



# Benefit Guide

Salaried Employees

**Plan Year: 1/1/2025 through 12/31/2025**



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## INTRODUCTION

We recognize the hard work you do every day and the role you play in contributing to our success. This Benefit Guide is a great resource to help you understand the plans and programs for which you and your eligible dependents are able to enroll in for the plan year.

Your benefits are an important part of your overall compensation. We are pleased to offer a competitive benefits package that helps you:

- Maintain your and your family's health and well-being
- Protect yourself against the unexpected
- Maintain work-life balance
- Reach your financial goals

Our comprehensive package of benefits is flexible and allows you to customize your benefit selections to meet your personal needs. Please take the time to learn about all of the programs available to you and your family.

Click on any Carrier logo in this Benefit Guide for a link to the website with more information.



When you see the document symbol, click on it to be taken to the plan summary or flyer.



When you see the stethoscope symbol, click on it to find an In-Network provider.



When you see the Apple App Store and Google Play logos, click on them to learn more about downloading the app.



When you see a QR Code, scan it with your mobile device to go to the referenced location.



The information contained in this Benefit Guide was taken from certificates of insurance and benefit information supplied by the insurance carriers. This document has been produced by HR Knowledge to assist employees in understanding the benefits being offered. While every effort was taken to accurately report these benefits, discrepancies or errors are possible. In case of discrepancy between this Benefit Guide and the actual plan documents, the actual plan documents will prevail.

## ELIGIBILITY

### Eligibility

You are eligible for benefits if you meet the following criteria:

- Full-time Employees Working 30+ Hours per Week

### Waiting Period

Benefits are effective on:

- 1st of Month Following 30 Days - Medical, Dental, Vision,
- 1st of Month Following 90 Days From Date of Hire - Life, Disability, Voluntary Benefits

You may enroll eligible dependents when you enroll yourself. Dependents who are eligible for coverage include:

- Your legal spouse (provided he/she is not covered as an employee under this plan)
- Your dependent children up to the age of 26  
Included in the definition of dependent child(ren) are:
  - You or your spouse's legally adopted child(ren), step-child(ren) or court-ordered dependent child(ren) for whom you are the court-appointed legal guardian
  - Your continuously disabled dependent child(ren), if disabled prior to age 26, who are incapable of self-sustaining employment and dependent on you for support, regardless of age

## WHEN YOU CAN ENROLL



**Open Enrollment:** Elections will be effective on January 1, 2025

**New Hires:** You must complete the enrollment process within 30 days of your date of hire. Coverage is effective upon completion of any waiting period.

**If you fail to enroll on time:** You will NOT be able to enroll in benefits until the next open enrollment period unless you experience a qualifying life event (QLE).

## WHEN COVERAGE ENDS - TERMINATION OF EMPLOYMENT

When your employment is terminated (either voluntarily or involuntarily), any benefits that you are enrolled in will also be terminated as outlined below:

<b>Medical/Dental/Vision</b>	Date of Termination
<b>Health Reimbursement Arrangement</b>	Date of Termination
<b>Group Life Insurance<sup>1</sup></b>	Date of Termination
<b>MA PFML</b>	6 months after Date of Termination or upon being employed by another employer; whichever comes first
<b>Voluntary Life<sup>1</sup> &amp; AD&amp;D</b>	Date of Termination
<b>Voluntary Accident<sup>2</sup></b>	Date of Termination
<b>Voluntary Critical Illness<sup>2</sup></b>	Date of Termination
<b>Voluntary Hospital Indemnity<sup>2</sup></b>	Date of Termination

<sup>1</sup>The Group Life Insurance and Voluntary Life plans may be converted to individual plans by notifying the carrier of your intent to do so in writing and paying the required premium. You have 31 days after your group insurance ends to do this.

<sup>2</sup>You may have the ability to "Port" your Voluntary Accident, Voluntary Critical Illness or Voluntary Hospital Indemnity plans.

## QUALIFYING LIFE EVENT (QLE) & CHANGES TO BENEFIT ELECTIONS

Outside of open enrollment or initial eligibility, you may not make changes to most of your benefit elections unless you have a qualifying life event (QLE). If you need to make benefit election changes due to a QLE, they must be made within 30 days of the QLE. Otherwise, no changes in coverage will be possible until the next open enrollment period.

You will need to contact Human Resources and provide any supporting documentation.

You must email the certificates or other documents required to: [hrkassist@hilbgroup.com](mailto:hrkassist@hilbgroup.com)

### **Qualifying Life Events (QLE) include:**

- Birth, adoption, placement for foster care or legal custody of a child
- Marriage
- Divorce or Legal Separation
- Child reaching the maximum age limit for dependent coverage
- Death of a Spouse, Child or other covered dependent
- Gain or Loss of spouse's coverage due to change in employment
- Gain or Loss of spouse's coverage during spouse's annual open enrollment
- COBRA coverage expired
- Change in Employment Status
- Change in Residence (for which your current coverage isn't available)
- Loss of your own Medical coverage

## EMPLOYEE CONTRIBUTIONS TO PREMIUMS

Employee contributions are deducted from your gross pay on a pre-tax basis.

MEDICAL PREMIUMS		
Weekly Per Pay Period Deductions		
Plan:	BCBS HMO Blue NE \$2,000 with PillarRX	BCBS Preferred Blue PPO \$2,000 with PillarRX
Network:	BCBSMA HMO: New England (MA, CT, NH, ME, RI, VT)	PPO: Out-of-Area EE's Only
Employee	\$57.78	\$69.00
Employee + 1	\$127.19	\$130.19
Family	\$230.42	\$235.85

DENTAL PREMIUMS	
Weekly Per Pay Period Deductions	
Plan:	BCBS Dental Blue PPO Program 2 \$1,500 100/80/80 (OON Reduction)
Employee	\$3.93
Employee + 1	\$8.11
Family	\$11.77

VISION PREMIUMS	
Weekly Per Pay Period Deductions	
Plan:	BCBS Blue 20/20 Exam Plus Standard Insight Plan \$130
Employee	\$1.71
Employee & Spouse	\$2.90
Employee & Child(ren)	\$2.99
Family	\$4.70





## MEDICAL PLAN OFFERINGS

<b>Eligibility:</b>	Full-time Employees Working 30+ Hours per Week
<b>Waiting Period:</b>	1st of Month Following 30 Days From Date of Hire
<b>Dependent Age-Out:</b>	No
<b>Provider:</b>	Blue Cross Blue Shield of Massachusetts



## UNDERSTANDING YOUR MEDICAL PLAN OFFERINGS

We offer a choice between two medical plans: one is an HMO and the other is a PPO.

An HMO (Health Maintenance Organization) provides for coverage in its service area with doctors and facilities that contract with the HMO and are part of its network.

The HMO plan is only available to employees who reside in the service area.

A PPO (Preferred Provider Organization) combines the advantages of a national network with the option to use physicians and facilities outside of the network, but at a higher cost.

The PPO plans are available to all employees who reside anywhere in the United States.

HMO	PPO
Employees electing the HMO plan must select a Primary Care Physician (PCP) for each member enrolled. All health care will be coordinated by that PCP and members must receive referrals from their PCP before visiting specialists or hospitals.	Employees electing the PPO plan are not required to select a Primary Care Physician (PCP); however, it is recommended that you choose one to help manage your care. Those enrolled in the PPO plan do not need referrals for specialist or hospital visits.
HMO plan members will only have coverage when they visit In-Network providers (with the exception of Emergency visits).	PPO plan members have nationwide In-Network coverage, in addition to the ability to choose to visit Out-of-Network providers.

**Find an In-Network provider here:**

Choose the **HMO Blue NE** or **Preferred Blue PPO** network



**Access or register for your Member Portal here:**



## MEDICAL PLAN SUMMARIES

Blue Cross Blue Shield of Massachusetts



PLAN DETAILS	BCBS HMO Blue NE \$2,000 with PillarRX	BCBS Preferred Blue PPO \$2,000 with PillarRX
Group #	00-4034532	00-2312289
Referrals Required	Yes	No
Riders	PillarRX	PillarRX
HRA Eligible	Yes	Yes
HSA Eligible	No	No
IN-NETWORK BENEFITS	In-Network (Member/Family)	In-Network (Member/Family)
Deductible	\$2,000/\$4,000	\$2,000/\$4,000
Out-of-Pocket Maximum	\$5,450/\$10,900	\$5,450/\$10,900
Pharmacy Out-of-Pocket Maximum	\$1,000/\$2,000	\$1,000/\$2,000
OUTPATIENT PHYSICIAN SERVICES	In-Network	In-Network
Office Visit Copay - PCP	\$20	\$15 after Deductible
Office Visit Copay - Specialist	\$35	\$15 after Deductible
Chiropractor Visit Copay*	\$35	\$15 after Deductible
Acupuncture Visit Copay*	\$35	\$15 after Deductible
Rehabilitation Visit Copay (PT/OT/Speech)*	\$35 after Deductible	\$15 after Deductible
Mental Health/Substance Use Visit Copay	\$20	\$15 after Deductible
EMERGENCY SERVICES	In-Network	In-Network
Urgent Care Copay	\$35	\$15 after Deductible
Emergency Room Copay	\$150	\$150 after Deductible
HOSPITAL/OTHER MEDICAL SERVICES	In-Network	In-Network
Diagnostic Testing - Lab Tests	\$0 after Deductible	\$0 after Deductible
Diagnostic Testing - X-Rays	\$0 after Deductible	\$0 after Deductible
Imaging (MRIs, CT/PET Scans)	\$0 after Deductible	\$0 after Deductible
Inpatient Hospitalization	\$0 after Deductible	\$0 after Deductible
Outpatient Surgery	\$0 after Deductible	\$0 after Deductible
PRESCRIPTIONS	In-Network	In-Network
Retail Prescriptions (30-day supply)	Tier 1 Generic: \$15 Tier 2 Preferred: \$30 Tier 3 Non-Preferred: \$50 Specialty: Applicable Tier Copay Applies PillarRX Specialty Drugs: \$0 - \$35 w/PillarRX or 30% Coinsurance without	Tier 1 Generic: \$15 Tier 2 Preferred: \$30 Tier 3 Non-Preferred: \$50 Specialty: Applicable Tier Copay Applies PillarRX Specialty Drugs: \$0 - \$35 w/PillarRX or 30% Coinsurance without
OUT-OF-NETWORK BENEFITS	Out-of-Network (Member/Family)	Out-of-Network (Member/Family)
Deductible	No Coverage	Combined with In-Network
Coinsurance	No Coverage	80%/20%
Out-of-Pocket Maximum	No Coverage	Combined with In-Network
Pharmacy Out-of-Pocket Maximum	No Coverage	Combined with In-Network
Emergency Room Copay	Same as In-Network	Same as In-Network
Retail Prescriptions (30-day supply)	No Coverage	Tier 1 Generic: \$30 Tier 2 Preferred: \$60 Tier 3 Non-Preferred: \$100 Specialty: Not Covered

\*Visit limits may apply



## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

<b>Eligibility:</b>	Employees enrolled in the associated group-sponsored medical plan will automatically be enrolled in the HRA
<b>Waiting Period:</b>	1st of Month Following 30 Days From Date of Hire
<b>Dependent Age-Out:</b>	No
<b>Provider:</b>	Health Equity

HealthEquity®

## UNDERSTANDING YOUR HRA

We have implemented a Health Reimbursement Arrangement (HRA) for each employee enrolled in the group-sponsored medical plan that will reimburse In-Network deductible expenses as described below:

<b>Employee Only:</b>	Employee responsible for deductible dollars \$1 - \$1,000; HRA will reimburse deductible dollars \$1,001 - \$2,000.
<b>All Other Tiers:</b>	Employee responsible for deductible dollars \$1 - \$1,000 per Member; HRA will reimburse deductible dollars \$1,001 - \$2,000 per Member; not to exceed \$2,000 per Family.

A secure data feed will be sent from the carrier each week. Once the participant deductible exposure has been met, the employee will be reimbursed for the eligible claims until the HRA funds are depleted. It is the responsibility of the employee to pay the bill received from the provider with the applicable reimbursed HRA monies received.






**Participant Account Access:** HealthEquity®

**Contact:** Member Services at: 866-346-5800  
24 hours a day/7 days a week  
or email them at: [memberservices@healthequity.com](mailto:memberservices@healthequity.com)

## UNDERSTANDING YOUR OPTIONS FOR SEEKING MEDICAL CARE

Medical plan members have several treatment options to choose from when seeking care. You may visit your doctor, schedule a telehealth visit, or go to a retail/convenience clinic, an urgent care center or the emergency room. The difference in cost can be significant.

If you feel you are dealing with a health emergency, **call 911** or go to the Emergency Room right away.

Provider	Typical Out-of-Pocket Costs*	Common Symptoms**
<b>Telehealth Visits</b> Best for routine care when your doctor is not available. Available 24 hours a day/7 days a week. Schedule an online appointment.	 PCP Copay	<ul style="list-style-type: none"> <li>• Allergies/Sinus</li> <li>• Behavioral Health Issues</li> <li>• Cough/Colds</li> <li>• Eye Issues</li> <li>• Flu</li> <li>• Nausea/Diarrhea</li> <li>• Rashes/Skin Issues</li> <li>• Sore Throat</li> </ul>
<b>Doctor's Office</b> Best for routine care or treatment of an ongoing health issue. An appointment is needed and there is usually little wait time.	 PCP Copay	<ul style="list-style-type: none"> <li>• Allergies/Sinus</li> <li>• Cough/Colds</li> <li>• Ear/Eye Infections</li> <li>• Nausea/Diarrhea</li> <li>• Physical Exams</li> <li>• Rashes/Skin Issues</li> <li>• Sore Throat</li> </ul>
<b>Convenience Care/Retail Clinic</b> Best when you can't get to your doctor's office, but your condition is not urgent or an emergency. These clinics are often located in retail stores. No appointment necessary. Wait times may vary.	 PCP Copay	<ul style="list-style-type: none"> <li>• Cough/Colds</li> <li>• Ear/Eye Infections</li> <li>• Rashes/Skin Issues</li> <li>• Strep Throat</li> </ul>
<b>Urgent Care Center</b> Best when you need care quickly, but it is not an emergency. Urgent care centers offer treatment for non-life threatening injuries or illnesses. No appointment is necessary. Wait times may vary.	 PCP or Specialist Copay	<ul style="list-style-type: none"> <li>• Abdominal Pain</li> <li>• Cough/Colds</li> <li>• Flu</li> <li>• Infections</li> <li>• Minor Burns or Cuts</li> <li>• Minor Injuries</li> <li>• Nausea/Diarrhea</li> <li>• Rashes/Skin Issues</li> <li>• Respiratory Infections</li> <li>• Sprains/Fractures</li> </ul>
<b>Emergency Room (ER)</b> Best when you need immediate medical attention for a serious or life-threatening condition. Open 24 hours a day/7 days a week. No appointments are necessary, but wait times tend to be longer as patients are seen in order of priority.	 Higher Copay, could be subject to Deductible	<ul style="list-style-type: none"> <li>• Chest Pain/Heart Attack</li> <li>• Choking</li> <li>• Convulsions/Seizures</li> <li>• Difficulty Breathing</li> <li>• Loss of Consciousness</li> <li>• Head Trauma</li> <li>• Major Bleeding</li> <li>• Severe Abdominal Pain</li> <li>• Severe Burns/Cuts</li> <li>• Shock</li> <li>• Stroke</li> </ul>

\*What you pay out-of-pocket depends on your specific plan. Refer to your plan documents for specific benefit information.

\*\*These lists are just a sample of services and may not be all-inclusive. Always use your best judgment to determine if a situation requires emergency care.

## DENTAL BENEFITS

**Eligibility:** Full-time Employees Working 30+ Hours per Week  
**Waiting Period:** 1st of Month Following 30 Days From Date of Hire  
**Dependent Age-Out:** Last Day of 26th Birthday Month  
**Provider:** Blue Cross Blue Shield of Massachusetts



Staying healthy includes obtaining quality dental care for you and your family through our group sponsored dental plan. Our dental plan provides coverage from routine checkups to more serious types of dental work.

## UNDERSTANDING YOUR DENTAL PLAN

Dental Blue offers an extensive network of dentists. Over 90% of dentists in Massachusetts and Rhode Island participate. Dental Blue members also have access to participating dentists nationwide. Using network dentists will minimize your out-of-pocket expenses.



PLAN DETAILS	BCBS Dental Blue PPO Program 2 \$1,500 100/80/80 (OON Reduction)	
Group #	00-2328973	
Waiting Period for Covered Services	No Waiting Period	
Riders	None	
BENEFITS PER PLAN YEAR	In-Network	Out-of-Network
Maximum Benefit (per Member)	\$1,500	
Lifetime Orthodontia Maximum Benefit (per Member)	Not Covered	
Deductible (Member/Family)	\$50/\$150	
COVERAGE BY SERVICE TYPE (Members Age 13+)	In-Network	Out-of-Network*
Preventive - Type I (Exams, Cleanings, Sealants)	100%	80%
Basic Restorative - Type II (Fillings, Extractions)	80% after Deductible	64% after Deductible
Major Restorative - Type III (Bridges, Crowns, Implants)	80% after Deductible	64% after Deductible
Orthodontia - Type IV (Cosmetic Orthodontia)	Not Covered	Not Covered
COVERAGE BY SERVICE TYPE (Members under Age 13)	In-Network	Out-of-Network*
Preventive - Type I (Exams, cleanings, sealants)	100%	100%
Basic Restorative - Type II (Fillings, extractions)	100%	100%
Major Restorative - Type III (Bridges, crowns, implants)	100%	100%
Orthodontia - Type IV (Cosmetic Orthodontia)	Not Covered	Not Covered

\*Benefits for covered services by non-participating dentists outside of Massachusetts are provided based on the dentist's actual charge or the allowed charge, whichever is less. You may be responsible for any difference between the dentist's actual charge or the allowed charge, whichever is less.

## DENTAL BENEFIT ROLLOVER

Our dental plan allows qualifying members the ability to rollover a portion of their unused annual benefit dollars. This allows you to build up a larger benefit for unforeseen basic or major restorative services. Should the need for more extensive dental treatment arise during future years, each member's rollover will be used to provide extra dental coverage, once their entire calendar year maximum is used.

The benefit applies automatically if you:

- Receive at least one service during the benefit period
- Remain a member of the plan for the entire benefit period
- Do not exceed the claim payment threshold during the benefit period

### ROLLOVER PROVISION DETAILS

Maximum Benefit	If your total claims don't exceed:	Amount to be rolled over:	Rollover totals will be capped at:
\$1,500	\$700	\$500	\$1,250

Find an In-Network provider by clicking here:

Choose the **Dental Blue** network



Access or register for your Member Portal here:



## VISION BENEFITS

**Eligibility:** Full-time Employees Working 30+ Hours per Week  
**Waiting Period:** 1st of Month Following 30 Days From Date of Hire  
**Dependent Age-Out:** Last Day of 26th Birthday Month  
**Provider:** Blue Cross Blue Shield of MA Blue 20/20



BLUE 20/20

## UNDERSTANDING YOUR VISION PLAN

Did you know that having regular eye exams can help detect eye issues like glaucoma or cataracts, and other chronic conditions like diabetes, before they become more serious and costly?

BCBS has partnered with EyeMed Vision Care®, the number one vision benefits company in the U.S. Employees have access to convenient and affordable vision care solutions. In-Network access is provided to brand-name providers, including LensCrafters®, Pearle Vision®, and Target Optical.



Members are not required to present an ID card to utilize benefits. Just let your vision provider know that you have a Blue 20/20 plan, and then provide your SSN to access benefits. Members can log-in to their member portal to print an ID card, find a provider in the network, view plan summaries, view claim status, etc. Members will only be able to view dependents under the age of 18. If there is a dependent over the age of 18, they will need to register for their own account.

PLAN DETAILS		BCBS Blue 20/20 Exam Plus Standard Insight Plan \$130	
Group #	21194		
Riders	None		
FREQUENCY OF SERVICES			
Exams/Lenses/Frames*	12 Months/12 Months/24 Months		
EXAMS	In-Network	Out-of-Network	
Office Visit Exam Copay	\$10	Reimbursed up to \$50	
LENSES	In-Network	Out-of-Network	
Contact Lenses Allowance (Conventional)	\$130 Allowance, plus 15% off over Allowance	Reimbursed up to \$104	
Contact Lenses Allowance (Disposable)	\$130 Allowance	Reimbursed up to \$104	
Single Vision Lenses Copay	\$25	Reimbursed up to \$42	
Bifocal Lenses Copay	\$25	Reimbursed up to \$78	
Trifocal Lenses Copay	\$25	Reimbursed up to \$130	
Lenticular Lenses Copay	\$25	Reimbursed up to \$130	
Standard Progressive Lenses Copay	\$90	Reimbursed up to \$140	
Premium Progressive Lenses Copay	Tier 1 - Tier 3: \$110 - \$135 Copay Tier 4: \$90 Copay, then 80% of charge less \$120 Allowance	Reimbursed up to \$196	
FRAMES	In-Network	Out-of-Network	
Frame Allowance	\$130 Allowance, plus 20% off over Allowance	Reimbursed up to \$74	

\*Benefit includes coverage for glasses or contact lenses, not both.

\*\*Online shopping options include: Glasses.com, Contactsdirect.com, Ray-Ban.com, Targetoptical.com and Lenscrafters.com

### 40% OFF

additional pairs of glasses

### 20% OFF

non-prescription sunglasses

### 15% OFF

retail price or 5% off promotional price for Lasik or PRK from US Laser Network

Find an In-Network provider here:

Choose the **Blue 2020** network



Access or register for your Member Portal here:



BLUE 20/20

If you have a BCBS Medical and/or Dental plan, you can access your Vision benefits through your MyBlue Member Portal

**MyBlue**

## LIFE INSURANCE AND DISABILITY BENEFITS (100% EMPLOYER PAID)

**Eligibility:** Full-time Employees Working 30+ Hours per Week  
**Waiting Period:** 1st of Month Following 90 Days From Date of Hire  
**Provider:** Principal Life Insurance Company  
**Group #:** 1182958



### UNDERSTANDING YOUR LIFE INSURANCE BENEFIT

Our group life insurance will pay the financial benefit to your beneficiaries in the event that you pass away. Your group life coverage includes Accidental Death and Dismemberment (AD&D) coverage. Benefit amounts vary depending on the covered loss.



Life Insurance Benefit	
Class 1 Benefit Amount*	1.5x Salary to Maximum of \$100,000
Class 2 Benefit Amount*	0
Rounded up to next or nearest \$	Next Higher \$1,000
Evidence of Insurability (EOI)	Not Required
Age-Reduction	Benefit reduction schedule effective once you turn age 65

\*You will be taxed on any life insurance benefit amount over \$50,000 subject to a standard IRS imputed income table.

### UNDERSTANDING YOUR DISABILITY BENEFITS

In the event you become disabled from an injury or illness, disability income benefits are provided. Disability benefits run concurrently with any state-mandated disability program and the benefits under our group plans may be offset by the benefits of the state plans. You are not eligible to receive disability benefits if you are receiving workers compensation benefits.



Long-Term Disability	
Class 1 Maximum Benefit	60% Basic Monthly Earnings up to \$10,000 Monthly
Evidence of Insurability (EOI)	Required for all Late Entrants
Elimination Period	180 Days
Benefit Begins	181st Day
Maximum Benefit Duration	To Age 65/SSNRA
First Day Hospitalization Rider	Not Applicable
EAP Included	Yes (3 Face-to-Face Visits)

#### Long-Term Disability Clauses

There is a 3-month/12-month pre-existing conditions clause which means that you may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.

There is also a 2-year "own occupation" clause which means that the covered disability is defined as not being able to perform your own occupation for 2 years. Following 2 years, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited.

## MASSACHUSETTS PAID FAMILY AND MEDICAL LEAVE (MA PFML)

<b>Eligibility:</b>	Generally, PFML coverage is available to all workers who receive a Massachusetts W-2, whether full-time, part-time, or seasonal, as well as some 1099-MISC contractors
<b>Waiting Period:</b>	None/Date of Hire
<b>Earnings Requirements:</b>	You must have earned at least \$6,300 during the last 4 completed calendar quarters, and at least 30 times more than how much you would be eligible to receive each week from your Paid Family Medical Leave benefits.
<b>Provider:</b>	Principal Life Insurance Company
<b>Group #:</b>	1182958

The Department of Family and Medical Leave oversees the Commonwealth of Massachusetts Paid Family and Medical Leave (MA PFML) program. This program provides temporary income replacement to eligible workers who are welcoming a child into their family, are struck by a serious illness or injury, need to take care of an ill relative, and for certain military considerations. MA PFML is separate from both the federally mandated benefits offered by the Family Medical Leave Act (FMLA) and from leave benefits that may be offered by your employer.

The MA PFML program is funded by premiums/contributions paid by employees and employers.

The maximum amount that an employee can contribute for Medical Leave and Family Leave is \$0.46 per \$100.00.

### MA PFML BENEFIT INFORMATION

<b>Employee Contribution to Medical Leave</b>	0.260%
<b>Employee Contribution to Family Leave</b>	0.180%
<b>Maximum Weekly Benefit</b>	up to \$1,170.64
<b>Waiting Period*</b>	7 Days
<b>Benefit Begins</b>	8th Day
<b>Maximum Benefit Duration**:</b>	
Medical Leave for Own Serious Health Condition	up to 20 weeks
Family Leave for Bonding	up to 12 Weeks
Family Leave to Care for Family Member with Serious Health Condition	up to 12 Weeks
Family Leave for Military Exigency	up to 12 Weeks
Family Leave to Care for Covered Service Member	up to 26 Weeks

\*Employees may use accrued sick or vacation pay provided under an employer policy during the waiting period. Waiting period does not apply when taking family leave immediately following medical leave for childbirth.

\*\*Covered individuals are eligible for no more than 26 total weeks, in aggregate, of paid family and medical leave in a single benefit year.

### MA PFML NOTIFICATION REQUIREMENTS

If you plan to take a qualified paid Medical or Family Leave, you must provide your employer and the MA PFML plan administrator with written notice of your intent to file a claim not less than 30 days before the Family Leave begins or the Serious Health Condition prevents work. If for reasons beyond reasonable control, you cannot provide 30 days' notice then you should provide notice as soon as is practicable.

Claim Forms can be obtained from: [hrkloassist@hilbgroup.com](mailto:hrkloassist@hilbgroup.com)

You may submit your completed MA PFML claim form via one of the following methods:

**E-Mail:** [SBDClaims@principal.com](mailto:SBDClaims@principal.com)

**Phone:** N/A

**Fax:** 800-255-6609

**Mail:** Principal Life Insurance Company  
Attn: Group Life & Disability Claims  
711 High Street  
Des Moines, IA 50392-0002

**For questions about benefits and eligibility:** 800-245-1522



## VOLUNTARY LIFE AND AD&D INSURANCE

**Eligibility:** Full-time Employees Working 30+ Hours per Week  
**Waiting Period:** 1st of Month Following 90 Days From Date of Hire  
**Provider:** Principal Life Insurance Company  
**Group #:** 1182958



Life insurance helps provide financial protection for your family and loved ones. If something were to ever happen to you, life insurance would provide money so that your family and loved ones can continue to manage expenses if you were no longer around. Sample expenses include mortgage payments, legal or medical expenses, childcare, college education and outstanding debts. If someone depends on you, chances are you need life insurance.

## KNOW HOW MUCH LIFE INSURANCE YOU NEED

A very broad rule of thumb is that your life insurance coverage should be 7 to 10 times your income. However, every person's life insurance needs are different. For a personal estimate on how much life insurance you need, go to the Life and Health Insurance Foundation's website to access a life insurance calculator is easy to use and takes just minutes.

**Life Happens.**

As things change in your life, your life insurance needs will too. Review your life insurance policy every year. If you've experienced a life milestone like getting married, having a baby or buying a home in the last year, you'll want to make sure your family and loved ones continue to be adequately protected.



### YOU MAY PURCHASE VOLUNTARY LIFE/AD&D INSURANCE AS OUTLINED BELOW

<b>Employee*:</b>	Benefit amounts of \$10,000 - \$500,000 in \$10,000 increments.
<b>Spouse*:</b>	Benefit amounts of \$5,000 - \$150,000 in \$5,000 increments not to exceed 100% of Employee benefit amount. Spouse rate based on Employee age.
<b>Child:</b>	Benefit amount of \$10,000 for children aged 14 days or older, not to exceed 100% of Employee benefit amount. Benefit amount of \$1,000 for children under 14 days of age.
<b>Annual Open Enrollment:</b>	Benefit amounts of \$5,000 - \$250,000 in \$5,000 increments not to exceed 100% of Employee amount. Spouse rate based on Employee age.

**Employee must elect coverage in order to elect Dependent coverage**

\*Benefit reduction schedule effective once you turn age 65

Rates are age-banded. Please refer to Voluntary Plan Rates page for rate information.

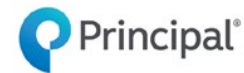
## EVIDENCE OF INSURABILITY NOTE

**Employee Coverage:** If enrolling within your New Hire 30-day initial eligibility window, Evidence of Insurability (EOI) is required for amounts over \$150,000 if under age 70; \$10,000 if age 70 or older. If enrolling outside of your initial eligibility window, EOI is required for all amounts of coverage.

**Spouse Coverage:** If enrolling within your New Hire 30-day initial eligibility window, Evidence of Insurability (EOI) is required for amounts over \$30,000 if under age 70; \$10,000 if age 70 or older. If enrolling outside of your initial eligibility window, EOI is required for all amounts of coverage.

## VOLUNTARY ACCIDENT INSURANCE

**Eligibility:** Full-time Employees Working 30+ Hours per Week  
**Waiting Period:** 1st of Month Following 90 Days From Date of Hire  
**Provider:** Principal Life Insurance Company  
**Group #:** 1182958  
**Dependent Age-Out:** Age 26



ACCIDENTS HAPPEN. ACCIDENT INSURANCE CAN HELP THEM HURT A LITTLE LESS.

Our daily lives are full of possibilities, including the unexpected - from spraining an ankle to breaking a bone. Accident Insurance can help you deal with those expenses related to an accident. Benefit payments are paid directly to you and can help with your medical deductibles and copays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take time off from work.



CLICK HERE

## BENEFITS OF ACCIDENT INSURANCE

### Straightforward Benefit Amounts

Benefit payments are based on specific covered injuries and are not dependent on services, tests or treatments to receive the maximum benefit. We pay a higher amount for the injury to help cover other expenses such as ambulance service, medical exams and post-treatment care.

### Benefit is paid directly to you

Accident insurance plan pays you directly without any deductible or extra waiting time after your claim is verified.

### Spend your money how you choose

The money you receive can be used however you want as you recover from your injuries. That could mean using the benefit for medical costs, childcare, to replace lost income, transportation, food or lodging. It's up to you to use as you see fit.

Please refer to Voluntary Plan Rates page for per pay period cost.

## COVERED INJURIES INCLUDE

- Burns
- Dislocation
- Disc, knee cartilage, tendon, ligament or rotator cuff injury
- Coma
- Eye Injury
- Accidental Death & Dismemberment
- Concussion
- Fracture
- And more...
- Dental Injury
- Internal Injury



### Example of How Accident Insurance Works

While on a bike ride with friends, Julian loses control, falls off, and hits the pavement hard. Friends take Julian to urgent care where tests confirm his wrist and elbow are fractured, requiring immediate surgery. Physical therapy is needed for a few weeks to ensure a full recovery.

Julian's accident coverage paid \$6,000 (\$3,000 for the wrist fracture and \$3,000 for the elbow fracture). The lump-sum benefit payment helps cover the costs for immediate and future needs related to the accident.

## WELLNESS BENEFIT

There is a \$50 Wellness Benefit available to each insured family member that has a covered exam or procedure such as an annual physical, required immunizations, bone density screenings, cancer screenings (like mammograms, pap smears, colonoscopies and PSA tests), completion of a smoking cessation program or a weight reduction program, vision testing and standard blood chemistry profiles or lipid panels.

## CLAIM SUBMISSION

Accident and Wellness Online Claim Submission:



Accident Claim Forms can be obtained here:

[Accident Claim Form](#)

Wellness Claim Forms can be obtained here:

[Wellness Claim Forms By State](#)



Phone/Live Support

Call 800-245-1522



Email

[SBDCclaims@principal.com](mailto:SBDCclaims@principal.com)

## VOLUNTARY CRITICAL ILLNESS INSURANCE

**Eligibility:** Full-time Employees Working 30+ Hours per Week  
**Waiting Period:** 1st of Month Following 90 Days From Date of Hire  
**Provider:** Principal Life Insurance Company  
**Group #:** 1182958  
**Dependent Age-Out:** Age 26



It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover such as deductibles or out-of-pocket costs, or services like experimental treatment.

### COMFORT KNOWING YOU ARE COVERED

Bridge the gap in financial protection

Tax-free lump sum benefit<sup>1</sup>

Use the money for any purpose

### WHAT DOES IT COVER?<sup>2</sup>

1st Occurrence & Additional Occurrences	1st Occurrence Only	1st Occurrence Only - Child-specific
<ul style="list-style-type: none"><li>• Carcinoma in situ (25%)</li><li>• Coronary Artery Disease (25%)</li><li>• Heart Attack</li><li>• Invasive Cancer</li><li>• Major Organ Failure</li><li>• Stroke</li><li>• Specified Infectious Disease (25%)</li></ul>	<ul style="list-style-type: none"><li>• Alzheimer's Disease</li><li>• Amyotrophic Lateral Sclerosis (ALS)</li><li>• Benign Brain Tumor</li><li>• Coma</li><li>• Loss of Hearing, Sight, Speech</li><li>• Multiple Sclerosis</li><li>• Occupational HIV/Hepatitis</li><li>• Paralysis</li><li>• Parkinson's Disease</li><li>• Skin Cancer (\$250)</li></ul>	<ul style="list-style-type: none"><li>• Cerebral Palsy</li><li>• Cleft Lip/Palate</li><li>• Cystic Fibrosis</li><li>• Down Syndrome</li><li>• Muscular Dystrophy</li><li>• Spina Bifida</li></ul>



### Infection Disease Benefit - Must be hospitalized for at least 3 days

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"><li>• COVID-19</li><li>• Diphtheria</li><li>• Encephalitis</li><li>• Legionnaire's Disease</li><li>• Lyme Disease</li></ul> | <ul style="list-style-type: none"><li>• Malaria</li><li>• Meningitis</li><li>• MRSA</li><li>• Necrotizing Fasciitis</li><li>• Osteomyelitis</li></ul> | <ul style="list-style-type: none"><li>• Poliomyelitis</li><li>• Rabies</li><li>• Sepsis</li><li>• Tetanus</li><li>• Tuberculosis</li></ul> |
|---|---|--|

### WELLNESS BENEFIT

There is a \$50 Wellness Benefit available to each insured family member that has a covered exam or procedure such as an annual physical, required immunizations, bone density screenings, cancer screenings (like mammograms, pap smears, colonoscopies and PSA tests), completion of a smoking cessation program or a weight reduction program, vision testing and standard blood chemistry profiles or lipid panels.

### YOU MAY PURCHASE CRITICAL ILLNESS INSURANCE AS OUTLINED BELOW

<b>Employee:</b>	Choose from lump sum benefit amounts of \$5,000, \$10,000 \$15,000 or \$20,000.
<b>Spouse:</b>	Choose from lump sum benefit amounts of \$2,500, \$5,000, \$7,500 or \$10,000; not to exceed 50% of Employee benefit amount.
<b>Child(ren):</b>	Children under the age of 26 are automatically covered for 25% of Employee benefit amount.

**Employee must elect coverage in order to elect Dependent coverage**

Rates are age-banded. Please refer to Voluntary Plan Rates page for rate information.

### CLAIM SUBMISSION

Accident and Wellness Online Claim Submission:



Accident Claim Forms can be obtained here:

[Critical Illness Claim Form by State](#)

Wellness Claim Forms can be obtained here:

[Wellness Claim Forms By State](#)



**Phone/Live Support**  
Call 800-245-1522



**Email**  
[SBDCclaims@principal.com](mailto:SBDCclaims@principal.com)

<sup>1</sup> Based on current federal income tax laws. If premiums are paid with after-tax dollars, the benefits are income-tax free.

<sup>2</sup> Benefits payable at 100% of scheduled benefit amount unless indicated otherwise

## VOLUNTARY HOSPITAL INDEMNITY

<b>Eligibility:</b>	Full-time Employees Working 30+ Hours per Week
<b>Waiting Period:</b>	1st of Month Following 90 Days From Date of Hire
<b>Provider:</b>	Principal Life Insurance Company
<b>Group #:</b>	1182958
<b>Dependent Age-Out:</b>	Age 26



**Financially prepare  
for expenses if the  
unexpected  
happens**

Hospital Indemnity Insurance or Hospital Cash Benefit helps supplement core benefits like medical and disability coverage to help handle expenses related to hospitalization and treatment due to a sickness or injury. While medical insurance helps pay for medical expenses, it doesn't always cover all of the costs associated with treatment.

## HOW DOES HOSPITAL INDEMNITY INSURANCE WORK?

### Pays a Lump-Sum Cash Benefit

Benefit is paid when an insured person requires hospitalization or treatment related to a sickness or injury. Benefit is paid regardless of any other insurance coverage or actual expenses incurred.

### Benefit is paid directly to you

You receive a lump-sum benefit that is paid directly to you without any deductible or extra waiting time after your claim is verified.

### Spend your money how you choose

The money you receive can be used however you want as you recover. That could mean using the benefit for medical costs, childcare, to replace lost income from missing work, transportation, food or lodging. It's up to you!

Benefit	Benefit Payable	# of Days Payable
First Day of Hospital Confinement	\$1,000	1
Daily Hospital Confinement	\$100	30
First Day of Intensive Care Unit (ICU) Confinement	\$2,000	1
Daily ICU Confinement	\$200	30

### Example of How Hospital Indemnity Insurance Works

Daniel suffered a heart attack and was admitted to the Hospital. He spent his first night in the Intensive Care Unit and then 5 more days as an inpatient on the cardiac floor.

Daniel's hospital indemnity coverage paid \$2,500 (\$2,000 for the first day of ICU confinement and \$500 for the subsequent five days of hospital confinement).



COST PER PAY PERIOD	Weekly
Employee Only	\$5.61
Employee & Spouse	\$12.75
Employee & Child(ren)	\$8.15
Family	\$15.76

## CLAIM SUBMISSION

Hospital Indemnity and Wellness Online Claim Submission:

Hospital Indemnity Claim Forms can be obtained from:

[Principal Hospital Indemnity Claim Form](#)



**Phone/Live Support**  
Call 800-245-1522



**Email**  
[SBDClaims@principal.com](mailto:SBDClaims@principal.com)

## VOLUNTARY BENEFIT PREMIUMS - 100% EMPLOYEE PAID

Employee contributions are deducted from your gross pay on a post-tax basis.

New Hires/New Enrollees must use Age as of Effective Date of plan

Rates Effective: 1/1/2025

### VOLUNTARY LIFE and AD&D INSURANCE

MONTHLY RATES PER \$1,000 OF COVERAGE	
Employee Age	Rate per \$1,000
0-24	\$0.393
25-29	\$0.393
30-34	\$0.410
35-39	\$0.436
40-44	\$0.517
45-49	\$0.615
50-54	\$0.808
55-59	\$1.111
60-64	\$1.399
65-69	\$2.054
70+	\$3.310
\$0.00	\$0.000
Child(ren) Rate:	\$0.200

SAMPLE PER PAY PERIOD PREMIUMS									
\$10,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$400,000	\$500,000	
\$0.91	\$4.53	\$9.07	\$13.60	\$18.14	\$22.67	\$27.21	\$36.28	\$45.35	
\$0.91	\$4.53	\$9.07	\$13.60	\$18.14	\$22.67	\$27.21	\$36.28	\$45.35	
\$0.95	\$4.73	\$9.46	\$14.19	\$18.92	\$23.65	\$28.38	\$37.85	\$47.31	
\$1.01	\$5.03	\$10.06	\$15.09	\$20.12	\$25.15	\$30.18	\$40.25	\$50.31	
\$1.19	\$5.97	\$11.93	\$17.90	\$23.86	\$29.83	\$35.79	\$47.72	\$59.65	
\$1.42	\$7.10	\$14.19	\$21.29	\$28.38	\$35.48	\$42.58	\$56.77	\$70.96	
\$1.86	\$9.32	\$18.65	\$27.97	\$37.29	\$46.62	\$55.94	\$74.58	\$93.23	
\$2.56	\$12.82	\$25.64	\$38.46	\$51.28	\$64.10	\$76.92	\$102.55	\$128.19	
\$3.23	\$16.14	\$32.28	\$48.43	\$64.57	\$80.71	\$96.85	\$129.14	\$161.42	
\$4.74	\$23.70	\$47.40	\$71.10	\$94.80	\$118.50	\$142.20	\$189.60	\$237.00	
\$7.64	\$38.19	\$76.38	\$114.58	\$152.77	\$190.96	\$229.15	\$305.54	\$381.92	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
\$0.46									

### VOLUNTARY CRITICAL ILLNESS INSURANCE

MONTHLY RATES PER \$1,000			EMPLOYEE Per Pay Period Premiums					SPOUSE Per Pay Period Premiums				
Age	Employee	Spouse	Age   Benefit→	\$5,000	\$10,000	\$15,000	\$20,000	Age   Benefit→	\$2,500	\$5,000	\$7,500	\$10,000
0 - 24	\$0.198	\$0.198	0 - 24	\$0.23	\$0.46	\$0.69	\$0.91	0 - 24	\$0.11	\$0.23	\$0.34	\$0.46
25 - 29	\$0.273	\$0.273	25 - 29	\$0.32	\$0.63	\$0.95	\$1.26	25 - 29	\$0.16	\$0.32	\$0.47	\$0.63
30 - 34	\$0.416	\$0.416	30 - 34	\$0.48	\$0.96	\$1.44	\$1.92	30 - 34	\$0.24	\$0.48	\$0.72	\$0.96
35 - 39	\$0.495	\$0.495	35 - 39	\$0.57	\$1.14	\$1.71	\$2.28	35 - 39	\$0.29	\$0.57	\$0.86	\$1.14
40 - 44	\$0.684	\$0.684	40 - 44	\$0.79	\$1.58	\$2.37	\$3.16	40 - 44	\$0.39	\$0.79	\$1.18	\$1.58
45 - 49	\$0.973	\$0.973	45 - 49	\$1.12	\$2.25	\$3.37	\$4.49	45 - 49	\$0.56	\$1.12	\$1.68	\$2.25
50 - 54	\$1.448	\$1.448	50 - 54	\$1.67	\$3.34	\$5.01	\$6.68	50 - 54	\$0.84	\$1.67	\$2.51	\$3.34
55 - 59	\$2.024	\$2.024	55 - 59	\$2.34	\$4.67	\$7.01	\$9.34	55 - 59	\$1.17	\$2.34	\$3.50	\$4.67
60 - 64	\$2.935	\$2.935	60 - 64	\$3.39	\$6.77	\$10.16	\$13.55	60 - 64	\$1.69	\$3.39	\$5.08	\$6.77
65 - 69	\$4.166	\$4.166	65 - 69	\$4.81	\$9.61	\$14.42	\$19.23	65 - 69	\$2.40	\$4.81	\$7.21	\$9.61
70+	\$6.029	\$6.029	70+	\$6.96	\$13.91	\$20.87	\$27.83	70 +	\$3.48	\$6.96	\$10.43	\$13.91

### VOLUNTARY ACCIDENT INSURANCE

COST PER PAY PERIOD	
Employee Only	\$2.29
Employee & Spouse	\$3.53
Employee & Child(ren)	\$3.95
Family	\$6.09

### VOLUNTARY HOSPITAL INDEMNITY INSURANCE

COST PER PAY PERIOD	
Employee Only	\$5.61
Employee & Spouse	\$12.75
Employee & Child(ren)	\$8.15
Family	\$15.76



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

**Eligibility:** Full-time Employees Working 30+ Hours per Week  
**Waiting Period:** 1st of Month Following 90 Days From Date of Hire  
**Provider:** Principal Life Insurance Company  
**Group #:** 1182958



## YOUR LIFE'S JOURNEY MADE EASIER

Principal's Employee Assistance Program (EAP) provides someone to talk to and resources to consult whenever and wherever you need them - at no cost to you. Find help and balance for important parts of your life: emotional, social, career, financial, physical and community.

### Confidential Emotional Support

- Anxiety/Depression/Stress
- Grief, Loss and Life Adjustments
- Relationship/Marital Conflicts

### Social Support

- Parenting
- Caregiving
- Relationships

### Career

- Workplace Success
- Goals and Skills
- Work-life Assistance

### Financial

- Budgeting, Saving, Debt and more
- Retirement and Investing
- Estate Planning

### Physical

- Fitness and Healthy Eating
- Aging
- Sleep

### Community

- Building Connections
- Safety and Stability

## ACCESSING THE EMPLOYEE ASSISTANCE PROGRAM (EAP)



### Phone/Live Support

24 Hours a Day/7 Days a Week  
Call 800-450-1327



### Online Support

24/7 link to vital information, tools and support



Live Chat is staffed daily from 7:00 a.m. to 5:30 p.m. CT



### In Person

3 Face-to-Face Consultations are available  
per issue/per year

To access the EAP you will need the following:

**Company Name:** Principal Core



## HOLIDAYS & PAID TIME OFF

**Holidays:** Employees are eligible for holiday hours following the successful completion of 30 days of employment. Accrual begins on Date of Hire. Hours accrue weekly.

- Schedules are posted at the beginning of each calendar year
- Standard Holidays are listed Below:
  - New Years Day
  - Presidents Day
  - Memorial Day
  - Independence Day
  - Labor Day
  - Columbus Day / Indigenous People's Day
  - Thanksgiving Day
  - Day after Thanksgiving
  - Christmas Eve
  - Christmas Day
- The company may also schedule a plant-wide shutdown each year. Shutdown may occur the week of July 4, during the week between Christmas and New Year's, or both.
- Veteran's will also receive a floating Holiday that can be used on Veteran's Day.

**Vacation Time:**

Hours become available following the successful completion of 90 days of employment for full time employees.

- 0-2 years = 7 days (accrued)
- 2-5 years = 10 days (accrued)
- 5-10 years = 15 days (accrued)
- 10+ years = 20 days (accrued)

Employees may carry up to a maximum of 40 hours from one plan year to the next.

**Sick Time:** All full time and part time employees will receive 5 sick days per calendar year.

**Eligibility:** Must be enrolled in BCBS Medical plan

**Waiting Period:** 1st of Month Following 30 Days

## SAVE MONEY ON ELIGIBLE MEDICATIONS WITH THE COST-SHARE ASSISTANCE PROGRAM

The Cost-Share Assistance Program provides financial assistance using coupons from manufacturers of medication to cover most or all of your out-of-pocket costs for eligible medications. To get the savings, all you need to do is enroll. You don't have to change anything about your prescriptions, including how or where you fill them. It's that easy.

### How the Cost-Share Assistance Program Works



#### Enroll in the Program

If you're taking an eligible medication, you'll be contacted by PillarRx Consulting, an independent company who administers the program. Tell them you'd like to enroll.



#### Fill Your Prescription

When filling your prescription as you normally do, a manufacturer's coupon will automatically be applied at checkout.



#### Enjoy the Savings

The coupon reduces your out-of-pocket cost to anywhere between \$0 and \$35, depending on the medication.



#### Get Personalized, Ongoing Support

PillarRx will monitor your claims every month to make sure you're receiving the correct savings. They'll also provide additional support as needed.

### See If Your Medication is Eligible

Most eligible medications include maintenance medications (also known as long-term medications) that are filled through the Blue Cross Specialty Pharmacy Network. For medications that aren't eligible, your pharmacy plan's standard cost share will apply. To see a list of eligible medications, follow these steps:

1. Sign in to your MyBlue account
2. Select **Cost-Share Assistance** under **My Medications**.
3. Choose **See Eligible Medications**.



For more information:



### You Must Enroll To Get The Savings

#### If you don't, you'll be charged 30% co-insurance.

Enrollment is optional. However, if you're eligible for the program and choose not to participate, your out-of-pocket costs will be higher because you'll be responsible for paying 30% of the eligible medication's full cost when filling your prescription. A Care Team Coordinator from PillarRx will be happy to help you enroll, so you can avoid the 30% co-insurance.

### ENROLL TODAY!

If you're eligible for the Cost-Share Assistance Program, a Care Team Coordinator from PillarRx will call you to help you enroll. You can also call them at 636-614-3128.

### Questions?

Call a PillarRX Care Team Coordinator at 636-614-3128; Available Monday through Friday, 8:00 a.m. to 7:00 p.m. ET

## BCBS TELEHEALTH

**Eligibility:** Must be enrolled in group-sponsored Medical plan

**Waiting Period:** 1st of Month Following 30 Days



### Health Care for the Digital Age

Getting sick isn't convenient, but Well Connection is! You and your family members can visit doctors and providers anytime, anywhere in the United States, at home, work, or on vacation, weekends and holidays included. All you need is an internet connection and a smartphone, tablet, or computer with a webcam.

### Types of Covered Services

#### Urgent Care

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"><li>• Cold &amp; flu</li><li>• Bronchitis</li><li>• Sinus &amp; respiratory infections</li><li>• Sore throat</li></ul> | <ul style="list-style-type: none"><li>• Diarrhea</li><li>• Gout</li><li>• Strep throat</li><li>• Urinary tract infections</li></ul> | <ul style="list-style-type: none"><li>• Pinkeye</li><li>• Hypertension</li><li>• Migraines</li><li>• Pneumonia</li></ul> |
|--|---|--|

#### Behavioral Health

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"><li>• Depression &amp; anxiety</li><li>• Sleep disorders</li><li>• Substance use disorder</li></ul> | <ul style="list-style-type: none"><li>• Trauma</li><li>• Child behavior</li><li>• Bereavement</li></ul> | <ul style="list-style-type: none"><li>• Couples therapy</li><li>• Stress</li><li>• Divorce</li></ul> |
|---|---|--|



### How Well Connection Works

Secure and confidential access to Well Connection is as simple as:

1. Signing into your MyBlue account



2. Go to **My Care** in the navigation toolbar
3. Choose **Well Connection Video Visits**

Licensed doctors and providers in the Well Connection network have an average of 15 years of experience. They can look up your medical history, diagnose and treat your symptoms, and prescribe medication if necessary.



### Can I Have Live Video Visits with My Doctor?

If your local doctor is in the Blue Cross Blue Shield of Massachusetts network and offers covered services using live video visits through another service other than Well Connection, you'll still be covered by your plan.\*

\*If your plan includes telehealth benefits.

## BCBS NURSE LINE

BCBS also has a Nurse Line that is available to you 24 hours a day/7 days a week/365 days a year. You can speak to a registered nurse when you need to, day or night, for guidance and advice. There is no cost for this service.



Call: 888-247-BLUE (2583)

**Eligibility:** Must be enrolled in group-sponsored Medical plan

**Waiting Period:** 1st of Month Following 30 Days



## PRIMARY CARE THAT'S A PRIME EXPERIENCE!

A new kind of primary care that comes with a team of experts committed to getting you the care you need. Medical issues, emotional well-being, healthy habits — your Virtual Care Team is here for all of it!

Eligible members choose their designated virtual primary care provider (PCP) through either **Carbon Health** or **Firefly Health**. Each PCP will provide comprehensive virtual primary care with integrated mental health and a Care Coordinator.

**\$0 Cost for  
PCP and  
Mental  
Health  
Visits\***



### Ridiculous convenience

We come to you through video calls and chat. No traffic, no waiting rooms. Just 24/7 access to your care team, wherever you are.



### Care that's always on

From joint pain to high blood pressure, anxiety to healthy eating, your care team is here for you during visits — and between them too.



### Specialists made easy

We put in the referrals and work closely with your other doctors to coordinate your care. Looking for a new specialist? We'll find you one.



### Complete support

You're not on your own anymore. Prescriptions, labs, imaging? We guide you to the care you need and solve any issues along the way.

**Click on the links below to access the Virtual Care Teams.**



\*Deductible applies on Saver plans

**Eligibility:** Must be enrolled in group-sponsored Medical plan  
**Waiting Period:** 1st of Month Following 30 Days



## MENTAL HEALTH IS HEALTH

Your mental health is essential to your overall well-being. But knowing how or where to start can feel overwhelming. BCBS has compiled a variety of helpful resources to make it easier to find the right support.

Click on each icon to be taken to the resource.

### I NEED SUPPORT TO:



Get Started



Find a  
Therapist



Guide Myself  
Online



Explore  
Wellness  
Offerings



Find Substance  
Use Disorder  
Support



Help a Child  
or  
Loved One

Sometimes a simple lifestyle change, like increased exercise, or better diet and sleep habits, can have a real impact on how you feel, physically and mentally. Some Wellness Offerings include:

### EXPLORE WELLNESS OFFERINGS



Acupuncture



Yoga, Pilates,  
tai chi, and  
more



Nutrition  
Counseling and  
Personal  
Training



Massage  
Therapy



Mind/Body  
Techniques

Many of these services are covered under most plans, but be sure to check your specific benefit details by signing into your MyBlue Member Portal.

**MyBlue**



If you can't find what you need, call Team Blue at 888-389-7764 for assistance

# BCBS FITNESS & WEIGHT MANAGEMENT REIMBURSEMENT

**Eligibility:** Must be enrolled in group-sponsored Medical plan

**Waiting Period:** 1st of Month Following 30 Days



## GET FIT! LOSE WEIGHT! GAIN SAVINGS!!

As a big congrats on healthy habits, BCBS offers up to \$300 in fitness and weight management reimbursements\*.

### FITNESS REIMBURSEMENT

Reimbursement of up to \$150 per plan year applies to:



- Membership fees paid to full-service health club with cardio and strength-training equipment such as treadmills, stationary bikes, weight machines, and free weights.
- Qualifying fitness reimbursement also includes fitness class fees at a studio with instructor-led group classes such as yoga, Pilates, Zumba, kickboxing, and indoor cycling/spinning
- Online fitness memberships, subscriptions, programs or classes
- Cardiovascular and strength-training equipment for fitness purchased for use in the home, such as treadmills, stationary bikes, weights, exercise bands, etc.



### WEIGHT MANAGEMENT REIMBURSEMENT

Reimbursement of up to \$150 per plan year applies to participation fees for:



- Hospital-based programs and in-person Weight Watchers sessions.
- Weight Watchers and other non-hospital programs (in-person or online) that combine healthy exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists



The following **are not** eligible for reimbursement:

- Fees for gymnastics, tennis, or swimming pool-only facilities; martial arts schools, instructional dance studios, country clubs or social clubs, sports teams
- Personal trainer sessions
- Fitness clothing
- One-time initiation or termination fees

The following **are not** eligible for reimbursement:

- Individual nutrition counseling sessions, doctor/nurse visits, lab tests or other services that are covered benefits under your medical plan
- Food, supplements, books, scales, or exercise equipment
- One-time initiation or termination fees

**GET REWARDED, NO SWEAT!** The BCBS reimbursement process is quick and easy.

Log in to your MyBlue Member portal to submit request online or click on the appropriate form symbol above to access the reimbursement form.



### GENERAL REQUIREMENTS

Reimbursement for each individual (or family) happens on a per-year basis. You have until March 31 of the following year to submit a request (reimbursement for certain groups may differ).



\*Be sure to consult your doctor before starting any exercise or weight loss program.



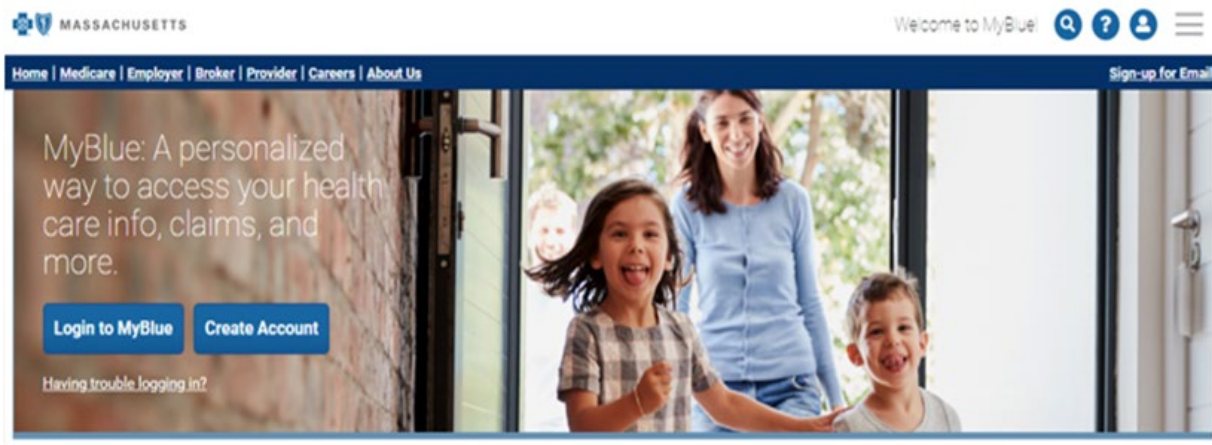
## BCBS DIGITAL TOOLS FOR 24/7 CARE

**Eligibility:** Must be enrolled in group-sponsored Medical plan

**Waiting Period:** 1st of Month Following 30 Days



**MYBLUE Member Portal** is a personalized way to access your health care info, claims and more! Members have instant access to their personal health care information anytime you need it.



Create an account or log in to your existing account.

**MyBlue**



Track Claims and Benefits



View Your Member ID Card



View Your Medications at a Glance



Find In-Network Doctors

**MYBLUE Mobile App** is a simple, secure and convenient way to manage your health. A simple tap connects you to your health care information, recent prescriptions, and claims history.

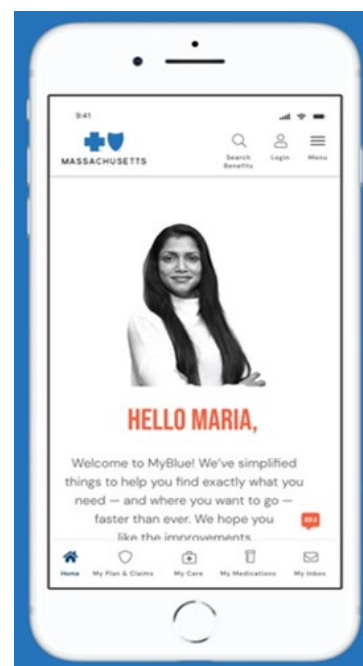
The app is available for free from the App Store or Google Play. Download and start using it today!



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GET IT ON  
**Google Play**



# EMERGENCY TRAVEL ASSISTANCE PROGRAM

**Waiting Period** 1st of Month Following 90 Days From Date of Hire  
**Eligibility:** Full-time Employees Working 30+ Hours per Week  
**Group #:** 1182958



Ease some of the worries of traveling. Travel Assistance offers reassurance Anytime. Anywhere. Whether you're traveling in the United States or leaving the country, you can rely on AXA Travel Assistance to help your travel experience go off without a hitch. As a member, you can access a broad range of worldwide travel, emergency medical transportation and concierge services 24 hours a day, 365 days a year.\*



## Medical Assistance

- Medical and Dental referrals
- Coordination of hospital admission
- Critical care monitoring
- Dispatch of physician
- Dispatch of prescription medication



## Travel Assistance

- Lost document and luggage assistance
- Emergency cash/bail assistance
- Emergency message transmission
- Legal referrals
- Language services



## Emergency Medical Transportation\*\*

- Emergency medical evacuation
- Medical repatriation
- Return of mortal remains
- Transportation of travel companion
- Transportation of family member to accompany patient
- Escort of dependent children



## Pre-Travel Services

- Pre-trip research
- Travel requirements
- Exchange rates
- Cultural differences
- Electrical outlets and voltage information
- Travel advisories
- Embassy and consulate locations and referrals
- Insect and related medical precautions
- General travel information



## International Medical Teleconsultation

- 24/7 Medical care at your fingertips

\*When traveling 100 miles or more away from home for up to 120 days.

\*\*Treatment must be authorized and arranged by designated staff from AXA.

## ACCESSING THE EMERGENCY TRAVEL ASSISTANCE PROGRAM



### Phone/Live Support

24 Hours a Day/365 Days a Year

#### Within the United States

888-647-2611

#### Outside the United States

Call collect 630-766-7696



### Travel Web Portal

Travel Eye offers useful intelligence to provide necessary knowledge throughout your trip. Through the portal, you have access to the most accurate real-time information on global events, security and medical risks per country.

Register today at:

[www.principal.com/travelassistance](http://www.principal.com/travelassistance)

**Download ID Cards today** <https://advisors.principal.com/publicvsupply/GetFile?fm=GP60039&ty=VOP&EXT=.VOP>

## PRINCIPAL DISCOUNTS & SERVICES

**Eligibility:** Full-time Employees Working 30+ Hours per Week  
**Waiting Period:** 1st of Month Following 90 Days From Date of Hire  
**Provider:** Principal Life Insurance Company  
**Group #:** 1182958



The discounts and services listed below are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time. Although Principal has arranged to make these programs available to you, the third party providers are solely responsible for their products and services.

<b>Laser Vision Correction</b>	Employees, their spouses and dependent children save \$800 with featured providers LasikPlus, TLC Laser Eye Centers or the LASIK Vision Institute or receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network's administered by LCA Vision.
<b>Hearing Aid Program</b>	Through Start Hearing, employees and their families are eligible for up to 48% off hearing aids.
<b>Will &amp; Legal Document Center</b>	Employees and their spouses have free access to resources and tools provided by ARAG to prepare a will, living will, healthcare power of attorney, durable power of attorney, HIPPA authorization and medical treatment authorization for minors. Estate planning resources and a personal information organizer are also included.
<b>Identity Theft Kit</b>	This valuable resource from ARAG provides employees with information on how to protect their identity and restore it if stolen.
<b>Beneficiary Support</b>	Beneficiaries receive grief support services from Magellan Healthcare. Financial professionals are available to help beneficiaries with insurance proceeds.

### **These discounts are not insurance.**

The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. The discounts and services are not a part of the policy or contract any may be changed or discontinued at any time. Although Principal has arranged to make these programs available to you, the third party providers are solely responsible for their products and services.

# PRINCIPAL'S MOBILE APP

**Eligibility:** Must be enrolled in group-sponsored Life or Disability plan

**Waiting Period:** 1st of Month Following 90 Days From Date of Hire



Quickly and easily access your benefits on the go!

**SUBMIT VISION CLAIMS**

**Snap a picture** of your receipt with your mobile device, then submit it.

**Search for** a network dentist by name or state, then get maps and driving directions.

**FIND A DENTIST**

**GET CLAIMS INFO**

Detail Information	
Patient Name	John Sample
Incurred Date	09/01/2012
Amount Paid	\$600.00
Payment Period	09/10/2012-09/16/2012

**VIEW OR EMAIL ID CARDS**

**ACCESS BENEFITS SUMMARY**

Member Benefit Overview	
Life Benefit	\$50,000.00
AD&D Benefit	\$50,000.00
Reduction Schedule	
25% at age 65	
additional 25% at age 70	

**Access** your dental and vision ID cards at your fingertips.

**Find details** about your dental, disability, life and vision coverage, which could include deductibles, coinsurance, maximum benefit, policy amount and benefits payable.

**PHONE** (iPhone icon)

**ANDROID** (Android icon)

The app is available for free from the App Store or Google Play. Download and start using it today!

## CUSTOMER SERVICE NUMBERS:

Refer to this list when you need to contact one of your benefit carriers.

For general information, contact: [hrkassist@hilbgroup.com](mailto:hrkassist@hilbgroup.com)

<b>Medical</b>	<b><u>Website</u></b>	<b>Phone #</b>
Blue Cross Blue Shield of Massachusetts	<a href="http://www.bluecrossma.com">www.bluecrossma.com</a>	800-262-BLUE (2583)
<b>Dental</b>		
Blue Cross Blue Shield of Massachusetts	<a href="http://www.bluecrossma.com">www.bluecrossma.com</a>	800-262-BLUE (2583)
<b>Vision</b>		
Blue Cross Blue Shield of MA Blue 20/20	<a href="http://www.blue2020ma.com">www.blue2020ma.com</a>	855-875-6948
<b>Life Insurance</b>		
Principal Life Insurance Company	<a href="http://www.principal.com">www.principal.com</a>	800-843-1371
<b>Long-Term Disability Insurance</b>		
Principal Life Insurance Company	<a href="http://www.principal.com">www.principal.com</a>	800-843-1371
<b>MA PFML</b>		
Principal Life Insurance Company	<a href="http://www.principal.com">www.principal.com</a>	800-245-1522
<b>Flexible Spending Account (FSA)</b>		
ADP	<a href="mailto:srpc@lpl.com">srpc@lpl.com</a>	617-957-8406
<b>Health Reimbursement Arrangement (HRA)</b>		
Health Equity	<a href="http://www.healthequity.com">www.healthequity.com</a>	877-694-3938
<b>Voluntary Life Insurance</b>		
Principal Life Insurance Company	<a href="http://www.principal.com">www.principal.com</a>	800-843-1371
<b>Voluntary Accident Insurance</b>		
Principal Life Insurance Company	<a href="http://www.principal.com">www.principal.com</a>	800-843-1371
<b>Voluntary Critical Illness Insurance</b>		
Principal Life Insurance Company	<a href="http://www.principal.com">www.principal.com</a>	800-843-1371
<b>Retirement Plan</b>		
Capital Wealth Management	<a href="http://www.workforcenow.adp.com">www.workforcenow.adp.com</a>	401-885-1606 x130



## BENEFIT & CLAIMS ADVOCACY:

It can be challenging navigating your benefits and understanding how each insurance benefit works.

HR Knowledge is here to assist you with benefit-related questions and coverage & claim issues.

HR Knowledge specializes in working with employees on issues related to their employee benefits program. Our goal is to help you respond to your benefit questions, help you solve your insurance problems, and work with you to understand how to get the most value out of your employee benefits program.

Our dedicated benefit and claims specialists are available Monday through Friday from 8:30 AM to 5:00 PM EST to assist you in answering any questions that you may have regarding your benefits.

**Phone:** 508-339-1300

**Email:** [hrkassist@hilbgroup.com](mailto:hrkassist@hilbgroup.com)



**The following are examples of how HR Knowledge can help:**

### Benefit Eligibility

- Open Enrollment
- Qualifying Life Events

### Claims

- Clarifying Explanation of Benefits (EOB)
- Researching claim disputes

### Access to Care

- Help find In-Network Providers
- Resolve access to care issues

### Benefits Education

- Answer general benefit questions
- Provide carrier benefit summaries



## GLOSSARY OF TERMS

This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan or health insurance policy. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)

### **Allowed Amount**

This is the maximum payment the plan will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

### **Balance Billing**

When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an out-of-network provider. A network provider may not balance bill you for covered services.

### **Claim**

A request for a benefit (including reimbursement of a health care expense) made by you or your health care provider to your insurer for items or services you think are covered.

### **Coinsurance**

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The plan would pay the rest of the allowed amount.)

### **Copayment**

A fixed amount (for example, \$25) you pay for a covered health care service, usually when you receive the service. The amount may vary by type of covered health care service.

### **Deductible**

An amount you could owe during a plan year for covered health care services before your plan begins to pay. A plan may have an overall deductible or separate deductibles that apply to specific services. (For example, if your deductible is \$2,000, your plan won't pay for any covered health care services subject to the deductible until you've met the \$2,000 deductible.)

### **Diagnostic Test**

Tests such as lab work or x-rays taken to help determine what your health issue is. (For example, an x-ray can be a diagnostic test to see if you have a broken bone.)

### **Disability**

The inability to perform the duties of your occupation.

### **Emergency Medical Condition**

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. (For example, if you didn't get immediate medical attention you could reasonably expect that your health would be put in serious danger, you would have serious problems with your bodily functions or you would have serious damage to any part or organ of your body.)

### **Emergency Medical Transportation**

Ambulance services for an emergency medical condition. Types of emergency medical transportation may include transportation by air, land, or sea. Your plan may not cover all types of emergency medical transportation or may pay less for certain types.

### **Emergency Room Care / Emergency Services**

Services to check for an emergency medical condition and to treat you to keep an emergency medical condition from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for emergency medical conditions.

### **Habilitation Services**

Health care services that help a person keep, learn or improve skills and functioning for daily living. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient or outpatient settings. Examples include therapy for a child who isn't walking or talking at the expected age.

### **Health Insurance**

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a premium. A health insurance contract may also be called a "policy" or "plan".

### **Hospitalization**

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some plans may consider an overnight stay for observation as outpatient care instead of inpatient care.

### **Hospital Outpatient Care**

Care in a hospital that usually doesn't require an overnight stay.

**Medically Necessary**

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet the accepted standards of medicine.

**Network**

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**Network Provider (Preferred Provider)**

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will generally pay less if you see a provider in the network. Also called "preferred provider" or "participating provider".

**Out-of-Network Provider**

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider. Also called "non-preferred provider" or "non-participating provider".

**Out-of-Pocket Maximum**

The most you could pay during the plan year for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit does not include premiums, balance-billed charges or health care your plan doesn't cover.

**Physician Services**

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine) provides or coordinates.

**Plan**

Health coverage issued to you through an employer, union or other group sponsor (employer group plan) or to you directly (individual plan) that provides coverage for certain health care costs. Also referred to as "policy".

**Pre-Authorization**

Your plan may require pre-authorization for certain services before you receive them, except in an emergency, to determine if the service is medically necessary. Pre-authorization isn't a promise your plan will cover the cost. Also referred to as "prior authorization" or "prior approval".

**Premium**

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it on a monthly basis.

**Prescription Drug**

Drugs or medications that by law require a prescription to obtain.

**Prescription Drug Coverage**

Coverage under a plan that helps pay for prescription drugs. The amount you'll pay in cost sharing will be different for each tier of covered prescription drugs.

**Preventive Care (Preventive Service)**

Routine health care, including screenings, annual check-ups or physical exams and patient counseling, to prevent or discover illness, disease, or other health problems.

**Primary Care Physician (PCP)**

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

**Primary Care Provider (PCP)**

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of your plan, who provides or coordinates or helps you access a range of health care services.

**Provider**

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, or rehabilitation center.

**Referral**

A written order from your primary care provider for you to see a specialist or to get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

**Rehabilitation Services**

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, an psychiatric rehabilitation services in a variety of inpatient and outpatient settings.

**Specialist**

A provider focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

**Urgent Care**

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

**NOTES:**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.