



2024 BENEFITS GUIDE

January 1, 2024 — December 31, 2024



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of your date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2024.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth, adoption, or legal custody of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- Involuntary loss of other group insurance coverage
- You gain access to state coverage under Medicaid or CHIP
- Employment status changes which affect benefit eligibility

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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CareerSource Tampa Bay continues to offer paperless enrollment. Enrollment is through Paylocity's Enterprise Benefits. You are able to access open enrollment through your Paylocity Self-Service Portal.



Medical Plans

We are proud to offer you a choice among three different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Cigna PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Cigna network. The calendar-year deductible must be met before certain services are covered.

Cigna HSA

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Cigna network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. *NOTE: If you enroll one or more family members, each family member must meet their own individual deductible (\$2,800) until the total family deductible is met (\$5,000).*
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. *NOTE: If you enroll one or more family members, each family member must meet their own individual out of pocket maximum limit (\$5,600) until the total family out of pocket maximum is met (\$10,000).*



- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute **\$100 monthly** for an annual contribution up to \$1,200 to your HSA. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

| HSA Contribution Limit | 2024 |
|-------------------------------|---------|
| Employee Only | \$4,150 |
| Family (employee + 1 or more) | \$8,300 |
| Catch-up (age 55+) | \$1,000 |

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed above. Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

Medical Plans (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

| Key Medical Benefits | Cigna Base Plan | Cigna Base Plan | | Cigna Buy Up Plan | |
|--|--|---------------------|-----------------------------|---------------------|-----------------------------|
| | HSA | PPO | | PPO | |
| | In-Network Only | In-Network Only | Out-of-Network ¹ | In-Network Only | Out-of-Network ¹ |
| Deductible (per calendar year) | | | | | |
| Individual / Family | EE Only: \$2,500 EE+ 1 or more: Indiv Ded Max: \$2,800 Family Plan- Family Ded Max: \$5,000 | \$2,000 / \$4,000 | \$4,000 / \$8,000 | \$750 / \$1,500 | \$1,500 / \$3,000 |
| Out-of-Pocket Maximum (per calendar year) | | | | | |
| Individual / Family | EE Only: Indiv Ded: \$5,000 EE + 1 or more: Indiv Ded Max: \$5,600 Family Plan- Family Ded Max: \$10,000 | \$4,000 / \$8,000 | \$8,000 / \$16,000 | \$3,000 / \$6,000 | \$6,000 / \$12,000 |
| Coinsurance (you pay) | | | | | |
| | 20%* | 20%* | 40%* | 10%* | 40%* |
| Covered Services | | | | | |
| Office Visits (primary care/specialist) | 20%* | 20%* | 40%* | \$25 / \$ 40 | 40%* / 40%* |
| Routine Preventive Care | No charge | No charge | 40%* | No charge | 40%* |
| Outpatient Diagnostic (lab/X-ray) | 20%* | No charge | 40%* | No charge | 40%* |
| Complex Imaging | 20%* | 20%* | 40%* | 10%* | 40%* |
| Ambulance | 20%* | 20%* | 40%* | 10%* | 20%* |
| Emergency Room | 20%* | 20%* | 20%* | \$200 | \$200 |
| Urgent Care Facility | 20%* | 20%* | 40%* | \$75 | 40%* |
| Inpatient Hospital Stay | 20%* | 20%* | 40%* | 10%* | 40%* |
| Outpatient Surgery | 20%* | 20%* | 40%* | 10%* | 40%* |
| Prescription Drugs (Tiers) | | | | | |
| Retail Pharmacy (30-day supply) | 20%* | \$10 / \$30 / \$50 | N/A | \$10 / \$35 / \$60 | N/A |
| Mail Order (90-day supply) | 20%* | \$30 / \$90 / \$150 | N/A | \$35 / \$95 / \$170 | N/A |

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

Telehealth

Cigna Telehealth connection lets you get the care you need - including most prescriptions - for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone without leaving your home or office. When, where and how it works best for you!

Use Cigna Telehealth Connection to connect with a doctor about: acne, allergies, colds and flu, fevers, headaches, rashes, sore throats, stomachaches, urinary track infections, and more.

See page 8 for contact information.

Dental Plans

We are proud to offer you a choice between two different dental plans.

Cigna Dental DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Cigna DPPO Advantage network.

Following is a high-level overview of the coverage available.

| Key Dental Benefits | Cigna DPPO Advantage | | | |
|--|----------------------|-----------------------------|-----------------|-----------------------------|
| | Option 1 | | Option 2 | |
| | In-Network Only | Out-of-Network ¹ | In-Network Only | Out-of-Network ¹ |
| Deductible (per calendar year) | | | | |
| Individual / Family | \$50/\$150 | | \$25/\$75 | |
| Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined) | | | | |
| Per Individual | \$1,000 | | \$1,500 | |
| Covered Services | | | | |
| Preventive Services | No charge | No charge | No charge | No charge |
| Basic Services | 20% after CYD | 30% after CYD | 20% after CYD | 30% after CYD |
| Major Services | 50% after CYD | 60% after CYD | 50% after CYD | 60% after CYD |
| Orthodontia (Child only) | Not Covered | | 50% | 60% |

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Vision Plan

We are proud to offer you a vision plan through Cigna

The **Cigna** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Cigna** network.

Following is a high-level overview of the coverage available.

| Key Vision Benefits | In-Network | Out-of-Network Reimbursement |
|--|--------------------------------------|------------------------------|
| Exam (once every 12 months) | \$5 | Up to \$45 Allowance |
| Materials Copay | \$10 | N/A |
| Lenses (once every 12 months) | | |
| Single Vision | \$10 | Up to \$32 Allowance |
| Bifocal | \$10 | Up to \$55 Allowance |
| Trifocal | \$10 | Up to \$65 Allowance |
| Frames (once every 24 months) | \$150 Allowance then 20% off balance | Up to \$83 Allowance |
| Contact Lenses (once every 12 months; in lieu of glasses) | \$150 Allowance | Up to \$120 allowance |

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs). FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2024, you may contribute up to \$3,200 to cover qualified health care expenses incurred by you, your spouse, and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school, or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds up to \$640 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$610 will NOT be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will NOT be returned to you or carried over to the following year.

You can incur expenses through March 15, 2024, and must file claims by March 31, 2025.

Life and AD&D Insurance

Basic Life/AD&D Insurance (Employer Paid)

CareSource Tampa Bay is proud to offer you company paid Basic Life and AD&D coverage through Mutual of Omaha.

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

| | |
|-----------------------|---|
| Benefit Amount | 1x your base salary up to a \$200,000 maximum |
|-----------------------|---|

Voluntary Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members.

| | Benefit Option | Guaranteed Issue* |
|-------------------|--|-------------------|
| Employee | \$10,000 increments; up to 5x your annual salary to a maximum of \$300,000 | \$100,000 |
| Spouse | \$5,000 increments; up to \$50,000 (not to exceed 100% of employee amount) | \$30,000 |
| Child(ren) | 6 months to age 26 - Flat \$10,000 | \$10,000 |

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability Insurance

You are provided with Short-Term Disability and Long-Term Disability insurance at **NO COST** to you through Mutual of Omaha. Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Employer Paid Short-Term Disability

Provided to you at no cost through Mutual of Omaha

| | |
|---------------------------------|---------------------------------------|
| Benefit Percentage | 60% |
| Weekly Benefit Maximum | \$1,000 |
| When Benefits Begin | 1st day of accident/ 8th day sickness |
| Maximum Benefit Duration | 13 weeks |

Employer Paid Long-Term Disability

Provided to you at no cost through Mutual of Omaha

| | |
|---------------------------------|---|
| Benefit Percentage | 60% |
| Monthly Benefit Maximum | \$5,000 |
| When Benefits Begin | After 90th day of disability |
| Maximum Benefit Duration | To age 65 or Social Security Retirement Age |

Life Assistance Program (LAP)

From time to time many of us face problems at work or at home that we are not sure how to solve. These can range from marital problems to substance abuse. That's why CareerSource Tampa Bay is pleased to offer its employees, their family members, and anyone residing in their household a confidential Life Assistance Program administered by Cigna.

This program offers you professional assistance in dealing with almost any life issue. From stress or depression to legal or financial issues, the CareerSource Tampa Bay LAP can help!

These services are available to you and your dependents by calling a toll free phone line open 24 hours a day / 7 days a week. All conversations are confidential and private. Spanish speaking representatives are also available.

The LAP can help with the following issues, among others:

- Core Services such as general counselling for stress, depression, family issues, substance abuse, child care, work life services, educational resources, marriage counselling and elder care resources
- Wellness topics such as smoking cessation, weight loss and exercise
- Financial Planning resources such as investment plans, estate planning, debt reduction, retirement planning, bankruptcy, tax support, college funding and budget management
- Legal Services including referrals and discounts for services such as creating or modifying a will, consumer issues, criminal matters, living wills, power of attorney, separation and divorce and traffic matters

Employee Assistance Program (EAP)

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including emotional well-being, family and relationships, legal and financial matters, healthy lifestyles, and work and life transitions. You have access to EAP professionals 24 hours a day, 7 days a week. Additionally, you have 3 face-to-face sessions with a counselor (per household per calendar year).

401(k) Retirement Plan

CareerSource Tampa Bay offers you access to a 401(k) Retirement Plan that makes saving for retirement easy and convenient through payroll deductions. You are eligible to enroll after completing 6 months of employment.

CareerSource Tampa Bay may make a per pay period, non-elective contribution (NEC) of 5% of your annual salary. In addition, you can choose to contribute from 1% to 80% of your salary, up to \$19,500 in 2020.

CareerSource Tampa Bay offers 2 types of 401(k) plans to assist you in planning for your future:

- 401(k) Traditional - pre-tax deductions
- 401(k) Roth - post-tax deductions

Employees age 50 and over can make additional catch-up contributions (up to \$6,000) to either of the 401(k) plans.

You are 100% vested in employer contributions after one year of employment. You are immediately vested in your contributions.

Visit myplan.johnhandcock.com for more information about enrollment and investment options. Make sure you designate a beneficiary and remember to update the beneficiary when needed.

Voluntary – Worksite Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Colonial Life (accident, cancer, critical illness, medical bridge, and hospital indemnity) are designed to complement your health care coverage and allow you to customize our benefits to meet you and your family's needs. The best part? The benefits help offset the costs of unpredictable expenses should you be injured in an accident, diagnosed with a critical illness, or hospitalized. Coverage is also available for your spouse and dependents.

Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this premium class in force in the state where your policy was issued.

How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

Benefits listed are for each covered person per covered accident unless otherwise specified.

Initial Care

- Accident Emergency Treatment..... \$175
- X-ray Benefit.....\$30
- Ambulance\$200
- Air Ambulance..... \$2,000

Common Accidental Injuries

| Dislocations (Separated Joint) | Non-Surgical | Surgical |
|---|--------------|----------|
| Hip | \$2,400 | \$4,800 |
| Knee (except patella) | \$1,200 | \$2,400 |
| Ankle – Bone or Bones of the Foot (other than Toes) | \$960 | \$1,920 |
| Collarbone (Sternoclavicular) | \$600 | \$1,200 |
| Lower Jaw, Shoulder, Elbow, Wrist | \$360 | \$720 |
| Bone or Bones of the Hand | \$360 | \$720 |
| Collarbone (Acromioclavicular and Separation) | \$120 | \$240 |
| One Toe or Finger | \$120 | \$240 |

| Fractures | Non-Surgical | Surgical |
|--|--------------|----------|
| Depressed Skull | \$3,000 | \$6,000 |
| Non-Depressed Skull | \$1,200 | \$2,400 |
| Hip, Thigh | \$1,800 | \$3,600 |
| Body of Vertebrae, Pelvis, Leg | \$900 | \$1,800 |
| Bones of Face or Nose (except mandible or maxilla) | \$420 | \$840 |
| Upper Jaw, Maxilla | \$420 | \$840 |
| Upper Arm between Elbow and Shoulder | \$420 | \$840 |
| Lower Jaw, Mandible, Kneecap, Ankle, Foot | \$360 | \$720 |
| Shoulder Blade, Collarbone, Vertebral Process | \$360 | \$720 |
| Forearm, Wrist, Hand | \$360 | \$720 |
| Rib | \$300 | \$600 |
| Coccyx | \$240 | \$480 |
| Finger, Toe | \$120 | \$240 |

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) \$1,000 to \$12,000
- Coma.....\$12,500
- Concussion \$60
- Emergency Dental Work\$75 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size)..... \$30 to \$500

Requires Surgery

- Eye Injury.....\$300
- Tendon/Ligament/Rotator Cuff.....\$750 - one, \$1,500 - two or more
- Ruptured Disc\$750
- Torn Knee Cartilage\$750

Surgical Care

- Surgery (cranial, open abdominal or thoracic) \$1,500
- Surgery (hernia)\$150
- Surgery (arthroscopic or exploratory)\$200
- Blood/Plasma/Platelets\$300

Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation.....\$500 per round trip up to 3 round trips
- Lodging (family member or companion).....\$125 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission* \$1,750 per accident
 - Hospital ICU Admission* \$3,500 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*
- Hospital Confinement \$325 per day up to 365 days per accident
 - Hospital ICU Confinement\$650 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit \$75 (up to 3 visits per accident)
- Medical Imaging Study\$150 per accident
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy \$25 per treatment up to 10 days
- Appliances \$100 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb \$750 - one, \$1,500 - more than 1
- Rehabilitation Unit.....\$100 per day up to 15 days per covered accident,
and 30 days per calendar year.
Maximum of 30 days per calendar year

Accidental Dismemberment

- Loss of Finger/Toe \$1,250 – one, \$1,500 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye\$7,500 – one, \$15,000 – two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
- Loss of both hands or both feet
- Loss or loss of use of one arm and one leg or
- Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak

Named Insured \$25,000 Spouse\$25,000 Child(ren).....\$12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over.

Payable once per lifetime for each covered person.

Accidental Death

| | Accidental Death | Common Carrier |
|-----------------|------------------|----------------|
| ● Named Insured | \$40,000 | \$115,000 |
| ● Spouse | \$40,000 | \$115,000 |
| ● Child(ren) | \$8,000 | \$23,000 |

Health Screening Benefit

- \$50 per covered person per calendar year

Provides a benefit if the covered person has one of the health screening tests performed.

This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Cancer Insurance

How would cancer impact your way of life?

Hopefully, you and your family will never face cancer. If you do, a financial safety net can help you and your loved ones focus on what matters most — recovery. If you were diagnosed with cancer, you could have expenses that medical insurance doesn't cover. In addition to your regular, ongoing bills, you could have indirect treatment and recovery costs, such as child care and home health care services.

Help when you need it most

Cancer coverage from Colonial Life & Accident Insurance Company can help protect the lifestyle you've worked so hard to build. It provides

benefits you can use to help cover:

- Loss of income
- Out-of-network treatment
- Lodging and meals
- Deductibles and co-pays

With cancer insurance:

- Coverage options are available for you and your eligible dependents.
- Benefits are paid directly to you unless you specify otherwise.
- You're paid regardless of any insurance you may have with other companies.
- You can take coverage with you, even if you change jobs or retire.

Our cancer insurance offers more than 30 benefits that can help you with costs that may not be covered by your medical insurance.

Treatment benefits (inpatient or outpatient):

- Radiation/chemotherapy
- Anti-nausea medication
- Medical imaging studies
- Supportive or protective care drugs and colony stimulating factors
- Second medical opinion
- Blood/plasma/platelets/immunoglobulins
- Bone marrow or peripheral stem cell donation
- Bone marrow or peripheral stem cell transplant
- Egg(s) extraction or harvesting/sperm collection and storage
- Experimental treatment
- Hair/external breast/voice box prosthesis
- Home health care services
- Hospice (initial or daily care)

Surgery benefits

- Surgical procedures
- Anesthesia
- Reconstructive surgery
- Outpatient surgical center
- Prosthetic device/artificial limb

Travel benefits

- Transportation
- Companion transportation
- Lodging

Inpatient benefits

- Hospital confinement
- Private full-time nursing services
- Skilled nursing care facility
- Ambulance
- Air ambulance

Additional benefits

- Family care
- Cancer vaccine
- Bone marrow donor screening
- Skin cancer initial diagnosis
- Waiver of premium

Specified Critical Illness Insurance

How will you pay for what your health insurance won't?

Even those of us who plan for the unexpected with life, disability and health insurance may discover that some expenses can still remain unpaid. Without adequate protection, sufferers of critical illnesses might have to pull from their savings or rely on other financial sources in their time of need.

Specified Disease Insurance helps fill the gaps in your health insurance.

With Colonial Life's Specified Critical Illness Insurance, you're paid a benefit that can help you cover:

- Deductibles, co-pays and co-insurance of your health insurance
- Home health care needs and household modifications
- Travel expenses to and from treatment centers
- Lost income
- Rehabilitation
- Child care expenses
- Everyday living expenses

You're free to use the benefit however you choose.

And coverage is available for you and your eligible family members.

This coverage is compatible with a Health Savings Account (HSA)

You may use this coverage in conjunction with a Health Savings Account, allowing even more flexibility when dealing with a serious illness.

You can use this coverage more than once

Subsequent Diagnosis... of a different Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with a *different* Specified Critical Illness, we will pay the percentage of the original face amount.

Subsequent Diagnosis... of the same Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with the *same* Specified Critical Illness (except those listed below), we will pay 25% of the original face amount.

(Critical illnesses that do not qualify are: Coronary Artery Disease and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.)

Dates of Diagnoses of Specified Critical Illnesses must be separated by at least 180 days.

Health Screening Benefit

New technology can help improve your chances of surviving a serious illness through early detection and treatment. We will pay this benefit if any covered person incurs a charge for and has any of the following screening tests performed while your policy is in force.

- Stress test on a bicycle or treadmill
- Serum cholesterol test to determine levels of HDL and LDL
- Carotid doppler
- Electrocardiogram (ECG/EKG)
- Echocardiogram (ECHO)
- Chest x-ray
- Colonoscopy
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)

24 tests included – No Lifetime Limit

Covered Specified Critical Illnesses

| For this illness... | We will pay this percentage of the face amount: |
|--|---|
| Heart Attack (Myocardial Infarction) | 100% |
| Stroke | 100% |
| Major Organ Failure | 100% |
| End Stage Renal (Kidney) Failure | 100% |
| Permanent Paralysis due to a Covered Accident | 100% |
| Coma | 100% |
| Blindness | 100% |
| Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D | 100% |
| Coronary Artery Disease | 25% |

The Maximum Benefit Amount for this policy is 3x the face amount for the Named Insured for all covered persons combined. The policy will terminate when the Maximum Benefit Amount for Specified Critical Illness has been paid.

Group Medical Bridge (Hospital Indemnity Insurance)

Group Medical Bridge insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse, and eligible dependent children.

Hospital confinement benefit: \$2000 per day

Maximum of one day per covered person per calendar year

Emergency room visit benefit: \$150 per day

Maximum of one day per covered person per calendar year

Diagnostic procedure benefit: \$250 per day

Maximum of one day per covered person per calendar year

Outpatient surgical procedure benefit:

- **Tier 1: \$500 per day**
- **Tier 2: \$1,000 per day**

Maximum of \$1,500 per covered person per calendar year for Tier 1 and 2 combined Maximum of one day per outpatient surgical procedure

Diagnostic Procedures

The following is a list of common diagnostic procedures that may be covered.

- **Breast:** Biopsy (incisional, needle, stereotactic)
- **Cardiac:** Angiogram, Arteriogram, Thallium stress test, Transesophageal echocardiogram (TEE)
- **Diagnostic radiology:** Computerized tomography scan (CT scan), Electroencephalogram (EEG), Magnetic resonance imaging (MRI), Myelogram Nuclear medicine test, Positron emission tomography scan (PET scan)
- **Digestive:** Barium enema/lower GI series, Barium swallow/upper GI series, Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth:** Laryngoscopy
- **Gynecological:** Amniocentesis, Cervical biopsy, Cone biopsy, Endometrial biopsy, Hysteroscopy, Loop electrosurgical excisional procedure (LEEP)
- **Liver:** Biopsy
- **Lymphatic:** Biopsy
- **Miscellaneous:** Bone marrow aspiration/biopsy
- **Renal:** Biopsy
- **Respiratory:** Biopsy, Bronchoscopy, Pulmonary function test (PFT)
- **Skin:** Biopsy, Excision of lesion
- **Thyroid:** Biopsy
- **Urinary:** Cystoscopy

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your certificate.

Tier 1 outpatient surgical procedures

- **Breast:** Axillary node dissection, Breast capsulotomy, Breast reconstruction, Lumpectomy
- **Cardiac:** Pacemaker insertion
- **Digestive:** Colonoscopy, Fistulotomy, Hemorrhoidectomy (external), Lysis of adhesions
- **Skin:** Laparoscopic hernia repair, Skin grafting
- **Ear, nose, throat, mouth:** Adenoidectomy, Removal of oral lesions, Myringotomy, Tonsillectomy, Tracheostomy
- **Gynecological:** Dilation and curettage (D&C), Endometrial ablation, Lysis of adhesions
- **Liver:** Paracentesis
- **Musculoskeletal system:** Carpal/cubital repair or release, Dislocation (closed reduction treatment) other than a finger or toe, Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair), Fracture (closed reduction treatment) other than a rib, finger or toe, Removal of orthopedic hardware, Removal of tendon lesion

Tier 2 outpatient surgical procedures

- **Breast:** Breast reduction
- **Cardiac:** Angioplasty, Cardiac catheterization
- **Digestive:** Exploratory laparoscopy, Laparoscopic appendectomy, Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth:** Ethmoidectomy, Mastoidectomy, Septoplasty, Stapedectomy, Tympanoplasty, Tympanotomy
- **Eye:** Cataract surgery, Corneal surgery (penetrating keratoplasty), Glaucoma surgery (trabeculectomy), Vitrectomy
- **Gynecological:** Myomectomy
- **Musculoskeletal system:** Arthroscopic knee surgery with meniscectomy (knee cartilage repair), Arthroscopic shoulder surgery, Clavicle resection, Dislocations (open reduction with internal fixation), Fracture (open reduction with internal fixation), Removal or implantation of cartilage, Tendon/ligament repair
- **Thyroid:** Excision of a mass

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

| Coverage | Carrier | Phone # | Website/Email |
|---|------------------|----------------|--|
| Medical | Cigna | (866) 494-2111 | www.MyCigna.com |
| Telehealth | MDLive for Cigna | (888) 726-3171 | MDLIVEforCigna.com |
| Dental | Cigna | (800) 244-6224 | www.MyCigna.com |
| Vision | Cigna | (877) 478-7557 | www.MyCigna.com |
| Flexible Spending Accounts (FSAs) Health Savings Account (HSA) | OCA | (855) 622-0777 | www.OCA125.com |
| Life/AD&D | Mutual of Omaha | (800) 877-5176 | www.mutualofomaha.com |
| Disability | Mutual of Omaha | (800) 877-5176 | www.mutualofomaha.com |
| Employee Assistance Program (EAP) | Mutual of Omaha | (800) 316-2796 | www.mutualofomaha.com/eap |
| Life Assistance Program (LAP) | Cigna | (800) 538-3543 | www.cignalap.com |
| Retirement 401(k) | John Hancock | (800) 294-3575 | myplan.johnhancock.com |

Questions?

If you have additional questions, you may also contact:

Human Resources
813-930-7400



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

