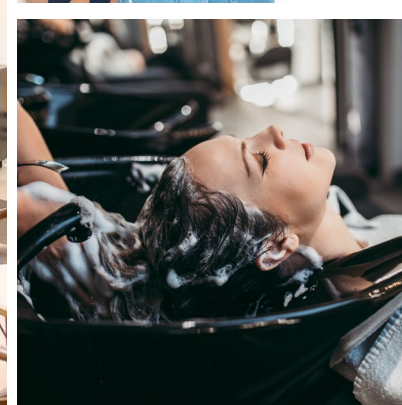




YOUR BENEFITS

2024 Benefits Enrollment Guide



DESTROY THE HAIRDRESSER

WELCOME TO HAIRDRESSER HEALTHCARE!

Hello Hairdressers,

For the past ten years, Destroy the Hairdresser has been working to make a significant impact on the beauty industry by helping professionals such as hairdressers and salon owners. However, this year, we aim to do more than just offer one-on-one coaching. After speaking with thousands of industry professionals, we realized that the lack of healthcare benefits and high costs were the most significant concerns in the beauty industry. As a result, we want to create lasting change by addressing these issues.

It's a fact that very few hairdressers have the privilege of having full-time and secure employment, as per the Bureau of Labor Statistics. Most of us work part-time, take temporary jobs, or run or own businesses. Our work often involves physical labor and sometimes puts us at risk of hazardous situations. Given these difficulties, the lack of comprehensive medical coverage is extremely concerning.

We were determined to make a positive impact, so we took action. WE began having frank discussions with anyone who was willing to listen. Our belief was that if we could amplify the voices of hairdressers, we could influence the insurance industry and, with the right partner, create a solution that could truly save lives and build confidence.

The Hartford, Gild, and CTX have been invaluable allies. They listened attentively and empathized with our cause. Together, we have developed affordable, reassuring, and customized health plans that meet the specific requirements of hairdressers, salon owners, and all beauty professionals. This partnership marks the beginning of a new era in the beauty industry, providing true healthcare tailored to our needs.

We are delighted to introduce you to the world of Hairdresser Healthcare. At Destroy the Hairdresser, we are dedicated to assisting you in leading healthier and more secure lives. You can trust that we will always provide you with health benefits that are tailored to meet the needs of our constantly changing industry.

Here is to a brighter, healthier future for all of us.

Wishing you a lifetime of health,

Cyd Charisse and David Bosscher





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Contacts

Need more information? Use this handy list to contact our benefit vendors directly with your questions.

Benefit	Vendor	Phone Number	Website
MEC Medical Plan	OptionsPlus/SBMA	888-505-7724, Option 2	www.sbmabenefits.com
Telehealth	Fresh Bennies	855-373-7450	N/A
Virtual Behavioral Health	Fresh Bennies	855-373-7450	N/A
MV Medical Plan	Imagine 360	800-977-7381	www.imagine360.com/members/
Telemedicine	Recuro Health	855-6RECURO	www.recurohealth.com
Prescription	CignaRx	800-325-1404	www.mycigna.com
Discount Companion Card	Well Card	877-827-8680	www.WellCardSavings.com
Supplemental Health Benefits	Washington National Insurance Company	800-525-7662	www.washingtonnational.com
Dental	Delta Dental	800-452-9310	www.deltadentalnj.com
Vision	Vision Service Plan (VSP)	800-452-9310	www.deltadentalnj.com

Eligibility

All W-2 and 1099 employees and independent contractors are eligible to enroll in benefits described in this guide.

How to Enroll

To prepare to enroll, visit [Hairdresser Healthcare2024](#) and fill out the brief questionnaire. This information is needed to create your login to the enrollment platform. Don't worry – your information is secure and will remain confidential.

Once you have completed this information, you will receive a text or email with a link to schedule a time with a certified Benefits Adviser. Click on the link within this communication to schedule your appointment with a Benefits Adviser to enroll. During your scheduled appointment, you will have the opportunity to ask questions about the benefits available to you and understand how all of the benefits offered can provide for you and your family.

Cost of Benefits

The following are amounts taken from your paycheck each month for each benefit.

HEALTH COVERAGE - MONTHLY *(Pricing varies by State in which you live)*

	PrimeCare MEC	EliteCare MEC	\$2,500 Core MV	Core MV	Choice MV
Employee Only	\$101.00- \$151.00	\$151.00- \$201.00	\$387.00- \$437.00	\$427.00- \$477.00	\$462.00- \$512.00
Employee + Spouse	\$181.00- \$231.00	\$272.00- \$322.00	\$667.00- \$717.00	\$728.00- \$778.00	\$862.00- \$912.00
Employee + Child(ren)	\$181.00- \$231.00	\$272.00- \$322.00	\$600.00- \$650.00	\$662.00- \$712.00	\$752.00- \$802.00
Family	\$261.00- \$311.00	\$387.00- \$437.00	\$867.00- \$917.00	\$927.00- \$977.00	\$1,067.00- \$1,117.00

DENTAL - MONTHLY

	Preventive Dental	Comprehensive Dental
Employee Only	\$19.80	\$44.15
Employee + Spouse	\$37.53	\$88.20
Employee + Child(ren)	\$35.28	\$83.47
Family	\$58.86	\$134.99

VISION - MONTHLY

	Vision Service Plan (VSP)
Employee Only	\$9.95
Employee + Spouse	\$19.90
Employee + Child(ren)	\$20.90
Family	\$34.85

Medical

The Company offers eligible employees access to several medical plan options.

ALL MEDICAL PLANS PROVIDE COMPREHENSIVE MEDICAL COVERAGE INTENDED TO PROVIDE:



Fully-covered
preventive care



Comprehensive prescription
drug coverage



Telehealth
support



There are two types of plans in which you can enroll:

MEC (Minimal Essential Coverage) Plans

These plans provide preventive and basic medical coverage and prescription drug coverage, but do not extend to catastrophic care coverage. For the services covered, you will pay a copay amount. There is no annual deductible that must be met to begin receiving coverage. With this option, you also receive the MEC Companion which provides discounts on dental, vision, durable medical equipment, hearing aids, diabetic supplies and fitness.

MV (Minimum Value) Plans

These plans provide preventive and more extensive medical coverage, as well as prescription drug coverage. For certain services, you may be required to meet an annual deductible before the plan begins sharing the cost with you, according to the MV Plan in which you plan to enroll.

MEC Medical Plans

Offered through OptionsPlus/SBMA

The MEC Plans provide you and your family with basic medical coverage at discounted rates. These plans do not provide coverage for out-of-network services and cover only the medical services shown in the Summary of Benefits below. For a deeper dive into covered and excluded services, visit your Benefits Destination (see the contacts section for that website address).



To locate providers participating in the MultiPlan PHCS network, call 888-794-7427 or visit www.multiplan.com > click “Find a Provider” located in the top right-hand corner of the page > click on the green “Select Network” button > choose “PHCS” > choose “Specific Services.”

SUMMARY OF BENEFITS

Feature	PrimeCare MEC	EliteCare MEC
	In-Network You Pay	In-Network You Pay
Deductible	\$0	\$0
Wellness and Preventative	Covered at 100%	Covered at 100%
Prescription Drug Discount Plan	Included	N/A
Telemedicine	\$0 copay; unlimited visits	\$0 copay; unlimited visits
Virtual Behavioral Health	\$50 copay; maximum 3 times/year	\$50 copay; maximum 3 times/year
Primary Care Visits	\$15 copay; maximum 3 times/year	\$15 copay
Specialist Visits	Network discount	\$15 copay
Urgent Care Visits	Network discount	\$50 copay
Laboratory Services	Network discount	\$50 copay
X-Rays	N/A	\$50 copay
Generic Prescription Drugs	<ul style="list-style-type: none"> Tier 1: \$10 copay Tier 2: \$25 copay 	<ul style="list-style-type: none"> Tier 1: \$10 copay Tier 2: \$25 copay
Brand-Name Prescription Drugs	<ul style="list-style-type: none"> Tier 3: \$50 copay Tier 4: \$75 copay 	<ul style="list-style-type: none"> Tier 3: \$50 copay Tier 4: \$75 copay
	Access a participating pharmacy list at www.sbmabenefits.com/purerxstandard	
MEC Companion	See the Discount Companion Card section of this guide for more information.	

MEDICAL ID CARDS

Medical ID cards are sent to new members only. If you’re re-enrolling in the same coverage you had last year, you will not receive new ID cards. **NOTE:** You will present your medical ID card to receive medical and prescription drug services.

TELEHEALTH

Offered through Fresh Bennies

The telehealth benefit is provided as part of your medical plan and provides fast and convenient access to a national network of board-certified physicians to diagnose illnesses, recommend treatment and prescribe medications 24 hours a day, 7 days and week, 365 days a year. Activate your telehealth account by calling **855-373-7450**.

VIRTUAL BEHAVIORAL HEALTH

Offered through Fresh Bennies

The Virtual Behavioral Health benefit provides an easy way for you to receive therapy and counseling from the privacy of your own home through the app or online. Licensed therapists provide care for many common behavioral concerns including, but not limited to: abuse, addiction, eating disorders, parenting issues, ADHD/ADD, grief/loss, LGBT issues, depression and more.

To activate your account, call Fresh Bennies at **855-373-7450**. Once you have called to activate your account, you will receive login information. Download the Fresh Bennies mobile app to login and schedule your appointment.



MV Medical Plans

Offered through Imagine 360

The MV Plans provide you and your family with expanded medical coverage at competitive rates. For a deeper dive into covered and excluded services, visit your Benefits Destination (see the contacts section for that website address).






Your plan is an Open-Access plan – meaning, you have the freedom to see any health care provider you choose. Additionally, you have access to two networks of providers. Whether you choose a network provider or not, your plan’s built-in price protection helps keep costs as affordable as possible.

Network Providers available to MV Medical Plan Participants

Partners Direct Health (PDH) Physicians and Specialists: www.providers.partnersdirecthealth.com

HealthSmart Physicians and Specialists: www.providerlookup.healthsmart.com

SUMMARY OF BENEFITS

Feature	\$2,500 Core MV	Core MV	Choice MV
	In-Network You Pay	In-Network You Pay	In-Network You Pay
Medical Benefits			
Deductible	<ul style="list-style-type: none"> • Individual: \$2,500 • Individual + Dependent(s): \$5,000 	\$0	\$0
Out of Pocket Maximum	<ul style="list-style-type: none"> • Individual: \$9,100 • Individual + Dependent(s): \$18,200 	<ul style="list-style-type: none"> • Individual: \$9,100 • Individual + Dependent(s): \$18,200 	<ul style="list-style-type: none"> • Individual: \$9,100 • Individual + Dependent(s): \$18,200
Wellness and Preventive	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Visits	\$25 copay; maximum 8 visits/year	\$25 copay; maximum 8 visits/year	\$25 copay; maximum 10 visits/year
Specialist Visits	\$50 copay; maximum 8 visits/year	\$50 copay; maximum 8 visits/year	\$50 copay; maximum 10 visits/year
Urgent Care Visits	\$50 copay; maximum 2 visits/year	\$50 copay; maximum 2 visits/year	\$75 copay; maximum 3 visits/year
Laboratory Services & Radiology	\$50 copay; maximum 3 visits/year	\$50 copay; maximum 3 visits/year	\$50 copay; maximum 3 visits/year
CT/MRI/MRA/PET Scans	\$350 copay; maximum 1 test/year	\$350 copay; maximum 1 test/year	\$350 copay; maximum 2 tests/year
Telemedicine/MEDMO	\$0 copay; no maximum	\$0 copay; no maximum	\$0 copay; no maximum
  	NOTE: Urgent Care and Lab Services Access is provided through CVS Minute Clinics, Walmart Health Centers, and Quest Diagnostic nationwide.		

Prescription Drugs			
Generic Drugs	<ul style="list-style-type: none"> • Preventive: \$0 copay • Generic: \$5 copay 	<ul style="list-style-type: none"> • Preventive: \$0 copay • Generic: \$5 copay 	<ul style="list-style-type: none"> • Preventive: \$0 copay • Generic: \$5 copay
Preferred Brand/Non-Preferred Brand Drugs	N/A	N/A	<ul style="list-style-type: none"> • Preferred Brand: \$75 copay • Non-Preferred Brand: \$150 copay
Access a participating pharmacy list at www.mycigna.com or call 800-325-1404.			
Hospital Services			
Inpatient Hospitalization & Surgery	After deductible, then \$750 copay; maximum 2 surgeries and 5 inpatient days/year	\$750 copay; maximum 2 surgeries and 5 inpatient days/year	\$750 copay; maximum 3 surgeries and 7 inpatient days/year
Outpatient Hospitalization & Surgery	After deductible, then \$350 copay; maximum 1 surgery and 1 inpatient day/year	\$350 copay; maximum 1 surgery and 1 inpatient day/year	\$350 copay; maximum 2 surgery and 2 inpatient day/year
Emergency Room Services	\$750 copay; maximum 1 trip/year	\$750 copay; maximum 1 trip/year	\$750 copay; maximum 1 trip/year
Other Services			
Chiropractic Services	\$75 copay; maximum 10 visits/year	\$75 copay; maximum 10 visits/year	\$75 copay; maximum 10 visits/year
Second Surgical Opinion	\$0 copay	\$0 copay	\$0 copay
Home Health Care	\$50 copay; maximum 10 visits/year	\$50 copay; maximum 10 visits/year	\$50 copay; maximum 15 visits/year
Treatment of Chemical Abuse	After deductible, then: <ul style="list-style-type: none"> • Inpatient: \$750 copay; maximum 5 days/year • Outpatient: \$25 copay; maximum 8 visits/year 	<ul style="list-style-type: none"> • Inpatient: \$750 copay; maximum 5 days/year • Outpatient: \$25 copay; maximum 8 visits/year 	<ul style="list-style-type: none"> • Inpatient: \$750 copay; maximum 7 days/year • Outpatient: \$25 copay; maximum 10 visits/year
Emergency Medical Transportation	\$500 copay; maximum 1 trip/year	\$500 copay; maximum 1 trip/year	\$500 copay; maximum 1 trip/year
Chemotherapy/Radiation	N/A	N/A	N/A
Colonoscopy	N/A	N/A	N/A
Dialysis	N/A	N/A	N/A
Durable Medical Equipment	N/A	N/A	N/A
Hospice Care	N/A	N/A	N/A
Therapy (Physical, Occupational & Speech)	\$75 copay; maximum 8 visits/year	\$75 copay; maximum 8 visits/year	\$75 copay; maximum 10 visits/year
Transplant Facility	N/A	N/A	N/A
Pregnancy Services			
Professional Services	N/A	N/A	\$350 copay
Maternity/Childbirth/Delivery	N/A	N/A	\$750 copay per admission

MEDICAL ID CARDS

Medical ID cards are sent to new members only. If you're re-enrolling in the same coverage you had last year, you will not receive new ID cards. **NOTE:** You will present your medical ID card to receive medical and prescription drug services.

Need to speak with someone? You can call the EBMS Member Support Team number (located on the back of your Benefits ID Card) if you need assistance with:

- Benefits Information
- Finding a doctor
- Questions about a condition or treatment plan
- Information about a claim or bill

TELEHEALTH

Offered through Recuro Health

The telehealth benefit is provided as part of your medical plan and provides fast and convenient access to a primary care, behavioral health, and urgent care 24 hours a day, 7 days and week, 365 days a year. Get started by downloading the "Recuro Care" Mobile App, visiting www.reкуроhealth.com, or calling **855-6RECURO**.



MV PLAN ONLINE PORTAL AND MOBILE APP

The miBenefits Member Portal App allows you to:

- Find and compare providers and their costs.
- Track claims and deductibles for the entire family.
- View and manage all of your benefits.

Register now at www.miBenefits.ebms.com or download the free "I360 miBenefits" Mobile App.



DISCOUNT COMPANION CARD

Discounts on services and supplies not provided through your MEC or MV medical plan. Offered through Well Card

The Discount Companion Card provides the following at discounted rates:

- **Dental** – Dental services and specialties, including orthodontia at over 80,000 provider locations nationwide.
- **Vision** – Lenses, frames, and other vision needs at OUTLOOK vision providers.
- **MRI & Imaging** –MRI, PET, and CT scans, as well as other imaging services at over 4,000 locations nationwide. You also have access to concierge appointment services.
- **Labs** – An online search tool to locate a lab and order tests and receive immediate savings information. Test results are available within 48-96 hours.
- **Hearing** – Free hearing test and discounts on hearing aids at 2,200 providers nationwide.
- **Diabetic Care Services** – Diabetic testing supplies delivered directly to your home.
- **Vitamins** – Vitamin and mineral supplements delivered directly to your home.
- **Daily Living Products** – Medical supplies, safety equipment, and health products delivered directly to your home.

To review available discounts and activate your MEC Companion Card, visit www.WellCardSavings.com > click "Click Here to Register" > Group ID: **MECPLUS** > Fill out your information > Click Save, Text, or Email card.



This is NOT insurance. It is a discount medical program. It does not replace COBRA or any other medical insurance program nor is it a Medical Part D prescription drug plan. Cardholders are responsible for paying the discounted cost at the time of service from participating providers. WellCard Savings will not share or sell your personal information. The discount plan organization is Access One Consumer Health, Inc. (not affiliated with AccessOne Medcard), 84 Villa Road, Greenville, SC 29615, <http://accessonedmpo.com/>. This program is not available to residence of Montana but may be used at participating Montana providers. Other state residents: visit www.WellCardSavings.com for full disclosure.

Supplemental Insurance

When life takes an unexpected turn and you experience a sudden illness or injury, supplemental health and life insurance benefits help protect you and your family from physical and financial hardships. For more than 20 years, our carrier offered products that include a return on the investments you make in this benefit – as a result, we have paid out over \$4 billion in benefits to policyholders.

For a deeper dive into the Supplemental Insurance available to you in your location and any questions you may have, schedule an appointment with a Benefits Adviser (to understand how to do this, see the “How to Enroll” section of this guide).



ACTIVE CARE in REAL LIFE: *Emily's story*

Emily's husband recently was laid off from his accounting job. Unemployment benefits are about to run out, and their savings are dwindling.

Along with working full-time as a stylist, Emily takes care of her two daughters and helps her aging parents. Her dad's longtime battle with diabetes led to heart disease. At the same time, her mother and her favorite aunt are being treated for breast cancer. Emily sees them all struggle with their health—and with the cost of care. She doesn't want her own family to struggle any more than they already have.

THE SOLUTION

Our solution combines the key benefits from all types of supplemental health insurance into one convenient package. Emily can get cash benefits to help cover her large medical deductible and nonmedical costs as needed.

EMILY'S BENEFIT SELECTIONS

LUMP-SUM BENEFIT amount:

\$5,000

The \$5,000 lump-sum benefit would completely cover Emily's major medical deductible.

Coverage:

CANCER

Emily has a higher-than-average risk of cancer because of her family history. If she's ever diagnosed, the \$5,000 lump-sum benefit would immediately cover her major medical deductible.

HEART & STROKE

While she hopes to avoid heart disease by living well, Emily knows she is at risk.

HOSPITAL

Working as a nurse, Emily recognizes the potential expense of a hospital stay.

ACCIDENT

Emily chooses the accident benefits to help protect her busy, active family.

RETURN OF PREMIUM

With this option, Emily can get back all of her paid premiums, minus claims incurred, after 20 years. At that time she'll be only 60, so she can receive a check from the carrier and continue her coverage. Benefits are there if she needs them, and she'll get money back if she doesn't.

EXAMPLE OF WHAT COULD HAPPEN NEXT

If something does happen—now or in the coming years—Emily’s supplemental benefits will help cover her medical bills and pay nonmedical expenses.

Suppose Emily is involved in an accident on her way home from work. An uninsured driver hits her broadside, leaving her with a fractured left hip and dislocated shoulder, along with lacerations and burns. Emily files a claim with the carrier and receives these benefits:

CANCER	DOLLAR AMOUNT
No cancer benefits are used for this claim example.	
HEART & STROKE	
No heart & stroke benefits are used for this claim example.	
HOSPITAL	
ICU stay, 3 days	\$1,200
Skilled-care nursing facility stay, 5 days	1,000
Subtotal	\$2,200
ACCIDENT	
Fractured hip	\$1,200
Dislocated shoulder	\$600
Laceration	\$100
Burn	\$500
Emergency room visit	\$250
Doctor office visit, 2 visits	\$60
Subtotal	\$2,710
Total cash benefits paid to Emily for one accident example	\$4,910


The benefits from the carrier would cover all but \$90 of Emily’s major medical deductible. She wouldn’t have to worry about depleting her savings account or going into debt to pay the bills. At the same time, she still has her cancer lump-sum and recurrence benefits, heart/stroke lump-sum and recurrence benefits, and various indemnity benefits.

THE RESULT

With the assurance of the carrier, Emily spends less time worrying about the “what if” and more time enjoying life with her family.


Accidental Injury Insurance

Accidents happen and injuries affect us all, with one in five Americans seeking medical attention for injuries every year.¹ The financial impact of an accident can have a significant financial impact. A trip to the emergency room, urgent care or your doctor's office can cost you hundreds or thousands of dollars. In fact, the average cost of a non-fatal injury treated in the emergency room is \$6,620!²




Protect Your Finances if the Unexpected Occurs.

If an accident occurs, you receive a lump sum benefit payment. Covered accidents include, but are not limited to, surgical expenses, lab tests and exams, emergency room and urgent care expenses, hospital or intensive care confinement.




Use Money However You Want.

The money can help you close the gap between what your medical insurance covers and your out-of-pocket medical expenses, like co-pays, deductibles and expenses not covered by your medical plan. If you need to use the money for other expenses, you may do that too.



Reduced Cost for Accident Insurance.

While you can purchase accident insurance on your own, the Company negotiates a group rate – making coverage more affordable for you- and premiums are conveniently deducted from your paycheck.



Take Your Coverage With You When You Go.

You may take the coverage with you if you leave the company or retire.

A quality accident policy can be a great complement to your major medical insurance and help protect you from out-of-pocket medical bills that result from accidental injuries. Here are highlights of how accident insurance supports you: Gain peace of mind that your family is financially protected from injuries with accident insurance!

¹ National Safety Council, All Injuries Overview, <https://injuryfacts.nsc.org/allinjuries/overview/>, 2023.

² United States Department of Health and Human Services, Average medical cost of fatal and non-fatal injuries by type in the USA, https://stacks.cdc.gov/view/cdc/90013/cdc_90013_DS1.pdf, 2021.



ACCIDENT in REAL LIFE: Mike's story

Ten years into his career as a firefighter, Mike still loves what he does. But experience has taught him that accidents can happen anywhere at any time to anyone. Mike now feels he should take extra steps to protect himself and his finances. **The policy is the answer.**

MIKE'S SOLUTION

Mike followed in his father's footsteps by becoming a firefighter. In fact, it's all he's ever wanted to do. But he sees the consequences of accidents every day. A friend at the fire station recently bought a supplemental accident policy that pays cash benefits to help with medical bills, lost wages and other costs. So Mike scheduled an appointment with an agent to talk about his options.

What would happen if...?

Mike's job makes him susceptible to accidents. If he were injured, he would face medical bills on top of his mortgage, car payment, utility bills and other expenses. Mike decided on a policy.

A special safety rider enhances his total benefits. As a first responder, he's susceptible to gunshot wounds in the line of duty. In an accident, Mike's benefits would add up:

<i>Mike's injury: broken leg</i>	<i>Benefits</i>
Ambulance (ground)	\$250
Emergency room	\$500
Fracture	\$2,000
Medical appliance (wheelchair)	\$125
Physician visit (two visits)	\$100
Physical therapy (four visits)	\$200
Mike's total benefits:	\$3,175

Hospital Insurance

Supplemental hospital indemnity insurance helps when you need it most by paying cash benefits directly to you, regardless of any other insurance you have, when you experience a covered hospital stay. You can use the money for any purpose, including out-of-pocket medical bills, lost wages, living expenses, home modification and more.

This policy may even provide normal pregnancy or childbirth coverage after a 10-month waiting period, so you can focus less on medical bills and more on rest, recovery and what matters most.

How it can work for you...

Medical emergencies are unpredictable and expensive, and your employer health plan, private health insurance or Medicare may only cover a portion of the costs. This policy offers benefits that will help protect your family financially from the high cost of hospital stays.

Hospital Assure is as easy as....

1 The unexpected happens

Your plans to enjoy the weekend are ruined when intense stomach pain sidelines you.

2 You go to the hospital

You go to the ER and are diagnosed with appendicitis. You will need surgery and will need to stay in the hospital for a couple of days.

3 Helps when you need it most

The carrier pays cash benefits directly to you. Use the cash for ANY PURPOSE—to help cover medical bills, lost wages and more.

An average inpatient hospital stay in the U.S. costs

\$2,883 PER DAY.¹



HOW WOULD A HOSPITAL STAY AFFECT YOU FINANCIALLY?

Beware of these common out-of-pocket expenses:

DEDUCTIBLE. Before your major medical insurance starts paying benefits, you must meet your deductible.

COPAYS. These are fixed amounts you pay for covered services after you meet your deductible.

SURPRISE BILLING. This happens when you visit an in-network hospital, but receive treatment from a doctor, surgeon or specialist who is out of your network.

EVERYDAY EXPENSES. Bills and expenses don't stop when you're unable to work due to an injury.

HOW THIS POLICY CAN ADD UP TO HELP YOU...

<i>Hospitalization due to appendicitis: ER visit and a hospital stay</i>	<i>Benefits</i>
Hospital confinement (lump sum)	\$3,000
Ambulance to the hospital	\$200
Emergency room	\$100
Imaging exam	\$100
Surgical procedure	\$1,000
Post physician office visit	\$25
Total benefit:	\$4,425

¹ Kaiser Family Foundation, *Hospital Adjusted Expenses per Inpatient Day*, <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/?currentT imeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>, 2021.

Critical Illness Insurance

Thanks to medical advances, many people survive critical illnesses and accidental injuries. However, most patients face unexpected costs not covered by major medical insurance, resulting in medical debt for many Americans. In the U.S., nearly 1 in 10 adults- or 23 million people- owe medical debt. This includes 11 million who owe more than \$2,000 and 3 million people who owe more than \$10,000.³

Six in 10 adults

in the U.S. have a chronic disease, such as heart disease, cancer, stroke, Alzheimer's disease or diabetes¹

1 in 5 Americans

seek medical attention for injuries every year.²

It pays to be prepared for a health event with critical illness insurance. This supplemental insurance:

- Pays a lump sum, cash benefit directly to you, regardless of any other insurance you have.
- Allows you to use the money however you choose, including paying for out of pocket medical bills and living expenses while you're on the mend.
- Can be taken with you if you leave the Company.
- Ensures a lower premium rate because it is offered through the Company at a negotiated rate.

1 Centers for Disease Control and Prevention, Chronic Diseases in America, <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>, December 2022.

2 National Safety Council, All Injuries Overview, <https://injuryfacts.nsc.org/allinjuries/overview/>, 2023.

3 Kaiser Family Foundation, 1 in 10 Adults Owe Medical Debt, With Millions owing more than \$10,000, <https://www.kff.org/health-costs/press-release/1-in-10-adults-owe-medical-debt-with-millions-owing-more-than-10000>, March 2022.

Supplemental Life Insurance

You work hard to provide for the people you love most. You're focused on caring for them today, but what would happen if you couldn't provide for them in the future?

This policy is permanent life insurance that offers financial flexibility and advantages. This product can help you:



Protect loved ones from your final expenses.



Provide a comfortable retirement for a spouse or partner.



Leave a legacy to help support your children or grandchildren.

Plus, with a living benefit option that gives you accelerated death benefit choices if you're certified as chronically ill, this policy can help protect your savings from costs of care.

This policy is portable life insurance coverage, which means you can keep your policy if you change jobs or retire. Help ensure your family's security and your peace of mind with universal life insurance!

For limitations, exclusions, costs and policy details specific to your state, see the product brochure or contact your Benefits Adviser. Policy underwritten by Washington National Insurance Company, home office Carmel, IN. Policy benefits and riders subject to state availability.

Dental Plans

Offered through Delta Dental

Regular dental care is important to your overall health. A routine dental exam can help identify many diseases — including heart disease, diabetes, anemia, kidney disease and more. It also can save you money by catching a minor dental issue before it becomes a major one.

HOW THE PLANS WORK

- You can choose any dental provider you wish to use; however, when you use an in-network dentist, you'll generally pay less.
- If you choose an out-of-network provider, you may be billed the difference between what the provider pays, and what your out-of-network provider charges for the services.



Connect with Your Benefits on MySmile®

MySmile provides you computer or mobile device access to:

- View your coverage
- Check your dental claims
- View and print your ID card
- Review your treatment history
- Find a dentist
- Get a cost estimate ... and more.

Visit www.deltadentalnj.com > select “Register Now” and enter your contact information and username and password, check the “Agree to Terms of Use” box, and click “Register. Within 24 hours, you will receive a code to the email address you used when registering. Once received, you will need to enter the code to access your account with your username and password. Once you have a username and password, you can download the MySmile® Mobile App for on the go access to your dental plan information.



SUMMARY OF BENEFITS

Feature	Preventive Dental	Comprehensive Dental
	In-Network Coverage	In-Network Coverage
Annual Deductible <i>Once each family member meets his/her “embedded” deductible, health insurance begins paying for covered services, regardless of whether the larger family deductible is met.</i>	<ul style="list-style-type: none"> • Individual: \$0 • Individual + Dependent(s): \$0 	<ul style="list-style-type: none"> • Individual: \$50 • Individual + Dependent(s): \$150
Deductible	\$1,000	\$1,500
Annual Maximum (per person)	100%	100%
Preventive Services	N/A	80%
Basic Services	N/A	50%
Major Services	N/A	N/A

CARRYOVER MAXSM

Delta Dental’s Carryover MaxSM allows you to increase your benefits. This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

Vision Plan

Offered through Delta Vision

You have access to a comprehensive vision plan, providing you and your family with coverage both in-network and out-of-network.



Vision insurance does not provide a Member ID card for services; simply find a provider and make an appointment. Your member ID is your Social Security number. Visit <https://www.vsp.com/eye-doctor> > Search by Location, Office Name, or Doctor Name to find a provider near you.

SUMMARY OF BENEFITS

Feature	Coverage	
	In-Network	Out-of-Network
Examination (every 12 months)	\$10 copay	Plan reimburses up to \$45
Materials	\$25 copay	N/A
Lenses		
Single	No charge after materials copay	Plan reimburses up to \$30
Bifocal	No charge after materials copay	Plan reimburses up to \$50
Trifocal	No charge after materials copay	Plan reimburses up to \$65
Lenticular	No charge after materials copay	Plan reimburses up to \$100
Frames (every 24 months)	Plan pays up to \$130 (\$70 at Walmart, Sam's Club or Costco)	Plan reimburses up to \$70
Contact Lenses (every 12 months in lieu of lenses and frames)	<ul style="list-style-type: none"> • Necessary Contacts: 100% • Elective Contacts: Plan pays up to \$130; \$60 copay for evaluations and fit may also apply 	<ul style="list-style-type: none"> • Necessary Contacts: Plan reimburses up to \$210 • Elective Contacts: Plan reimburses up to \$105

* Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices may vary and are valid only through VSP Choice Network and are subject to change without notice.



**DESTROY *THE*
HAIRDRESSER**