



# Employee Benefits

2024

January 1, 2024 - December 31, 2024

Provided by: Health Plan Partners

# Employee Benefits Contact Sheet

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## Benefit Enrollment

Employee Navigator

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

## Customer Service

Health Plan Partners

(877) 734-5932

[suzi@hplanpartners.com](mailto:suzi@hplanpartners.com)

## HR

Shelly Kleinkopf

(208) 577-5733

[skleinkopf@connectidaho.org](mailto:skleinkopf@connectidaho.org)

## Medical

Blue Cross of Idaho

(800) 627-1188

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

## Dental

Equitable

(866) 444-6001

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

## Vision

VSP through Equitable

(866) 444-6001

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

## Life Insurance

Equitable

(866) 444-6001

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

## Short Term Disability

Equitable

(866) 444-6001

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

## Long Term Disability

Equitable

(866) 444-6001

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

## Flex Benefits

Universal Plan Administrators

(800) 222-0901

[mwinker@rickwoodsinsurance.com](mailto:mwinker@rickwoodsinsurance.com)

## Employee Assistance Program

ComPsych through Equitable

(833) 256-5115

[guidanceresources.com](http://guidanceresources.com)

App: GuidanceNow

Web ID: [EQUITABLE3](#)

## 401K

TruStage

(800) 356-2644

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

# Connections Credit Union

## Employee Benefits Summary

January 2024 - December 2024

Customer Service: (877) 734-5932

To make/change elections log onto [employeenavigator.com](https://employeenavigator.com)

### Medical Plan Options - Blue Cross of Idaho

#### Traditional \$5,000

Plan Feature	In-Network Individual/Family	Out-of-Network Individual/Family
Deductible	\$5,000/\$10,000	
Co-Insurance (paid by carrier)	100%	80%
Primary Care/Specialist Office Visit	\$20-\$40 / \$40-\$60	20% After Deductible
Preventive Care (specifically listed services)	\$0	20% After Deductible
Out-of-Pocket Max (includes deductible)	\$5,000/\$10,000	\$6,500/\$13,000
Prescription Drug	\$250 Brand Deductible \$5/\$15/\$30/\$50/20%/30% (Separate \$3,000 OOPM)	

#### **Total Employee Cost**

#### **Monthly**

#### **Per-Pay Period**

Employee	\$0.00	\$0.00
Employee & Spouse	\$757.82	\$378.91
Employee & Child	\$256.78	\$128.39
Employee & Children	\$638.84	\$319.42
Employee & Family	\$1,359.06	\$679.53

#### **Medical Deductible Reimbursement Plan**

(Note) While our Traditional Medical Plan has a \$5,000 deductible, Connections Credit Union will reimburse employees 100% of in-network deductible expenses incurred after the first \$3,000 in a calendar year. This is for employee coverage only. For more information, see the enclosed Medical Deductible Reimbursement Plan Document.

## Dental Plan Option - Equitable

### Traditional

Plan Feature	PPO Network	Out-Of-Network
	Individual/Family	
Deductible	\$50/\$150	
Preventive Services	100% (Deductible Waived)	100% (Deductible Waived)
Basic Services	80%	80%
Major Services	50%	50%
Waiting Period	None	
Ortho (for Children under 19)	\$1,000 (Total Lifetime Max at 50% Co-Ins)	
Annual Max (per family member)	\$1,750	

<b>Total Employee Cost</b>	<b>Monthly</b>	<b>Per-Pay Period</b>
Employee	\$0.00	\$0.00
Employee & Spouse	\$33.55	\$16.78
Employee & Child	\$45.77	\$22.89
Employee & Children	\$45.77	\$22.89
Employee & Family	\$90.22	\$45.11

## Vision Plan - VSP through Equitable

Plan Feature	In-Network	Out-of-Network
Eye Exam every 12 months	\$10 co-pay	\$10 co-pay up to \$45
Hardware	\$25 co-pay	
Lenses	Every 12 Months	
Single Vision	Covered in Full	Up to \$30
Lined Bifocal	Covered in Full	Up to \$50
Lined Trifocal	Covered in Full	Up to \$65
Frames every 24 Months	\$130 allowance	Up to \$70
Contacts every 12 months (In lieu of glasses)	\$130 allowance	Up to \$105

<b>Total Employee Cost</b>	<b>Monthly</b>	<b>Per-Pay Period</b>
Employee	\$0.00	\$0.00
Employee & Spouse	\$6.04	\$3.02
Employee & Child	\$6.88	\$3.44
Employee & Children	\$6.88	\$3.44
Employee & Family	\$14.62	\$7.31

## Life Plan - Equitable

Employer Paid Life Insurance	Voluntary Supplemental Life Insurance
Four times annual earnings up to \$100,000 of Basic Term Life & four times annual earnings up to \$100,000 of Accidental Death & Dismemberment (AD&D)	At initial enrollment, employees may purchase up to \$125,000 of additional life insurance and AD&D; up to \$30,000 on spouse and up to \$10,000 on children, at discounted group rates <b><u>without answering any medical questions</u></b>

<u>Total Employee Monthly Cost</u>	<u>Total Employee Cost</u>	<u>Monthly</u>	<u>Per-Pay Period</u>
Employee \$0.00	Employee Employee & Spouse Employee & Child Employee & Children Employee & Family	See Employee Navigator for Rates	

## Short Term Disability - Equitable

<b>Employer Paid Short Term Disability</b>						
After 1st day of accident or 4th day of illness (including pregnancy), pays 66.67%, up to \$1,500 of basic weekly earnings for up to 13 weeks.						
<table border="1"> <thead> <tr> <th style="text-align: center;"><u>Total Employee Cost</u></th> <th style="text-align: center;"><u>Monthly</u></th> <th style="text-align: center;"><u>Per-Pay Period</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Employee</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> </tr> </tbody> </table>	<u>Total Employee Cost</u>	<u>Monthly</u>	<u>Per-Pay Period</u>	Employee	\$0.00	\$0.00
<u>Total Employee Cost</u>	<u>Monthly</u>	<u>Per-Pay Period</u>				
Employee	\$0.00	\$0.00				

## Long Term Disability Plan - Equitable

<b>Employer Paid Long Term Disability</b>						
After 90 days of disability, pays 66.67% of basic monthly earnings until Social Security normal retirement age						
<table border="1"> <thead> <tr> <th style="text-align: center;"><u>Total Employee Cost</u></th> <th style="text-align: center;"><u>Monthly</u></th> <th style="text-align: center;"><u>Per-Pay Period</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Employee</td> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> </tr> </tbody> </table>	<u>Total Employee Cost</u>	<u>Monthly</u>	<u>Per-Pay Period</u>	Employee	\$0.00	\$0.00
<u>Total Employee Cost</u>	<u>Monthly</u>	<u>Per-Pay Period</u>				
Employee	\$0.00	\$0.00				

## **Flexible Spending Account (FSA) - Universal Plan Administrators**

A Flexible Spending Account (FSA) is an employee benefit which results in tax savings for most employees. The plan reduces your taxable income by allowing you to pay for health care expenses and dependent care expenses with pre-tax dollars. This savings applies to Federal, State and Social Security Taxes. Refer to the Flexible Spending Plan Election Page in the enrollment system for contribution limits and more information.

## **EAP - Employee Assistance Program through Equitable**

### **Employee Assistance Program**

EAP is included with your Basic Life Insurance Plan and administered by Equitable. Your program includes up to 3 face to face counseling sessions for you and your eligible dependents or household members at no cost to you. For more information, see attached flyer.

**For more information or to schedule an appointment call 1-833-256-5115**

## **401K - TruStage**

Connections Credit Union will make matching contributions equal to 100% of your elective deferrals, up to 3% of compensation for less than 5 years of service, 4% of Compensation for 5 years of service but less than 10 years of service, 5% of Compensation for 10 years but less than 15 years, and for Participants with 15 or more years, 7% of Compensation. You must be 19 years of age and complete 1 year of service. Eligible employees may join the Plan on the earlier of the first day of the Plan year or the first day of the seventh month of the Plan year coinciding with or next following the date on which the eligibility requirements are met. Through payroll deduction, you can make elective deferrals up to the maximum allowed by law. The dollar limit is \$23,000 for 2024. If you have an existing qualified retirement plan (pre-tax), Roth account or qualified retirement plan (after-tax) with a prior employer or hold a taxable IRA account, you may transfer or roll over that account into the Plan anytime. If you are over age 50 a catch up contribution is available for you to make up to an additional \$7,500 for 2024.

# Connections Credit Union Medical Deductible Reimbursement Plan

While our Medical Plan has a \$5,000 deductible, CCU will reimburse covered employees 100% of deductible expenses incurred after the first \$3,000 in a calendar year (up to \$2,000 for employees only).

## How to be Reimbursed for your Insurance Deductible Expenses

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1



Go to the Doctor/Hospital and have expenses applied to your deductible (these are expenses not covered by your co pay).

2



Receive an Explanation of Benefits from your insurance company in the mail.

3



**For more information or for questions call**  
Universal Plan Administrators.

**(800) 222-0901 or (208) 746-7046.**  
You can also email  
[mwinker@rickwoodsinsurance.com](mailto:mwinker@rickwoodsinsurance.com)  
and/or  
[ktaylor@rickwoodsinsurance.com](mailto:ktaylor@rickwoodsinsurance.com)

4



We will calculate your reimbursement and send you a check.

### Remember:

You **DO** have to include an Explanation of Benefits when you file a claim.  
You **DO NOT** have to have paid the actual bill.

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**Questions? Call (800) 222-0901 or (208) 746-7046**

# Online Enrollment: - Directions for enrolling in your benefits

## Employee Navigator **Enrollment System**

Go to Web Address: [employeenavigator.com/benefits/Account/Login](http://employeenavigator.com/benefits/Account/Login)

New User: Click "Register a New User"

Enter the requested information: Name, company identifier, last 4 digits of your Social Security Number, and date of birth then, click "**Next**"

Verify Your Account

First, let's find your company record

First Name

Last Name

Company Identifier  
*(provided by HR)*

PIN  
*(Last 4 Digits of SSN / ID)*

Birth Date  
*(mm/dd/yyyy)*

Next >

Scan QR Code to enroll online



Existing Users: Enter your "Username" and "Password" then click the "Login" Button.

If you can't remember your username and password, use the "Reset a forgotten password" button.

employee NAVIGATOR

Username

Password

Login

[Forgot Username? Forgot Password?](#)

[Register as a new user](#)

Create a **username** and a **password**, click the "**Register**"

Note: Password must be 8 characters long and include a symbol & Number

Complete Account Registration

Welcome John Qualpol-Tester!

Enter your desired username and password.

Username

Password

Confirm Password

Email Address

Register

Click the "**Continue**" box

Your account has been successfully created. You can now login using your new account by clicking the Continue button below.

Continue

### Enroll in Your Benefits

Once you are in the system, click on "**Start Enrollment**" or "**Make Changes**" to make your benefit elections

You have 1 item to complete.

1 Enroll in your benefits

Start Enrollment

Good Afternoon, John!

Grab a cup of coffee and let's get some work done.

You have 43 days left to complete your benefit enrollment.

Good Afternoon, John!

Grab a cup of coffee and let's get some work done.

Your enrollment is complete. You have 43 days to [make a change](#) to your selections.

When accessing the site in the future, just go to the Login Page and enter your "**Username**" and "**Password**".





MEDICAL



Form No. LGNGFPPO (01/24)

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding contract/policy, which contains all the terms and conditions of coverage and exclusions and limitations. Certain services not specifically noted may be excluded. Please refer to the contract/policy issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding contract/policy, the contract/policy will control.

**LARGE GROUP PPO  
BENEFITS OUTLINE**

CM7A-no co-Choice Docs opt 2 & 3 100% coins

Visit our Website at [www.bcidaho.com](http://www.bcidaho.com) to locate a Contracting Provider

	In-Network	Out-of-Network
The Insured is responsible to pay these amounts:		
<b>Deductibles (per Benefit Period)</b>		
<b>Individual</b>	\$5,000	
<b>Family</b> <i>(No Insured may contribute more than the Individual Deductible amount toward the Family Deductible)</i>	\$10,000	
<b>Out-of-Pocket Limits (per Benefit Period)</b> Includes applicable Deductible, Coinsurance and Copayments. <i>(See Policy for services that do not apply to the limit)</i>		
<b>Individual</b>	\$5,000	\$6,500
<b>Family</b> <i>(No Insured may contribute more than the Individual Out-of-Pocket Limit amount toward the Family Out-of-Pocket Limit)</i>	\$10,000	\$13,000
<b>Coinsurance</b> <i>Unless specified otherwise below, the Insured pays the following Coinsurance amount</i>	No Charge after Deductible	20% of Maximum Allowance after Deductible
<b>Frequently used Covered Services - Some services may require Prior Authorization.</b>		
<b>Physician Office Visits</b> <ul style="list-style-type: none"> <li><b>ChoiceDocs In-Network Providers</b> <i>Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit.</i></li> </ul> <hr/> <ul style="list-style-type: none"> <li><b>All Other In-Network Providers</b> <i>Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit.</i></li> </ul>	<p>\$20 Copayment per visit for ChoiceDocs Primary Care Provider. \$40 Copayment per visit for ChoiceDocs Specialist Provider (non-Primary Care Provider)</p> <hr/> <p>\$40 Copayment per visit for In-Network Primary Care Provider. \$60 Copayment per visit for In-Network Specialist Provider (non-Primary Care Provider)</p>	Deductible and Coinsurance
<b>Pediatric Physician Office Visits</b> <i>(For Insureds under the age of eighteen (18). Includes Urgent Care visits. Includes mononucleosis testing, strep A and B testing, development screening(s), ear wax removal, removal of foreign body from ear, urine pregnancy tests, influenza A or B test, rapid RSV test, and pulse oximetry. All other additional services not listed above, such as laboratory, x-ray, and other Diagnostic Services are not included in the Pediatric Physician Office Visit Copayment.)</i>	No Charge (Deductible does not apply)	Deductible and Coinsurance

<p><b>Preventive Care Covered Services</b>  <i>(Includes services, screenings and tests that have received a rating of A or B to the extent recommended by the U.S. Preventive Services Task Force and Health Resources and Services Administration. Further information and specifically listed Preventive Care Covered Services are available on the BCI Website, www.bcidaho.com)</i></p>	<p>No Charge                  (Deductible does not apply)</p>	<p>Deductible and Coinsurance</p>
<p><b>Immunizations</b>                  Specifically listed on the BCI Website, www.bcidaho.com.</p>	<p>No Charge                  (Deductible does not apply)</p>	<p>No Charge                  (Deductible does not apply)</p>
<p><b>TELEHEALTH SERVICES</b></p>		
<p><b>Telehealth Virtual Care Services</b></p>	<p>Telehealth Virtual Care Services are available for any category of covered outpatient services. The amount of payment and other conditions for in-person services will apply to Telehealth Virtual Care Services. Please see the appropriate section of the Benefits Outline for those terms.</p>	

<p><b>PRESCRIPTION DRUG BENEFITS</b></p> <p>DG24 NGF 6 Tier /CIS Opt 13</p> <ul style="list-style-type: none"> <li>The Formulary will be made available to any Insured on request by contacting our Blue Cross of Idaho Customer Service Department at (208) 331-7347 or (800) 627-1188.</li> <li>Each non Specialty Prescription Drug shall not exceed a 90 day supply at one (1) time</li> <li>Each Specialty Prescription Drug shall not exceed a 30 day supply at one (1) time.</li> <li>One Copayment for each 30 day supply</li> </ul>	
<p><b>RETAIL OR BCI MAIL ORDER PHARMACIES                  SPECIALTY PRESCRIPTION DRUGS</b></p> <p><i>The Coinsurance listed below may be increased to take full advantage of any available drug cost share assistance program offered by drug manufacturers (either directly or indirectly through third parties). This feature, known as the Cost Relief Program, can lower overall costs under the Policy for certain Specialty Prescription Drugs. If an Insured enrolls in the Cost Relief Program, they will not be responsible for the additional Coinsurance. If an Insured does not enroll, their Coinsurance may increase, and may not count towards, their Deductible or Out-of-Pocket Limit.</i></p>	
<p><b>OUT-OF-POCKET LIMIT (PER BENEFIT PERIOD)</b></p> <p><b>Individual:</b> \$3,000 in Copayments and/or Coinsurance for a combination of all Prescription Drug charges incurred.</p> <p><b>Family:</b> \$6,000 in Copayments and/or Coinsurance for a combination of all Prescription Drug charges incurred. <i>(No Insured may contribute more than the Individual Prescription Drug Out-of-Pocket Limit amount toward the Family Prescription Drug Out-of-Pocket Limit.)</i></p> <p><i>When the Prescription Drug Out-of-Pocket Limit is met, the Prescription Drug Benefits payable will increase to 100% of the Allowed Charge or the Usual Charge for the remainder of the Benefit Period,</i></p>	
<p><b>DEDUCTIBLE (PER BENEFIT PERIOD)</b></p> <p><b>Individual:</b> \$250 for Tier 3, Tier 4, Tier 5 and Tier 6 Drugs</p>	
	<p><b>Tier 1*</b> \$5 Copayment per prescription - No Deductible required.</p> <p><b>Tier 2*</b> \$15 Copayment per prescription - No Deductible required.</p> <p><b>Tier 3*</b> \$30 Copayment per prescription - after Deductible is met.</p> <p><b>Tier 4*</b> \$50 Copayment per prescription - after Deductible is met.</p> <p><b>Tier 5*</b> 20% Coinsurance per prescription - after Deductible is met.</p> <p><b>Tier 6*</b> 30% Coinsurance per prescription - after Deductible is met.</p>
<p><b>*Specialty Prescription Drug Cost Relief Program</b>                  Please note that certain Specialty Prescription Drugs are only available from an In-Network Specialty Pharmacy, and an Insured will not be able to get them at a Retail Pharmacy. For more information about applicable Coinsurance amounts available to Specialty Drugs that are eligible for the Cost Relief Program, please see the “Drug Cost Relief Program” section in the Prescription Drug Benefits Section.</p>	

<b>ACA Preventive Prescription Drugs</b>	No Charge
<b>Prescribed Contraceptives</b>	No Charge
<b>Note:</b> Certain Prescription Drugs have generic equivalents. If the Insured requests a Brand Name Drug, the Insured is responsible for the difference between the price of the Generic Drug and the Brand Name Drug, regardless of the Preferred or Non-Preferred status.	

CS1-No 1st \$ DXL/MH Tier 2 cp/no acc supp/choice docs <b>COVERED SERVICES</b> <i>Some services may require Prior Authorization.</i>	<b>In-Network</b>	<b>Out-of-Network</b>
	<b><i>The Insured is responsible to pay these amounts:</i></b>	
<b>Advanced Imaging Services</b> ( <i>Outpatient services only</i> )	Deductible and Coinsurance	Deductible and Coinsurance
<b>Allergy Injections</b>	\$5 Copayment per visit if this is the only service provided during the visit	Deductible and Coinsurance
<b>Ambulance Transportation Service</b> • <b>Ground Ambulance Services</b>  • <b>Air Ambulance Services</b> ( <i>Payment for Out-of-Network Air Ambulance Services is based on the Qualifying Payment Amount. Out-of-Network Air Ambulance Services accumulate towards the In-Network Out-of-Pocket Limit.</i> )	Deductible and Coinsurance  Deductible and Coinsurance	Deductible and Coinsurance  In-Network Deductible and In-Network Coinsurance
<b>Breastfeeding Support and Supply Services</b> ( <i>Includes rental and/or purchase of manual or electric breast pumps. Limited to one (1) breast pump purchase per Benefit Period, per Insured.</i> )	No Charge (Deductible does not apply)	Deductible and Coinsurance
<b>Chiropractic Care Services</b> <i>Up to a combined In-Network and Out of-Network total of 18 visits per Insured, per Benefit Period. (Additional services, such as laboratory, x-ray and other Diagnostic Services are not included in the Office Visit.)</i>	\$30 Copayment per visit	Deductible and Coinsurance
<b>Dental Services Related to Accidental Injury</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Diabetes Self-Management Education Services</b>	\$40 Copayment per visit	Deductible and Coinsurance
<b>Diagnostic Services - Laboratory and X-ray</b> ( <i>Including diagnostic mammograms</i> )	Deductible and Coinsurance	Deductible and Coinsurance
<b>Durable Medical Equipment, Orthotic Devices and Prosthetic Appliances</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Emergency Services – Facility Services</b> ( <i>Copayment waived if admitted</i> ) ( <i>Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.</i> )	\$100 Copayment per hospital Outpatient emergency room visit, then In-Network Deductible and In-Network Coinsurance. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit.	
<b>Emergency Services – Professional Services</b> ( <i>Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.</i> )	In-Network Deductible and In-Network Coinsurance. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit.	
<b>Hearing Aids</b> ( <i>For Eligible Dependent Children Only. Benefits are limited to one (1) device per ear, every three (3) years, and includes forty-five (45) speech therapy visits during the first twelve (12) months after delivery of the covered device.</i> )	Deductible and Coinsurance	Deductible and Coinsurance
<b>Home Health Skilled Nursing Care Services</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Home Intravenous Therapy</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Hospice Services</b>	No Charge (Deductible does not apply)	Deductible and Coinsurance

COVERED SERVICES <i>Some services may require Prior Authorization.</i>	In-Network	Out-of-Network
	<i>The Insured is responsible to pay these amounts:</i>	
<b>Hospital Services</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Inpatient Rehabilitation or Habilitation Services</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Maternity Services and/or Involuntary Complications of Pregnancy</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Mental Health and Substance Use Disorder Inpatient Services</b> • <b>Inpatient Facility and Professional Services</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Mental Health and Substance Use Disorder Outpatient Services</b> • <b>Outpatient Psychotherapy Services</b>  • <b>Pediatric Outpatient Psychotherapy Services</b> <i>(For Insureds under the age of eighteen (18).)</i>  • <b>Facility and other Professional Services</b>	\$40 Copayment per visit  No Charge (Deductible does not apply)  Deductible and Coinsurance	Deductible and Coinsurance
<b>Outpatient Applied Behavioral Analysis (ABA)</b>  • <b>Pediatric Outpatient Applied Behavioral Analysis (ABA)</b> <i>(For Insureds under the age of eighteen (18).)</i>	No Charge (Deductible does not apply)  No Charge (Deductible does not apply)	Deductible and Coinsurance
<b>Treatment for Autism Spectrum Disorder</b>	Covered the same as any other illness, depending on the services rendered. Please see the appropriate section of the Benefits Outline. Visit limits do not apply to Treatments for Autism Spectrum Disorder, and related diagnoses.	
<b>Outpatient Cardiac Rehabilitation Services</b> <i>Up to a combined In-Network and Out-of-Network total of 36 visits per Insured, per Benefit Period. An additional 36 visits may be available with Prior Authorization. (Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment)</i>	\$10 Copayment per visit	Deductible and Coinsurance
<b>Outpatient Habilitation Therapy Services</b> • Outpatient Occupational Therapy • Outpatient Physical Therapy • Outpatient Speech Therapy <i>Up to a combined In-Network and Out-of-Network total of 30 visits per Insured, per Benefit Period (Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment)</i>	\$60 Copayment per visit	Deductible and Coinsurance
<b>Outpatient Pulmonary Rehabilitation Services</b> <i>(Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment)</i>	\$10 Copayment per visit	Deductible and Coinsurance

COVERED SERVICES <i>Some services may require Prior Authorization</i>	In-Network	Out-of-Network
<i>The Insured is responsible to pay these amounts</i>		
<b>Outpatient Rehabilitation Therapy Services</b> <ul style="list-style-type: none"> <li>• Outpatient Occupational Therapy</li> <li>• Outpatient Physical Therapy</li> <li>• Outpatient Speech Therapy</li> </ul> <i>Up to a combined In-Network and Out-of-Network total of 30 visits per Insured, per Benefit Period</i> <i>(Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment)</i>	\$60 Copayment per visit	Deductible and Coinsurance
<b>Palliative Care Services</b>	No Charge (Deductible does not apply)	Deductible and Coinsurance
<b>Post-Mastectomy/Lumpectomy Reconstructive Surgery</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Prescribed Contraceptive Services</b> <i>(Includes diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation)</i>	No Charge (Deductible does not apply)	Deductible and Coinsurance
<b>Skilled Nursing Facility</b> <i>Up to a combined In-Network and Out-of-Network total of 30 days per Insured, per Benefit Period</i>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Sleep Study Services</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Surgical/Medical (Professional Services)</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Therapy Services</b> <i>(Including Radiation, Chemotherapy, Renal Dialysis and Growth Hormone)</i>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Transplant Services</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Be aware that your actual costs for services provided by an Out-of-Network Provider may exceed this Policy's Out-of-Pocket Limit for Out-of-Network services. Except as provided by the No Surprises Act, Out-of-Network Providers can bill you for the difference between the amount charged by the Provider and the amount allowed by Blue Cross of Idaho, and that amount is not counted toward the Out-of-Network Out-of-Pocket Limit.</b>		

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding contract/policy, which contains all the terms and conditions of coverage and exclusions and limitations. Certain services not specifically noted may be excluded. Please refer to the contract/policy issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding contract/policy, the contract/policy will control.



DENTAL

# Protection worth smiling about

## Dental insurance benefit summary



### Did you know

More than 1 in 4 (26%) adults in the United States has untreated tooth decay<sup>1</sup>

More than half of adolescents ages 12 to 19 have had a cavity in at least one of their permanent teeth<sup>2</sup>

Watch this quick video to learn more.



## Benefit Plan and Features

**Class definition:** Class 1 – All Active Full Time Employees

Coverage Details	In-Network Benefit	Out-of-Network Benefit
Reimbursement	Contracted Allowances	90th percentile R&C
Coinsurance	100/80/50	100/80/50
Annual Individual / Family Deductible (Waived for Preventive Services)	\$50/3x individual	\$50/3x individual
Annual Individual Maximum Benefit	\$1,750	\$1,750
Alternate Benefit	Included	Included
Missing Tooth Clause	Applies	Applies
Orthodontia* Individual Deductible/ Lifetime Maximum	Child: \$0/\$1,000	Child: \$0/\$1,000

Orthodontia\* is eligible if the initial banding or appliance is inserted while you are covered for Orthodontia under Equitable's policy, or while you were covered for Orthodontia under your immediate prior carrier.

Preventive Services	In-Network Benefit	Out-of-Network Benefit
<b>Evaluations</b>		
• Periodic Oral Evaluation	100%	100%
• Limited Oral Evaluation – problem focused	100%	100%
• Comprehensive Oral Evaluation	100%	100%



<b>Preventive Services</b>	<b>In-Network Benefit</b>	<b>Out-of-Network Benefit</b>
<b>Treatments</b>		
• Routine Dental Prophylaxis	100%	100%
• Fluoride Treatment	100%	100%
• Sealants – child	100%	100%
<b>X-Rays</b>		
• Complete Series/ Panoramic X-Rays	100%	100%
• Bitewing X-Rays	100%	100%
Periodontal Maintenance	100%	100%
<b>Basic Services</b>		
<b>X-Rays</b>		
• Periapical X-Rays	80%	80%
Emergency Palliative Treatment	80%	80%
Surgical Extractions and Removal of Impacted Teeth	80%	80%
Basic Restorative Services (amalgam, composite resin, acrylic, synthetic or plastic fillings)	80%	80%
Simple Extractions	80%	80%
Surgical Endodontics	80%	80%
Non-Surgical Endodontics	80%	80%
Non-Surgical Periodontal	80%	80%
Oral Surgery	80%	80%
Periodontal Surgery	80%	80%
<b>Major Services</b>		
Inlays/Onlays/Crowns	50%	50%
Dentures – complete, partial, overdenture (upper and lower)	50%	50%
Implants	50%	50%
Bridges	50%	50%
<b>Orthodontic Services</b>		
Child Orthodontic Services	50%	50%

## Provider network

You can choose from one of the 117,000 credentialed providers at any of the 350,000 access points nationwide in the Equitable Dental Network. You can locate an in-network provider by visiting: [www.equitable.com/finddentist](http://www.equitable.com/finddentist). Using a network dentist will significantly lower your out-of-pocket expense because these dental professionals have agreed to provide covered services at discounted fees.

Equitable does not contract directly with dentists. Equitable's dental network is supported by several partner companies which may vary by state. This information is provided on our website at [www.equitable.com/dentalprovider](http://www.equitable.com/dentalprovider).

**Please reference the following network names when confirming in-network participation with your provider.**

- Careington
- Dental Benefit Providers (DBP)
- Dentemax Plus
- HealthSmart
- PPO USA Connection Dental Network (GEHA)
- Total Dental Administrators (TDA)
- Zelis Dental Network

Out-of-network dentists have the right to balance bill members for the difference between the provider charge and our maximum allowable charge.

Out-of-network dentists are not obligated by contractual agreement to submit claims on behalf of members. Claim forms may be requested by contacting the telephone number or email address indicated on your ID card or above.

## Provider Availability

Please contact your dentist for immediate attention in the event of an emergency. An emergency exists if services are necessary to treat a condition or illness that, without immediate attention, would seriously jeopardize the life or health of the member or the member's ability to regain maximum function, or cause the member to be in danger to self or others. You may also call our customer service department during business hours for help in locating a network dentist.

# Understanding your benefits

## Commonly Used Terms

<b>Standard Benefit Waiting Period</b>	A dental insurance waiting period is a set period before you receive coverage for some specific dental procedures. Waiting periods vary based on your plan. Please refer to your certificate of insurance for any associated waiting periods (e.g., 6 months).
<b>In-Network Provider</b>	Dentists who have agreed to provide dental services at discounted rates for participants. You can save up to 34% on average off of provider charge by visiting an in network provider. You will not be liable for the difference between the discounted rate and the provider charge if you visit an in-network provider.
<b>Out-of-Network Provider</b>	Dentists who have not agreed to provide dental services at discounted rates for participants. You are free to visit out-of-network providers, but you may be balance billed for the difference between our allowed amount and the provider charge.
<b>Annual Individual Maximum</b>	Annual maximum for each individual covered under the plan for procedures other than orthodontia.
<b>Lifetime Orthodontia Maximum</b>	Maximum for orthodontia procedures which pays up to the maximum over a lifetime including treatment covered under other dental plans.

## Frequently Asked Questions

<b>When can I enroll?</b>	You can enroll when you are initially eligible for benefits and during any subsequent annual enrollment period defined by your employer or if there is a life status change, such as involuntary termination under another policy.
<b>Are my dependents eligible for coverage?</b>	Your spouse or domestic partner, and your dependent children up to the end of the month they reach age 26 are eligible.
<b>Who is eligible for Orthodontic Services?</b>	Covered members to age 19
<b>How does a PPO Work?</b>	PPO stands for Preferred Provider Organization. PPOs help you save money because in-network dentists - dentists who are contracted by our leased networks - agree to charge the plan's lower rates.
<b>How do I find an in-network provider?</b>	To find a provider near you, please visit <a href="http://www.equitable.com/finddentist">www.equitable.com/finddentist</a>
<b>Can I see a provider outside of the network?</b>	Yes, you can see a provider outside of the network, but your out-of-pocket cost will likely be higher as out-of-network providers have not agreed to discounted rates on their services.
<b>How do I learn more about my benefits?</b>	Go to <a href="http://www.equitable.com/employeebenefits">www.equitable.com/employeebenefits</a> and log on to EB360® to view your account details.
<b>If I have additional questions, who can I talk to?</b>	Please don't hesitate to contact us at 1-866-274-9887.
<b>Do I need a dental ID card in order to receive benefits?</b>	ID cards are not needed in order to receive treatment from a dentist, but can help to simplify your office experience so we encourage that they are printed and brought with you to your dental visit. ID cards can be printed from <a href="http://www.equitable.com/employeebenefits">www.equitable.com/employeebenefits</a> .
<b>Is there a late entrant penalty?</b>	A late entrant waiting period of 12 months is applicable for all but Preventive services if you do not enroll within your enrollment eligibility period.
<b>Am I required to have a pre-treatment estimate submitted in order to be eligible for coverage?</b>	No, a pre-treatment estimate is not required in order to receive benefits for covered services, but it will allow you to know what your out-of-pocket expenses are prior to services being performed. We recommend that a pre-treatment estimate be submitted for all anticipated work that you consider to be expensive. A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed based on eligible services and subject to benefits availability at the time that the pre-treatment is processed.

**What if I started dental work under a different plan (i.e., treatment in progress)?**

These special provisions apply only to those persons who were insured under a given benefit section of a prior carrier, and become insured under a similar benefit section of our policy on the effective date of the policy.

Benefits for covered charges which are a part of a course of treatment which began while you were insured by a prior carrier will be paid as follows if such benefits are covered under your policy with us and are not eligible under the prior carrier based on their definition of incurred date:

**Non-Orthodontic Services:**

- For Cast Restorations (Crowns, Inlays, Onlays) and Bridges, if the tooth was prepared while you were covered under the prior carrier's policy.
- For any other Prosthetics or modification of Prosthetics, if the master impression was made while you were covered under the prior carrier's policy.
- For Root Canal Therapy, if the pulp chamber was opened while you were covered under the prior carrier's policy.
- For all other non-orthodontic services, the charge is considered incurred on the date the services are performed. If performed while covered under the prior carrier, they are not eligible for payment by us.

**Orthodontic Services:**

- If you were covered for Orthodontia under your prior carrier, we will pay for active work in progress if the initial banding or appliance insertion occurred while covered under the prior carrier, up to our maximum benefit per individual per lifetime considering any amounts already paid under the prior carrier. We will require a copy of the last Orthodontic Explanation of Benefits paid by the prior carrier showing total amount paid toward the Orthodontic maximum in order to determine remaining benefits. If the insurance ends during the course of the treatment plan, the monthly benefits will end.
- If you were not covered for Orthodontia under your prior carrier and become covered for Orthodontia under this policy, we will not pay for work in progress. Services must begin while this policy is in force in order to be eligible. Services are considered to have begun when the initial banding or appliance is inserted. Waiting periods, if any, must be satisfied before payment begins, and then only treatment rendered after the waiting period has been met will be eligible for payment. If the insurance ends during the course of the treatment plan, the monthly benefits will end.



**Contact us at  
(866) 274-9887  
with any questions  
you may have.**

**This includes questions  
on how we can provide  
language translation  
services at no cost to you  
and how we can assist  
the visually impaired with  
form completion and  
other information.**

**Email:** Customer Service at  
[EBCustomerService@equitable.com](mailto:EBCustomerService@equitable.com).



**Members requiring  
assistance with  
hearing impairment  
can contact our  
TDD line directly  
at (800) 877-8973.**

**Visit [equitable.com/employeebenefits](https://equitable.com/employeebenefits)  
and log on to EB360® to view your account details.**

<sup>1</sup> Center for Disease Control and Prevention. (2020). Adult Oral Health. Retrieved from: <https://www.cdc.gov>

<sup>2</sup> Center for Disease Control and Prevention. (2020). Children's Oral Health. Retrieved from: <https://www.cdc.gov>

## Important Information

### Limitations and Exclusions

**Limitations:** Payment of benefits is limited under this certificate as shown below. Refer to certificate of coverage for full limitations and exclusions.

(1) Orthodontic services must begin while this insurance is in force. If the insurance ends during the course of the treatment plan, the monthly benefits will end. Services are considered to have begun when the initial banding or appliance is inserted.

(2) Services must begin after the end of any applicable waiting period. Waiting periods for each category of service shown in your certificate of coverage.

(3) When multiple dental services of similar types are provided, the frequency limit under the plan will combine all the similar types of services under the stated frequency limit in combination. Certain comprehensive dental services have multiple steps associated with them. These steps can be completed at one time or during multiple sessions. For benefit purposes under this plan, these separate steps of one service are considered to be part of the more comprehensive service. Even if the dentist submits separate bills, the total benefit payable for all related charges will be limited by the maximum benefit payable for the more comprehensive service. For example, root canal therapy includes x-rays, opening of the pulp chamber, additional x-rays, and filling of the chamber. Although these services may be performed in multiple sessions, they all constitute root canal therapy. Therefore, we will only pay benefits for the root canal therapy.

(4) Alternate Benefit: If We determine that a service, less costly than the covered service the dentist performed, could have been performed to treat a dental condition, We will pay benefits based upon the less costly service if such service:

- would produce an equivalent therapeutic or diagnostic result as to the diagnosis or treatment of the individual's dental condition; and
- would qualify as a covered service. For example, if a high noble metal crown and a predominantly base metal crown are both professionally acceptable methods for restoring a tooth, we may base our determination on the less costly predominantly base metal material.

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

(5) Basic restorative services are limited as follows:

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

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

(1) Any procedures not specifically listed as a covered service in your certificate of coverage.

(10) Restorations or appliances used for the purpose of periodontal splinting.

(11) Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.

(12) Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.

(13) Decoration or inscription of any tooth, device, appliance, crown or other dental work.

(14) Charges for missed appointments.

(15) Services:

- covered under any workers' compensation or occupational disease law;
- covered under any employer liability law;
- for which the employer of the person receiving such services is required to pay; or
- received at a facility maintained by your employer, labor union, mutual benefit association, or VA hospital.

(16) Services covered under other coverage provided by your employer.

(17) Temporary or provisional restorations.

(18) Temporary or provisional appliances.

(19) Prescription drugs.

(20) Services for which the submitted documentation indicates a poor prognosis.

(21) Fixed and removable appliances for correction of harmful habits unless Orthodontics is listed as a covered service in your certificate of coverage.

(22) Application of desensitizing agents.

(23) Repair or replacement of an orthodontic device.

(24) The following, when charged by the dentist on a separate basis:

- claim form completion;
- infection control, such as gloves, masks, and sterilization of supplies; or
- local anesthesia, non-intravenous conscious sedation or analgesia, such as nitrous oxide.

(25) Caries susceptibility tests.

(26) Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards, unless Occlusal Guards is listed as a covered service in your certificate of coverage, then only the occlusal guard is covered.

(27) Precision attachments associated with fixed and removable prostheses.

(28) Adjustment of a denture made within 6 months after installation by the same dentist who installed it.

(29) Duplicate prosthetic devices or appliances.

(30) Replacement of a lost or stolen appliance, cast restoration or denture.

(31) Intra and extra-oral photographic images, unless Orthodontics is listed as a covered service in your certificate of coverage.

(32) Cone beam imaging.

(33) Diagnostic casts, unless part of overall treatment plan allowance for orthodontia if Orthodontia is shown as a covered service in your certificate of coverage.

(34) Labial veneers.

(35) Modification of removable prosthodontic and other removable prosthetic services.

(36) Occlusal adjustments

- (2) Services which are not deemed to be necessary care or treatment and/or medically necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature.
- (3) Services for which the insured person would not be required to pay in the absence of dental insurance.
- (4) Services or supplies received by an insured person before the dental insurance starts for that person.
- (5) Treatment or services received outside of the United States and Canada.
- (6) Services which are primarily cosmetic, except for services covered under the Teeth Whitening Benefit if Teeth Whitening is shown as a covered service in your certificate of coverage.
- (7) Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for:

- scaling and polishing of teeth; or
- fluoride treatments.

- (8) Services or appliances which restore or alter occlusion or vertical dimension.
- (9) Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease or unless TMJ is listed as a covered service in your certificate of coverage.

For complete plan details, please refer to your Equitable policy documents. This summary is not a guarantee of coverage. This summary is for highlight purposes only and does not include all plan features, limitations, or exclusions. If there is a discrepancy between this summary and the policy, the policy will prevail. Insurance coverage may be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that the insurance would otherwise become effective.

The certificate has exclusions and limitations for certain conditions that may affect any benefits payable. For costs and complete details of the coverage, please see the actual policy or contact your benefits representative. Benefits payable are subject to all terms and conditions of the certificate. Plan documents are the final arbiter of coverage. Policy form MOEBP15DEN; AXEBP15DEN; MOEBP18DEN; MOEBP19DEN; AXEBP19DEN; MOEBP19DEN\_PPO; and state variations. Availability is subject to state approvals.

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**EQUITABLE**



VISION



# Protection you have to see to believe

## Vision insurance benefit summary



**Did you know ?**

An estimated 93 million adults in the United States are at high risk for serious vision loss, but only half visited an eye doctor in the past 12 months.<sup>1</sup>

**Watch this quick video to learn more.**



### Benefit plan and features

**Class definition:** Class 1 – All Active Full Time Employees

Coverage Details	In-Network Benefit	In-Network Copay	Out-of-Network Benefit	Frequency*
Eye Examination	Covered in full	\$10	Up to \$45	Every 12 months
Prescription Eyeglasses		\$25		
Frames	** \$130 allowance	Included in prescription eyeglass copay	Up to \$70	Every 24 months
Lenses				
Single Vision			Up to \$30	
Lined Bifocal			Up to \$50	
Lined Trifocal	Covered in full	Included in prescription eyeglass copay	Up to \$65	Every 12 months
Lenticular			Up to \$100	
Polycarbonate Lenses for Dependent Children			N/A	
Lens Enhancements	Standard Progressive	\$55		
	Premium Progressive	\$95-\$105	N/A	Every 12 months
	Custom Progressive	\$150-\$175		
Elective Contact Lenses (in lieu of prescription eyeglasses)	\$130 allowance for contacts	\$0	Up to \$105	Every 12 months



## Benefit plan and features

	Contact Lens Exam (fitting and evaluation)	Up to \$60 (discounted benefit)		
Necessary Contact Lenses (in lieu of prescription eyeglasses)	Covered in Full	\$25	Up to \$210	Every 12 months

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

\*\*Costco in-network frame allowance is \$70.

For Laser Vision Surgery, you will receive an average of 15% off the regular price or 5% off the promotional price when you visit a VSP contracted laser center. These are discounted, not insured services, and are not available for out-of-network providers, at Costco and Walmart or other in-network providers that are not VSP contracted laser centers.

### Provider Network

We partnered with a vision network, VSP®, so you can choose a credentialed provider at any of the 108,000 access points and over 5,000 retail chain locations. You can locate an in-network provider by visiting: [www.equitable.com/findvision](http://www.equitable.com/findvision)

## Understanding your benefits

### Commonly Used Terms

<b>Frequency:</b>	How often a member can use their exam and materials benefit. Benefits are calculated from date of service.
<b>Co-pays:</b>	What a member is expected to pay out-of-pocket at time of service to the provider
<b>In-network:</b>	Eye care providers that have agreed to provide eye care services at discounted rates for participants.
<b>Out-of-network:</b>	Eye care providers who have not agreed to provide eye care services at discounted rates for participants.

### Frequently Asked Questions

<b>Am I covered for severe visual problems not correctable with regular lenses?</b>	Yes, this is referred to as Low Vision benefits. You are covered for \$1,000 individual maximum every 2 years in and out of network combined for all Low Vision services and materials. There is no deductible. There are two different benefits included – Supplemental Testing and Supplemental Aids. Refer to your certificate of insurance for full details.
<b>When can I enroll?</b>	You can enroll when you are initially eligible for benefits and during any subsequent annual enrollment period defined by your employer or if there is a life status change, such as involuntary termination under another policy.
<b>Are my dependents eligible for coverage?</b>	Your spouse or domestic partner, and your dependent children up to the end of the month they reach age 26 are eligible.
<b>How do I find an in-network provider?</b>	To find a provider near you, please visit <a href="http://www.equitable.com/findvision">www.equitable.com/findvision</a> .
<b>Are there major retailers in-network?</b>	Yes, the VSP network includes retail chain locations like Walmart/Sam's Club, Costco Optical® and Cohen's Fashion Optical®, RX Optical, Wisconsin Vision, Eyeconic. Visionworks, while not a retailer, is also in-network.
<b>Can I see a provider outside of the network?</b>	Yes, you can see a provider outside of the network, but your out-of-pocket cost will likely be higher as out-of-network providers have not agreed to discounted rates on their materials or services.
<b>If I get frames, can I get contacts too?</b>	Frames are in lieu of contact lenses. You are not eligible to receive both in the same benefit period.

**How do I learn more about my benefits?**

Go to [www.equitable.com/employeebenefits](http://www.equitable.com/employeebenefits) and log on to EB360® to view your account details.

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**If I have additional questions, who can I talk too?**

Please don't hesitate to contact us at 1 (866) 274-9887.

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**Will I receive a vision ID card?**

No because providers only require the employees name, SS# and DOB to verify benefits. However, if you would like to do so, you can go to [www.vsp.com/create-account](http://www.vsp.com/create-account) or [vsp.com/register.html](http://vsp.com/register.html) to register with VSP and obtain an ID card.

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**Does the lower Costco in-network frame allowance mean a higher out-of-pocket cost to me?**

No, this is because Costco's model is closer to wholesale pricing with minimal mark-up as compared to our other in-network providers. So, although Costco frame allowances are lower, you do not incur any additional out-of-pocket expense by visiting a Costco provider. The Costco in-network providers just agree to accept a lower fee as payment in full.

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**Does my plan offer any additional discounts?**

Yes, there are discounted benefits and special offers included as value adds to your plan if you visit an in-network provider. Note that these discounts are not applicable to Walmart or Costco, except as noted. These discounts are subject to VSP change.

• Service	Discounted Member Payment
• Retinal Imaging	\$39
• Transitions/ Photochromatic	\$75
• Solid Tints (Pink I & II)	\$0
• Solid Tints (Other than Pink I & II)	\$15
• Gradient Tint	\$17
• UV Protection	\$16
• Scratch Resistant	\$33 (fully covered at Walmart)
• Polycarbonate for adults	\$31 - \$35
• Anti-Reflective	\$41
• Standard Progressive	\$55
• Premium Progressive	\$95 - \$105
• Custom Progressive	\$150 - \$175
• Other Add-ons and Services	20% off retail
• Additional Pairs of Eyeglasses	20% off retail
• Eyewear Accessories	No discount
• Elective Contact Lenses Fit & Follow up Fee	\$60 copay on first set, and 15% discount on each additional. Copay only applies to elective contact lenses. Additional fit and follow up fee is not applicable to necessary contact lenses. (\$60 copay on first set at Walmart but no extra discount on additional services.)
• Laser Vision Surgery	Average 15% off the regular price or 5% off the promotional price
• Other Special Offers	\$20 - \$40 feature frame coupons available at <a href="https://www.vsp.com/offers/special-offers/glasses-sunglasses">https://www.vsp.com/offers/special-offers/glasses-sunglasses</a>



Contact us at  
(866) 274-9887  
with any questions  
you may have.

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**Email:** Customer Service at  
EBCustomerService@equitable.com.



Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

Visit [equitable.com/employeebenefits](https://equitable.com/employeebenefits)  
and log on to EB360® to view your account details.

<sup>1</sup> Center for Disease Control and Prevention. Fast Facts of Common Eye Disorders. Retrieved from: <https://www.cdc.gov/visionhealth/basics/ced/fastfacts.htm>

### Important Information

**Limitations and exclusions:** For complete plan details, please refer to your Equitable policy documents. This summary is not a guarantee of coverage. This summary is for highlight purposes only and does not include all plan features, limitations, or exclusions. If there is a discrepancy between this summary and the policy, the policy will prevail. Insurance coverage may be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that the insurance would otherwise become effective.

This policy provides vision care benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Please read your certificate carefully for complete details regarding your benefits, reductions, limitations and exclusions. Policy Form MOEBP15VN; AXEBP15VN; and state variations.

Equitable is not affiliated with VSP® Vision Care.

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EQUITABLE



# LIFE INSURANCE



# Protection for you and your loved ones

## Life insurance benefit summary



### The importance of Life insurance

The right life insurance coverage can help protect your loved ones and help provide financial stability when they need it most. They can use the benefit to fund a child's education, pay off a mortgage or pay for everyday expenses.



Watch this quick video to learn more

### Did you know?



More than 1/3 of households would feel the financial impact in less than 6 months if the primary wage earner died.<sup>1</sup>

Today, few have the coverage they need. And 48% of households (60 million) have an average life insurance coverage gap of

# \$200,000



## Basic Life/AD&D Benefit plan and features

**Class definition:** Class 2 – All Active Full Time Employees excluding President, Vice Presidents, and Managers

Coverage Details	Employee
Life Benefit Amount	4x Basic Annual Earnings
Life Maximum Benefit	\$100,000
Guaranteed Issue Amount	\$100,000
Life Age Reduction	
Age 65 but less than 70	65%
Age 70 or over	50%
<i>Any reduction pursuant to this provision will take place on the next Policyholder anniversary date</i>	
Accelerated Death Benefit	75% up to \$250,000
Waiver of Premium	Included

Coverage Details	Employee
Portability	Included
Conversion	Included
Accidental Death & Dismemberment (AD&D) Benefit Amount	100% of Life Insurance Benefit
AD&D Maximum Benefit	Matches Life Insurance Maximum
AD&D Age Reduction	Matches Life

AD&D Features	Employee
Common Carrier Benefit	Included
Coma Benefit	Included
Day Care Benefit	Included
Exposure/Disappearance Benefit	Included
Rehabilitation/Physical Therapy Benefit	Included
Seatbelt and Airbag Benefits	Included

## Understanding your benefits

### Commonly Used Terms

<b>Guarantee Issue Amount</b>	This is the amount of insurance available without having to provide evidence of insurability (also known as proof of good health).
<b>Accelerated Death Benefit</b>	Allows you access to a portion of your Life insurance while you are alive if you have a qualifying condition, such as a terminal illness, cognitive impairment, or the inability to perform two or more activities of daily living without assistance.
<b>Basic Annual Earnings</b>	Means your regular rate of pay from your employer in effect on the date immediately prior to the date the covered loss occurs. It includes any deductions made for pre-tax contributions to a qualified deferred compensation plans, section 125 plan, or flexible spending account. It does not include commissions, bonuses, tips, tokens, overtime pay or any other fringe benefits or extra compensation.
<b>Portability</b>	Allows you to take your group term Life insurance coverage with you if you leave your employer.
<b>Conversion</b>	Allows you convert your group term Life insurance coverage to an individual, whole life policy if your coverage is reduced or ends.

### Frequently Asked Questions

<b>Are my spouse and dependent children eligible for coverage?</b>	No, your employer's plan does not provide for coverage on your spouse or children.
<b>Does the coverage decrease as I get older?</b>	Yes, the age reductions are shown in the "Benefit Plan & Features" section. The coverage will reduce on the policy anniversary following your attainment of the ages shown. The percentages referenced are what the coverage reduces to and are all based on the original amount of coverage. For example, if you are covered for \$50,000 and the coverage reduces to 65% at age 65, your coverage will reduce to \$32,500 on the policy anniversary following your 65th birthday.
<b>Is the accidental death benefit in addition to the life benefit?</b>	Yes, if the insured dies as a result of a covered accident, the beneficiary will receive both the life and accidental death benefits.

How do I port or convert my coverage?

Contact your employer's HR department for the applicable portability and/or conversion forms. You can also call Equitable customer service at (866)274-9887 or access the forms at <https://equitable.com/employee-benefits/customer-service/forms>

How much does the portability coverage cost?

The rate for portability coverage is the same as the rate under your employer's plan.

How do I name a beneficiary?

Your employer will provide you with a form that will allow you to name primary and contingent beneficiaries.

Can I change my beneficiary?

Yes, you just need to complete a new beneficiary form and be sure to provide a copy to your employer.

What happens if I die and didn't name a beneficiary?

The insurance proceeds may be paid out to a specific family member or your estate, check your insurance certificate for the language applicable to your plan.



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you may have.

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.



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and log on to EB360® to view your account details.



<sup>1</sup>2022 Insurance Barometer Study, Life Happens and LIMRA.

<sup>2</sup>limra.com/en/newsroom/news-releases/2021/industry-associations-unite-to-help-address-the-life-insurance-coverage-gap-in-the-united-states/, accessed August 2022.

## Important Information

**Limitations and exclusions:** The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. AD&D Benefits may not be payable for injuries caused or contributed to by or incurred: physical or mental illness or disease or related medical treatment, infection not occurring as a direct result of accidental bodily injury, suicide or intentionally self-inflicted injury, war or act of war, while incarcerated, participating in a felony or illegal activity, intoxication, voluntary drug use unless administered by and used as instructed by a physician or for over-the-counter drugs in accordance with manufacturer's instructions, participation in certain activities involving an increased risk of injury as listed in the policy and certificate (ex: mountain climbing, sky diving).

**This policy provides limited benefits:** The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. For costs and complete details of the coverage, please see the actual policy or contact your benefits representative. Benefits payable are subject to all terms and conditions of the certificate. Plan documents are the final arbiter of coverage. Policy contract forms: ICC18 MOEBPLI; ICC18 AXEBPLI; MOEBP0618 LI; AXEBP0618 LI; and state variations.

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EQUITABLE



# Protection for you and your loved ones

## Life insurance benefit summary



### The importance of Life insurance

The right life insurance coverage can help protect your loved ones and help provide financial stability when they need it most. They can use the benefit to fund a child's education, pay off a mortgage or pay for everyday expenses.



Watch this quick video to learn more

### Did you know?



More than 1/3 of households would feel the financial impact in less than 6 months if the primary wage earner died.<sup>1</sup>

Today, few have the coverage they need. And 48% of households (60 million) have an average life insurance coverage gap of

# \$200,000



## Supplemental Life/AD&D Benefit plan and features

Class definition: Class 1 – All Active Full Time Employees

Life Benefit	Employee	Spouse	Children
Life Benefit Amount	Increments of \$10,000	Increments of \$5,000	Live birth to 14 days: \$500 15 days to age 26: Increments of \$1,000
Life Maximum Benefit	The lesser of 5 times Basic Annual Earnings or \$300,000	\$100,000, not to exceed 50% of employee coverage amount	\$10,000
Guaranteed Issue Amount	\$125,000	\$30,000	\$10,000
Life Age Reduction			
Age 65 but less than 70	65%	Matches Employee	None

Life Benefit	Employee	Spouse	Children
Age 70 or over	50%	Matches Employee	None
<i>Any reduction pursuant to this provision will take place on the next Policyholder anniversary date</i>			
Accelerated Death Benefit	75% up to \$250,000	75% up to \$250,000	Not Applicable
Waiver of Premium	Included	Included	Included
Portability	Included	Included	Included
Conversion	Included	Included	Included
Accidental Death & Dismemberment (AD&D) Benefit Amount	100% of Life Insurance Benefit	100% of Life Insurance Benefit	100% of Life Insurance Benefit
AD&D Maximum Benefit	Matches Life Insurance Maximum	\$100,000, not to exceed 50% of employee coverage amount	\$10,000
AD&D Age Reduction	Matches Life	Matches Life	None
AD&D Features	Employee	Spouse	Children
Common Carrier Benefit	Included	Not Applicable	Not Applicable
Rehabilitation/Physical Therapy Benefit	Included	Included	Included
Seatbelt and Airbag Benefits	Included	Included	Included

## Understanding your benefits

### Commonly Used Terms

<b>Guarantee Issue Amount</b>	This is the amount of insurance available without having to provide evidence of insurability (also known as proof of good health).
<b>Accelerated Death Benefit</b>	Allows you access to a portion of your Life insurance while you are alive if you have a qualifying condition, such as a terminal illness, cognitive impairment, or the inability to perform two or more activities of daily living without assistance.
<b>Waiver of Premium</b>	Provides for the continuation of insurance without premium payment if you become disabled (details around ages).
<b>Basic Annual Earnings</b>	Means your regular rate of pay from your employer in effect on the date immediately prior to the date the covered loss occurs. It includes any deductions made for pre-tax contributions to a qualified deferred compensation plans, section 125 plan, or flexible spending account. It does not include commissions, bonuses, tips, tokens, overtime pay or any other fringe benefits or extra compensation.
<b>Portability</b>	Allows you to take your group term Life insurance coverage with you if you leave your employer.
<b>Conversion</b>	Allows you convert your group term Life insurance coverage to an individual, whole life policy if your coverage is reduced or ends.

### Frequently Asked Questions

<b>When can I enroll for coverage?</b>	You can enroll when you are initially eligible, during any annual enrollment period, or within 31 days of a family status change. Evidence of insurability (also known as proof of good health) may be required. Please see your coverage certificate for details.
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<b>When can I change my amount of coverage?</b>	You can change your amount of coverage during any annual enrollment period or within 31 days of a family status change. Evidence of insurability (also known as proof of good health) may be required. Please see your coverage certificate for details.
<b>Are my spouse and dependent children eligible for coverage?</b>	Yes, your spouse, domestic partner, or civil union partner and your dependent children are eligible for coverage. Your dependent children are eligible for coverage up to the date on which they turn 26 years old.
<b>Does the coverage decrease as I get older?</b>	Yes, the age reductions are shown in the "Benefit Plan & Features" section. The coverage on you and your spouse will reduce on the policy anniversary following your attainment of the ages shown. The percentages referenced are what the coverage reduces to and are all based on the original amount of coverage. For example, if you are covered for \$50,000 and the coverage reduces to 65% at age 65, your coverage will reduce to \$32,500 on the policy anniversary following your 65th birthday.
<b>Is the accidental death benefit in addition to the life benefit?</b>	Yes, if the insured dies as a result of a covered accident, the beneficiary will receive both the life and accidental death benefits.
<b>Can I elect AD&amp;D insurance only?</b>	No, you must elect Life insurance in order to be eligible to elect AD&D insurance.
<b>How do I port or convert my coverage?</b>	Contact your employer's HR department for the applicable portability and/or conversion forms. You can also call Equitable customer service at (866)274-9887 or access the forms at <a href="https://equitable.com/employee-benefits/customer-service/forms">https://equitable.com/employee-benefits/customer-service/forms</a> .
<b>How much does the portability coverage cost?</b>	The rate for portability coverage is the same as the rate under your employer's plan.
<b>How do I name a beneficiary?</b>	Your employer will provide you with a form that will allow you to name primary and contingent beneficiaries.
<b>Can I change my beneficiary?</b>	Yes, you just need to complete a new beneficiary form and be sure to provide a copy to your employer.
<b>What happens if I die and didn't name a beneficiary?</b>	The insurance proceeds may be paid out to a specific family member or your estate, check your insurance certificate for the language applicable to your plan.



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<sup>1</sup> 2022 Insurance Barometer Study, Life Happens and LIMRA.

<sup>2</sup> [limra.com/en/newsroom/news-releases/2021/industry-associations-unite-to-help-address-the-life-insurance-coverage-gap-in-the-united-states/](https://limra.com/en/newsroom/news-releases/2021/industry-associations-unite-to-help-address-the-life-insurance-coverage-gap-in-the-united-states/), accessed August 2022.

### Important Information

**Limitations and exclusions:** The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. If an Insured Person dies by suicide within two years from their coverage issue date, we will only pay the amount of premiums paid. AD&D Benefits may not be payable for injuries caused or contributed to by or incurred: physical or mental illness or disease or related medical treatment, infection not occurring as a direct result of accidental bodily injury, suicide or intentionally self-inflicted injury, war or act of war, while incarcerated, participating in a felony or illegal activity, intoxication, voluntary drug use unless administered by and used as instructed by a physician or for over-the-counter drugs in accordance with manufacturer's instructions, participation in certain activities involving an increased risk of injury as listed in the policy and certificate (ex: mountain climbing, sky diving).

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EQUITABLE



# SHORT/LONG TERM DISABILITY





# Protection by your side while you recover

Financial help to cover expenses if you're ill, injured or give birth  
Short-term disability insurance benefit summary



Watch this quick video to learn more

## Did you know?

Only 40% of U.S. households have enough in liquid savings to cover at least 3 months of their recurring expenses.<sup>1</sup>



One in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age.<sup>2</sup>



## Benefit plan and features

**Class definition:** Class 1 – All Active Full Time Employees

### Coverage details

Cost of Coverage	Your employer pays the full cost.
Weekly Benefit	66 2/3% of pre-disability earnings
Maximum Weekly Benefit	\$1,500
Benefits Begin - Injuries	1 <sup>st</sup> Day
Benefits Begin - Sickesses	4 <sup>th</sup> Day
Maximum Benefit Period	13 weeks
Pre-Existing Condition Limitation	None

# Understanding your benefits

## Commonly Used Terms

<b>Maximum Benefit Period</b>	Means the maximum number of weeks for which benefits may be payable.
<b>Pre-Disability Earnings</b>	Means Your regular weekly rate of pay from Your Employer in effect on the date immediately prior to the date you became disabled. Pre-Disability Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation.

## Frequently Asked Questions

<b>Can I work part-time and still be eligible for a benefit?</b>	Yes, you can work part-time and still be eligible for a partial benefit as long as you continue to meet the definition of disability.
<b>How much will I receive if I am working part-time and still disabled?</b>	It depends on how much you are earning from your part-time work and whether or not the part-time work is part of an approved rehabilitation program. If the part-time work is part of an approved rehabilitation program, then we will reduce your Short-Term Disability benefit by one-half (1/2) of your part-time earnings. If the part-time work is not part of an approved rehabilitation program, then your Short-Term Disability benefit will be based on your percentage of earnings loss. For example, if you are losing 50% of your earnings, then the Short-Term Disability benefit would be reduced by half.
<b>How long will I receive Short-Term Disability benefits for?</b>	As long as you continue to meet the definition of disability, you can receive benefits for up to the maximum benefit period outlined in the "Coverage Details" section. For example, if your benefits commence on the 8th day of disability and you are disabled for 6 weeks, you would receive 5 weeks of benefit payments.
<b>How are my Short-Term Disability benefits impacted by any state medical leave benefits I may be eligible for?</b>	Your Short-Term Disability benefits will be reduced by any state medical leave benefits you may be eligible for.
<b>How are maternity claims treated?</b>	Maternity claims are treated the same as any other illness.
<b>Are my Short-Term Disability benefits taxable?</b>	It depends. If you are paying the full cost of the plan with post-tax dollars, then your Short-Term Disability benefits may be non-taxable; however if your employer is paying the full cost or your contributions are on a pre-tax basis, then your benefits are generally taxable. Please consult your HR department for further details on your specific plan.
<b>Am I eligible for Short-Term Disability benefits if I cannot work due to a pandemic?</b>	Maybe. If you meet the definition of disability, then you may be eligible for Short-Term Disability benefits.
<b>Are disabilities due to mental illness or substance abuse covered?</b>	Yes, they are treated the same as any other illness.
<b>How do I submit a claim?</b>	The best way to submit your Short-Term Disability claim to Equitable is by calling our disability team at (866) 274-9887. You can also contact your employer's HR department to obtain a claim form or go to <a href="https://equitable.com/employee-benefits/customer-service/forms/disability">https://equitable.com/employee-benefits/customer-service/forms/disability</a> and download a claim form.





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<sup>1</sup> [disabilitycanhappen.org/disability-statistic/](https://disabilitycanhappen.org/disability-statistic/). Accessed August 2022.

<sup>2</sup> [ssa.gov/oact/NOTES/ran6/an2020-6.pdf](https://ssa.gov/oact/NOTES/ran6/an2020-6.pdf).

### Important Information

**Limitations and exclusions:** The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. Exclusions may include disabilities caused or contributed to by: war or an act of war, intentionally self-inflicted injury, your commission of or attempt to commit a felony, sustained as a result of work done for another employer (including self-employment), or for which Workers' Compensation benefits are paid, or may be paid, if duly claimed. Benefits will not be paid unless you are under the regular care of a physician. Benefits will not be paid if you are eligible for payment under a prior disability plan sponsored by your employer that was terminated before the effective date of the policy. Benefits may be offset by other benefit income you receive due to the loss of income from disability.

**This policy provides limited benefits:** This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance, and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act. THIS POLICY IS NOT A MEDICARE SUPPLEMENT PLAN. The certificate has exclusions and limitations for certain conditions that may affect any benefits payable. For costs and complete details of the coverage, please see the actual policy or contact your benefits representative. Benefits payable are subject to all terms and conditions of the certificate. Policy contract form#: AXEBP15DI; MOEBP15DI and state variations. Availability is subject to state approvals.

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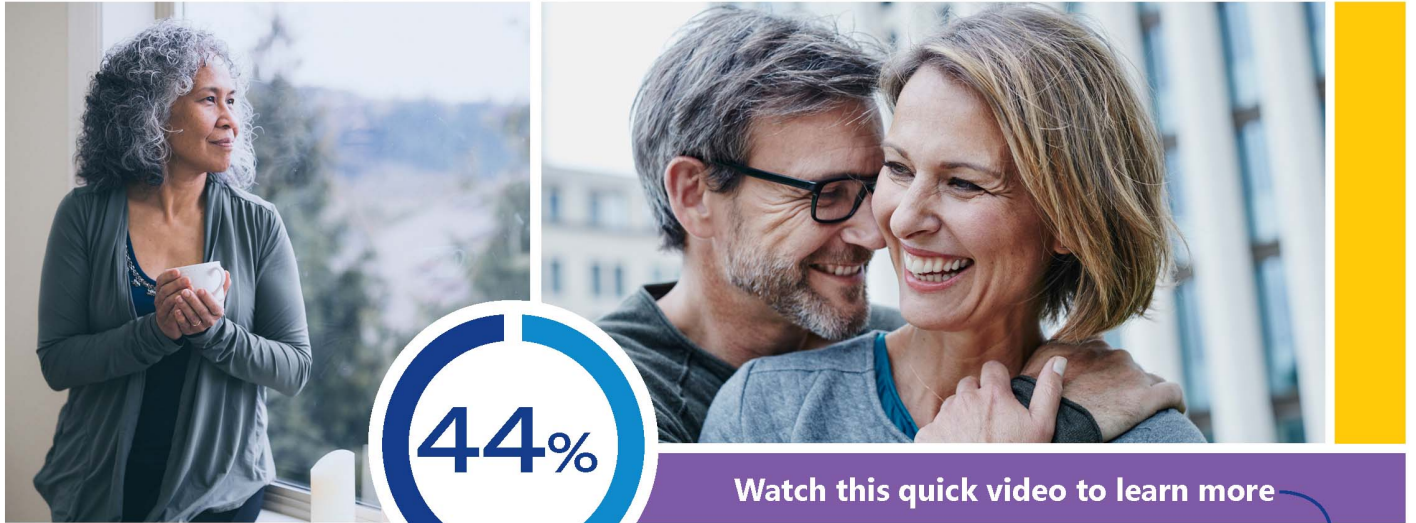
EQUITABLE

# Protection for your income

**Protection to help replace income in challenging times. Pays a portion of your salary after you have been ill or injured for an extended period of time.**

When you need to recover from an extended illness or injury, this benefit will start paying a portion of your salary after a certain period of time, typically after short-term disability payments end.

Long-term disability insurance benefit summary



Watch this quick video to learn more

## Did you know?

According to a 2019 study, medically-related income loss contributed to 44% of bankruptcy filings.<sup>1</sup>



Only 28% of U.S. households have enough in liquid savings to cover at least 6 months of their recurring expenses.<sup>1</sup>



## Benefit plan and features

**Class definition:** Class 1 – All Active Full Time Employees

### Coverage details

Cost of Coverage	Your employer pays the full cost.
Monthly Benefit	66 2/3% of pre-disability earnings
Maximum Monthly Benefit	\$6,000
Minimum Monthly Benefit	Greater of \$100 or 10% of Gross benefit
Elimination Period	90 Days

## Benefit plan and features

Maximum Benefit Period	Age When Disabled	Maximum Duration
	Prior to Age 63	To your Social Security Normal Retirement Age or 48 months, whichever is greater
	Age 63	To your Social Security Normal Retirement Age or 42 months, whichever is greater
	Age 64	36 months
	Age 65	30 months
	Age 66	27 months
	Age 67	24 months
	Age 68	21 months
	Age 69 and over	18 months
Definition of Disability	You are prevented from performing one or more of the Essential Duties of: 1) Your Occupation during the Elimination Period; 2) Your Occupation, for the 24 months following the Elimination Period, and as a result Your Current Monthly Earnings are less than 80% of Your Indexed Pre-disability Earnings; and 3) after that, Any Occupation.	
Pre-Existing Condition Limitation	3/12	
Return to Work Incentive Benefit	Included	
Rehabilitation Services	Included	
Survivor Income Benefit	Included	
Family Care Deduction Benefit	Included	
Workplace Accommodation Benefit	Included	

## Understanding your benefits

### Commonly Used Terms

<b>Elimination Period</b>	Means the number of days you need to be disabled before Long-Term Disability benefits begin.
<b>Maximum Benefit Period</b>	Defines the maximum period of time benefits may be payable.
<b>Pre-Disability Earnings</b>	Means Your regular monthly rate of pay from Your Employer in effect on the date immediately prior to the date you became disabled. Pre-Disability Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation.
<b>Pre-existing condition</b>	Means any condition for which you received medical care during the 3 consecutive months prior to your effective date of coverage or the effective date of any increase in coverage. The plan will not pay any benefit, or any increase in benefits, for any disability that results from, or is caused or contributed to by, a pre-existing condition, unless at the time you become disabled, you have been continuously insured for 12 consecutive months. Please see your insurance certificate for details.

## Frequently Asked Questions

Can I work part-time and still satisfy the elimination period?

Yes, you can work part-time and still satisfy the elimination period. Any days that you work full-time will not count towards satisfaction of the elimination period.

Can I work part-time and still be eligible for a benefit?

Yes, as long as you continue to meet the definition of disability you will be eligible for a partial benefit.

Are rehabilitation services included?

Yes. We will work with you and your physician to plan, adapt, and put into place options and services to meet your return-to-work needs. This may include vocational testing and training, workplace modifications, job placement, transitional work, and other similar services.

How much will I receive if I am working part-time and still disabled?

During the return-to-work benefit period you can receive up to 100% of your pre-disability earnings from a combination of your part-time earnings and your Long-Term Disability benefit. Following the return-to-work benefit period, your Long-Term Disability benefit will be based on your percentage of earnings loss. For example, if you are losing 50% of your earnings, then your Long-Term Disability benefit would be reduced by half.

How are my Long-Term Disability benefits impacted by any other benefits I may be eligible for, such as worker's compensation or social security disability?

Generally speaking your Long-Term Disability benefits will be reduced by any benefits you receive as a result of your disability. Please see your coverage certificate for details.

Are my Long-Term Disability benefits taxable?

It depends. If you are paying the full cost of the plan with post-tax dollars, then your Long-Term Disability benefits may be non-taxable; however if your employer is paying the full cost or your contributions are on a pre-tax basis, then your benefits are generally taxable. Please consult your HR department for further details on your specific plan.

Are disabilities due to mental illness or substance abuse covered?

Yes, however the maximum benefit period is limited to 24 months.

How do I submit a claim?

Contact your employer's HR department to obtain a claim form or go to <https://equitable.com/employee-benefits/customer-service/forms/disability> and download a claim form.



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<sup>1</sup> [disabilitycanhappen.org/disability-statistic/](https://disabilitycanhappen.org/disability-statistic/). Accessed August 2022.

### Important Information

**Limitations and exclusions:** The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. Exclusions may include disabilities caused or contributed to by: war or an act of war, intentionally self-inflicted injury, your commission of or attempt to commit a felony, or by your being engaged in an illegal occupation. Benefits will not be paid unless you are under the regular care of a physician. Benefits will not be paid if you are eligible for payment under a prior disability plan sponsored by your employer that was terminated before the effective date of the policy. Benefits may be offset by other benefit income you receive due to the loss of income from disability.

**This policy provides limited benefits:** This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance, and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act. THIS POLICY IS NOT A MEDICARE SUPPLEMENT PLAN. The certificate has exclusions and limitations for certain conditions that may affect any benefits payable. For costs and complete details of the coverage, please see the actual policy or contact your benefits representative. Benefits payable are subject to all terms and conditions of the certificate. Policy contract form#s: AXEBP15DI; MOEBP15DI and state variations. Availability is subject to state approvals.

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EQUITABLE



# FLEXIBLE SPENDING ACCOUNT (FSA)



# It's time to enroll...

## in your Flexible Spending Account!



### Start saving today with UPA's Flexible Spending Account (FSA)!

- Unreimbursed FSA/FSA Medical
- Limited Purpose FSA
- Dependent Care
- Individual Dental and/or Vision Insurance Premiums

### Want to get more out of your paycheck?

**Of course you would!**

**Your employer is offering you the opportunity to take advantage of flexible spending account (FSA) to help you save money. The UPA FSA allows you to set aside some of your paycheck in a pre-tax account to pay for certain health and dependent care expenses. Pre-tax means you avoid paying up to 35% in taxes! (Social Security taxes, Medicare taxes, plus State and Federal Income taxes.)**



**The UPA FSA is sponsored by your employer and administered by Universal Plan Administrators.**

## Frequently Asked Questions

**Q: Is the Section 125 Cafeteria Plan going to replace my group insurance benefits?**

**A: No way! In fact, your employer is improving your benefits by offering these choices.**

**Q: What if I am not covered or I do not have my dependents covered under my company's health insurance plan?**

**A: You and your family can still participate in the Health Flexible Spending Account (FSA) or Dependent Care Assistance Plan (DCAP) reimbursement account.**

**Q: Why should I participate in the health flexible spending account when I already have health insurance?**

**A: This account is used to pay for expenses that are not covered by insurance. For example, your insurance may not cover annual physicals, co-payments, eye exams, glasses, contacts, orthodontics, prescription drugs, or dental care, just to name a few. (See Eligible/Non-Eligible Expenses list.)**

**Q: What if I have a claim early in the plan year and do not have enough money in my account?**

**A: Your full annual election is available to you at the start of the plan year for your Health FSA. This is referred to as the "Uniform Coverage Rule." It gives you the ability to budget your medical expenses and spread them out over the entire year. Your elected payroll deductions will continue throughout the plan year to catch up on the expenses you have been advanced. For the DCAP account, you will be reimbursed as your deductions are deposited with your employer.**

**Q: How do I figure how much to put into my medical expense account?**

**A: Look at your receipts or check register for the last year or two to see what you typically spend annually on medical expenses for yourself and qualified family members. Or, think about what you expect to spend on medical expenses during your plan year.**

**Q: What is the maximum I can put into my account(s)?**

**A: The maximum for each type of account is:**

- FSA Medical or Limited Purpose FSA: \$3,200.00\*  
\*Please see FSA info sheet for the max amount your employer allows
- Dependent Care: \$5,000 per plan year and calendar year for the head of household or married filing joint tax return; \$2,500 per plan year and calendar year for married filing separate tax returns

**Q: If I set aside pre-tax money in a spending account, why would I lose the money if I don't spend it?**

**A: This is an IRS guideline, not ours or your employer's. If your plan does not include the Carryover provision or Grace Period you will forfeit any unspent funds. There is a 90-day run-out period from the end of the plan year to submit claims incurred during the plan year.**

**Q: What is proof of payment/required documentation?**

**A: This would be a copy of your itemized statement, receipt or explanation of benefits (EOB), which should include Patient's Name, Date Service was Incurred, Provider's Name, the amount owed by Patient, and a Brief Description of the Service. Please note that payment receipts do not include all of the IRS required information.**

**Q: Can I change my contributions during the year?**

**A: Only if you have a change of status, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status.**



## What you need to know



### What if you leave your job?

Only claims for expenses incurred up through your last day of employment are eligible for reimbursement. You will have until the end of the terminated employee runout period to submit these claims for reimbursement. If you have a mySourceCard debit card, it will be turned off upon your separation of employment.

There are many advantages to having an FSA, but there are issues you need to know about.

#### INCOME TAX MAY BE AFFECTED

When you use FSA dollars to pay an expense, you cannot make an itemized deduction on your 1040.

#### HEALTH AND DEPENDENT CARE ARE SEPARATE

You cannot shift money between health and dependent care accounts.

#### SOCIAL SECURITY MAY BE AFFECTED

With an FSA, you pay less Social Security tax. This may reduce Social Security, disability and retirement benefits. We recommend you discuss this with your tax advisor. Reimbursable services must be provided during the FSA plan year and during your period of coverage.

#### PLAN WITH CARE

- Carefully consider where you plan to spend each FSA dollar since unused dollars at the end of the plan year are not refundable. \*See if your employer offers Carry Over or a Grace Period.
- Expenses are treated as having been incurred when the services are provided and not when you are formally billed, charged, or pay for the expense.
- Health FSA- You can use the Health FSA for incurred expenses up to the amount of your total annual contribution any time during the FSA plan year.

# Dependent Care Reimbursement (DCAP)

A DCAP plan is an employer-sponsored benefit that helps employees pay for the care of a qualified dependent. Each pay period, the employee makes a pre-tax contribution to the DCAP account. After paying for care and filing a claim, the employee receives reimbursement from the DCAP.

#### Qualified Dependents:

- A dependent who is 12 year old or younger (& lives with the employee)
- A spouse or other IRS-recognized dependent who is physically or mentally unable to provide self-care

#### Use Your DCAP to Pay for the Following:

- Daycare/Pre-school/Pre-kindergarten
- Before- and After- school care (Extended day)
- Summer day camps (overnight camp does not qualify)
- Adult/Elderly care programs
- Babysitting during work and/or college hours
- Sick child care
- Deposits for child care

## It's Time to Enroll in Flex Benefits

Flexible Spending Accounts (FSA) are a great way to save taxes on money you spend for medical and dependent care expenses. That's because you do not pay income tax or Social Security tax on your election amount (the money you set aside). A Health FSA account is used for medical expenses, and a DCAP account is used for child care expenses.

#### HEALTH FSA

In a Health FSA account, you can put aside funds (up to a mandated maximum per year) to pay for unreimbursed medical, dental, and vision expenses (that is, bills that are not paid by any insurance). This money is deducted from your pay before Federal and State withholding and FICA taxes are calculated.

To access your FSA funds to pay medical expenses, just use your mySourceCard Mastercard debit card to pay the bill (if your employer offers the card), or file a manual claim for reimbursement by fax, email, postal mail, or online at myRSC.com. Reimbursements will be made either by check or direct deposit, whatever option your employer allows.

#### Annual Contribution Limits

- \$5,000 for employees filing single/head of household or married joint
- \$2,500 for employees filing married separate

Q: Can expenses be reimbursed from my DCAP at the beginning of the month for care that will be provided during that month?

A: No, regulations require that claims can only be reimbursed when a service has actually been incurred. So, even though a participant pays for dependent care at the beginning of the month, until the care has actually been provided, the participant is not entitled to the reimbursement.

Q: Can I participate in DCAP and also claim the dependent care tax credit?

A: There is no 'double dipping'. If you are using a DCAP you may not also elect the tax credit on the same money. Please consult with your accountant or flex administrator for further review.

# Employee Savings!

## FSA Medical

- Office Copay's
- Deductibles
- Co-Insurance
- Prescription Drugs
- Eyeglasses & Contacts
- Contact Solution & Cases
- Braces & Dental Care
- Diabetes Testing Supplies
- Blood Pressure Monitors
- Band-Aids
- Sunscreen

## Savings Example

\$5,000 Dependent day care

\$1,000 Orthodontics

\$500 co-pays for prescriptions

**\$1,000 Health Ins. Deductibles**

**\$7,500 TOTAL**

@ 30% Tax Bracket - \$2,250 Savings

@ 40% Tax Bracket - \$3,000 Savings





# Employee Assistance Program (EAP)



EQUITABLE

COMPSYCH®  
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## Employee Benefits

# Employee Assistance Program

Your well-being doesn't begin or end with your finances. It starts with — and is always about — you. Our team is here to help, anytime and anywhere. Read on for information about no-cost, confidential support you can access for life's challenges.



### Confidential emotional support

Our highly trained clinicians will listen to your concerns and help you or your immediate family members with a variety of issues and, if needed, refer you to other resources. Talk to us for:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts
- **Need to speak with someone? Receive up to three face-to-face sessions per issue/year.**



### Work-life solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events
- Locating pet care



### Financial resources

Our financial experts can assist with a wide range of issues. Talk to us about strategies pertaining to:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



### Identity theft services

We can help you repair your credit and restore your name with tools, such as:

- Support from legal and financial professionals
- Counseling to address emotional issues
- Work-life assistance



### Legal guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more.

**Need representation? Get a free 30-minute consultation and a 25% reduction in fees.**



EQUITABLE

Contact your Employee Assistance Program for 24/7 support, resources & information

Call: (833) 256-5115

Online: [guidanceresources.com](https://www.guidanceresources.com)

TDD: (800) 697-0353

App: GuidanceNow<sup>SM</sup>

Web ID: EQUITABLE3





## Online will preparation

EstateGuidance® lets you quickly and easily create a will online at no cost. You can:

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children



## Online support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand training
- “Ask the Expert” personal responses to your questions

**Online:** [guidanceresources.com](https://guidanceresources.com)

**App:** GuidanceNow<sup>SM</sup>

**Web ID:** EQUITABLE3



## Phone/live support

Your Employee Assistance Program provides someone to talk to, and resources to consult whenever and wherever you need them.

**Call:** (833) 256-5115

**TDD:** (800) 697-0353

Direct, 24/7 access to a GuidanceConsultant<sup>SM</sup> who will answer your questions and, if needed, refer you to a counselor or other resources.

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# Health Plan

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PARTNERS

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