



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Frequently Asked Questions— Health Savings Accounts

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax-advantaged savings account, similar to a traditional Individual Retirement Account (IRA), but is designated for qualified medical expenses. An HSA allows you to pay for current qualified medical expenses and save for future qualified medical expenses on a tax-favored basis.

HSAs provide triple-tax advantages—contributions, investment earnings and qualified distributions—which are all exempt from federal income tax, FICA (Social Security and Medicare) tax and state income tax (for most states). Unused HSA dollars rollover from year to year, making HSAs an easy way to save and invest for the future.

You own your HSA and can take it with you when you change medical plans, jobs or retire. This means the funds in your account, contributed by you and your employer, are non-forfeitable and portable. Additionally, the funds in your account that are not needed for short-term expenses may be invested, providing the opportunity for growth. Investment options include money market accounts and mutual funds.

To be eligible to set-up an HSA and contribute, you must be covered by a qualified High Deductible Health Plan (HDHP) and not have other coverage (e.g., Medicare).

How does an HSA work?

If you enroll in a qualified HDHP and meet other IRS criteria, you may open and contribute to an HSA. All of the money deposited into your HSA, up to the maximum annual contribution limit determined by the IRS each year, is 100% tax deductible for federal income tax, FICA (Social Security and Medicare) tax, and state income tax (for most states).

If you choose, you may use your HSA funds to pay for expenses under your HDHP that are incurred before you meet your deductible, for coinsurance or copays you owe after meeting your deductible, or for any other qualified medical expenses.

The funds in your account can be used for other non-medical expenses, but distributions used for non-medical expenses are subject to ordinary income taxes, plus a 20% penalty if you are under age 65. The 20% penalty does not apply if the distribution occurs after you reach age 65, become disabled or die. However, ordinary income tax may still apply.

Funds remaining in your account at the end of the year rollover and accumulate for future qualified medical expenses. And with an HSA, you can choose which expenses are paid with out-of-pocket, after-tax dollars and which expenses are paid using your HSA funds. Using after-tax dollars for your qualified medical expenses allows your HSA dollars to grow for the future. The choice is yours.

What happens to my HSA if I quit my job or otherwise leave my employer?

Your HSA is portable, which means that you can take your HSA with you when you leave and continue to use the funds you have accumulated. Funds left in your account continue to grow tax-free. If you are covered by a qualified HDHP, you can even continue to make tax-free contributions to your HSA.

Distributions from your HSA that are used exclusively to pay for qualified medical expenses for you, your spouse, and/or dependents are excludable from your gross income. Your HSA funds can be used for qualified expenses, even if you are not currently eligible to contribute to your HSA.

What does it mean to have my HSA checking account FDIC-insured?

The custodian of your BenefitWallet HSA is The Bank of New York Mellon (BNY Mellon). Deposits to your HSA checking account are FDIC-insured up to the FDIC coverage limit. The FDIC does not insure the money in your HSA investment account.

The Federal Deposit Insurance Corporation (FDIC) is an independent agency of the United States government. The FDIC insures your deposits up to a specified limit in the unlikely event of the failure of the insured bank or savings institution. Please visit the FDIC website at www.fdic.gov for more details.



What health care expenses does my HSA cover?

Your HSA funds can be used tax free to pay for out-of-pocket qualified medical expenses for you, your spouse and any dependents, even if the expenses are not covered by your HDHP.

There are hundreds of qualified medical expenses, including:

- Over-the-counter medications for which you have a prescription from your doctor
- Dental visits
- Orthodontics
- Glasses

All of these expenses may be paid for with distributions from your HSA, free from federal income tax or state income tax (for most states). Refer to IRS Publication 502 for a more complete list of qualified medical expenses.

What happens to the money in my HSA if I become disabled?

Building an account balance in preparation for expenses associated with disability or increased medical use during retirement is one of the many benefits of having an HSA.

If you become disabled and enroll in Medicare, contributions to your HSA must stop as of the first of the month in which you are enrolled. However, you can continue to use your funds to pay for qualified medical expenses, including payments for Medicare Parts A and B.

If you use your funds for qualified medical expenses, the distributions from your account remain tax free (i.e., free from federal income taxes or state income tax—for most states). If you use your funds for non-qualified expenses, the distribution becomes taxable, but due to your disability, are exempt from the 20% penalty.

What happens to the money in my HSA after I reach age 65?

When you reach age 65 or older, you may continue to use your HSA funds to pay for qualified medical expenses. For instance, you may use your HSA to pay certain insurance premiums, such as Medicare Parts A and B, Medicare HMO, or your share of retiree medical coverage offered by a former employer. Funds cannot be used tax-free to purchase Medigap or Medicare supplemental policies.

If you use your funds for qualified medical expenses, the distributions from your account remain tax free (i.e., free from federal income taxes or state income tax - for most states). If you use your funds for non-qualified expenses, the distribution becomes taxable, but due to your age, are exempt from the 20% penalty.

As a reminder, once you enroll in Medicare you are no longer eligible to contribute to your HSA. If you reach age 65 or become disabled, you may still contribute to your HSA if you have not enrolled in Medicare.

For more information, contact the BenefitWallet Service Center at (866) 229-6069.



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BenefitWallet is an independent company that is solely responsible for their products and will be providing services to CareFirst members.
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Health Savings Account (HSA) Highlights

A Health Savings Account (HSA) can help you save for current and future health care expenses, while offering tremendous tax advantages.

What is a Health Savings Account?

A Health Savings Account (HSA) is a tax-advantaged savings account, similar to a traditional Individual Retirement Account (IRA), but is designated for qualified medical expenses. An HSA allows you to pay for current qualified medical expenses—and save for future qualified medical expenses—on a tax-favored basis.

To be eligible to set-up an HSA and contribute funds, you must be covered by a qualified High Deductible Health Plan (HDHP) and not have other coverage (e.g., Medicare).

Account advantages

- **You own your HSA.** Since the money in your account that's contributed by you and your employer is non-forfeitable and portable, you can take your HSA funds with you when changing medical plans or jobs, or when you retire.
- **HSAs save tax dollars.** You do not pay taxes on contributions, interest/investment earnings, or withdrawals for qualified expenses.
- **Investment options.** Funds in your account that are not needed for short-term expenses can be invested, providing the opportunity for growth.

- **Funds roll over.** At the end of the year, any funds you have not used remain in your account, "rolling over" for future expenses.

HSA contributions

Each year, you can make HSA contributions up to an annual limit specified by the IRS:

- For 2015, the annual contribution limit is \$3,350 for individual coverage and \$6,650 for family coverage.
- For 2016, the annual contribution limit is \$3,350 for individual coverage and \$6,750 for family coverage.

Remember, these annual limits account for the total contribution made by both you and your employer. If you are age 55 or older, you may make additional "catch-up" contributions of up to \$1,000 for 2015 and 2016. (Some additional rules apply if you enroll after January 1. Visit www.mybenefitwallet.com for more information.)

Opening your account

1. After enrolling in a qualified HDHP, look for directions from your employer on how to open your account online or wait for your Welcome Kit to arrive in the mail.
2. Open your account online or return the Master Signature Card included in your Welcome Kit.
3. Begin funding your HSA through automatic payroll deductions or by making a tax-deductible deposit directly into your account.

4. Use your health care payment card, checkbook or our online bill pay system to pay for your health care expenses.
5. Check your account balance and take advantage of the many other account features available on our member portal at www.carefirst.com.
6. Move excess funds into an investment account—you have a choice of 20+ investment options from a variety of fund families.

How to pay

Use your health care payment card to access account funds and pay for qualified expenses at health care providers and at many major retailers. You also have the option to use online bill pay or your HSA checkbook (if requested).

When you do not use your health care payment card, you can reimburse yourself for out-of-pocket expenses by writing an HSA check to yourself or through an online account-to-account transfer.

Remember—always save your receipts in case they are needed at tax time.

Managing your HSA

The member portal, accessed through www.carefirst.com, gives you secure access to your account activity, including:

- Deposits
- Withdrawals
- Fees (if applicable)
- Interest/investment earnings

You can also actively manage your account online to:

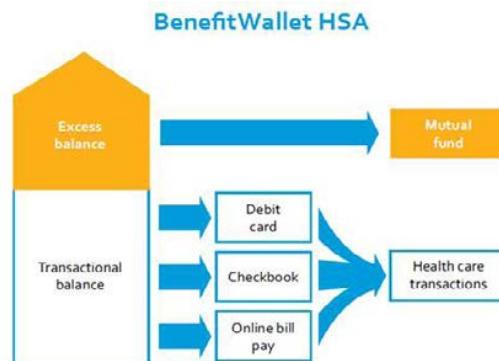
- Pay bills
- Transfer funds from your HSA to a personal checking or savings account

- Deposit funds into your HSA from your personal accounts
- Set alerts to be notified if your account balances reach a certain level or if a transaction processes
- Order additional health care payment cards
- Reorder checks

Investing your funds

BenefitWallet offers an integrated investment platform with 20+ investment options from a variety of fund families. You can open investments online once your HSA checking balance reaches \$1,000.

If (or when) you need those investment dollars for health care expenses, they can be returned to your original account without penalty.



Learn more about HSAs

Visit www.mybenefitwallet.com for complete information about BenefitWallet and available tools, or call the BenefitWallet Service Center at 866-229-6069.

For specific information on your HSA, contact your human resources department.



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BluePreferred

Summary of Benefits

Services	In-Network You Pay ^{1,2}	Out-of-Network You Pay ^{1,3}
Visit www.carefirst.com/doctor to locate providers		
FIRSTHELP—24/7 NURSE ADVICE LINE		
Free advice from a registered nurse. Visit www.carefirst.com/needcare to learn more about your options for care.	When your doctor is not available, call FirstHelp at 800-535-9700 to speak with a registered nurse about your health questions and treatment options.	
BLUE REWARDS		
Visit www.carefirst.com/bluerewards for more information	Blue Rewards is an incentive program where you can earn up to \$300 for taking an active role in getting healthy and staying healthy.	
ANNUAL DEDUCTIBLE (Benefit period)⁴		
Individual	\$250	\$500
Family	\$500	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period)⁵		
Medical ⁶	\$1,500 Individual/\$3,000 Family	\$3,000 Individual/\$6,000 Family
Prescription Drug ⁶	\$4,500 Individual/\$9,000 Family	All drug costs are subject to in-network out-of-pocket maximum
LIFETIME MAXIMUM BENEFIT		
Lifetime Maximum	None	None
PREVENTIVE SERVICES		
Well-Child Care (including exams & immunizations)	No charge*	20% of Allowed Benefit
Adult Physical Examination (including routine GYN visit)	No charge*	Deductible, then 20% of Allowed Benefit
Breast Cancer Screening	No charge*	CareFirst pays 100% of Allowed Benefit
Pap Test	No charge*	CareFirst pays 100% of Allowed Benefit
Prostate Cancer Screening	No charge*	CareFirst pays 100% of Allowed Benefit
Colorectal Cancer Screening	No charge*	CareFirst pays 100% of Allowed Benefit
OFFICE VISITS, LABS AND TESTING		
Office Visits for Illness	\$10 per visit	Deductible, then 20% of Allowed Benefit
Imaging (MRA/MRS, MRI, PET & CAT scans)	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Lab	No charge* after deductible	Deductible, then 20% of Allowed Benefit
X-ray	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Allergy Testing	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Allergy Shots	\$5 per visit	Deductible, then 20% of Allowed Benefit
Physical, Speech and Occupational Therapy	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Chiropractic	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Acupuncture	Not covered (except when approved or authorized by Plan when used for anesthesia)	Not covered (except when approved or authorized by Plan when used for anesthesia)
EMERGENCY SERVICES		
Urgent Care Center	\$10 per visit	Deductible, then 20% of Allowed Benefit
Emergency Room—Facility Services	Deductible, plus \$50 per visit (waived if admitted)	In-network deductible, plus \$50 per visit (waived if admitted)
Emergency Room—Physician Services	No charge* after deductible	No charge* after in-network deductible
Ambulance (if medically necessary)	No charge* after deductible	Deductible, then 20% of Allowed Benefit

Services	In-Network You Pay ^{1,2}	Out-of-Network You Pay ^{1,3}
HOSPITALIZATION (Members are responsible for applicable physician and facility fees)		
Outpatient Facility Services		
Outpatient Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Inpatient Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
HOSPITAL ALTERNATIVES		
Home Health Care (limited to 40 visits per benefit period)	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Hospice (Inpatient—limited to 30 days; Outpatient—unlimited during Hospice eligibility period)	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Skilled Nursing Facility (limited to 60 days/benefit period)	No charge* after deductible	Deductible, then 20% of Allowed Benefit
MATERNITY		
Preventive Prenatal and Postnatal Office Visits	No charge*	Deductible, then 20% of Allowed Benefit
Delivery and Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Nursery Care of Newborn	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Artificial and Intrauterine Insemination ⁷	No charge* after deductible	Deductible, then 20% of Allowed Benefit
In Vitro Fertilization Procedures ⁷ (limited to 3 attempts per live birth up to \$100,000 lifetime maximum)	No charge* after deductible	Deductible, then 20% of Allowed Benefit
MENTAL HEALTH AND SUBSTANCE ABUSE (Members are responsible for applicable physician and facility fees)		
Inpatient Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Outpatient Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Office Visits	No charge*	Deductible, then 20% of Allowed Benefit
Medication Management	No charge*	Deductible, then 20% of Allowed Benefit
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Hearing Aids for ages 0-18 (limited to 1 hearing aid per hearing impaired ear every 3 years)	No charge*	No charge*
VISION		
Routine Exam (limited to 1 visit/benefit period)	\$10 per visit at participating vision provider	Total charge minus \$33
Eyeglasses and Contact Lenses	Discounts from participating vision centers	Not covered

Note: Allowed Benefit is the fee that participating providers in the network have agreed to accept for a particular service. The participating provider cannot charge the member more than this amount for any covered service. Example: Dr. Carson charges \$100 to see a sick patient. To be part of CareFirst's network, he has agreed to accept \$50 for the visit. The member will pay their copay/coinsurance and deductible (if applicable) and CareFirst will pay the remaining amount up to \$50.

- * No copayment or coinsurance.
- ¹ When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.
- ² In-network: When covered services are rendered by a provider in the Preferred Provider network, care is reimbursed at the in-network level. In-network coinsurances are based on a percentage of the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueCross BlueShield (CareFirst), however, in certain circumstances, the Allowed Benefit for a Preferred Provider may be established by law.
- ³ Out-of-network: When covered services are rendered by a provider not in the Preferred Provider network, care is reimbursed as out-of-network. Out-of-network coinsurances are based on a percentage of the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment of covered services. These payments are established by CareFirst, however, in certain circumstances, the Allowed Benefit for an out-of-network provider may be established by law. When services are rendered by Non-Preferred Providers, charges in excess of the Allowed Benefit are the member's responsibility.
- ⁴ For family coverage only: When one family member meets the individual deductible, they can start receiving benefits. Each family member cannot contribute more than the individual deductible amount. The family deductible must be met before the remaining family members can start receiving benefits.
- ⁵ For Family coverage only: When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the Allowed Benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the Allowed Benefit.
- ⁶ Plan has separate out-of-pocket maximums for medical and drug expenses which accumulate independently.
- ⁷ Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment options for infertility. Preauthorization required.

Not all services and procedures are covered by your benefits contract. This summary is for comparison purposes only and does not create rights not given through the benefit plan.

The benefits described are issued under form numbers: CFMI/51+/GC (R. 1/13); CFMI/51+/EOC (4/09); CFMI/DOL APPEAL (R. 9/11); CFMI/51+/DOCS (4/09); CFMI/51+/PPO SOB (4/09); CFMI/VISION RIDER (10/11); CFMI/51+/RX (R. 7/12); CFMI/51+/ELIG (R. 1/10) and any amendments. MD/CF/GC (R. 1/13); MD/BP/EOC (10/07); MD/GHMSI/DOL APPEAL (R. 9/11); MD/BP/DOCS (10/07); MD/CF/BP/SOB (R. 4/08); MD/CF/ATTC (R. 7/09); MD/CF/RX (R. 7/12) and any amendments.



CareFirst BlueCross BlueShield is the business name of CareFirst of Maryland, Inc. which is an independent licensee of the Blue Cross and Blue Shield Association.
 ® Registered trademark of the Blue Cross and Blue Shield Association. ®' Registered trademark of CareFirst of Maryland, Inc.

Pharmacy Program

**\$0 Deductible ■ \$0/15/35/60 Retail Copays
50% Injectables Coinsurance**

Summary of Benefits

Plan Feature	Amount	Description
Individual Deductible	None	Your benefit does not have a deductible.
Family Deductible	None	Your benefit does not have a family deductible.
Out-of-Pocket Maximum	See medical summary of benefits for annual out-of-pocket amount	If you reach your out-of-pocket maximum, CareFirst or CareFirst BlueChoice will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All deductibles, copays, coinsurance and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.
Preventive Drugs (Affordable Care Act) (up to a 34-day supply)	\$0	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List (ACA).* (Examples: Folic Acid, Fluoride and FDA approved contraceptives for women.)
Oral Chemotherapy Drugs Diabetic Supplies (up to a 34-day supply)	\$0 (not subject to deductible except for HSA Plans)	Diabetic supplies include needles, lancets, test strips and alcohol swabs.
Generic Drugs – (Tier 1) (up to a 34-day supply)	\$15	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (up to a 34-day supply)	\$35	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (up to a 34-day supply)	\$60	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Self-administered Injectable (excluding insulin) (Tier 4) (up to a 34-day supply)	50% coinsurance up to a maximum payment of \$100	All Self-Administered Injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
Maintenance Drugs (up to a 90-day supply)	Generic: \$30 Preferred Brand: \$70 Non-preferred Brand: \$120 Self-Administered Injectables: 50% coinsurance, up to a maximum payment of \$200	Maintenance drugs of up to a 90-day supply are available for twice the copay through Mail Service Pharmacy or retail pharmacy. Injectables (excluding insulin) are covered at 50% coinsurance up to a maximum payment of \$200.
Restricted Generic Substitution	Yes	If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay or coinsurance. Also, if your prescription is written for a brand-name drug and DAW (dispense as written) is noted by your doctor, you will only pay the copay.



Visit www.carefirst.com/rx for the most up-to-date Preferred Drug List and Formulary (list of covered drugs), including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Policy Form Numbers: MD/CFBC/RX (R. 7/12) • MD/CF/RX (R. 7/12) • CFMI/51+/RX (R. 7/12)



The CareFirst BlueCross BlueShield

family of health care plans

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees of the Blue Cross and Blue Shield Association.
® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.



Blue Rewards

Healthy Habits Can Earn You Money

At CareFirst BlueCross BlueShield (CareFirst), your health is important to us. That's why we include our exclusive incentive program—Blue Rewards—as part of your medical plan.



Steps to earn your reward

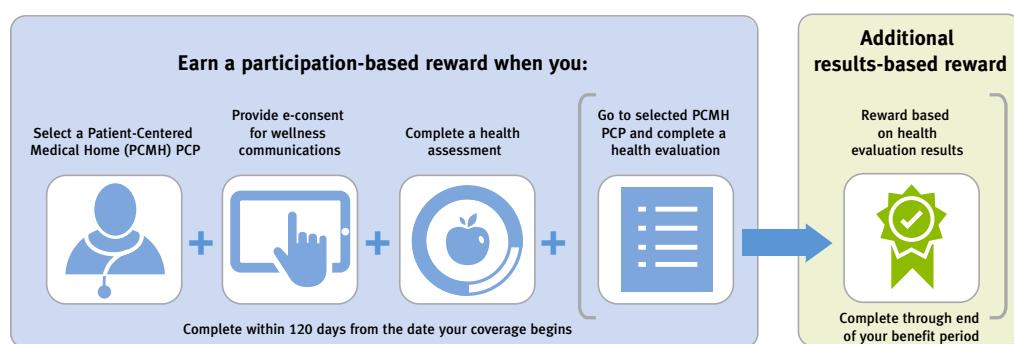
With Blue Rewards, you have the opportunity to earn financial incentives for taking an active role in your health. By completing four important steps and achieving certain health measures, you can earn up to \$300 per adult or up to \$750 per family.

How Blue Rewards works

Blue Rewards encourages you to select and visit primary care providers (PCPs) who participate in our Patient-Centered Medical Home (PCMH) program. PCMH PCPs have access to additional tools, resources and a network of specialized nurses to better manage your health.

Members age* two and older are eligible to earn a reward. Log in to **My Account** at carefirst.com/myaccount and click on **Blue Rewards** to get started.

*Age is defined as age of the member on the date their health coverage begins.



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The Blue Rewards program consists of two parts

Part 1: Participation-based reward

Complete these steps within 120 days from the date your coverage begins.

- Select a PCP who participates in our PCMH program (ages 2+)
- Agree to receive wellness-related emails (ages 18+)
- Complete an online health assessment (ages 18+)
- Visit your selected PCMH PCP and complete the Health and Wellness Evaluation Form (ages 2+)

Part 2: Results-based reward

You have until the end of your benefit period to achieve this additional reward.

- The results from your Health and Wellness Evaluation will be measured against the following results-based goals. As long as your results fall within all of the recommended ranges, you will earn an additional reward.

Measure	Results-based goals	
	Adult (ages 18+)	Child (ages 2–17)
Weight (Body Mass Index—BMI)	BMI between 19 and less than 30	BMI is in the 5th to 85th percentile
Flu vaccine	Received within the last 18 months	Received within the last 18 months
Tobacco use	Must be a “non-smoker” (never smoked or quit for more than 30 days)	N/A
Blood pressure	<ul style="list-style-type: none"> ■ Less than 140/90 (ages 18–59) ■ Less than 150/90 (ages 60+) 	N/A
Blood glucose	Fasting blood glucose is less than 100	N/A

Note: Age is defined as the age of the member on the date their health coverage begins.

- If you do not meet these health measures during the initial visit with your PCP, you will need to work with your doctor to develop a goal and a plan of action. You should schedule a rescreening visit with your PCP to check your progress before the end of the benefit period. If your rescreening results are within the range the doctor established, you will earn the results-based reward once you enter your new measures. To do so, log in to *My Account* before the end of your benefit period and enter the new measure along with the date of the rescreening appointment.

Incentive amounts

	Participation-based reward		Results-based reward		Total reward
Adult (ages 18+)	\$100	+	\$200	=	\$300
Children (ages 2–17)	\$25	+	\$50	=	\$75
Family maximum	\$250	+	\$500	=	\$750

CareFirst Blue Rewards Visa® Incentive Card

- Once you complete the four participation-based steps, you will receive an incentive card in the mail.
- Incentive cards should be retained as long as you remain a CareFirst member. Incentive cards will be replenished with funds once you earn another Blue Reward.
- The incentive card may be used toward annual deductibles and out-of-pocket costs like copays or coinsurance related to eligible expenses (medical, prescription drug, dental and vision) under your CareFirst health plan.
- If you have a plan with a health savings account (HSA) option, typically you will receive the incentive card once you have met the Internal Revenue Service (IRS) minimum deductible for an HSA plan—\$1,300 for an individual or \$2,600 for a family.

To receive the incentive card right away, you can choose to certify either:

- No contributions will be made (by you or your employer) to the HSA for the current benefit period; or
- The card will only be used for CareFirst dental and vision expenses until meeting the minimum deductible.*
- You should always save your receipts as proof of your expense. As long as the card is used correctly, there are no tax reporting obligations.



* Once the minimum deductible has been met, the card can be used for all qualified expenses (including medical) incurred after meeting the deductible.

Start now by logging in to My Account at www.carefirst.com/myaccount.

Note: If you have a PPO or Advantage Plan and you live outside Maryland, D.C. or Northern Virginia, you can select a provider who specializes in general practice, family practice, internal medicine, pediatrics or geriatrics from the BlueCard® PPO network. While PCP selection is not required as part of the plan, you must select a provider in these specialties to earn a reward.



DENTAL BENEFITS

Humana

HumanaDental PPO 09

MARYLAND

SCIENTIFIC CONSULTING GRO

	If you use IN-NETWORK provider		If you use OUT-OF-NETWORK provider	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
Annual maximum (excludes orthodontia services)	\$2,000			
Preventive services • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14)		100% no deductible		100% no deductible of maximum allowed fee
Basic services • Space maintainers (through age 14) • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgam, composite for anterior teeth) • Appliances for children (through age 14) • Prefabricated stainless steel crowns • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots • Periodontics • Endodontics (root canal)		90% after deductible		80% after deductible of maximum allowed fee
Major services • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Denture repair and adjustments		60% after deductible		50% after deductible of maximum allowed fee

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.

HumanaDental PPO 09

HUMANA.
Specialty Benefits

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental PPO Network. To find a dentist in HumanaDental's PPO Network, log on to Humana.com or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at HumanaDental.com or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at Humana.com.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at Humana.com or by calling 1-800-233-4013.

HUMANA.
Specialty Benefits

Insured or administered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York or The Dental Concern, Inc.

This is not a complete disclosure of plan qualifications and limitations. Your agent will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.



VISION BENEFITS

Humana

HumanaVision

Vision Care Plan

	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	100% after \$10 copay	\$35 allowance
Lenses		
• Single	100% after \$15 copay	\$25 allowance
• Bifocal	100% after \$15 copay	\$40 allowance
• Trifocal	100% after \$15 copay	\$60 allowance
Frames	\$50 wholesale allowance	\$40 retail allowance
Contact lenses¹		
• Elective (conventional and disposable) ²	\$150 allowance	\$150 allowance
• Medically necessary (limit one pair) ³	100%	\$210 allowance
Frequency (based on date of service)		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months

Additional plan discounts

- Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

¹ If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).

² The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.

³ Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.

Vision Care Plan

HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

	Conventional / Traditional		Custom	
TLC 888-358-3937 (designated locations only)		\$895	\$1,295	\$1,895*
LasikPlus 866-757-8082	\$695* LasikPlus free enhancements for 1 year	\$1,395* LasikPlus free enhancements for life		\$1,895* LasikPlus free enhancements for life
QualSight LASIK 855-456-2020	\$895 QualSight free enhancements for 1 year	\$1,295 with QualSight Lifetime Assurance Plan	\$1,320	\$1,995* with QualSight Lifetime Assurance Plan

*with IntraLase™

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
\$125	\$50	\$50	\$0	\$125
\$187.50	\$75	\$50	\$50 (\$75-\$50=\$25x2=\$50)	\$137.50

* Retail costs may differ and are based on 2½ times the wholesale cost. Actual savings may vary.

Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at HumanaVisionCare.com

How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. Prior to scheduling your appointment, select a network provider through the Customer Care Center, automated information line, or HumanaVisionCare.com
3. Schedule an appointment, providing your name, the patient's name and employer
4. Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time



LENSCRAFTERS

PEARLE VISION®

JCPenney Optical

Sears
Optical

OPTICAL

Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on [HumanaVisionCare.com](#) or call 1-866-537-0229. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations.
- Services and materials provided on a prepaid basis, and the plan pays in-network providers directly, you also have the freedom to use out-of-network providers if you prefer
- Life without claim forms! With HumanaVision, you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service
- Select a vision provider from our network simply by visiting [HumanaVisionCare.com](#), if you prefer, call us at 1-866-537-0229

Know what your plan doesn't cover

Some items and services not included in HumanaVision are:

- Orthoptics or vision training, subnormal vision aids or Plano (non-prescription) lenses
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of eyes
- Care provided through or required by any government agency or program, including Workers' Compensation or a similar law

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.¹

¹ Thompson Media Inc.

This is not a complete disclosure of plan qualifications and limitations.

Check with your local Humana or HumanaDental sales office to verify product availability.

Insured by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, CompBenefits Insurance Company, or The Dental Concern, Inc.





LIFE & DISABILITY BENEFITS

Reliance Standard

Plan Highlights

Group Basic Life and AD&D Insurance



The Scientific Consulting Group, Inc.

ELIGIBILITY

Employees: Each Active, Full-time employee working 40 or more hours per week, and Part-time employee working 32 or more hours per week except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

Basic Life and AD&D:

1 times Earnings, rounded to the next higher \$1,000, subject to a maximum of \$150,000

GUARANTEED ISSUE

Employee: \$150,000

CONTRIBUTION REQUIREMENTS

Coverage is employer paid

AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing	50%

BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit
	Reduced To
65	65%
70	50%

FEATURES

- Living Benefit Rider(expressed as Accelerated Death Benefit in some states and Imminent Death Benefit in PA)
- Air Bag Benefit
- Conversion Privilege
- FMLA/MSLA Continuation
- Seat Belt Benefit
- Waiver of Premium

VALUE ADDED SERVICES

- Bereavement Counseling Service
- Travel Assistance Service

EXCLUSIONS

AD&D EXCLUSIONS:

AD&D benefits will not be payable for a loss: caused by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic intoxication is a contributing factor; or to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

Plan Highlights

Group Long Term Disability Insurance



The Scientific Consulting Group, Inc.

COVERAGE

Disability income protection insurance provides a benefit for "long term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 40 or more hours per week, and Part-time employee working 32 or more hours per week except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$6,000 per month.

ELIMINATION PERIOD

90 consecutive days of total disability

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement Duration of Benefits

61 or less	to age 65
62	3 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69 or more	1 year

CONTRIBUTION REQUIREMENTS

Coverage is employer paid.

FEATURES

- ▶ FMLA Continuation
- ▶ Minimum Benefit Payable - \$100/10%
- ▶ Own Occupation Coverage - 24 months
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit - 3 months
- ▶ Transfer of Coverage provision
- ▶ Work Incentive & Child Care provisions

VALUE ADDED SERVICES

- ▶ Employee Assistance Program
- ▶ Identity Theft Recovery Services

LIMITATIONS

- ▶ Limited Benefit Period for Other Specific Conditions - 24 months
- ▶ Mental/Nervous Illness Limitation - 24 Months out-patient
- ▶ Offsets (such as, but not limited to, Social Security, Workers Compensation, State Disability Plans)
- ▶ Pre-Existing Condition Limitation - 3/12
- ▶ Substance Abuse Limitation - 24 Months

Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony;injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.

Plan Highlights

Voluntary Group Term Life and AD&D Insurance



The Scientific Consulting Group, Inc.

ELIGIBILITY

Employees: Each Active, Full-time employee working 40 or more hours per week, and Part-time employee working 32 or more hours per week except any person working on a temporary or seasonal basis.

Dependents: You or your spouse must be insured in order for Dependent children to be covered.

Dependents are:

- Your legal spouse or domestic partner under age 70. Spouse coverage terminates at age 75.
- Your unmarried financially dependent children* Birth to 20 years (to 26 years if full-time student).

*natural and adopted children upon finalization of adoption; stepchildren and foster children living with you.

Age limit does not apply to handicapped children.

A person may not have coverage as both an Employee and Dependent. Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Employee and Spouse: Choose from a minimum of \$10,000 to a maximum of \$500,000 (in \$10,000 increments) for yourself and/or your spouse. The benefit amounts chosen need not be the same.

Eligible Dependent Child(ren): Birth to 6 months: \$1,000

Age 6 months to 20 years of age (26, if full-time student): choice of \$2,500, \$5,000; \$7,500 or \$10,000

Choose one benefit amount for all eligible children in family.

GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee:

Under age 70: \$70,000

Age 70 and over: none

Spouse:

Under age 60: \$10,000

Age 60 or older: none

Guaranteed Issue is subject to underwriting rules and is not available in all circumstances.

CONTRIBUTION REQUIREMENTS

Coverage is employee paid.

FEATURES

- Living Benefit Rider(expressed as Accelerated Death Benefit in some states and Imminent Death Benefit in PA)
- FMLA/MSLA Continuation
- Portability
- Waiver of Premium

AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing	50%

BENEFIT REDUCTION DUE TO AGE

(applicable to employee coverage)

AT AGE FACE AMOUNT REDUCES TO:

75-79 60% of available or in force amount at age 74

80-84 35% of available or in force amount at age 74

85-89 27.5% of available or in force amount at age 74

90-94 20% of available or in force amount at age 74

95-99 7.5% of available or in force amount at age 74

100+ 5% of available or in force amount at age 74

EXCLUSIONS

Death by suicide is not covered during the first two years an insured's insurance is in force. Insurance coverage is contestable after it has been in force two years during the insured's lifetime, except for non-payment of premium.

AD&D benefits will not be payable for a loss which results from:

intentionally self-inflicted injury; any act of war, declared or undeclared; sickness or disease which contributes to a loss (except infection which results from an accidental cut or wound). Additional exclusions may apply and vary by state.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8349, et al.

**Reliance Standard Voluntary Plans
Voluntary Group Term Life Insurance
Premium Table
Plan Holder: The Scientific Consulting Group, Inc.**

Scheduled Benefit: Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.

For employees age 75 and older:

Benefit amounts are reduced according to the age-based reduction chart shown in the Voluntary Term Life brochure. When selecting an amount of insurance, you must select a pre-age 75 benefit amount.

Employee/Spouse Premiums:

To find you and your spouse's premium -

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (employees age 75 and older: see above comment - **do not select a calculated reduced amount**).
- Spouse premium: Repeat the steps above for your spouse at his/her age at his/her last birthday. Your spouse must be under age 70 to be enrolled.
- Employee and spouse rates change as insured moves from one age bracket to the next.

Monthly Premiums

Benefit Amount	Age 00-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$10,000	\$0.97	\$1.57	\$1.87	\$2.17	\$3.37	\$5.87	\$9.57	\$14.37	\$20.77	\$36.67
\$20,000	\$1.94	\$3.14	\$3.74	\$4.34	\$6.74	\$11.74	\$19.14	\$28.74	\$41.54	\$73.34
\$30,000	\$2.91	\$4.71	\$5.61	\$6.51	\$10.11	\$17.61	\$28.71	\$43.11	\$62.31	\$110.01
\$40,000	\$3.88	\$6.28	\$7.48	\$8.68	\$13.48	\$23.48	\$38.28	\$57.48	\$83.08	\$146.68
\$50,000	\$4.85	\$7.85	\$9.35	\$10.85	\$16.85	\$29.35	\$47.85	\$71.85	\$103.85	\$183.35
\$60,000	\$5.82	\$9.42	\$11.22	\$13.02	\$20.22	\$35.22	\$57.42	\$86.22	\$124.62	\$220.02
\$70,000	\$6.79	\$10.99	\$13.09	\$15.19	\$23.59	\$41.09	\$66.99	\$100.59	\$145.39	\$256.69
\$80,000	\$7.76	\$12.56	\$14.96	\$17.36	\$26.96	\$46.96	\$76.56	\$114.96	\$166.16	\$293.36
\$90,000	\$8.73	\$14.13	\$16.83	\$19.53	\$30.33	\$52.83	\$86.13	\$129.33	\$186.93	\$330.03
\$100,000	\$9.70	\$15.70	\$18.70	\$21.70	\$33.70	\$58.70	\$95.70	\$143.70	\$207.70	\$366.70
\$110,000	\$10.67	\$17.27	\$20.57	\$23.87	\$37.07	\$64.57	\$105.27	\$158.07	\$228.47	\$403.37
\$120,000	\$11.64	\$18.84	\$22.44	\$26.04	\$40.44	\$70.44	\$114.84	\$172.44	\$249.24	\$440.04
\$130,000	\$12.61	\$20.41	\$24.31	\$28.21	\$43.81	\$76.31	\$124.41	\$186.81	\$270.01	\$476.71
\$140,000	\$13.58	\$21.98	\$26.18	\$30.38	\$47.18	\$82.18	\$133.98	\$201.18	\$290.78	\$513.38
\$150,000	\$14.55	\$23.55	\$28.05	\$32.55	\$50.55	\$88.05	\$143.55	\$215.55	\$311.55	\$550.05
\$160,000	\$15.52	\$25.12	\$29.92	\$34.72	\$53.92	\$93.92	\$153.12	\$229.92	\$332.32	\$586.72
\$170,000	\$16.49	\$26.69	\$31.79	\$36.89	\$57.29	\$99.79	\$162.69	\$244.29	\$353.09	\$623.39
\$180,000	\$17.46	\$28.26	\$33.66	\$39.06	\$60.66	\$105.66	\$172.26	\$258.66	\$373.86	\$660.06
\$190,000	\$18.43	\$29.83	\$35.53	\$41.23	\$64.03	\$111.53	\$181.83	\$273.03	\$394.63	\$696.73
\$200,000	\$19.40	\$31.40	\$37.40	\$43.40	\$67.40	\$117.40	\$191.40	\$287.40	\$415.40	\$733.40
\$210,000	\$20.37	\$32.97	\$39.27	\$45.57	\$70.77	\$123.27	\$200.97	\$301.77	\$436.17	\$770.07
\$220,000	\$21.34	\$34.54	\$41.14	\$47.74	\$74.14	\$129.14	\$210.54	\$316.14	\$456.94	\$806.74
\$230,000	\$22.31	\$36.11	\$43.01	\$49.91	\$77.51	\$135.01	\$220.11	\$330.51	\$477.71	\$843.41
\$240,000	\$23.28	\$37.68	\$44.88	\$52.08	\$80.88	\$140.88	\$229.68	\$344.88	\$498.48	\$880.08
\$250,000	\$24.25	\$39.25	\$46.75	\$54.25	\$84.25	\$146.75	\$239.25	\$359.25	\$519.25	\$916.75

Monthly Premiums

Benefit Amount	Age 00-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$260,000	\$25.22	\$40.82	\$48.62	\$56.42	\$87.62	\$152.62	\$248.82	\$373.62	\$540.02	\$953.42
\$270,000	\$26.19	\$42.39	\$50.49	\$58.59	\$90.99	\$158.49	\$258.39	\$387.99	\$560.79	\$990.09
\$280,000	\$27.16	\$43.96	\$52.36	\$60.76	\$94.36	\$164.36	\$267.96	\$402.36	\$581.56	\$1,026.76
\$290,000	\$28.13	\$45.53	\$54.23	\$62.93	\$97.73	\$170.23	\$277.53	\$416.73	\$602.33	\$1,063.43
\$300,000	\$29.10	\$47.10	\$56.10	\$65.10	\$101.10	\$176.10	\$287.10	\$431.10	\$623.10	\$1,100.10
\$310,000	\$30.07	\$48.67	\$57.97	\$67.27	\$104.47	\$181.97	\$296.67	\$445.47	\$643.87	\$1,136.77
\$320,000	\$31.04	\$50.24	\$59.84	\$69.44	\$107.84	\$187.84	\$306.24	\$459.84	\$664.64	\$1,173.44
\$330,000	\$32.01	\$51.81	\$61.71	\$71.61	\$111.21	\$193.71	\$315.81	\$474.21	\$685.41	\$1,210.11
\$340,000	\$32.98	\$53.38	\$63.58	\$73.78	\$114.58	\$199.58	\$325.38	\$488.58	\$706.18	\$1,246.78
\$350,000	\$33.95	\$54.95	\$65.45	\$75.95	\$117.95	\$205.45	\$334.95	\$502.95	\$726.95	\$1,283.45
\$360,000	\$34.92	\$56.52	\$67.32	\$78.12	\$121.32	\$211.32	\$344.52	\$517.32	\$747.72	\$1,320.12
\$370,000	\$35.89	\$58.09	\$69.19	\$80.29	\$124.69	\$217.19	\$354.09	\$531.69	\$768.49	\$1,356.79
\$380,000	\$36.86	\$59.66	\$71.06	\$82.46	\$128.06	\$223.06	\$363.66	\$546.06	\$789.26	\$1,393.46
\$390,000	\$37.83	\$61.23	\$72.93	\$84.63	\$131.43	\$228.93	\$373.23	\$560.43	\$810.03	\$1,430.13
\$400,000	\$38.80	\$62.80	\$74.80	\$86.80	\$134.80	\$234.80	\$382.80	\$574.80	\$830.80	\$1,466.80
\$410,000	\$39.77	\$64.37	\$76.67	\$88.97	\$138.17	\$240.67	\$392.37	\$589.17	\$851.57	\$1,503.47
\$420,000	\$40.74	\$65.94	\$78.54	\$91.14	\$141.54	\$246.54	\$401.94	\$603.54	\$872.34	\$1,540.14
\$430,000	\$41.71	\$67.51	\$80.41	\$93.31	\$144.91	\$252.41	\$411.51	\$617.91	\$893.11	\$1,576.81
\$440,000	\$42.68	\$69.08	\$82.28	\$95.48	\$148.28	\$258.28	\$421.08	\$632.28	\$913.88	\$1,613.48
\$450,000	\$43.65	\$70.65	\$84.15	\$97.65	\$151.65	\$264.15	\$430.65	\$646.65	\$934.65	\$1,650.15
\$460,000	\$44.62	\$72.22	\$86.02	\$99.82	\$155.02	\$270.02	\$440.22	\$661.02	\$955.42	\$1,686.82
\$470,000	\$45.59	\$73.79	\$87.89	\$101.99	\$158.39	\$275.89	\$449.79	\$675.39	\$976.19	\$1,723.49
\$480,000	\$46.56	\$75.36	\$89.76	\$104.16	\$161.76	\$281.76	\$459.36	\$689.76	\$996.96	\$1,760.16
\$490,000	\$47.53	\$76.93	\$91.63	\$106.33	\$165.13	\$287.63	\$468.93	\$704.13	\$1,017.73	\$1,796.83
\$500,000	\$48.50	\$78.50	\$93.50	\$108.50	\$168.50	\$293.50	\$478.50	\$718.50	\$1,038.50	\$1,833.50

DEPENDENT CHILD(REN) Monthly PREMIUMS:

Benefit Amount	Premium
\$2,500	\$0.29
\$5,000	\$0.58
\$7,500	\$0.87
\$10,000	\$1.16

(One rate for all eligible children in family, regardless of number)

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Dependent Children Premium	
Total Premium	

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Please read this important information:

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent children.
- Neither you nor your spouse may hold more than a total of \$500,000 of group term life insurance with Reliance Standard under the master Group Policy. Insurance over that amount will be void and the premium refunded.

Rates are subject to change.

Plan Highlights

Voluntary Group Short Term Disability Insurance



The Scientific Consulting Group, Inc.

COVERAGE

Disability income protection insurance provides a benefit for "short term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 40 or more hours per week, and Part-time employee working 32 or more hours per week except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The weekly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$1,000 per week.

DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 15th consecutive day of disability.

MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 11 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial Disability benefit included
- ▶ Transfer of Coverage provision
- ▶ Zero Day Residual included Definition

LIMITATIONS

- ▶ Pre-Existing Condition Limitation - 3/12
- Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.

Premium Worksheet

Group Short Term Disability Insurance



The Scientific Consulting Group, Inc.

Scheduled Benefit: Each eligible employee may elect **60%** of their weekly earnings, up to **1,000** per week benefit maximum.

To calculate your monthly payroll deduction, use the formula indicated below:
(Round all numbers to the nearest whole number)

- | | |
|---|-------------|
| 1. Enter your Weekly Earnings , not to exceed \$ 1666 | 1. \$ _____ |
| 2. Multiply your weekly earnings (Line 1) by .60 | 2. \$ _____ |
| 3. Find your rate from the age table displayed | 3. \$ _____ |
| 4. Multiply the amount on Line 2 by the appropriate rate for your age entered on Line 3. | 4. \$ _____ |
| 5. Divide the amount on Line 4 by 10 and enter the amount on Line 5 to get your monthly payroll deduction. | 5. \$ _____ |

Age	Rate per \$10 benefit
18-24	0.30
25-29	0.30
30-34	0.30
35-39	0.28
40-44	0.17
45-49	0.21
50-54	0.22
55-59	0.30
60-64	0.38
65-69	0.37
70+	0.37

Example Calculation: Jane Smith is Age 35

- | | |
|---|---|
| 1. Enter your Weekly Earnings , not to exceed \$ 1666 | 1. \$ <u>400</u> |
| 2. Multiply your weekly earnings (Line 1) by .60 | 2. \$ <u>240</u> (maximum weekly benefit) |
| 3. Find your rate from the age table displayed | 3. \$ <u>0.28</u> |
| 4. Multiply the amount on Line 2 by the appropriate rate for your age entered on Line 3. | 4. \$ <u>67.20</u> |
| 5. Divide the amount on Line 4 by 10 and enter the amount on Line 5 to get your monthly payroll deduction. | 5. \$ <u>6.72</u> (monthly payroll deduction) |

Reset

www.RelianceStandard.com



EMPLOYEE ASSISTANCE PROGRAM

Reliance Standard | ACI



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)

rsl@acieap.com

<http://rsl.acieap.com>



A large, black silhouette of a key is positioned on the right side of the image. The key is oriented vertically, with its head pointing upwards and its shank extending downwards. The background is a vibrant sunset or sunrise sky, transitioning from deep blue at the top to warm orange and yellow hues near the horizon. Silhouettes of building roofs are visible against the bright sky.

TRAVEL ASSISTANCE PROGRAM

Reliance Standard | OnCall

24-Hour Travel Assistance Services

Through your group coverage with Reliance Standard, you automatically receive travel assistance services provided by On Call International (On Call), pursuant to an agreement between Reliance Standard and On Call. On Call is a 24-hour, toll-free service that provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when you travel. On Call also offers pre-trip assistance including passport/visa requirements, foreign currency and weather information. 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

How It Works

At any time before or during a trip, you may contact On Call for emergency assistance services. It is recommended that you keep a copy of this summary with your travel documents. Simply detach the wallet card below to ensure convenient access to the On Call phone numbers.

TO REACH ON CALL VIA INTERNATIONAL CALLING: Go to <http://www.att.com/esupport/traveler.jsp?group=tips> for complete dialing instructions. It is recommended that you do this prior to departing the US, find the access code from the country you will be visiting, and note it on the cut-out card below so you will have the information readily available in case of an emergency. (AT&T provides English-speaking operators and the ability to place collect calls to On Call, whereas local providers may encounter difficulty placing collect calls to the US.)



Administered by

Emergency Personal 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 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 limit.

Provided with your benefits coverage through
RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

On Call International is not affiliated with Reliance Standard Life Insurance Company or First Reliance Standard Life Insurance Company. Reliance Standard is not responsible for the content of the On Call travel assistance services, and is not responsible for, and cannot be held liable for, any services provided or not provided by On Call.

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.

On Call is not responsible for the unavailability or results of any medical, legal or transportation services. You are responsible for obtaining all services not directly provided by On Call and for the expenses associated with them.

24-HOUR TRAVEL ASSISTANCE



provided through



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:
 _____ followed by On Call's collect call number.

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

Worldwide, collect
(603) 328-1966

Travel assistance services are provided by On Call International (On Call) under the terms and conditions of a service agreement with Reliance Standard. On Call International is not affiliated with Reliance Standard or with AT&T.

Reliance Standard is not responsible for the content of the On Call travel assistance services, and is not responsible for, and cannot be held liable for, any services provided or not provided by On Call.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands. In New York State, benefits are underwritten by First Reliance Standard Life Insurance Company, Home Office: New York, NY.

On Call is not responsible for the unavailability or results of any medical, legal or transportation services. You are responsible for obtaining all services not directly provided by On Call and for the expenses associated with them.



IDENTITY THEFT RECOVERY

Reliance Standard | InfoArmor



Privacy Advocates®

InfoArmor employs a dedicated team of professionals that provide world class service and expertise in identity theft restoration.

In the event of identity theft, the victim will be assigned a dedicated Privacy Advocate that will act on behalf of the customer to completely restore their identity.

The victim will know their Privacy Advocate by name and will be able to have a personal proponent for their identity restoration.

InfoArmor's Privacy Advocates have been trained by and receive continued support from the Identity Theft Resource Center, the primary national non-profit that focuses on identity theft.

Privacy Advocates are also Certified Identity Theft Risk Management Specialists by the Institute of Fraud Risk Management.

Do you suspect your personal information has been compromised?
Call toll free: **1.855.246.7347**

Want to protect the contents of your wallet and important personal documents? Enroll in WalletArmor® today!

**[www.reliancestandard.com/
walletarmor](http://www.reliancestandard.com/walletarmor)**

Identity Theft Full Restoration Services and Real-time Card Monitoring

The Identity Theft Crisis

Identity Theft is the fastest growing crime in the United States. The statistics are staggering and getting worse. In 2013 Identity theft was the number one consumer reported crime with 13.1 million victims, spending on average 58 to 165 hours to regain pre-theft status.^{1,2,3}

What can you do?

To protect you and your family from this devastating loss of time, money and security, Reliance Standard and your employer have provided you with a full service ID Recovery Program that will perform the recovery process for you should you or a member of your family fall victim to identity theft.

In addition to the recovery program, you also have access to real-time card monitoring through WalletArmor®. WalletArmor® is an interactive, easy-to-use vault for protecting your wallet's contents, passwords, and important personal documents.

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

INFOARMOR®
IDENTITY PROTECTION EXPERTS

Identity Theft Full Restoration Services and Real-time Card Monitoring

ID Theft Recovery Services

Should you or anyone in your family fall victim to identity theft, InfoArmor® Identity Protection Experts will provide restoration services including:

- ▶ Dedicated InfoArmor Privacy Advocates® to act on your behalf
- ▶ Identity restoration experts trained by the Identity Theft Resource Center
- ▶ Investigation and confirmation of fraudulent activity including known, unknown, and potentially complicated sources of identity theft
- ▶ Resolution of key issues by maintaining and explaining your rights
- ▶ Placing phone calls and preparing appropriate documentation on your behalf including anything from dispute letters to defensible complaints
- ▶ Assist in issuing fraud alerts and victim's statements when necessary, with the three consumer credit reporting agencies, Federal Trade Commission, Social Security Administration and the U.S. Postal Service
- ▶ Completing and providing copies of all documentation, correspondence, forms and letters for your records
- ▶ Contacting, following up and escalating issues with affected agencies and institutions
- ▶ Providing restoration beyond just credit including criminal, DMV, medical

WalletArmor®

WalletArmor® provides 24/7 Online Credential Monitoring on the Internet's Underground economy. We'll know quickly if there is fraudulent activity. You'll receive a call from our Privacy Advocates® letting you know your personal information has been compromised. We work with businesses to identify and replace essential cards and documents, and we contact the authorities. WalletArmor stores and secures valuable information for easy retrieval.

The WalletArmor® encrypted vault secures and monitors:

- User IDs & Passwords
- ATM Cards
- Credit Cards
- Checking Accounts
- Driver's Licenses
- Health Insurance Cards
- Vehicle Insurance Cards records, etc.

Do you suspect your personal information
has been compromised?
Call toll free: **1.855.246.7347**

Want to protect the contents of your
wallet and important personal documents?
Enroll in WalletArmor® today!

www.reliancestandard.com/walletarmor

1 - Federal Trade Commission, "Consumer Sentinel Network Data Book 2013, February 2014"

2 - Javelin Strategy and Research: 2014 Identity Fraud Report

3 - ITRC "Identity Theft: The Aftermath" 2008

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

INFOARMOR®
IDENTITY PROTECTION EXPERTS

IDENTITY THEFT RECOVERY SERVICES ARE PROVIDED BY INFOARMOR. INFOARMOR IS NOT AFFILIATED WITH RELIANCE STANDARD LIFE INSURANCE COMPANY ("RSL"). THE IDENTITY THEFT RECOVERY SERVICES PROVIDED BY INFOARMOR ARE NOT PART OF THE RSL INSURANCE POLICY, AND RSL IS NOT RESPONSIBLE FOR ANY ACTS OR OMISSIONS OF INFOARMOR IN CONNECTION WITH OR ARISING UNDER THE IDENTITY THEFT RECOVERY SERVICES.

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.

NOTES

KEY CONTACTS

HAVE QUESTIONS, PROBLEMS OR CONCERNS?

Should you need any personal assistance understanding your benefits, claims or other insurance related information, the following are your carrier contact numbers and websites. There is a wealth of information regarding your plans, claims and other online resources. We recommend that your first step be to call the insurance carrier. You will need your ID number or Social Security Number along with the date of service and provider name (when applicable). If you require further assistance, please contact your Client Advocate at The Meltzer Group or Human Resources. Please have the same information available when contacting The Meltzer Group or Human Resources.

Medical	CareFirst	877-691-5856 www.carefirst.com
Health Savings Account	CareFirst Benefit Wallet	866-229-6069 www.mybenefitwallet.com
Dental	Humana	800-233-4013 www.humana.com
Vision	VSP	866-537-0229 www.humanavisioncare.com
Life & Disability	Reliance Standard	800-351-7500 www.rsli.com
Employee Assistance Program	Reliance Standard ACI	855-775-4357 http://rsli.acieap.com
Employee Assistance Program	Reliance Standard OnCall	In the U.S. 800-456-3893 Outside the U.S. 603-328-1966
Identity Theft Recovery Services	Reliance Standard InfoArmor	855-246-7347 www.reliancestandard.com/infoarmor
The Scientific Consulting Group	Ava Wilt Controller	301-670-4990 awilt@scgcorp.com
The Meltzer Group	Steve Trumbower Account Manager	310-214-7057 strumbower@meltzergroup.com
The Meltzer Group	Neha Bhaktul Client Advocate	301-214-7073 nbhaktul@meltzergroup.com