

EMPLOYEE BENEFIT GUIDE 2018



TABLE OF CONTENTS

PLAN DESCRIPTION	2
MEDICAL PLANS AND RATES	3
<i>Plan 1&2</i>	3
<i>Plan 3&4</i>	4
<i>Plan 5&6</i>	5
ENROLLMENT FORM.....	6
TAX ADVANTAGED ACCOUNTS.....	10
HEALTHIEST YOU(TELEDOC).....	11
RALLY	11
<i>Life+Dental+Vision</i>	12
<i>Supplementary Life Insurance Application</i>	13
<i>Contact Page</i>	26
MEDICAL PLAN HIGHLIGHTS.....	27
CO BROCHURE	39
HEALTHIEST YOU DESCRIPTION(TELEDOC).....	51
H.S.A SIGNUP	52
<i>Rally</i>	54
<i>Motion</i>	55

Introduction

The purpose of this guide is to acquaint you with the benefits Hadiumondstar offers and to serve as a reference source throughout the year. It is important to familiarize yourself with the plans, so you can choose the plan that best meets your family's needs.

Eligibility

All regular, full-time employees of Hadiumondstar working a minimum of 40 hours per week are eligible to participate in the benefit plans.

Waiting Period

Eligible employees may participate in the benefit plans effective the date of hire.

Eligible Dependents

You may elect coverage for your spouse and eligible dependent children up to age 26 for medical, dental and vision.

Open Enrollment

Each year during Open Enrollment you have the opportunity to elect or make changes to your benefits. Any eligible employee may add or drop dependents, add or drop coverage, or change current levels of coverage. Elections or changes made during the Open Enrollment period are effective January 1st. Any elections made are considered final and cannot be changed unless a qualifying event occurs.

Hadiumondstar offers you and your dependents the choice of Six medical benefit plans through AllSavers . As a plan member you have access to many consumer education tools and value-added programs designed to help manage your family's medical care –24 hours a day, 7 days a week. To obtain plan benefits, network providers or check claim status, visit the www.myallsaversmember.com. To speak with a AllSavers customer service representative call the number on the back of your ID card or review the Contacts Page

1. Six Medical Plans are being offered for the 2018 Plan year, review the plans closely, the plans range from a \$0 deductible to a \$6500 deductible, Plan Highlights and comprehensive descriptions are also enclosed. Once you pick a plan it stays with you and your family for the entire year. Pick wisely.
2. Consultants and their dependents must enroll now or must wait for the 2019 enrollment.
3. If your dependents are on vacation you need to enroll them now, unless they are entering the country for the first time.
4. If you have any questions or need clarifications on the plans send an email to Info@Kavimgroup.com and you will get a call back from a product specialist.
5. IF YOU ARE ALREADY ENROLLED IN THE GROUP PLAN AND YOU WANT TO MAKE A CHANGE YOU NEED TO COMPLETE THE FIRST PAGE OF THE EMPLOYEE ENROLLMENT FORM AND CHOOSE THE PLAN IN THE LAST SECTION OF THE FIRST PAGE. **Email Application to Accounts@Hadiumondstar.com & Info@Kavimgroup.com latest by Nov 30th 2017**
6. IF YOU ARE ENROLLING FOR THE FIRST TIME YOU NEED TO COMPLETE THE ENTIRE EMPLOYEE ENROLLMENT FORM AND SIGN AND DATE THE LAST PAGE **Email Application to Accounts@Hadiumondstar.com, & Info@kavimgroup.com latest by Nov 30th 2017**

Hadiumondstar offers you and your dependents the United Healthcare National Options VPPO Plan, Details of which are enclosed.

If you elect an out-of-network dentist your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service. Plan benefits for out-of-network services are based on a negotiated fee schedule for the low plan and usual and customary rates (UCR) for the high plan.

Important reminders:

- Save money by switching your medication to a generic.
- For minor issues visit the Healthiestyou** where a lot of issues can be settled by talking to a medical Professional over the phone
- Make sure your doctor and/or hospital is in the UHC Choice Network

**Review the Contact Page.

MEDICAL RATES AND FEES

Company Name: HADIAMONDSTAR SOFTWARE SOLUTIO
 Street Address: 9477 B SILVER KING COURT
 City: FAIRFAX
 State: VA
 ZIP Code: 22031 SIC: 5045 UWID: 1

Class	E01575	E5003060
Employee	\$410.27	\$328.56
Employee + Spouse	\$828.58	\$656.98
Employee + Child(ren)	\$752.53	\$597.26
Employee + Family	\$1,170.82	\$925.69

Benefit Overview	E01575	E5003060
Product Category	EPO	EPO
Network Provider	Choice	Choice
Copayment PCP	\$15	\$30
Copayment Specialist	\$15	\$60
Copayment Urgent Care	\$75	\$100
Copayment ER	\$150	\$300
Medical Deductible(Network/Non-network)	\$0/0	\$500/0
Medical Coinsurance Limit(Network/Non-network)	\$0/0	\$2500/0
Medical Coinsurance Rate(Network/Non-network)	100%/0%	80%/0%
Medical Max Out of Pocket(Network/Non-network)	2000/0	3000/0
Lab / Xray	100%	100%
MRI, CT Scan	Ded + Coins	Ded + Coins
Inpatient and Outpatient Surgery	Ded + Coins	Ded + Coins
Pharmacy Copayments	\$10/35/60/200	\$10/35/60/200
Pharmacy Deductible	\$0.00	\$0.00
Lifetime Maximum	Unlimited	Unlimited
Wellness Credit	NA	NA

1/1/2018 effective date,

Please be advised that All Savers (*United Healthcare*) does not allow late enrollees(and dependents). Once a group has been installed , only qualified events are able to join the plan. Any late enrollees will be postponed until renewal(01/01/2019). Plan benefits accumulate and are calculated on a plan year basis. Plan descriptions are attached.

Plan highlights from page 27-38

Enrollment form Page 6

MEDICAL RATES AND FEES

Company Name: HADIAMONDSTAR SOFTWARE SOLUTIO
 Street Address: 9477 B SILVER KING COURT
 City: FAIRFAX
 State: VA
 ZIP Code: 22031 SIC: 5045 UWID: 1

Class	E100030	E200030
Employee	\$315.29	\$306.53
Employee + Spouse	\$629.11	\$610.74
Employee + Child(ren)	\$572.05	\$555.43
Employee + Family	\$885.87	\$859.62

Benefit Overview - Sample Plans	E100030	E200030
Product Category	EPO	EPO
Network Provider	Choice	Choice
Copayment PCP	\$30	\$30
Copayment Specialist	\$30	\$30
Copayment Urgent Care	\$100	\$100
Copayment ER	\$300	\$300
Medical Deductible(Network/Non-network)	\$1000/0	\$2000/0
Medical Coinsurance Limit(Network/Non-network)	\$2500/0	\$0/0
Medical Coinsurance Rate(Network/Non-network)	80%/0%	100%/0%
Medical Max Out of Pocket(Network/Non-network)	3500/0	4000/0
Lab / Xray	100%	100%
MRI, CT Scan	Ded + Coins	Ded + Coins
Inpatient and Outpatient Surgery	Ded + Coins	Ded + Coins
Pharmacy Copayments	\$15/35/75/250	\$15/35/75/250
Pharmacy Deductible	\$0.00	\$0.00
Lifetime Maximum	Unlimited	Unlimited
Wellness Credit	NA	NA

Please be advised that All Savers does not allow late enrollees. Once a group has been installed only qualified events are able to join the plan. Any late enrollees will be postponed until renewal.

Plan Highlights from Page 27-38

Enrollment Form Page 6

MEDICAL RATES AND FEES

Company Name: HADIAMONDSTAR SOFTWARE SOLUTIO
 Street Address: 9477 B SILVER KING COURT
 City: FAIRFAX
 State: VA
 ZIP Code: 22031 SIC: 5045 UWID: 1

Class	HE35003060	HE50003060
Employee	\$258.44	\$238.06
Employee + Spouse	\$509.73	\$466.92
Employee + Child(ren)	\$464.04	\$425.31
Employee + Family	\$715.33	\$654.18

Benefit Overview - Sample Plans	HE35003060	HE50003060
Product Category	HSA EPO	HSA EPO
Network Provider	Choice	Choice
Copayment PCP	\$30	\$30
Copayment Specialist	\$60	\$60
Copayment Urgent Care	\$100	\$100
Copayment ER	\$300	\$300
Medical Deductible(Network/Non-network)	\$3500/0	\$5000/0
Medical Coinsurance Limit(Network/Non-network)	\$0/0	\$0/0
Medical Coinsurance Rate(Network/Non-network)	100%/0%	100%/0%
Medical Max Out of Pocket(Network/Non-network)	6550/0	6550/0
Lab / Xray	Ded then 100%	Ded then 100%
MRI, CT Scan	Ded + Coins	Ded + Coins
Inpatient and Outpatient Surgery	Ded + Coins	Ded + Coins
Pharmacy Copayments	\$10/35/60/100	\$10/35/60/100
Pharmacy Deductible	\$0.00	\$0.00
Lifetime Maximum	Unlimited	Unlimited
Wellness Credit	NA	NA

1/1/2018 effective date,

Please be advised that All Savers (*United healthcare*) does not allow late enrollees. Once a group has been installed , only qualified events are able to join the plan. Any late enrollees will be postponed until renewal.

Plan Highlights from Page 27-38

Enrollment form Page 6

Employee Enrollment Application Form -

All Savers®

All Savers Alternate Funding

Please send correspondence to P.O. Box 19032, Green Bay, WI 54307-9032 • 1-800-291-2634 by **KAVIM GROUP INC**

(Please fill out the entire enrollment application form to avoid processing delay. Please clearly print all information.)

Enrollee Social
Security Number

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

Group No.

				-							
--	--	--	--	---	--	--	--	--	--	--	--

Enrollee Information

Employer Name										Employer Address (If more than one location)												
Last Name										First Name								Initial				
<input type="checkbox"/> Single <input type="checkbox"/> Married	Address										Apt#		City				State		ZIP		County	
Phone #					-				-			Gender <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth / /		Height		Weight				
Cell Phone #					-				-			Email Address										
Date Employed Full Time / /				Average Hours Worked Per Week				Occupation Are you an independent contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No														

Enrollee and Dependent Information (Only for those applying).

If you need to list additional dependents, please use lined paper, sign and date it, and check this box: ☐

	Enrollee	Spouse	Child 1	Child 2	Child 3
First Name					
Middle Initial					
Last Name					
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth					
Height					
Weight					
Social Security Number					
Primary Care Physician's Name					

Eligibility and Other Insurance (insurance that will be kept in addition to this coverage)

Currently Working Full Time	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Plan to Keep Other Insurance Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Other Insurance Policy Number					
Name of Other Insurance Company(ies)					
Covered by Medicare/Medicaid	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Medicare/Medicaid Coverage Effective Date	/ /	/ /	/ /	/ /	/ /

Coverage and Change Request Information

Medical: ☐ Employee ☐ Family ☐ Employee/Spouse ☐ Employee/Dependent Child(ren)

Name of Medical Plan You Have Selected: _____

Change Request: ☐ Marriage ☐ Divorce ☐ Adoption ☐ Returning to School Full Time ☐ Court Order Date of Event: _____
(you may be required to provide proof of event)

Attach a written and signed statement by the employer for a requested coverage effective date other than employee effective date.
Effective date may not be guaranteed.

**KAVIM GROUP INC**

Medical History

Please answer the following questions for yourself and each person listed on the Enrollee and Dependent Information Section on page one of this form. Please answer completely and truthfully. Has anyone on this enrollment application form been diagnosed, consulted with, or been examined or treated by any health care professional during the last 5 years for any illness, injury, or health condition in any of the categories listed below? If yes, please check the box that most appropriately describes the problem and explain fully below. Please note that, if you fraudulently leave out or fraudulently misrepresent information, we may terminate or not renew your coverage, or we may change your monthly payment retroactive to the date your coverage became effective.

All statements contained in this entire form must be true and correct and no material information can be withheld or omitted.

1 Cancer/Tumor <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Breast <input type="checkbox"/> Colon <input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Melanoma <input type="checkbox"/> Testicular <input type="checkbox"/> Brain <input type="checkbox"/> Ovarian <input type="checkbox"/> Cervical <input type="checkbox"/> Prostate <input type="checkbox"/> Other Cancer <input type="checkbox"/> Non-Malignant Tumor – Location of Tumor _____
2 Heart/Circulatory <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Aneurysm <input type="checkbox"/> Bypass <input type="checkbox"/> Angioplasty/Stent <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Heart Disease <input type="checkbox"/> Elevated Cholesterol/Triglycerides <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Stroke <input type="checkbox"/> Angina <input type="checkbox"/> Hemophilia <input type="checkbox"/> Blood Clots <input type="checkbox"/> Pacemaker/ICD <input type="checkbox"/> Blood Disorder <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Other _____
3 Reproductive <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current Pregnancy (due date _____ if multiples # _____) <input type="checkbox"/> Pregnancy Complications <input type="checkbox"/> Fibroids <input type="checkbox"/> Menstrual Disorders <input type="checkbox"/> Breast Disorders <input type="checkbox"/> Endometriosis <input type="checkbox"/> Infertility <input type="checkbox"/> Other _____
4 Intestinal/Endocrine <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Chronic Pancreatitis <input type="checkbox"/> Colon Disorder <input type="checkbox"/> Crohn's <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Diabetes <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Hepatitis B/C <input type="checkbox"/> Reflux <input type="checkbox"/> Liver Disorder <input type="checkbox"/> Ulcer <input type="checkbox"/> Growth Hormones <input type="checkbox"/> Gallbladder <input type="checkbox"/> Gastric Bypass <input type="checkbox"/> Other _____
5 Brain/Nervous <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alzheimer's <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Migraines <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Paralysis <input type="checkbox"/> Seizures/Epilepsy <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Head Injury <input type="checkbox"/> Cyst <input type="checkbox"/> Other _____
6 Immune <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Scleroderma <input type="checkbox"/> ALS <input type="checkbox"/> Psoriasis <input type="checkbox"/> AIDS <input type="checkbox"/> HIV+ <input type="checkbox"/> Lupus <input type="checkbox"/> Immuno Deficiency <input type="checkbox"/> Other _____
7 Lung/Respiratory <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Emphysema <input type="checkbox"/> Sarcoidosis <input type="checkbox"/> Lung Disorders <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Chronic Bronchitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Other _____
8 Eyes/Ears/ Nose/Throat <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Acoustic Neuroma <input type="checkbox"/> Cataracts <input type="checkbox"/> Cleft Lip/Palate <input type="checkbox"/> Deviated Septum <input type="checkbox"/> Glaucoma <input type="checkbox"/> Retinopathy <input type="checkbox"/> Chronic Ear Infections <input type="checkbox"/> Chronic Sinusitis <input type="checkbox"/> Other _____
9 Urinary/Kidney <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Kidney Stones <input type="checkbox"/> Kidney Disorders <input type="checkbox"/> Bladder Disorders <input type="checkbox"/> Polycystic Kidney Disease <input type="checkbox"/> Prostate Disorder <input type="checkbox"/> Renal Failure <input type="checkbox"/> Other _____
10 Bones/Muscles <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Bulging/Herniated Disc <input type="checkbox"/> Joint injury <input type="checkbox"/> Fibromyalgia/Chronic Fatigue Syndrome <input type="checkbox"/> Chronic Pain Syndrome <input type="checkbox"/> Shoulder Disorder <input type="checkbox"/> Knee Disorder <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Back Disorder <input type="checkbox"/> Neck Disorder <input type="checkbox"/> Other _____
11 Behavioral Health <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> ADHD <input type="checkbox"/> Bipolar Depression <input type="checkbox"/> Manic Depression <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Autism <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Inpatient Alcohol/Drug <input type="checkbox"/> Inpatient Mental Health Hospital <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Other _____
12 Transplant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bone Marrow <input type="checkbox"/> Organ <input type="checkbox"/> Discussed Possible Future Transplant <input type="checkbox"/> Stem Cell <input type="checkbox"/> Transplant Complications <input type="checkbox"/> Other _____
13 Other <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Condition not mentioned above with claims in excess of \$5,000 <input type="checkbox"/> Disability <input type="checkbox"/> Congenital Disorder
14 Tobacco <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Anyone on this enrollment form used tobacco products in the past 12 months: Person _____
15 Medications <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current Medications: Person _____ # of Meds ____ Person _____ # of Meds ____ (list meds below) <input type="checkbox"/> Medications taken within the past 12 months: Person _____ # of Meds ____ Person _____ # of Meds ____ (list meds below)

Please give details of all "yes" answers above. (If additional space is required, please attach a separate sheet and date and sign that sheet).

Question #	Person	Condition/Diagnosis	Treatment /Meds	Physician's Name	Dates Treated	Prognosis

Prior Medical Coverage Information

☐ Yes ☐ No Have you or any dependents applying for coverage been covered by this employer's prior group medical plan?

☐ Yes ☐ No Have you or any dependents applying for coverage been covered by any medical plan other than this employer's prior group plan?
If yes:

Insurance Company Name _____ Phone # _____ Policy/Group # _____

Termination Date _____ Effective Date _____ Reason for Termination _____

Who was covered? _____

Type of Plan: ☐ Prior Employer Group Plan ☐ Spouse's Employer Group Plan ☐ Individual Policy ☐ Other _____

Signature

I declare that all statements and responses contained in this entire form, and in any other health insurance administration and/or coverage application form that I completed within the last 90 days that was provided to All Savers, are true and correct and that no material information has been withheld or omitted. I also understand that the information provided on this form is used to make decisions regarding eligibility and pricing. I understand that misrepresentation, concealment or omission of fact, or a mistake of fact (whether or not a mutual mistake), could materially affect the underwriting, premium, rating or terms and conditions of my employer's Excess Loss Insurance Policy ("Policy") which could result in changes to the terms and conditions of my employer's Excess Loss Insurance Policy, including retroactive increased premium rates and attachment points, or termination of that Policy. I also understand that willful or intentional misrepresentation, concealment or omission of any material fact affecting terms, conditions, or underwriting of my employer's Excess Loss Insurance Policy could result in that Policy being null and void in its inception.

I understand and agree that the Plan Sponsor is not bound by any statement made by or to any agent unless written herein. I agree that no medical benefits will be effective until the date specified in the Summary Plan Description. If I am now waiving medical coverage for myself and/or for my dependents, I have read the entire Waiver provision and understand the enrollment requirements if I make a request for such coverage at a later date.

Coverage is effective only after approval and satisfaction of any probationary period.

In some states, any person who, knowingly and with intent to defraud an insurance company or plan administrator, submits an enrollment application form or files a claim containing any materially false information may be guilty of fraud, which is a crime.

All pages must be attached and complete, including this authorization, for the enrollment application form to be considered complete. Incomplete enrollment application forms may be rejected.

Authorization to Disclose Medical Information for Enrollment

I hereby authorize those physicians, medical practitioners, hospitals, clinics, veterans administration facilities, pharmacy benefit managers, medical information services, urgent care facilities, and other medical or medically related entities, insurance or reinsurance companies, and consumer reporting agencies that have information available as to the present or former physical health condition, including drug or alcohol abuse, and/or treatment of me or my dependents proposed for coverage to release any and all such information, including, but not limited to, medical records, health care provider notes, laboratory tests and results, diagnoses, treatment, and prognoses. I understand the information obtained by use of this authorization may be used to determine eligibility for issuance of health coverage for me and my dependents. This authorization is not applicable to psychotherapy notes.

I agree that a photographic copy of this authorization shall be as valid as the original and that this authorization shall expire 15 months after the termination of any coverage I obtain. I understand that I may request a copy of this authorization. I understand that I may revoke this authorization at any time in writing unless action has been taken in reliance on my authorization. Any information obtained will not be released to any person or organization, except to reinsuring companies or other persons or organizations performing business or legal services in connection with my enrollment for the coverage, for any claim, for medical management purposes, or as may be otherwise lawfully required or as I may further authorize.

Enrollee Signature X _____

Date _____

If signed by a representative of enrollee, please indicate the representative's legal authority to act on behalf of enrollee.

Waiver (Please complete if you are waiving medical coverage.)

I waive medical coverage for:	<input type="checkbox"/> Self (and dependents)	Please state reason for waiving coverage: _____
<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Children	Qualifying Coverage: _____ Other _____

If I have waived coverage for myself and/or my dependents (including my spouse) because of other health insurance coverage, I may in the future be able to enroll myself and/or my dependents in the plan, provided that I request enrollment within 31 days after my other coverage ends because of involuntary loss of other coverage (divorce, death, legal separation, termination of employment, reduction in number of hours of employment). In addition, if I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll my dependents, provided that I request enrollment within 31 days after the date of the event.

Applicant Signature X _____ Date _____

YOUR RIGHTS REGARDING THE RELEASE AND USE OF GENETIC INFORMATION

The results of any genetic test, including genetic test information, shall not be used as the basis to (1) terminate, restrict, limit or otherwise apply conditions to the coverage of an individual or family member under the plan, or restrict the sale of the plan to an individual or family member; (2) cancel or refuse to renew the coverage of an individual or family member under the plan; (3) deny coverage or exclude an individual or family member from coverage under the plan; (4) impose a rider that excludes coverage for certain benefits or services under the plan; (5) establish differentials in monthly costs or cost-sharing for coverage under the plan; (6) otherwise discriminate against an individual or family member in the provision of insurance.



Tax-Advantaged Accounts

Flexible Spending Account (FSA):

The Flexible Spending Account (FSA) provides employees the opportunity to pay specific expenses with pre-tax dollars. These plans enable you to “redirect” part of your pay (before federal income tax or Social Security taxes are deducted) into a tax-advantaged account. The FSA runs on a calendar year (January - December).

Calculate your annual FSA contributions wisely. According to the IRS guidelines, any money in your FSA that you do not use for eligible expenses incurred during the plan year will be forfeited. You have a 90 day grace period from the close of the plan year, December 31st, to claim monies contributed to your FSA, or these funds are forfeited. Once you make an election into the FSA account you may not change this election amount unless you experience a qualifying change in status.

Healthcare Flex Spending Account

The healthcare can be used to pay for most out-of-pocket medical, vision, and dental care expenses for yourself and your eligible dependents. You are eligible to set aside up to \$2,600 per year.

The entire amount elected is available to you at the beginning of the plan year. You can roll over up to \$250 from 2018-2019. Any unused amount greater than \$250 will be forfeited.

The Dependent Care Flex Spending Account

The Dependent Care FSA can be used to pay for eligible day care expenses for a dependent child(ren) up to age 13 or for an elderly parent. You may set aside up to \$5,000 per year if you are single or married (filing joint tax returns). You may elect up to \$2,500 if married and filing separate returns. Money in this account can be used as deposited just like a savings account.

Health Savings Account (HSA):

An HSA is an account that allows you to put aside money for deductible and out of pocket expenses incurred under a high deductible health plan. Money is direct deposited into the HSA on a pre-tax basis. The HSA runs on the calendar year (January - December).

When you enroll in the HDHP, your HSA will be automatically set up with . You will receive a welcome kit from Optum Bank you will need to go to Optumbank.com and you will be able to set up an HSA Account

How the Health Savings Account Works:

It comes with tax advantages

Tax savings. Money you put into your HSA can reduce your taxable income — helping you save on taxes you pay.

Tax-free earnings. Money you keep in your HSA earns interest tax free. Let it grow from year to year.

Tax-free spending. Money you take from your HSA to pay for qualified health care costs is never taxed.

There are other benefits, too

You own your HSA. You decide how to spend — or save — your health savings account. If you change jobs or health plans, you keep the account. You can even name a beneficiary to inherit your account.

There's no use-it-or-lose-it policy. Any money not used at the end of the plan year rolls over to the next year ...every year.

It's an investment. That's right. Your HSA is a savings account that earns interest. It's a terrific way to put away money for health care costs down the road, even in retirement. At an additional cost, investment options are also available.

Earn Gift Card Rewards. **Healthy Lifestyles** is an online personalized well-being improvement program that focuses on physical, social and emotional behaviors that affect your total well-being. You start by completing a Well-Being Assessment (WBA) to help identify health goals and to develop a well-

being plan. Your well-being plan uses the personal goals you set to keep you motivated, and it changes over time as you make progress toward them.

Contribute anytime

You, your spouse and family members can contribute anytime, up to a yearly maximum.

The more you contribute, the bigger your account can grow.

And there are convenient ways to contribute. Write a check. Set up an electronic funds transfer from your bank account. Use a payroll deduction. Do what works best for you.

2017 Pre-tax Annual HSA

Contribution Limits:

A total of \$3,400 for individual coverage

A total of \$6,750 for family coverage

If you are age 55 or older, you can contribute an additional \$1,000 per year

HEALTHIESTYOU: UHC



Healthiestyou is a new communication tool that lets you talk to doctors anywhere anytime with no Copay or cost to you online or by telephone if you do not have internet . Doctors can answer questions, make a diagnosis and prescribe basic medications.

Benefits of using Healthiestyou Online:

- You can use this at work, home, basically anywhere you have an internet connection.
- It's fast. You can log-in and talk to a doctor within minutes.
- Doctors are available seven days a week, 24 hours a day.
- It's private and secure, and you can choose a board-certified doctor from an available group.
- When needed, prescriptions are emailed right to employees' local pharmacies, if that information is given to the doctor. (Note: Some state limits prescriptions to in-person visits)

Employee Assistance Program : RALLY

Balancing your work and home is not always easy. With Rally, your confidential digital help program. This program is available to you and your immediate family. This will help you assess your current health, You will then get customized recommendations for missions, simple activities designed to help improve your diet, fitness and mood. As for complete activities, you will earn Rally coins, which you can use for a chance to win rewards

Log into your Account at www.myallsaversmember.com and click the Rally link.



Life AD&D renewal

	Enrollment	Benefit		Rate	Total	Monthly Premium
Renewal Life Insurance	23	\$20,000		\$0.14 per 1,000	\$64.40	
Renewal AD&D Insurance	23	\$20,000		\$0.04 per 1,000	\$18.40	
					:	



Dental Benefits

		Employee	Empl + Spouse	Empl + Child	Empl + Fam	
latad						
Plan: PIN53 / Type: VPPO	Current Rate	\$26.84	\$53.68	\$56.15	\$85.72	
	Renewal Rate	\$24.16	\$48.32	\$50.54	\$77.16	

▪ Ask about our Consumer Max Multiplier! This consumer driven benefit allows members to carry forward a portion of their unused annual dental maximum into an account for future use.

	Benefit	In/Out		Benefit	In/Out
Plan Maximums	Annual In/Out of Network Ortho Lifetime	\$1,500 /\$1,500 NA /NA	Coinsurance	Preventative Minor Restore Endo/Perio/Oral*	100% /NA 50% /NA 50% /NA
Deductible	Individual/Family	\$50 /\$150		Major Services Orthodontia	50% /NA NA /NA
Waiting Period	Major Services	NO WAIT			

* Please refer to your benefit summary or certificate of coverage for a more detailed view of the benefit coverage for services within these categories as some plans may have benefits that differ from what we are able to display here.

Vision renewal

		Employee	Empl + Spouse	Empl + Child	Empl + Fam	Monthly Premium
Current Vision Insurance	Enrollment	8	4	2	14	
Plan: V1006/Type: VOLUNTARY	Rate	\$10.95	\$21.35	\$22.45	\$31.21	\$654.84
Renewal Vision Insurance	Enrollment	8	4	2	14	
Plan: V1006/Type: VOLUNTARY	Rate	\$10.95	\$21.35	\$22.45	\$31.21	\$654.84

Vision benefit summary

	Services & Materials	Amount		Services & Materials	Amount
In-Network Copay	Exam	\$10	Out-of-network Reimbursement	Exam	Up to \$40
	Materials	\$25		Single Lenses	Up to \$40
Frequencies	Exam	1 x per 12 mos.		Bifocal Lenses	Up to \$60
	Lenses	1 x per 12 mos.		Trifocal Lenses	Up to \$80
	Frames	1 x per 12 mos.		Lenticular Lenses	Up to \$80
				Frames	Up to \$45
				Elective Contacts	Up to \$105

Vision plans have a two year rate guarantee. The vision rates will be in effect through 12/31/18. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.

Voluntary Life Insurance:

To supplement the basic life coverage, Hadiamondstar offers employees the opportunity to purchase voluntary life insurance at competitive prices. If you elect amounts over the Guarantee Issue (GI), you will need to submit an Evidence of Insurability form to Mass Mutual, An Application is enclosed for your convenience, This Insurance is portable and you can take it with you if you decide to move to another job. You can buy Whole , Term or Universal Life, depending on your goals and responsibilities

Application for Individual Life & Disability Insurance (Part 1)

The Insurer identified below will be referred to herein as the “Company”:

Massachusetts Mutual Life Insurance Company (MassMutual) 1295 State Street, Springfield, Massachusetts 01111-0001

Unless subsidiary designated below:

- ☐ **MML Bay State Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981
- ☐ **C.M. Life Insurance Company** 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981

If applying for (Select all that apply):

Complete sections

- ☐ Individual Life or Survivorship Life New Business A-G & L-N
- ☐ Individual Disability Income New Business Right to Apply #: _____ A-B & H-N

A Personal Information :::::::::::::::::::::

Complete this section for the Proposed Insured.

1. Full legal name (*First, MI, Last, Suffix*): _____
2. Gender (*Select one*): ☐ Male ☐ Female
3. Date of birth (*mm/dd/yyyy*): _____
4. Place of birth (*Country & State/Province*): _____
5. Taxpayer Identification Number (*SSN/ITIN*): _____
6. Residential address – **do not use PO Box** (*Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code*): _____

7. Mailing address – **only if different than question 6** (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

8. Preferred phone number: () - Extension: ☐ Home ☐ Work ☐ Mobile
Alternate phone number: () - Extension: ☐ Home ☐ Work ☐ Mobile
Best time to call: ☐ am ☐ pm

9. Email address: _____

10. U.S. Driver's License (If actual age under 16, skip to question 11): ☐ Yes ☐ No

If No (Select one): ☐ Passport ☐ Other (Specify): _____

- a. Identification number: _____

- b. State or Country of issue:** _____

- c. Expiration date (mm/dd/yyyy):** _____ *Only required if Passport or Other*

11. Type of citizenship (Select one): ☐ Resident U.S. citizen ☐ Non-resident U.S. citizen ☐ Resident alien ☐ Non-resident alien

If U.S. citizen, skip to section B – Personal History Information. If alien, continue to question 11a and attach copy of visa.

- a. Country of citizenship: _____

- b. Type of visa:** _____

- c. Visa number: _____

- d. Expiration date (mm/dd/yyyy): _____



Contact Information

Contact Information

Allsavers Medical	<i>1-800-291-2634</i>
Dental	<i>1-800-291-2634</i>
Vision	<i>1-800-291-2634</i>
Healthiestyou	<i>1-480-779-4360</i>
UHC Motion	<i>1-800-291-2634</i>
HSA/FSA	<i>Optiumbank.com</i>
Rally	<i>Rally-support.force.com/customer</i>
Claims Contact Center Kavim Group Insurance	<i>1-866-955-2846</i>

Questions about your benefits or how to enroll?

Please email Info@Kavimgroup.com. We look forward to serving you!



Kavim Group Inc

8608 Stevenson Road, Building 2, |Stevenson, MD 21153 1-866-955-2846, Info@Kavimgroup.com

Plan Highlights

Alternate Funding

Note: This is only an illustration of the plan; it is not a complete list of benefits and limitations. Always refer to the most recent Summary Plan Description for current information about benefits, provisions, exclusions and limitations in your plan.

When you receive your ID card in the mail, use it to register for the member website at <https://myallsaversmember.com>. You can learn more about your coverage and track claims and explanation of benefits statements throughout the year.

This plan does not cover out-of-network services.

What are some of the benefits?

		Network options	Out-of-Network options
Copayments	Copayments do not count toward the deductible, but do count toward the out-of-pocket limit. <ul style="list-style-type: none"> • Level 1: office visits • Level 2: specialist office visits • Level 3: urgent care visits • 		Not applicable ¹
Deductibles	The amounts shown are individual deductibles. Family deductibles are two times the individual deductible.		Not applicable
Coinsurance Rates	The rates shown are the percentage the medical benefit pays.		Not applicable
Out-of-Pocket Limits	The amounts shown are individual limits. Family out-of-pocket limits are two times the individual limit.		Not applicable
Pharmacy Copayments	Drug tiers are based on cost. <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 • Tier 4 <p>If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copayment and/or coinsurance may be applied.</p>		Not applicable
Lifetime Maximum	There is no lifetime maximum for eligible covered services.	Not applicable	

		Network options	Out-of-Network options
Preventive Care	<ul style="list-style-type: none"> Wellness visits Immunizations Preventive screenings 	100% covered	Not applicable
Copayment Levels 1–4	<ul style="list-style-type: none"> Level 1: office visits Level 2: specialist office visits Level 3: urgent care visits 	Copayment; then 100% covered	Not applicable ¹
No Copayments	<ul style="list-style-type: none"> Major diagnostics (CT scan, MRI, etc.) (deductible applied after copayment) Inpatient facility Outpatient facility Ambulance (air or ground)¹ Rehabilitation/physical therapy Home health care Skilled nursing Transplants Prosthetics Durable medical equipment 	Deductible; then coinsurance	Not applicable ¹
Prescription Drugs	<ul style="list-style-type: none"> Retail pharmacy prescriptions (30-day) Mail-order prescriptions (90-day); copayments are 2.5 times the retail pharmacy copayment 	Copayment; then 100% covered	Not applicable

The following benefits apply to all All Savers plans:

Rehabilitation (including Manipulative Treatment)	Home Health	Skilled Nursing	Durable Medical Equipment	Prosthetics	Dental Accident	Out-of-Network Transport
30 visits	30 visits	60 visits	Unlimited	Unlimited	Unlimited	Unlimited

¹ EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist or radiologist; and (2) Services performed under the Emergency Care benefit.

All plans are subject to calendar year deductible/out-of-pocket limits unless otherwise stated.

In select markets, the deductible/out-of-pocket limits are subject to plan year deductible/out-of-pocket limits if elected.

EPO Plan

This is a summary only. It is not a solicitation of coverage; it does not contain a complete list of benefits and limitations. Some benefits listed above may have limits on the number of visits that are covered. For more information about the benefits, provisions, exclusions and limitations, refer to the brochure. These employee benefit products are marketed under the All Savers brand. Excess Loss insurance coverage is provided by All Savers Insurance Company, a UnitedHealthcare company. The underlying medical benefit is not an insured product. Administrative services are provided to the plan sponsor by United HealthCare Services, Inc. and its affiliates. This product is not available in all states.

Plan Highlights

Alternate Funding

Note: This is only an illustration of the plan; it is not a complete list of benefits and limitations. Always refer to the most recent Summary Plan Description for current information about benefits, provisions, exclusions and limitations in your plan.

When you receive your ID card in the mail, use it to register for the member website at <https://myallsaversmember.com>. You can learn more about your coverage and track claims and explanation of benefits statements throughout the year.

This plan does not cover out-of-network services.

What are some of the benefits?

		Network options	Out-of-Network options
Copayments	Copayments do not count toward the deductible, but do count toward the out-of-pocket limit. <ul style="list-style-type: none"> • Level 1: office visits • Level 2: specialist office visits • Level 3: urgent care visits • 		Not applicable ¹
Deductibles	The amounts shown are individual deductibles. Family deductibles are two times the individual deductible.		Not applicable
Coinsurance Rates	The rates shown are the percentage the medical benefit pays.		Not applicable
Out-of-Pocket Limits	The amounts shown are individual limits. Family out-of-pocket limits are two times the individual limit.		Not applicable
Pharmacy Copayments	Drug tiers are based on cost. <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 • Tier 4 If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copayment and/or coinsurance may be applied.		Not applicable
Lifetime Maximum	There is no lifetime maximum for eligible covered services.	Not applicable	

		Network options	Out-of-Network options
Preventive Care	<ul style="list-style-type: none"> Wellness visits Immunizations Preventive screenings 	100% covered	Not applicable
Copayment Levels 1–4	<ul style="list-style-type: none"> Level 1: office visits Level 2: specialist office visits Level 3: urgent care visits 	Copayment; then 100% covered	Not applicable ¹
No Copayments	<ul style="list-style-type: none"> Major diagnostics (CT scan, MRI, etc.) (deductible applied after copayment) Inpatient facility Outpatient facility Ambulance (air or ground)¹ Rehabilitation/physical therapy Home health care Skilled nursing Transplants Prosthetics Durable medical equipment 	Deductible; then coinsurance	Not applicable ¹
Prescription Drugs	<ul style="list-style-type: none"> Retail pharmacy prescriptions (30-day) Mail-order prescriptions (90-day); copayments are 2.5 times the retail pharmacy copayment 	Copayment; then 100% covered	Not applicable

The following benefits apply to all All Savers plans:

Rehabilitation (including Manipulative Treatment)	Home Health	Skilled Nursing	Durable Medical Equipment	Prosthetics	Dental Accident	Out-of-Network Transport
30 visits	30 visits	60 visits	Unlimited	Unlimited	Unlimited	Unlimited

¹ EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist or radiologist; and (2) Services performed under the Emergency Care benefit.

All plans are subject to calendar year deductible/out-of-pocket limits unless otherwise stated.

In select markets, the deductible/out-of-pocket limits are subject to plan year deductible/out-of-pocket limits if elected.

EPO Plan

This is a summary only. It is not a solicitation of coverage; it does not contain a complete list of benefits and limitations. Some benefits listed above may have limits on the number of visits that are covered. For more information about the benefits, provisions, exclusions and limitations, refer to the brochure. These employee benefit products are marketed under the All Savers brand. Excess Loss insurance coverage is provided by All Savers Insurance Company, a UnitedHealthcare company. The underlying medical benefit is not an insured product. Administrative services are provided to the plan sponsor by United HealthCare Services, Inc. and its affiliates. This product is not available in all states.

Plan Highlights

Alternate Funding

Note: This is only an illustration of the plan; it is not a complete list of benefits and limitations. Always refer to the most recent Summary Plan Description for current information about benefits, provisions, exclusions and limitations in your plan.

When you receive your ID card in the mail, use it to register for the member website at <https://myallsaversmember.com>. You can learn more about your coverage and track claims and explanation of benefits statements throughout the year.

This plan does not cover out-of-network services.

What are some of the benefits?

		Network options	Out-of-Network options
Copayments	Copayments do not count toward the deductible, but do count toward the out-of-pocket limit. <ul style="list-style-type: none"> Level 1: office visits Level 2: specialist office visits Level 3: urgent care visits 		Not applicable ¹
Deductibles	The amounts shown are individual deductibles. Family deductibles are two times the individual deductible.		Not applicable
Coinsurance Rates	The rates shown are the percentage the medical benefit pays.		Not applicable
Out-of-Pocket Limits	The amounts shown are individual limits. Family out-of-pocket limits are two times the individual limit.		Not applicable
Pharmacy Copayments	Drug tiers are based on cost. <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copayment and/or coinsurance may be applied.		Not applicable
Lifetime Maximum	There is no lifetime maximum for eligible covered services.	Not applicable	

		Network options	Out-of-Network options
Preventive Care	<ul style="list-style-type: none"> Wellness visits Immunizations Preventive screenings 	100% covered	Not applicable
Copayment Levels 1–4	<ul style="list-style-type: none"> Level 1: office visits Level 2: specialist office visits Level 3: urgent care visits 	Copayment; then 100% covered	Not applicable ¹
No Copayments	<ul style="list-style-type: none"> Major diagnostics (CT scan, MRI, etc.) (deductible applied after copayment) Inpatient facility Outpatient facility Ambulance (air or ground)¹ Rehabilitation/physical therapy Home health care Skilled nursing Transplants Prosthetics Durable medical equipment 	Deductible; then coinsurance	Not applicable ¹
Prescription Drugs	<ul style="list-style-type: none"> Retail pharmacy prescriptions (30-day) Mail-order prescriptions (90-day); copayments are 2.5 times the retail pharmacy copayment 	Copayment; then 100% covered	Not applicable

The following benefits apply to all All Savers plans:

Rehabilitation (including Manipulative Treatment)	Home Health	Skilled Nursing	Durable Medical Equipment	Prosthetics	Dental Accident	Out-of-Network Transport
30 visits	30 visits	60 visits	Unlimited	Unlimited	Unlimited	Unlimited

¹ EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist or radiologist; and (2) Services performed under the Emergency Care benefit.

All plans are subject to calendar year deductible/out-of-pocket limits unless otherwise stated.

In select markets, the deductible/out-of-pocket limits are subject to plan year deductible/out-of-pocket limits if elected.

EPO Plan

This is a summary only. It is not a solicitation of coverage; it does not contain a complete list of benefits and limitations. Some benefits listed above may have limits on the number of visits that are covered. For more information about the benefits, provisions, exclusions and limitations, refer to the brochure. These employee benefit products are marketed under the All Savers brand. Excess Loss insurance coverage is provided by All Savers Insurance Company, a UnitedHealthcare company. The underlying medical benefit is not an insured product. Administrative services are provided to the plan sponsor by United HealthCare Services, Inc. and its affiliates. This product is not available in all states.

Plan Highlights

Alternate Funding

Note: This is only an illustration of the plan; it is not a complete list of benefits and limitations. Always refer to the most recent Summary Plan Description for current information about benefits, provisions, exclusions and limitations in your plan.

When you receive your ID card in the mail, use it to register for the member website at <https://myallsaversmember.com>. You can learn more about your coverage and track claims and explanation of benefits statements throughout the year.

This plan does not cover out-of-network services.

What are some of the benefits?

		Network options	Out-of-Network options
Copayments	Copayments do not count toward the deductible, but do count toward the out-of-pocket limit. <ul style="list-style-type: none"> • Level 1: office visits • Level 2: specialist office visits • Level 3: urgent care visits • 		Not applicable ¹
Deductibles	The amounts shown are individual deductibles. Family deductibles are two times the individual deductible.		Not applicable
Coinsurance Rates	The rates shown are the percentage the medical benefit pays.		Not applicable
Out-of-Pocket Limits	The amounts shown are individual limits. Family out-of-pocket limits are two times the individual limit.		Not applicable
Pharmacy Copayments	Drug tiers are based on cost. <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 • Tier 4 <p>If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copayment and/or coinsurance may be applied.</p>		Not applicable
Lifetime Maximum	There is no lifetime maximum for eligible covered services.	Not applicable	

		Network options	Out-of-Network options
Preventive Care	<ul style="list-style-type: none"> Wellness visits Immunizations Preventive screenings 	100% covered	Not applicable
Copayment Levels 1–4	<ul style="list-style-type: none"> Level 1: office visits Level 2: specialist office visits Level 3: urgent care visits 	Copayment; then 100% covered	Not applicable ¹
No Copayments	<ul style="list-style-type: none"> Major diagnostics (CT scan, MRI, etc.) (deductible applied after copayment) Inpatient facility Outpatient facility Ambulance (air or ground)¹ Rehabilitation/physical therapy Home health care Skilled nursing Transplants Prosthetics Durable medical equipment 	Deductible; then coinsurance	Not applicable ¹
Prescription Drugs	<ul style="list-style-type: none"> Retail pharmacy prescriptions (30-day) Mail-order prescriptions (90-day); copayments are 2.5 times the retail pharmacy copayment 	Copayment; then 100% covered	Not applicable

The following benefits apply to all All Savers plans:

Rehabilitation (including Manipulative Treatment)	Home Health	Skilled Nursing	Durable Medical Equipment	Prosthetics	Dental Accident	Out-of-Network Transport
30 visits	30 visits	60 visits	Unlimited	Unlimited	Unlimited	Unlimited

¹ EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist or radiologist; and (2) Services performed under the Emergency Care benefit.

All plans are subject to calendar year deductible/out-of-pocket limits unless otherwise stated.

In select markets, the deductible/out-of-pocket limits are subject to plan year deductible/out-of-pocket limits if elected.

EPO Plan

This is a summary only. It is not a solicitation of coverage; it does not contain a complete list of benefits and limitations. Some benefits listed above may have limits on the number of visits that are covered. For more information about the benefits, provisions, exclusions and limitations, refer to the brochure. These employee benefit products are marketed under the All Savers brand. Excess Loss insurance coverage is provided by All Savers Insurance Company, a UnitedHealthcare company. The underlying medical benefit is not an insured product. Administrative services are provided to the plan sponsor by United HealthCare Services, Inc. and its affiliates. This product is not available in all states.

Plan Highlights

Alternate Funding

Note: This is only an illustration of the plan; it is not a complete list of benefits and limitations. Always refer to the most recent Summary Plan Description for current information about benefits, provisions, exclusions and limitations in your plan.

When you receive your ID card in the mail, use it to register for the member website at <https://myallsaversmember.com>.

You can learn more about your coverage and track claims and explanation of benefits statements throughout the year.

This plan does not cover out-of-network services.

What are some of the benefits?

		Network options	Out-of-Network options
Copayments (Dependent on plan selected)	² Copayments applied after deductible has been met. <ul style="list-style-type: none"> • Level 1: office visits • Level 2: specialist office visits • Level 3: urgent care visits • Level 4: emergency room visits¹ 		Not applicable
Deductibles	The amounts shown are individual deductibles. Family deductibles are two times the individual deductible.		Not applicable
Coinsurance Rates	The rates shown are the percentage the medical benefit pays.		Not applicable
Out-of-Pocket Limits	The amounts shown are individual limits. Family out-of-pocket limits are two times the individual limit.		Not applicable
Pharmacy Copayments (Dependent on plan selected)	² Copayments applied after deductible has been met. Drug tiers are based on cost. <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 • Tier 4 If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copayment and/or coinsurance may be applied.		Not applicable
Lifetime Maximum	There is no lifetime maximum for eligible covered services.	Not applicable	

Reimbursement of covered services

		Network options	Out-of-Network options
Preventive Care	<ul style="list-style-type: none"> Wellness visits Immunizations Preventive screenings 	100% covered	Not applicable
Copayments (Dependent on plan selected)	² Copayments applied after deductible has been met. <ul style="list-style-type: none"> Office Visits Specialist office visits Urgent care visits Emergency room visits¹ 		Not applicable
No Copayments	<ul style="list-style-type: none"> Major diagnostics (CT scan, MRI, etc.) Minor lab work (blood, urine, etc.) Inpatient facility Outpatient facility Ambulance (air or ground)¹ Rehabilitation/physical therapy Home health care Skilled nursing Transplants Prosthetics Durable medical equipment 	Deductible; then coinsurance	Not applicable
Prescription Drugs (Copayment is dependent on plan selected)	<ul style="list-style-type: none"> Retail pharmacy prescriptions (30-day) Mail-order prescriptions (90-day) Drug tiers are based on cost. <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 ² Prescription copayment applied after the deductible has been met.		Not applicable

The following benefits apply to all All Savers plans:

Rehabilitation (including Manipulative Treatment)	Home Health	Skilled Nursing	Durable Medical Equipment	Prosthetics	Dental Accident	Out-of-Network Transport
30 visits	30 visits	60 visits	Unlimited	Unlimited	Unlimited	Unlimited

¹EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist or radiologist; and (2) Services performed under the Emergency Care benefit.

²Copayments on HSA plans (where applicable) will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

All plans are subject to calendar year deductible/out-of-pocket limits unless otherwise stated.

In select markets, the deductible/out-of-pocket limits are subject to plan year deductible/out-of-pocket limits if elected.

HSA EPO Plan

This is a summary only. It is not a solicitation of coverage; it does not contain a complete list of benefits and limitations. Some benefits listed above may have limits on the number of visits that are covered. For more information about the benefits, provisions, exclusions and limitations, refer to the brochure. These employee benefit products are marketed under the All Savers brand. Excess Loss insurance coverage is provided by All Savers Insurance Company, a UnitedHealthcare company. The underlying medical benefit is not an insured product. Administrative services are provided to the plan sponsor by United HealthCare Services, Inc. and its affiliates. This product is not available in all states.

Plan Highlights

Alternate Funding

Note: This is only an illustration of the plan; it is not a complete list of benefits and limitations. Always refer to the most recent Summary Plan Description for current information about benefits, provisions, exclusions and limitations in your plan.

When you receive your ID card in the mail, use it to register for the member website at <https://myallsaversmember.com>.

You can learn more about your coverage and track claims and explanation of benefits statements throughout the year.

This plan does not cover out-of-network services.

What are some of the benefits?

		Network options	Out-of-Network options
Copayments (Dependent on plan selected)	² Copayments applied after deductible has been met. <ul style="list-style-type: none"> • Level 1: office visits • Level 2: specialist office visits • Level 3: urgent care visits • Level 4: emergency room visits¹ 		Not applicable
Deductibles	The amounts shown are individual deductibles. Family deductibles are two times the individual deductible.		Not applicable
Coinsurance Rates	The rates shown are the percentage the medical benefit pays.		Not applicable
Out-of-Pocket Limits	The amounts shown are individual limits. Family out-of-pocket limits are two times the individual limit.		Not applicable
Pharmacy Copayments (Dependent on plan selected)	² Copayments applied after deductible has been met. Drug tiers are based on cost. <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 • Tier 4 If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copayment and/or coinsurance may be applied.		Not applicable
Lifetime Maximum	There is no lifetime maximum for eligible covered services.	Not applicable	

Reimbursement of covered services

		Network options	Out-of-Network options
Preventive Care	<ul style="list-style-type: none"> Wellness visits Immunizations Preventive screenings 	100% covered	Not applicable
Copayments (Dependent on plan selected)	² Copayments applied after deductible has been met. <ul style="list-style-type: none"> Office Visits Specialist office visits Urgent care visits Emergency room visits¹ 		Not applicable
No Copayments	<ul style="list-style-type: none"> Major diagnostics (CT scan, MRI, etc.) Minor lab work (blood, urine, etc.) Inpatient facility Outpatient facility Ambulance (air or ground)¹ Rehabilitation/physical therapy Home health care Skilled nursing Transplants Prosthetics Durable medical equipment 	Deductible; then coinsurance	Not applicable
Prescription Drugs (Copayment is dependent on plan selected)	<ul style="list-style-type: none"> Retail pharmacy prescriptions (30-day) Mail-order prescriptions (90-day) Drug tiers are based on cost. <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 ² Prescription copayment applied after the deductible has been met.		Not applicable

The following benefits apply to all All Savers plans:

Rehabilitation (including Manipulative Treatment)	Home Health	Skilled Nursing	Durable Medical Equipment	Prosthetics	Dental Accident	Out-of-Network Transport
30 visits	30 visits	60 visits	Unlimited	Unlimited	Unlimited	Unlimited

¹EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist or radiologist; and (2) Services performed under the Emergency Care benefit.

²Copayments on HSA plans (where applicable) will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

All plans are subject to calendar year deductible/out-of-pocket limits unless otherwise stated.

In select markets, the deductible/out-of-pocket limits are subject to plan year deductible/out-of-pocket limits if elected.

HSA EPO Plan

This is a summary only. It is not a solicitation of coverage; it does not contain a complete list of benefits and limitations. Some benefits listed above may have limits on the number of visits that are covered. For more information about the benefits, provisions, exclusions and limitations, refer to the brochure. These employee benefit products are marketed under the All Savers brand. Excess Loss insurance coverage is provided by All Savers Insurance Company, a UnitedHealthcare company. The underlying medical benefit is not an insured product. Administrative services are provided to the plan sponsor by United HealthCare Services, Inc. and its affiliates. This product is not available in all states.



Welcome

Get the most out of your benefits.

Helping to make your health care experience better.



What's inside:

- **Get started.**
- **If you need care.**
- **After you receive care.**
- **Rights and responsibilities.**

Need help?



Visit myallsaversmember.com®.

Find personalized information about your plan.



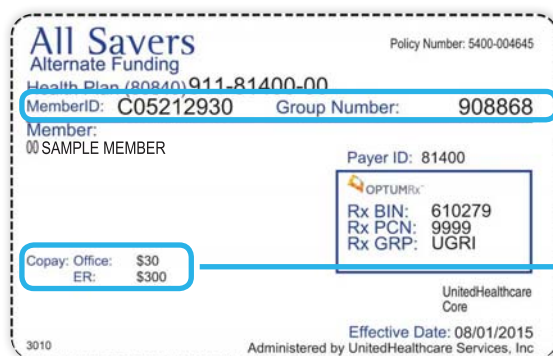
Call toll-free.

If you don't have computer access, need language assistance or can't find answers, call the toll-free member phone number on your health plan ID card, TTY **711**, 7:30 a.m. to 5:30 p.m. Monday – Friday CST.

Welcome! Thank you for being a UnitedHealthcare member. We understand that managing health plan benefits and controlling costs can be complicated. That's why we offer a member website and a dedicated team ready to help you understand your coverage, treatment options and more. **We hope this guide helps make your health care experience easier. Contact us if you need help.**

Get started.

1 Get to know your health plan ID card.



Example only. Your costs may vary.

Member ID and group number.

Use these when registering on **myallsaversmember.com** or calling with questions.

Your copayment amounts (if applicable).

Your cost for a covered service (usually due at your appointment).

How to find your complete plan details:

Log in to **myallsaversmember.com** to see health plan documents like your policy, riders, amendments, required notices and welcome materials. You can also request printed copies at no charge by calling the number on your member ID card.

2 Register for myallsaversmember.com.



Get 24/7 online access to your health plan.

Set up your **myallsaversmember.com** account today. It's a personalized website that helps you access and manage your health plan and health information. Use it to:

- Find network doctors and facilities.
- Check your coverage and claims status.
- Review preventive care services.



Set up your account today.

1. Go to **myallsaversmember.com**.
2. Click on Register Now. You'll need your ID card and date of birth.
3. Follow the step-by-step instructions.



If you need care.

1 Find a network provider.



How to find one.

Log in to myallsaversmember.com to search and filter by name, facility, specialty, location and other options, like qualifications. You can get additional information about doctors, understand your coverage and learn which services may require approval.



Take advantage of network care.

Network doctors, mental health professionals, hospitals, clinics and laboratories charge discounted rates, which typically saves you money. Even if your plan allows you to receive care outside of your network, be aware that it could cost you more.



Choose with confidence.

The UnitedHealth Premium® program evaluates doctors in 17 premium specialties that represent 48 sub-specialties using quality and cost-efficiency standards. It was created to help members make more informed and personally appropriate choices for their medical care. Find a UnitedHealth Premium provider at myallsaversmember.com. With some plans, your out-of-pocket costs may be less when you use UnitedHealth Premium Care Physicians. Check your health plan documents for details.



What to do if you need hospital care.

Talk to your doctor first to determine which hospital can meet your medical or surgical needs. You or your doctor may be required to notify UnitedHealthcare before you're admitted.

Choose a primary care physician (PCP).

Although your plan may not require you to choose a PCP, it's a good idea to have one main doctor with in-depth knowledge of your health to help guide you on the best path of care. Find one at myallsaversmember.com or call the toll-free member number on your ID card.

Schedule your preventive care screenings.


Most UnitedHealthcare plans pay 100 percent of the cost of certain preventive care services with a network provider. Check your health plan documents for details. Visit uhcpreventivecare.com to find preventive care recommendations for everyone covered under your plan.

2 Know where to go.

With many options for getting care, how do you choose? This chart may help you understand where to go for what — and how you can save money.

Where to go:	What it is:	When to use:	Cost and wait times:*	Price:
Primary Care Physician 	<p>Selecting a PCP to help manage your care may help save you both time and money. Your primary doctor may provide preventive care, treat more chronic conditions, access your health records, manage your medications and refer you to a specialist, if needed.</p>	<ul style="list-style-type: none"> • Checkups. • Preventive services. • Minor skin conditions. • Vaccinations. • General health management. 	<ul style="list-style-type: none"> • Often requires a copayment and/or coinsurance. • Normally requires an appointment. • Usually little wait time with scheduled appointment. 	\$\$
Convenience Care Clinic 	<p>Visit a convenience care clinic when you can't see your doctor and your health issue isn't urgent. These clinics are often in stores.</p>	<ul style="list-style-type: none"> • Common infections (such as strep throat). • Minor skin conditions (such as poison ivy). • Vaccinations. • Pregnancy tests. • Minor injuries. • Earaches. 	<ul style="list-style-type: none"> • Often requires a copayment and/or coinsurance similar to office visit. • Walk-in patients are welcome with no appointments necessary, but wait times can vary. 	\$\$
Urgent Care 	<p>Urgent care is usually ideal when you need care quickly, but it's not an emergency (and your doctor isn't available). Urgent care centers treat issues that aren't life-threatening.</p>	<ul style="list-style-type: none"> • Sprains. • Strains. • Small cuts that may need a few stitches. • Minor burns. • Minor infections. • Minor broken bones. 	<ul style="list-style-type: none"> • Often requires a copayment and/or coinsurance that may be higher than an office visit. • Walk-in patients are welcome, but waiting periods may be longer as patients with more urgent needs will be treated first. 	\$\$\$

* Cost and time information represent averages only and are not tied to a specific condition, level of coverage or treatment. Your out-of-pocket costs will vary based on plan design. Check your benefit documents for specific coverage details.

Where to go:	What it is:	When to use:	Cost and wait times: *	Price:
<div>Emergency Room (ER)</div> <div></div>	The ER is for life-threatening or very serious conditions that require immediate care. This is also when to call 911 or your local emergency number.	<ul style="list-style-type: none">• Heavy bleeding.• Large open wounds.• Sudden change in vision.• Chest pain.• Sudden weakness or trouble talking.• Major burns.• Spinal injuries.• Severe head injury.• Breathing difficulty.• Major broken bones.	<ul style="list-style-type: none">• Often requires a higher copayment and/or coinsurance.• Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first.• If you're in a true medical emergency, and you go to a network or out-of-network emergency room for care, the same copayment and coinsurance levels will apply. However, you may pay higher out-of-pocket costs if you go to an out-of-network emergency room.	\$\$\$\$

Finding care when you're traveling.

Call the member phone number on your ID card to find providers near you, and to learn if any restrictions apply.

Still need help deciding where to go?

Call the toll-free phone number on your member ID card (TTY 711).

3

Estimate costs.

Know your costs before getting care. You can estimate and compare fees for an upcoming treatment or procedure on **myallsaversmember.com**. Your estimate shows out-of-pocket expenses based on your plan and current benefit status.

Shop around and save.

With such a wide variety of services, from minor procedures to major surgeries, it's a good idea to check estimated pricing first. Go to **myallsaversmember.com** and use the cost estimator tool so you know what to expect before you go. Members who use it to comparison shop pay up to 36 percent less* for care near them.

*UnitedHealthcare Internal Claims Analysis, 2015.

* Cost and time information represent averages only and are not tied to a specific condition, level of coverage or treatment. Your out-of-pocket costs will vary based on plan design. Check your benefit documents for specific coverage details.

4 Prepare for your visit.



What to bring:

- Your health plan ID card and one form of picture ID, such as a driver's license.
- A list of medications you're taking.
- Records from previous visits.
- Questions you want to ask your doctor.

Need help?

UnitedHealthcare Insurance Company on behalf of itself and its affiliates does not discriminate on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

To request a document in another format or to get assistance free of charge, please call the toll-free member phone number listed on your health plan ID card, TTY **711**, Monday through Friday, 7:30 a.m. to 5:30 p.m. CST.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by mail or email:

- Mail:
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
- Email:
UHC_Civil_Rights@uhc.com

If you need help filing a grievance, please call the toll-free member phone number listed on your health plan ID card, TTY **711**, Monday through Friday, 7:30 a.m. to 5:30 p.m. CST.

You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone or mail:

- Online:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
www.hhs.gov/ocr/office/file/index.html.
- Phone: Toll-free 1-800-868-1019, 1-800-537-7697 (TDD)
- Mail:
U.S. Dept. of Health and Human Services.
200 Independence Avenue, SW Room 509F
HHH Building
Washington, D.C. 20201

After you receive care.

1 Know how claims are paid.



When you see a network doctor.

Claims are submitted for you and you may be asked to pay some or all of the bill before you leave. UnitedHealthcare will process the claim to:

- Determine whether the claim was for eligible preventive care, so it can be paid 100 percent.
- Make sure it's an eligible expense under your plan.
- Make sure the service is charged at the discounted network rate.



When you see an out-of-network doctor.

If your plan allows visits to out-of-network providers, you may be asked to pay some or all of the bill before you leave.

- If the doctor doesn't submit your claim, you'll be responsible for doing it.
- Remember, discounted rates don't apply to out-of-network doctors, so you may pay more.

Track your claims online.

Follow your claims from start to finish, and track payments you've made to health care providers in one place at myallsaversmember.com.

Problem with a claim?

Information about the appeals and grievances process is given on the back of the EOB; complete details can be found in the policy. You can also call the toll-free number on your member ID card, TTY 711.

2

Understanding your Explanation of Benefits.

An Explanation of Benefits (EOB) is sent when you or one of your covered dependents use your benefit plan. The EOB gives you an easy-to-read record of how your claim was processed. At a glance, you'll see how much was covered by your plan and what your out-of-pocket costs are.

UNITEDHEALTHCARE
PO BOX 31375
SALT LAKE CITY, UT 84131-0375
ADDRESS SERVICE REQUESTED

EXPLANATION OF BENEFITS
(THIS IS NOT A BILL)

Page 1 of 2

If you have any questions,
please call us at
(800) 291-2834
myaisavermember.com

To report fraud,
contact (866) 283-7354

#BWNCHDS
#5129101090800000
PLAN PARTICIPANT NAME
PLAN PARTICIPANT STREET ADDRESS
PLAN PARTICIPANT CITY, STATE, ZIP CODE

SERVICE DATES	AMOUNT CHARGED	PROVIDER DISCOUNT	NOT COVERED	COVERED AMOUNT	DEDUCTIBLE	COPAY	COINSURANCE	REMARK CODE	TOTAL AMT PAID
CLAIM #: 005100000-00-0000 ID #: 5400-010000 09/11/2014-09/11/2014 99213-Office Medical Services	99.00	.47		98.53		10.00			88.53
CLAIM SUMMARY:	99.00	.47		98.53		10.00			88.53

Remarks:
The discount is based on a negotiated fee from a network provider. You are not responsible for any difference between the billed charges and the negotiated amount.
Deductible, coinsurance, or copayment applied to this claim has been added to the Maximum Out of Pocket for that benefit level.

Information may continue on back of form

DATE	PAYMENT NUMBER	PAYMENT AMOUNT	PAYMENT ISSUED TO	PROVIDER NAME	YTD DEDUCTIBLE REMAINING NETWORK	YTD DEDUCTIBLE REMAINING NON-NETWORK	YTD COINSURANCE REMAINING
09/30/2014	0000000000	88.53			2000.00		1250.00

SAVE THIS COPY FOR YOUR RECORDS
Payments for amounts listed as "Customer's Responsibility" should be made directly to the provider.
The "Customer's Responsibility" does not reflect any payments already made.

Customer's Responsibility	
Not Covered:	0
Deductible:	0
Copay:	10.00
Coinsurance:	0
Total:	10.00

1. Patient.

The name of the person who received the medical care.

2. Claims Summary.

This section shows the "math" with details on how much your plan paid, plan discounts, and how much you may owe the provider.

3. Service description.

Description of services provided.

4. Payment amount.

The amount of benefits paid to the customer or provider.

5. Customer responsibility.

This section shows your responsibility for the services provided.

6. YTD deductible and coinsurance remaining.

Show the patient's year-to-date deductible and coinsurance amounts remaining.

7. Remarks.

This section gives additional details about how the claim was paid or not paid.

How to submit a complaint:

A member may contact Customer Service by calling the toll-free number on the member ID card to try to resolve the complaint. If the issue can't be resolved over the phone, or the member would rather send the complaint in writing, the request may be submitted to the address found on the back of the EOB or in the Policy.

Rights and responsibilities.

You have the right to:

- Be treated with respect and dignity by UnitedHealthcare personnel, network doctors and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive. See Notice of Privacy Practices in your benefit plan documents for a description of how UnitedHealthcare protects your personal health information.
- Voice concerns about the service and care you receive.
- Register complaints and appeals concerning your health plan and the care provided to you.
- Receive timely responses to your concerns.
- Candidly discuss with your doctor the appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Access doctors, health care professionals and health care facilities.
- Participate in decisions about your care with your doctor and other health care professionals.
- Receive and make recommendations regarding the organization's rights and responsibilities policies.
- Receive information about UnitedHealthcare, our services, network doctors and health care professionals.
- Be informed about, and refuse to participate in, any experimental treatment.
- Have coverage decisions and claims processed according to regulatory standards, when applicable.
- Choose an Advance Directive to designate the kind of care you wish to receive should you become unable to express your wishes.

Your responsibilities:

- Know and confirm your benefits before receiving treatment.
- Contact an appropriate health care professional when you have a medical need or concern.
- Show your ID card before receiving health care services.
- Pay any necessary copayment at the time you receive treatment.
- Use emergency room services only for injuries and illnesses that, in the judgment of a reasonable person, require immediate treatment to avoid jeopardy to life or health.
- Keep scheduled appointments.
- Provide information needed for your care.
- Follow the agreed-upon instructions and guidelines of doctors and health care professionals.
- Participate in understanding your health problems and developing mutually agreed-upon treatment goals.
- Notify your employer of any changes in your address or family status.
- Log in to myallsaversmember.com or call us when you have a question about your eligibility, benefits, claims and more.
- Log in to myallsaversmember.com or call us before receiving services to verify that your doctor or health care professional participates in the UnitedHealthcare network.

Visit www.uhc.com/legal/required-state-notice to view important state required notices. Preventive care: Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, coinsurance or a deductible.

The Health Discount Program is administered by HealthAllies®, Inc., a discount medical plan organization. The Health Discount Program is NOT insurance. The discount program provides discounts at certain health care providers for medical services. The discount program does not make payments directly to the providers of medical services. The discount program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc. is located at P.O. Box 10340, Glendale, CA, 91209 1-800-860-8773, www.unitedhealthallies.com, ohacustomer@optumhealth.com.

Member phone number services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the member phone number services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

The health care reform law requires the coverage of certain preventive services with no cost-sharing. The preventive care services covered are those preventive services specified in the health care reform law. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

Some content and materials are for information purposes only, are not intended to be used for diagnosing problems and/or recommending treatment options, and are not a substitute for your doctor's care. Lists of potential treatment options and/or symptoms may not be all-inclusive.

Evaluation of New Technologies: UnitedHealthcare's Medical Technology Assessment Committee reviews clinical evidence that impacts the determination of whether new technology and health services will be covered. The Medical Technology Assessment Committee comprises of Medical Directors with diverse specialties and subspecialties from throughout UnitedHealthcare and its affiliated companies, guest subject matter experts when required, and staff from various relevant areas within UnitedHealthcare. The Committee meets monthly to review published clinical evidence, information from government regulatory agencies and nationally accepted clinical position statements for new and existing medical technologies and treatments, to assist UnitedHealthcare in making informed coverage decisions.

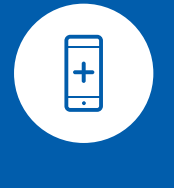
The medical centers and programs in UnitedHealthcare's network and within OptumHealthSM Care Solutions are independent contractors who render care and treatment to UnitedHealthcare members. UnitedHealthcare does not provide health services or practice medicine. The medical centers and programs are solely responsible for medical judgments and related treatments. UnitedHealthcare is not liable for any act or omission, including negligence, committed by any independent contracted health care professional, medical center or program.

All UnitedHealthcare members can access a cost estimator online tool. Depending on your specific benefit plan and the ZIP code that's entered, either the myHealthcare Cost Estimator, or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the program is for informational purposes only and provided as part of your health plan. The wellness team cannot diagnose problems or recommend treatment and is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The program is not an insurance program and may be discontinued at any time.

The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com®. You should always visit myuhc.com for the most current information. Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a doctor, you may also wish to confer with him or her for advice on selecting other physicians. Physician evaluations have a risk of error and should not be the sole basis for picking a physician. Please visit myuhc.com for detailed program information and methodologies.

Information for individuals residing in the state of Louisiana or who have policies issued in Louisiana: Health care services may be provided to you at a network health care facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of these fees for those out-of-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles and non-covered services. Specific information about in-network and out-of-network facility-based physicians can be found at myallsaversmember.com or by calling the toll-free member telephone number that appears on your ID card.



Get virtual care from your phone or tablet.

What is it?

HealthiestYou is an app that allows you to talk to a doctor from anywhere, anytime — with no copay or cost to you. Manage many of the situations that would normally involve a visit to the doctor's office without leaving home. HealthiestYou also offers a price-comparison tool that may save you up to 85 percent on prescriptions, often beating your copay. The app allows you to compare prices for procedures and research doctors. It's also a one-stop shop to view your medical plan deductibles in real time.

How does it work?

If you're sick, you can talk to a doctor in HealthiestYou's physician network through the app or from your phone. (If you don't have internet access, you can just make a phone call.) These doctors can diagnose, treat and prescribe, and you'll have no copay. HealthiestYou is designed to complement the care you receive from your primary care doctor. If you need a prescription or procedure, you can use HealthiestYou's geo-based search engine to find prices to help you make a more informed decision. Don't stress; save time and money!

How to sign up:

- Log in to your account at **myallsaversmember.com** and click the HealthiestYou link.
- Register for your HealthiestYou account and download the app.
- Sync your medical benefits to shop and book providers or view your deductibles.
- Call **855-89-HY-MBR (855-894-9627)** with questions.
- Call **866-703-1259** to reach a doctor.

Open your HSA online



It only takes minutes to enroll in a health savings account (HSA) from Optum Bank®, Member FDIC.

1. Go to optumbank.com and select "Open an HSA".
2. Read through the page to confirm your eligibility and select "Continue."
3. Complete your online enrollment.

What you'll need

- Your Social Security number
- Your primary email address
- An identification number from another form of ID, such as your driver's license, state-issued identification or passport

Be on the lookout

When enrolling, you can choose to receive your welcome kit electronically or by mail. You will also receive a health savings account Debit MasterCard® by mail within ten days in an unmarked envelope.

If you need extra debit cards

If you have family coverage, you can order extra debit cards for your spouse and dependents on your plan when enrolling in your account. You'll need each cardholder's name, Social Security number and date of birth.

After you get your welcome kit

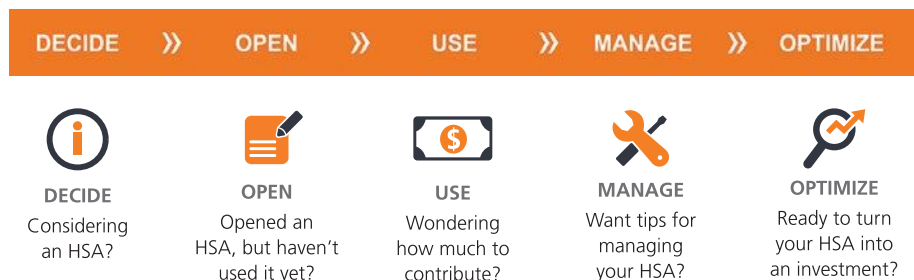
Take a few steps so you're ready to use your HSA. Go to optumbank.com to:

- Register for online banking and bill payment
 - Designate a beneficiary for your account
 - Make a deposit or set up recurring deposits to build your savings
-

The 5 Stages of Health Saving and Spending

Good health is a journey. So is saving the money needed to pay for qualified medical expenses. We've identified stages account holders go through when owning a health savings account: **Decide, Open, Use, Manage, Optimize.**

To learn more about the 5 stages, visit optumbank.com/optumHSAstages.



Investments are not FDIC-insured, are not guaranteed by Optum Bank®, and may lose value.

Health savings accounts (HSAs) are individual accounts offered or administered by Optum Bank®, Member FDIC, and are subject to eligibility and restrictions, including but not limited to restrictions on distributions for qualified medical expenses set forth in section 213(d) of the Internal Revenue Code. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state laws and regulations are subject to change.



optumbank.com

11000 Optum Circle, Eden Prairie, MN 55344

All Optum trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice.

Optum is an equal opportunity employer.



To help you make healthy choices.

What is it?

Rally is a user-friendly digital experience that helps you make changes in your daily routine, set smart goals for yourself and stay on target.

How does it work?

Start by taking a quick survey to get your Rally AgeSM — a snapshot view to help you assess your current health. You'll then get customized recommendations for Missions, simple activities designed to help improve your diet, fitness and mood. As you complete activities, you'll earn Rally Coins, which you can use for a chance to win rewards.

How to sign up:

- Log in to your account at myallsaversmember.com and click the Rally link.
- Register for your Rally account and enjoy the path to healthy activities.
- Call **800-291-2634** (Option 7) with questions.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the Health Survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Stop loss insurance is underwritten by All Savers Insurance Company. 3100 AMS Blvd., Green Bay, WI 54313 (800) 291-2634.

All trademarks are the property of their respective owners.

UHCEW764067_001 3/17 ©2017 United HealthCare Services, Inc.



00160-UM-0117-AS



UnitedHealthcare Motion™

Walk to earn up to \$1,095 a year.

What is it?

An innovative, web-based activity program that works with your activity tracker and an app. All Savers® Alternate Funding recognizes the value of your steps; you can wear your tracker to earn rewards that reimburse qualified out-of-pocket medical expenses. Walking is not only good for your physical health, it may be one of the best medicines for mental health, too.

How does it work?

After you set up the tracker and sync it with your computer or smartphone, wear it daily — and walk — paying attention to its helpful reminders. Log in to a personal dashboard for near real-time feedback on your progress and rewards earned. You can earn as much as \$1,095 to help reduce your annual health care costs. Your tracker measures how often you walk, how fast you walk and the number of steps you take. The research used to develop this program proved it's significantly more beneficial to your health to 1) get up and move multiple times a day, 2) include one moderately intense walk and 3) reach a step-count goal. It's called FIT because Frequency, Intensity and Tenacity matter.

For the maximum benefit, meet these daily goals:

- Take six brief walks, at least one hour apart (each 300 steps taking less than five minutes).
- Take one brisk walk (3,000 steps within 30 minutes).
- Walk at least 10,000 steps total.

How to sign up:

- Log in to your account at myallsaversmember.com and click the UnitedHealthcare Motion link.
- Create your UnitedHealthcare Motion account. Follow the instructions to set up your activity tracker and sync it with your computer or smartphone.
- Questions: call **800-291-2634** (Option 7) or email allsaverswellness@unitedhealthone.com.

UnitedHealthcare Motion is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional to determine what may be right for you. Receiving an activity tracker may have tax implications. You should consult an appropriate tax professional to determine if you have any tax obligations from receiving a device under this program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. Contact us at 800-291-2634 (Option 7) or allsaverswellness@unitedhealthone.com and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Stop loss insurance is underwritten by All Savers Insurance Company. 3100 AMS Blvd., Green Bay, WI 54313 (800) 291-2634. All trademarks are the property of their respective owners.

UHCEW764066_001 3/17 ©2017 United HealthCare Services, Inc.

