

**2023-2024**

# Employee Benefits Summary



**AMP United, LLC**

## WELCOME

Welcome to AMP United, LLC., the official sponsor of your benefits program! As an active full-time employee, you are eligible to participate in our competitive benefit program. This summary of benefits is provided to give you a general overview of the benefit choices you have as an employee. We have attempted to make this summary as up-to-date and accurate as possible. However, if there are any discrepancies between this summary and the plan documents, the plan documents will supersede this summary. Employee benefit plans and policies may be changed at the sole discretion of the company at any time. Please make sure that you read all benefits information provided to you.

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### Open Enrollment

We will have an open enrollment period annually, which allows employees to review and change their benefit choices. Once you make benefit elections, they will be effective for the entire plan year. The only time you may change your benefits during the plan year is in the event of a qualified life change. A qualified life change is defined as:

- Marriage or Divorce
- Birth or adoption of a dependent
- Death of a dependent
- Change in coverage under another employer's plan
- HIPAA Special Enrollment events
- Medicare or Medicaid entitlement
- COBRA qualifying events

If you experience a mid-year election change event, please notify Human Resources within 30 days of the qualified event.

### Your Individual Benefits Plan

**You must complete the enrollment process before our open enrollment date or within 30 days of your date of hire.** In order to change your benefit selection, you must notify Human Resources within 30 days of the qualifying event. If you enroll on time, coverage will become effective on the first of the month, following your new hire waiting period. If you fail to enroll on time, you will NOT be covered under our benefit plans (except for company-paid benefits) and your next opportunity to enroll will be the following plan year, or earlier if you have a midyear change of status. Changes made during Open Enrollment are effective on October 1st.

## Inside:

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## Welcome to Employee Navigator

### Step 1: Let's Create Your Account

<https://www.employeenavigator.com>

Click, "Login" on the top right of the screen.

Click, "Register as a new user".

Enter your personal information.

Your company Identifier is: **AMPUNITED**

Create your username & password



### Step 2: Welcome Screen & Electronic Signature and Consent

After reading the welcome screens, click "Let's Begin".

To accept Electronic Signature and Consent click "Sign Document" and "Next".

Once you have registered, please take the next required steps to review and electronically acknowledge the Employee Handbook.

### Step 3: Get Started

Please review this benefits guide prior to making benefit elections; it is recommended that you have it handy during the benefit enrollment process.

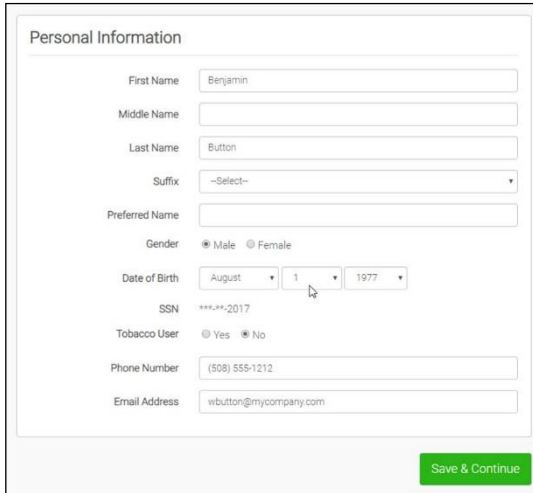
Once you've finished your tasks, click "Start Enrollment".

Details about the New Hire enrollment process will appear. Read and click "Get Started."

#### Step 4: Review/Edit Personal Information


Review the personal information listed and make edits as needed.

Click **“Save & Continue”** at the bottom of the screen.



A screenshot of a 'Personal Information' form. The form contains the following fields: First Name (Benjamin), Middle Name, Last Name (Button), Suffix (dropdown menu), Preferred Name, Gender (radio buttons for Male and Female), Date of Birth (dropdowns for August, 1, 1977), SSN (\*\*\*-\*\*-2017), Tobacco User (radio buttons for Yes and No), Phone Number ((508) 555-1212), and Email Address (wbutton@mycompany.com). A green 'Save & Continue' button is located at the bottom right.

**PROGRESS:**  
Progress Bar shows where you are in the enrollment process.  
Click **“View Steps”** to see a list of the steps.



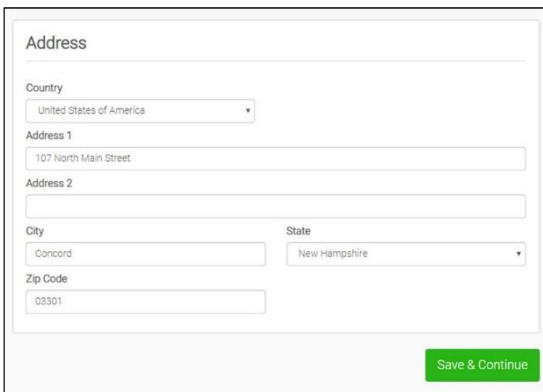
A screenshot of a progress bar showing 'Progress: 0 of 5'. The bar is empty, indicating the start of the process. A 'View steps' link with a right-pointing arrow is located at the bottom right of the progress bar.

#### Step 5: Verify Address

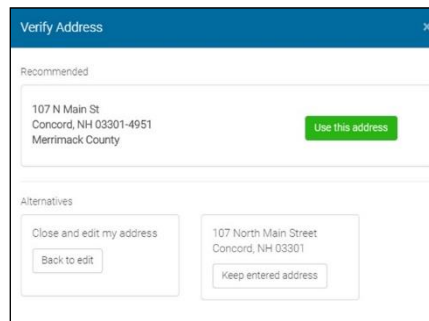
Review and/or edit your address. Click, **“Save & Continue”**.

Employee Navigator reaches out to the US Postal Service to verify the address you have provided.

Select the address you would like to use.



A screenshot of an 'Address' form. The form contains the following fields: Country (United States of America), Address 1 (107 North Main Street), Address 2, City (Concord), State (New Hampshire), and Zip Code (03301). A green 'Save & Continue' button is located at the bottom right.



A screenshot of a 'Verify Address' dialog box. It shows a 'Recommended' address: 107 N Main St, Concord, NH 03301-4951, Merrimack County, with a green 'Use this address' button. Below it, under 'Alternatives', there are two options: 'Close and edit my address' with a 'Back to edit' button, and '107 North Main Street, Concord, NH 03301' with a 'Keep entered address' button.

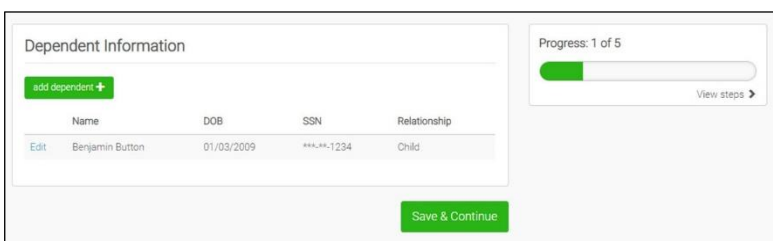
#### Step 6: Review and/or add Dependents

To add a dependent, click **“add dependent”**. Enter your dependent’s profile details. Relationship, social security number and date of birth are required.

If your dependents are already listed, review the information.

To update any details, click **“edit”** to make changes.

When dependent details are complete, click **“Save & Continue”**.



A screenshot of a 'Dependent Information' form. It features an 'add dependent +' button and a table with the following data:

Name	DOB	SSN	Relationship
Edit Benjamin Button	01/03/2009	***-**-1234	Child

A green 'Save & Continue' button is located at the bottom right. A progress bar in the top right corner shows 'Progress: 1 of 5'.

## Step 7: Walk through each Offered Benefit Plan

The screenshot displays a web-based interface for selecting a medical benefit plan. At the top left, the 'Medical' section is active, with a progress indicator showing '2 of 5' steps. Below this, the 'Who am I enrolling?' section shows 'Myself' selected and 'Benjamin Button (child)' as an option. The 'Which plan do I want?' section features two plan options: 'Health Plan ONE' with a cost of \$82.09 and 'Health Plan TWO' with a cost of \$51.59. Each plan box includes 'Compare', 'Details', and 'Select' buttons. On the right side, there are sections for 'My Selections' (currently 'No election yet') and 'Helpful Resources' (including links to provider lists and a medical summary). At the bottom, there are 'Save & Continue' and 'Don't want this benefit?' buttons.

### HELPFUL RESOURCES:

Links to documents and/or websites to provide more information about the benefits.

**Benefit Type:** The type of benefit will appear at the top of the screen. Details that you should know prior to making your selection will appear here.

**WHO AM I ENROLLING:** By default, Myself will be selected and the rates listed on the plans below will reflect employee only coverage. To add a dependent to the coverage, click the green circle to the left of the name. (The rates will update accordingly).

### WHICH PLAN DO I WANT:

In each plan box: Click “**Compare**” to see the cost for each plan tier.

Click “**Details**” to learn more information about the plan.

### Select a Benefit:

To select a benefit plan, click “**Select**” in the desired plan box and then “**Save & Continue**”.

### Waive the Benefit:

If you are not interested in this benefit, click “**Don't want this Benefit?**” and select a reason code. Employee Navigator will move to the next benefit automatically.



## Step 8: FORMS

Some benefits require additional information to complete enrollment. Those forms will appear after each benefit that requires them.

**Beneficiary Form:** A beneficiary is the recipient of financial benefit from an insurance policy after the insured dies. You are required to add a beneficiary to the Life and Voluntary Life plans. You DO NOT need to complete the beneficiary's date of birth, social security number, address or phone number. Your allocation will need to equal 100%.

## Step 9: Enrollment Summary

When you have completed the enrollment, you will be brought to the Enrollment Summary page.

### YELLOW MESSAGE

#### "Enrollment Not Complete"

If anything is incomplete, the yellow message box across the screen indicating "Enrollment Not Complete". If you look at the steps in the progress bar, the ones that need to be confirmed or completed will be listed with yellow circles and highlighted.

The screenshot shows the 'Enrollment Summary' page. At the top, it says 'Enrollment Summary' with a printer icon. Below that, a message reads: 'Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.' A yellow banner with a warning icon and the text 'Enrollment Not Complete! Please complete the required highlighted steps' is displayed. A progress bar shows 'Progress: 2 of 5' with a green bar indicating progress. A 'View steps' dropdown menu is open, showing a list of steps: 1. Personal Information (checked), 2. Dependent Information (checked), 3. Medical (highlighted with a yellow circle), 3a. Medical PCP Information (highlighted with a yellow circle), 4. Dental (highlighted with a yellow circle), and 5. Enrollment Summary (checked with a green arrow).

Click the steps to be completed.

### YELLOW MESSAGE

#### "Signature Required"

Once all enrollment steps are completed, the yellow message box across the screen will indicate "Signature required". Below the blue signature box is a listing of your enrolled benefits with your cost per pay period. Any dependents who you have enrolled in benefits will appear below with the coverages applied. Below any dependent coverage is a listing of declined coverage(s).

If you are satisfied with your elections, click the green "Click to Sign" button in the blue box.

The screenshot shows the 'Enrollment Summary' page. At the top, it says 'Enrollment Summary' with a printer icon. Below that, a message reads: 'Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.' A yellow banner with a warning icon and the text 'Signature required You've elected all your benefits but we still require a signature before advancing.' is displayed. Below the banner, it says 'Please review the acknowledgment below' followed by a paragraph of acknowledgment text: 'As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.' At the bottom, there is a blue box containing a pencil icon, the text 'Sign to complete enrollment', and a green button labeled 'Click to Sign'.

**YOU'RE DONE!**

## MEDICAL PLANS

AMP United, LLC offers all active full time employees the chance to participate in Group Medical Insurance with United Healthcare. United Healthcare partners with more than 1.3 million physicians and care professionals, and 6,500 hospitals and other care facilities nationwide. AMP United generously offers 3 plans for you to choose from.

Option One	United Healthcare Choice EPO - CKAW	
General Deductible	No Deductible	
Out-of-Pocket Maximum – Includes all member cost sharing of office visit copays, deductibles, coinsurance and prescription copays.	\$3,000 per Member per Calendar Year \$6,000 per Family per Calendar Year	
Physician and Other Professional Services		
<b>Preventive Care</b> Under federal law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, certain labs and x-rays, voluntary sterilization for women and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services notice at <a href="https://www.healthcare.gov/coverage/preventive-care/benefits/">https://www.healthcare.gov/coverage/preventive-care/benefits/</a> .	No copay	
<b>Office Visit</b>	<i>PCP / Mental Health Services / Rehab (PT, OT, ST): \$15 copay Specialist: \$30 copay</i>	
<b>Hospital – All Inpatient Services</b>	No copay	
Laboratory and Radiology Services		
Lab when using outpatient Designated Diagnostic Provider	No copay (\$60 copay for other outpatient in-network diagnostic providers)	
X-rays when using Designated Diagnostic Provider	No copay	
CT Scans, PET scans, MRI and MRA, and nuclear medicine services:	\$150 copay when using outpatient Designated Diagnostic Provider \$750 copay for other outpatient In-Network Diagnostic Providers	
Surgery – Outpatient	No copay	
<b>Urgent Care Services</b> Designated Virtual Network Provider Urgent Care Clinic Hospital Urgent Care Clinic	No copay \$75 copay \$350 copay	
<b>Durable Medical Equipment</b>	No copay- Limited to a single purchase of a type of DME or orthotic every three years	
<b>Emergency Room Care</b>	\$350 copay	
<b>Prescriptions</b>	Retail: Up to a 31 day supply Tier 1 - \$10 copay Tier 2 - \$35 copay Tier 3 - \$70 copay	Mail-Order: Up to a 90 day supply Tier 1 - \$25 copay Tier 2 - \$87.50 copay Tier 3 - \$175

**Note:** This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

# MEDICAL PLANS

Option Two		United Healthcare Choice HSA - DF9R	
General Deductible	\$1,500 per Member per Calendar Year \$3,000 per Family per Calendar Year	<i>If you have other family members on the plan, the family deductible must be met before the plan begins to pay.</i>	
Out-of-Pocket Maximum – Includes all member cost sharing of office visit copays, deductibles, coinsurance and prescription copays.	\$3,000 per Member per Calendar Year \$6,000 per Family per Calendar Year	<i>If you have other family members on the plan, the family out-of-pocket max must be met.</i>	
Physician and Other Professional Services			
<b>Preventive Care</b> Under federal law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, certain labs and x-rays, voluntary sterilization for women and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services notice at <a href="https://www.healthcare.gov/coverage/preventive-care/benefits/">https://www.healthcare.gov/coverage/preventive-care/benefits/</a> .	No copay		
Office Visit	Subject to Deductible		
Hospital –All Inpatient Services	Subject to Deductible		
Laboratory and Radiology Services			
Lab when using Designated Diagnostic Provider	Subject to Deductible (other network diagnostic providers: 50% coinsurance after deductible)		
X-rays when using Designated Diagnostic Provider	Subject to Deductible		
CT Scans, PET scans, MRI and MRA, and nuclear medicine services:	Subject to Deductible when using outpatient Designated Diagnostic Provider \$500 per visit, then 50% coinsurance after deductible for other Network Diagnostic Providers		
Surgery – Outpatient	Subject to Deductible		
<b>Urgent Care Services</b> Designated Virtual Network Provider Urgent Care Clinic Hospital Urgent Care Clinic	Subject to Deductible		
Durable Medical Equipment	Subject to Deductible		
Emergency Room Care	Subject to Deductible		
Prescriptions	Retail: Up to a 31 day supply  Subject to Medical Deductible, then Tier 1 - \$10 copay Tier 2 - \$35 copay Tier 3 - \$70 copay	Mail-Order: Up to a 90 day supply  Subject to Medical Deductible, then Tier 1 - \$25 copay Tier 2 - \$87.50 copay Tier 3 - \$175	

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# MEDICAL PLANS

Option Three	United Healthcare Choice Plus PPO - CKAR	
	In-Network	Out-of-Network
General Deductible	No Deductible	\$1,000 per Member per Calendar Year \$2,000 per Family per Calendar Year
Out-of-Pocket Maximum – Includes all member cost sharing of office visit copays, deductibles, coinsurance and prescription copays.	\$3,000 per Member per Calendar Year \$6,000 per Family per Calendar Year	\$6,000 per Member per Calendar Year \$12,000 per Family per Calendar Year
<b>Physician and Other Professional Services</b>		
<b>Preventive Care</b> Under federal law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, certain labs and x-rays, voluntary sterilization for women and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services notice at <a href="https://healthcare.gov/coverage/preventive-care/benefits/">healthcare.gov/coverage/preventive-care/benefits/</a> .	No copay	20% coinsurance after deductible is met
<b>Office Visit</b> PCP/ Mental Health/ Rehab (PT, OT, ST): Specialist:	\$15 copay \$30 copay	20% coinsurance after deductible is met
<b>Hospital – All Inpatient Services</b>	No copay	20% coinsurance after deductible is met
<b>Laboratory and Radiology Services</b>		
Lab when using Designated Diagnostic Provider	No copay (\$60 copay for other outpatient in-network diagnostic providers)	20% coinsurance after deductible is met
X-rays when using Designated Diagnostic Provider	No copay	20% coinsurance after deductible is met
CT Scans, PET scans, MRI and MRA, and nuclearmedicine services:	\$150 copay for Designated Diagnostic Provider \$750 copay for other outpatient Network Providers	20% coinsurance after deductible is met
Surgery – Outpatient	No copay	20% coinsurance after deductible is met
<b>Urgent Care Services</b> Designated Virtual Network Provider Urgent Care Clinic Hospital Urgent Care Clinic	No copay \$75 copay \$350 copay	20% coinsurance after deductible is met 20% coinsurance after deductible is met \$350 copay
<b>Durable Medical Equipment</b>	No copay- Limited to a single purchase of a type of DME or orthotic every 3 years	20% coinsurance after deductible is met
<b>Emergency Room Care</b>	\$350 copay	\$350 copay
<b>Prescriptions</b>	Retail: Up to a 31 day supply Tier 1 - \$10 copay Tier 2 - \$35 copay Tier 3 - \$70 copay	Mail-Order: Up to a 90 day supply Tier 1 - \$25 copay Tier 2 - \$87.50 copay Tier 3 - \$175

**Note:** This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.



# Activate your myuhc.com account

Put your health plan at your fingertips

## Get the most out of your benefits

Your personalized website, [myuhc.com](https://myuhc.com)<sup>®</sup>, features tools designed to help you:

- **Find, price and save on care**—you can save with Virtual Visits\* and other tools. You can save an average of 36%<sup>1</sup> when you compare costs for providers and services
- **Get care from anywhere** with Virtual Visits. A doctor can diagnose common conditions by phone or video 24/7
- **Understand your benefits** and the financial impact of care decisions
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimate based on your specific health plan status
- **Access claim details**, plan balances and your health plan ID card quickly
- **Follow through on clinical recommendations** and access wellness programs
- **Order prescription refills**, get estimates and compare medication pricing\*\*
- **Check your plan balances**, access financial accounts and more



### Download the UnitedHealthcare<sup>®</sup> app

It's perfect for on-the-go access, help finding a nearby doctor and more.

\*Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

\*\* Available only for insured plans and self-funded plans with Optum Rx integrated pharmacy benefits.



# Visit with a doctor 24/7 — whenever, wherever.

With a Virtual Visit, you can talk—by phone or video—to a doctor who can diagnose common medical conditions and even prescribe medications, if needed.\*



## Virtual Visits may make it easier than ever to get treated by a doctor.

Whether using [myuhc.com](https://myuhc.com)® or the UnitedHealthcare® app, Virtual Visits let you video chat with a doctor 24/7—without setting up additional accounts or apps. But, if you'd rather just speak with a doctor, you can simply do a Virtual Visit over the phone.

With a UnitedHealthcare plan, your cost for a Virtual Visit is \$0.\*\*

### Use a Virtual Visit for these common conditions:

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes
- And more

# \$0 cost

An estimated 25% of ER visits could be treated with a Virtual Visit—bringing a potential \$2,100\*\*\* cost down to \$0.

**Get started.**

Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) | Download the UnitedHealthcare app | Call **1-855-615-8335**

# United Healthcare®

\*Certain prescriptions may not be available, and other restrictions may apply.

\*\*The Designated Virtual Visit Provider's reduced rate for a virtual visit is subject to change at any time.

\*\*\*UnitedHealthcare data: based on analysis of 2016 UnitedHealthcare ER claim volumes, where ER visits are low acuity and could be treated in a Virtual Visit, primary care physician or urgent/convenient care setting.

The UnitedHealthcare® app is available for download for iPhone® or Android™. iPhone is a registered trademark of Apple, Inc. Android is a trademark of Google LLC.

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Insurance coverage provided by or through UnitedHealthcare Insurance Company and its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.



# Get support to eat healthier, sleep better and move more



Rally® can offer small steps for a healthier lifestyle—and help you earn rewards along the way.



### Take the Health Survey

Use your results to help set health goals.



### Get personalized recommendations

Build healthier habits with well-being programs, activities and more.



### Earn rewards

Take healthy actions, achieve goals and earn Rally Coins.



Visit [myuhc.com](https://myuhc.com)® > Health Resources > Rally

United  
Healthcare

RALLY®

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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# Earn up to \$200\* for completing health and wellness activities

With SimplyEngaged, you can get rewarded for taking healthier actions.



## Here's how SimplyEngaged works

Through Rally®, you can access the SimplyEngaged® health and wellness activities available to you. For each Health Action you complete, you'll earn Rally Coins,\*\* which you can redeem for rewards. Plus, you can earn financial incentives. Rally's digital experience gives you one place to track your activities and rewards.

To get started, go to [myuhc.com](http://myuhc.com)® > Health Resources > Rally

Health Actions	Reward
<p><b>Complete the Health Survey and watch the video</b></p> <p>The Health Survey takes about 15 minutes and upon completion, you'll receive personalized suggestions to help you set health goals. Pair this with a short Health Actions video to see your opportunities to earn rewards.</p>	<p><b>\$25+</b> <b>Rally Coins</b></p>
<p><b>Complete a Virtual Visit</b></p> <p>Virtual Visits may be a convenient option when you need care. You can talk to a doctor—24/7—by phone or video for conditions like the flu, allergies, rashes, migraines and many more.</p>	<p><b>\$25+</b> <b>Rally Coins</b></p>

\*Earnings are per person and include covered spouse or domestic partner.

\*\*Rally Coins can be earned under Rally Health. A reward can only be earned once per incentive year per health action, with the exception of the Fitness Action, up to the maximum incentive amount. Rally Coins may be used to enter sweepstakes for additional rewards.



**Complete a coaching program**

The results of your Health Survey will provide recommendations for coaching programs that may help improve your health and wellness. These programs are available at no additional cost as part of your health plan benefits. Complete one of the following programs to earn more rewards:

**Wellness Coaching** provides access to expert coaches and digital tools to help you reach your health goals. It’s all about getting and staying healthy—your way—anytime. Choose from a variety of programs designed to help your sleep better, eat smarter and get fit.

**Real Appeal®** may help you start living a healthier life with online weight loss tools designed to help you achieve lifelong results, one small step at a time. Real Appeal provides the support to help you lose weight through online coaching, a Success Kit delivered to your door and a community of members to keep you motivated.

**Quit For Life®** has helped 4 million enrollees quit smoking or using tobacco.<sup>1</sup> It provides the tools, 1-on-1 support and a personalized plan to help you quit your way.

**\$100+**  
**Rally Coins**

**Complete a biometric screening**

A biometric health screening may help you and your doctor make more informed decisions about your health.

**Get screened for:**

- Total cholesterol
- Blood pressure
- Blood sugar (glucose)
- Body mass index (BMI)

**You have 4 options to participate in the biometric health screening:**

- 1 Employer on-site event, if available.
- 2 Doctor’s office or convenience care clinic. (Provider Results form must be completed.)
- 3 Quest Diagnostics® Patient Service Center.
- 4 At-Home Test Kits.\*

**\$75+**  
**Rally Coins**

**Complete a Gym Check-in**

Check in to a participating fitness center at least 12 days per month on the Rally Health app. Select from a network of leading fitness centers, where you’ll find boxing, climbing, cycling, yoga, Pilates, traditional gyms and more.

**\$20/mo. +**  
**Rally Coins**



[myuhc.com](http://myuhc.com) > Health Resources > Rally

**United  
Healthcare**

\* At-Home Test Kits are not currently available in the state of New York.

<sup>1</sup> Quit For Life Employer Book of Business Survey results, cumulative from 2006 to 2018.

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Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

UnitedHealthcare understands the importance of protecting your privacy. We care about the relationship we have with you. Our business practices are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and security requirements.

The Quit For Life Program provides information regarding tobacco cessation methods and related well-being support. Any health information provided by you is kept confidential in accordance with the law. The Quit For Life Program does not provide clinical treatment or medical services and should not be considered a substitute for your doctor’s care. Please discuss with your doctor how the information provided is right for you. Participation in this program is voluntary. If you have specific health care needs or questions, consult an appropriate health care professional. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

Quest Diagnostics is a registered trademark of Quest Diagnostics.

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

SimplyEngaged® is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult with an appropriate health care professional to determine what may be right for you. Rewards may be taxable. You should consult with an appropriate tax professional to determine if you have any tax obligations from receiving rewards under this program. If you are unable to meet a standard related to a health factor to obtain a reward under this program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1-855-215-0230 and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.



# Stronger with the Peloton App

Your health plan benefits include a 1-year Peloton Digital Membership—which gives you access to the Peloton® App—available to you at no additional cost. Start your membership today for access to everything the Peloton App offers, including thousands of live and on-demand fitness classes—from cardio and HIIT to strength training and yoga.

## The Peloton App gives you:



### Access to thousands of fitness classes

There’s something for nearly every fitness interest, ability and schedule — from 5-minute meditation to 60-minute outdoor running classes.



### The flexibility to get active anytime, anywhere

The app is available on mobile devices, Apple TV, Android TV, Amazon Fire TV and Roku devices—and no fitness equipment is required.



### Ways to help you have fun and stay motivated

Enjoy the app’s many features, training programs and challenges, all designed to help you track your progress and stay motivated.

## Get in on the app — a value of \$155

You and each covered family member\* can enjoy this benefit at no additional cost—just for being a UnitedHealthcare member.\*\*

## Get started

Sign in to your [myuhc.com](https://myuhc.com)® account to get your access code



\* Available to applicable UnitedHealthcare plans for fully insured customers who register for an account with Peloton. Subject to state legal and regulatory review. Digital membership is \$12.99/ month or \$155/year. UnitedHealthcare members that own a Peloton Bike or Tread can receive equivalent value (\$155) to be credited to an All Access Membership. Credit is limited to a single All Access Membership per family.

\*\* Must be 18+ years of age and covered under applicable UnitedHealthcare health plan. Redemption period runs from 9/1/2021 through 6/30/2022. Peloton offers services directly to consumers pursuant to an agreement between Peloton and the consumer.

The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult with an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. The value of the application may be taxable. You should consult with an appropriate tax professional to determine if you have any tax obligations from having access to this application at no additional cost.

All trademarks are the property of their respective owners. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.



# Healthier habits, healthier lifestyle

Get support with Real Appeal®,  
an online weight loss program.



## Support to help you reach your goals at \$0 out-of-pocket

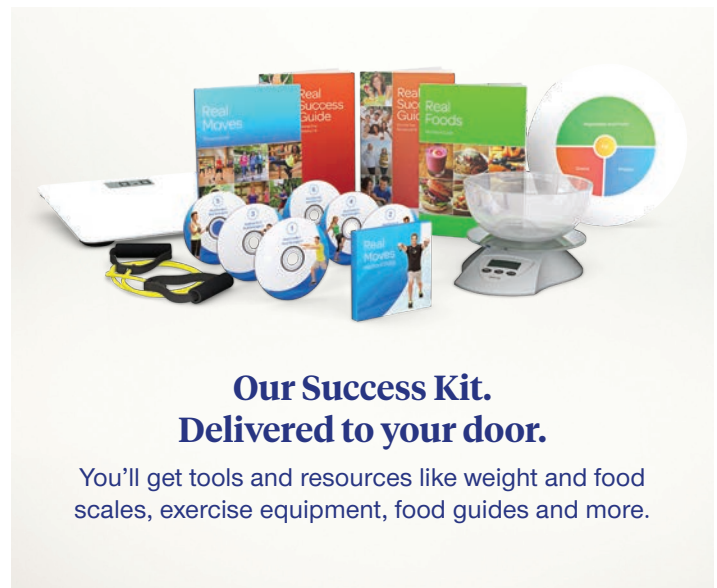
Real Appeal is rooted in clinical research and designed to help you achieve lasting results. The program is available to you and eligible family members at no additional cost as part of your health plan benefits.

### Take small steps toward healthier habits

Set achievable nutrition, exercise and weight loss goals, and track your progress from your daily dashboard.

### Support and community along the way

Stay focused on your goals with online group sessions led by coaches and a caring community of members.



### Our Success Kit. Delivered to your door.

You'll get tools and resources like weight and food scales, exercise equipment, food guides and more.

Visit [myuhc.com](http://myuhc.com)® > Health Resources > Real Appeal

United  
Healthcare

Real  
Appeal®

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.



# Stressed? Anxious? With virtual therapy, getting help may now be easier than ever.



Reaching out may be hard—especially if you might not want anyone to know you’re hurting. From the privacy of home and the convenience of your mobile device\* or computer, you can receive caring support from a licensed therapist.

## Virtual therapy offers confidential counseling and includes:

### Private video sessions

Get 1-on-1 support—in your home and at a time that’s convenient for you.

### Help with coping—for children, teens and adults

Your licensed therapist may provide a diagnosis, treatment and medication if needed.

### Similar standard of care as in-person visits

You can see the same therapist with each appointment and establish an ongoing relationship.

### Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Anxiety
- Mental health disorders
- Addiction
- Depression



## A quicker way for the whole family to get care

A virtual visit for mental health care may be a great way for children and teens to get an appointment.

## To find a provider and schedule a visit:

Sign in or register on [myuhc.com](https://myuhc.com)®. Then, go to **Find Care > Virtual Visits Directory > Virtual Behavioral Care > Get Started** and call the provider to set up an appointment. Or call the telephone number on your health plan ID card.

\*Data rates may apply.

Costs and coverage may vary. Check your plan for details.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.



# When life gets challenging, you've got caring, confidential help

Your Employee Assistance Program (EAP) provides support and resources to help you, and your family, with a range of issues, including:

- Managing stress, anxiety and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Coping with occupational stress and burnout support
- Addressing substance use issues

**This service is provided to you at no additional cost.**



**Get started – call EAP 24/7 at 1-888-887-4114**

**\$0**

**Call today for access  
to EAP resources at  
no additional cost**

EAP provides coverage for  
3 free counseling sessions  
per incident, per year.

Services are completely  
confidential and will not be  
shared with your employer.

**United  
Healthcare**



# DENTAL PLAN

Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. AMP United offers all active full time employees the chance to participate dental insurance through Anthem Blue Cross Blue Shield. You become eligible for dental insurance on the first of the month following your new hire probationary period.

You have two options for dental benefits with Anthem:

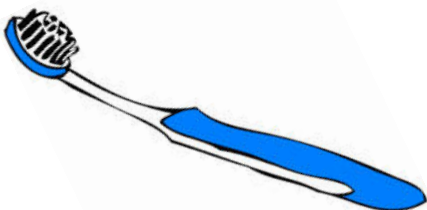
Option 1 (Low Plan) or Option 2 (High Plan with Orthodontia): On either plan, you can visit any dentist, but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are reimbursed in the 95% percentile.

Your Dental Plan	Option 1: Low		Option 2: High	
<b>Your Network is</b>	Anthem Dental Complete Network		Anthem Dental Complete Network	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
<b>Annual Maximum Benefit</b>	\$1000		\$1250	
<b>Lifetime Orthodontia Maximum</b>	Not Applicable		\$1000	
<b>Dependent Age Limits</b>	26		26	

## A Sample of Services Covered by Your Plan:

		Option 1: Low <i>Plan pays (on average)</i>		Option 2: High <i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 15		Under Age 15	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
Basic Care	X-rays	100%	100%	100%	100%
	Anesthesia	80%	80%	90%	90%
	Fillings	80%	80%	90%	90%
	Simple Extractions	80%	80%	90%	90%
Major Care	Bridges and Dentures	50%	50%	50%	50%
	Dental Implants	50%	50%	50%	50%
	Inlays, Onlays, Veneers	50%	50%	50%	50%
	Perio Surgery	50%	50%	50%	50%
	Periodontal Maintenance	50%	50%	50%	50%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	50%	50%
	Root Canal	50%	50%	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%	50%	50%
	Single Crowns	50%	50%	50%	50%
Orthodontia	Surgical Extractions	50%	50%	50%	50%
	Orthodontia Limits:	Not Covered		50%	50% Child(ren) under Age 19

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.



# Search for high-quality dentists nearby and compare costs

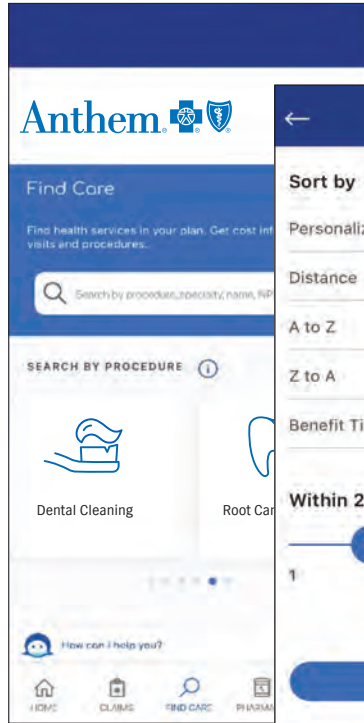
Choosing a dentist you trust is important – and choosing one in your plan’s network can keep your costs down. Using **Find Care** on the Sydney<sup>SM</sup> Health mobile app and anthem.com can help you meet both needs.

## Customizing your search

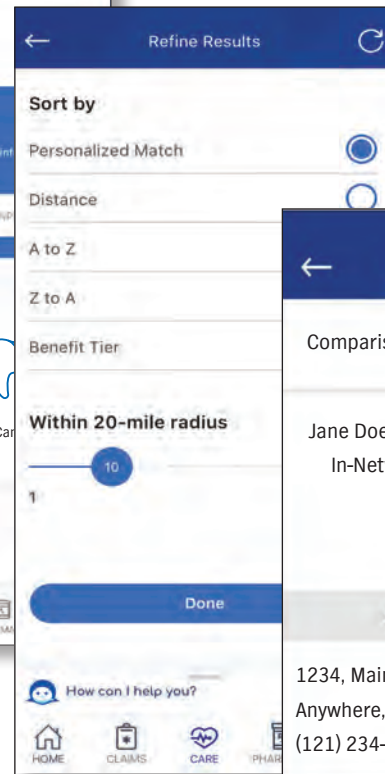
**Find Care** brings together details about dentists in your plan’s network. You can customize your search by name, specialty, or procedure. You can also compare information such as costs, languages spoken, and office hours.\*

To make sure your facility and service are in your plan’s network, view the dentist or facility profile.

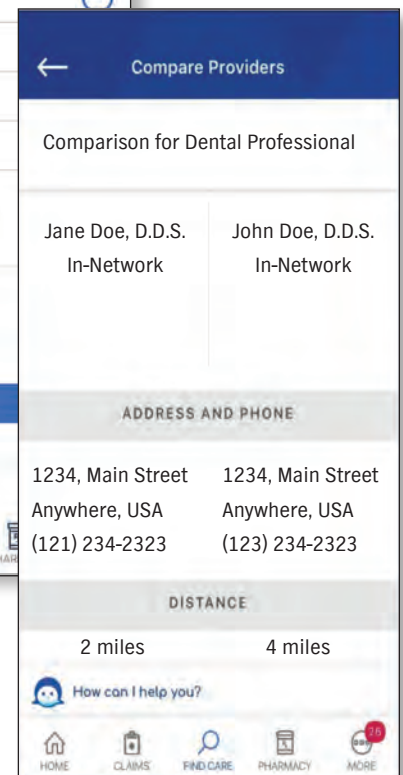
Search by name, specialty or procedure.



Customize and refine results



Compare dentists and cost



## Using the Sydney Health app

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to anthem.com. Select **Find Care** and **Cost** from the Care menu.



\*On-screen experiences may vary by user due to personalization experiences, benefit packages, and ongoing user experience improvements.

Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield. ©2021-2022.

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# Mobile and online tools help make the most of your dental plan



Your dental plan includes digital tools and resources to help you learn about the health of your mouth and make dental care decisions that are right for you. These tools are available at no extra cost through our Engage mobile app and [anthem.com](https://www.anthem.com).

## Dental Health Assessment tool

Dental health conditions such as gum disease are common and can lead to more serious issues, including losing a tooth. Good dental habits can help reduce the risk of developing gum disease, tooth decay, and mouth cancer.

The **Dental Health Assessment** tool can help you **understand your own dental health and risk for disease**. To take the assessment, answer a few questions about dental health habits, such as brushing, flossing, and how often you see the dentist. You will receive a personalized report with dental health scores that show how you're doing and areas where you may need to improve. You can bring the report to your next dental appointment and talk with your dentist about the results.

## Ask a Hygienist

If you have questions about your dental health, you can **ask them directly** to a licensed hygienist. To do so, log in to the Engage app or [anthem.com](https://www.anthem.com) and select **Ask a Hygienist**. You will receive an email response from a dental professional with expertise in preventing and treating diseases of the mouth, usually within 24 hours. They can help answer questions and offer dental health tips.

## Help estimating dental costs in advance

With Anthem's **Find Care** tool, you can search for common dental treatments such as crowns and **compare estimated costs** at providers in your plan's network. This can help you make more informed choices before receiving care and potentially save money.

## Discover solutions to help take charge of your dental health

To start using these digital tools, log in to the Engage mobile app or visit [anthem.com](https://www.anthem.com).



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# VISION PLAN

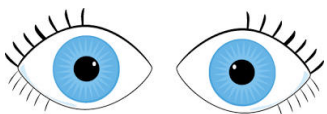
AMP United offers vision insurance through Anthem Blue Cross Blue Shield. It provides access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com.

To locate a participating network eye care doctor or location, log in at [anthem.com](http://anthem.com), or from the home page menu under Care, select Find a Doctor. You may also call member services for assistance at 1-866-723-0515.

**Out-of-Network** – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$10 Copay	Reimbursed Up To \$42	Once every calendar year
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$130 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every calendar year
<b>Eyeglass Lenses (instead of contact lenses)</b>			
One pair of standard plastic prescription lenses			Once every calendar year
<ul style="list-style-type: none"> <li>Single vision lenses</li> </ul>	\$25 Copay	Reimbursed Up To \$40	
<ul style="list-style-type: none"> <li>Bifocal lenses</li> </ul>	\$25 Copay	Reimbursed Up To \$60	
<ul style="list-style-type: none"> <li>Trifocal lenses</li> </ul>	\$25 Copay	Reimbursed Up To \$80	
<b>Eyeglass Lens Enhancements</b>			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
<ul style="list-style-type: none"> <li>Transitions Lenses (for a child under age 19)</li> <li>Standard polycarbonate (for a child under age 19)</li> <li>Factory Scratch Coating</li> </ul>	\$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
<b>Contact Lenses (instead of eyeglass lenses)</b>			
<i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
<ul style="list-style-type: none"> <li>Elective conventional (non-disposable) OR</li> <li>Elective disposable OR</li> <li>Non-elective (medically necessary)</li> </ul>	\$130 Allowance, then 15% off any remaining balance	Reimbursed Up To \$105	Once every calendar year
	\$130 Allowance (no additional discount)	Reimbursed Up To \$105	
	Covered in full	Reimbursed Up To \$210	
<b>OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY</b>			<b>In-Network Member Cost (after any applicable copay)</b>
<b>Retinal Imaging</b> at member's option, can be performed a time of eye exam			Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>Transitions lenses (Adults)</li> <li>Standard Polycarbonate (Adults)</li> <li>Tint (Solid and Gradient)</li> <li>UV Coating</li> <li>Progressive Lenses                             <ul style="list-style-type: none"> <li>Standard \$55</li> <li>Premium Tier 1 \$85</li> <li>Premium Tier 2 \$95</li> <li>Premium Tier 3 \$110</li> <li>Premium Tier 4 \$175</li> </ul> </li> <li>Anti-Reflective Coating                             <ul style="list-style-type: none"> <li>Standard \$45</li> <li>Premium Tier 1 \$57</li> <li>Premium Tier 2 \$68</li> <li>Premium Tier 3 \$85</li> </ul> </li> <li>Other Add-ons</li> </ul>		20% off retail price
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> <li>Complete Pair</li> <li>Eyeglass materials purchased separately</li> </ul>		40% off retail price 20% off retail price
<b>Eyewear Accessories</b>	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.		20% off retail
<b>Contact lens fit and follow-up</b> A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> <li>Standard contact lens fitting</li> <li>Premium contact lens fitting</li> </ul>		Up to \$55 10% off retail price
<b>Conventional Contact Lenses</b>	<ul style="list-style-type: none"> <li>Discount applies to materials only</li> </ul>		15% off retail price

This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.





# Search for high-quality eye doctors nearby and compare costs

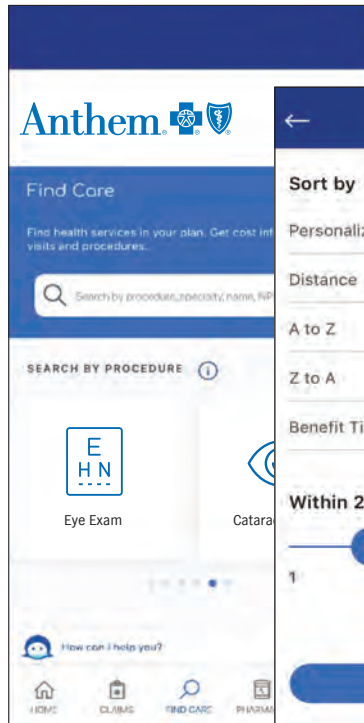
Choosing an eye doctor you trust is important – and choosing one in your plan’s network can keep your costs down. Using **Find Care** on the Sydney<sup>SM</sup> Health mobile app and anthem.com can help you meet both needs.

## Customizing your search

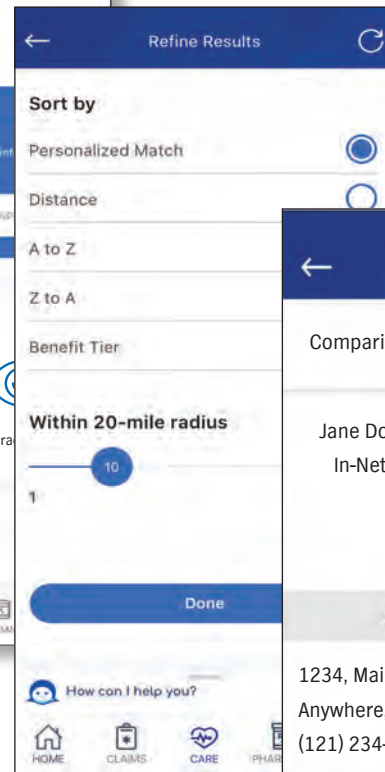
**Find Care** brings together details about eye doctors in your plan’s network. You can customize your search by name, specialty, or procedure. You can also compare information such as costs, languages spoken, and office hours.\*

To make sure your facility and service are in your plan’s network, view the eye doctor or facility profile.

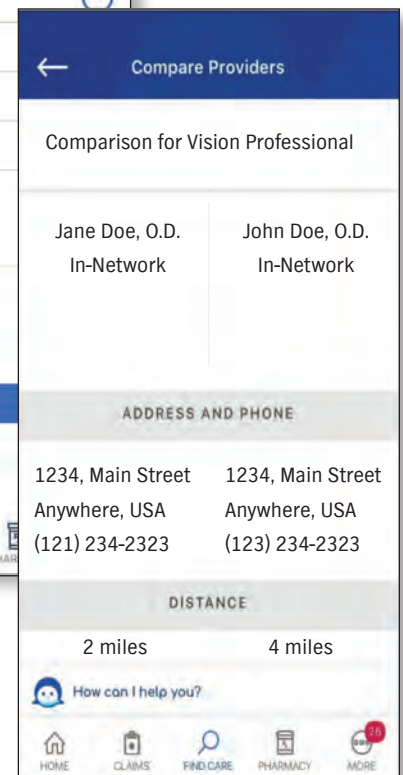
Search by name, specialty or procedure.



Customize and refine results



Compare eye doctors and cost



## Using the Sydney Health app

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to anthem.com. Select **Find Care** and **Cost** from the Care menu.



\*On-screen experiences may vary by user due to personalization experiences, benefit packages, and ongoing user experience improvements.

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# The eye-opening benefits of Blue View Vision

Eye doctors are often the first to find signs of chronic health conditions, such as diabetes, high blood pressure, and high cholesterol<sup>1</sup> — all through an eye exam. That’s why we want to make it easier and more affordable for you to take care of your eyes — and help catch health issues earlier.

## Plenty of choices

With Blue View Vision, you can receive eye care just about anywhere. That’s because Blue View Vision has one of the nation’s largest vision networks.

- More doctors and locations.** With over 39,000 eye doctors and other eye care providers at more than 28,000 locations<sup>2</sup>, you’re sure to find care that’s close to home or work — and you can even buy eyewear at a location that’s different from your eye doctor.
- Incredible convenience.** You can go to an independent eye doctor in your plan, or you can go to a variety of popular regional and national stores, such as LensCrafters®, Pearle Vision®, and Target Optical®. Plus, you have access to online providers 24/7, including Glasses.com®, ContactsDirect®, 1-800 CONTACTS®, and Ray-Ban.com. Many of these stores have evening and weekend hours, so you can go at the best time for you. To find a provider in your plan near you, use the Find Care tool on anthem.com, or download the Sydney Health app to search on your phone.

## Vision benefits without borders

No matter where work or play takes you, Blue View Vision’s international travel solution is ready to help if you lose or break your glasses during an international trip. You’ll have access to translation support and resources in 20 countries.<sup>3</sup> From quick-fix, temporary glasses delivered next day<sup>4</sup> to connecting you with the nearest trusted eye care provider, you can quickly put your trip back in focus. It’s all part of your Blue View Vision coverage.



LENSCRAFTERS®



OPTICAL®

GLASSES.com

contactsdirect

1800contacts®



# Who needs life insurance?

Everyone does.  
Here's why.



## How life insurance fits into *your* life

Whether you're just starting out or starting to slow down, life insurance can be a lifesaver for the people you love.

Life insurance can help pay for things like:

- Funeral costs
- Bills and ongoing expenses
- Outstanding debt
- Future needs, like education
- Spouse's retirement plan

Take a look at how life insurance works for you, no matter what your situation:

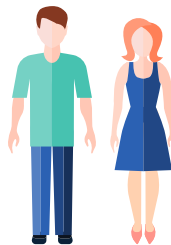


### If you're a young professional/millennial

You may wonder why you need life insurance. Think about what debt you'd leave behind for your family to take care of if you passed away unexpectedly.

For 20- and 30-year-olds, life insurance can help:

- Cover funeral and final expenses, including high student loan debt.
- Replace lost income.
- Pay for home expenses.



## How about if you're single

Even if you're not married and don't have any children, it's still a good idea to get life insurance when:

- **You've got loans with co-signers.** If your parents, brother or sister, or friend co-signed a mortgage or student loan with you, they'll have to pay it if you pass away.
- **You're worried about funeral costs.** The average funeral costs over \$7,000. Life insurance helps take the burden off of loved ones.
- **You're taking care of a loved one.** If you're taking care of your elderly parents or a special needs sibling, the right life insurance can help you build a safety net for the people you care about.

## If you're a single parent

You've got your hands full as a single parent. It's up to you to keep your family afloat, emotionally and financially. Start by getting life insurance to not only cover day-to-day expenses like food and clothes that your children's guardian will have but also other expenses like:

- Day care
- Music lessons
- Sports lessons
- College tuition



**Anthem**Life

Life and Disability





### As a stay-at-home parent

You do it all — you're the child care giver, homework helper, chef, chauffeur, head of housekeeping and more. Life insurance can cover the cost of paying for services you do for "free," such as child care.

### If you're married

When you're **married**, it's important to think about what would happen to you if you lost the income of your partner — whether you're planning on having little ones or are planning life as a twosome.

Put life insurance on your to-do list if you're **married with kids**. If you lose your spouse, you'll want your kids to find comfort and stability by staying in the home they know and doing the things they like. Life insurance can help you keep your kids focused, and the surviving spouse can be much better prepared to help when there are fewer financial issues to worry about.



### And if you're young at heart

Think about what could happen in the future:

- What if something happened to you and you had a lot of debt? Life insurance helps ease the burden on your family.
- Who'd pay for your funeral?
- What if the day comes when you find yourself helping out aging parents or siblings? It'd be nice to know that they'd be OK.

Even though the kids have flown the coop and **you're planning for retirement with your spouse**, it's still time to think about life insurance. It's a good feeling to know that if something were to happen to you, your spouse would continue living the life that you built together.



Learn more about the role of life insurance in your financial plans by visiting [lifehappens.org](http://lifehappens.org).

# Anthem<sup>®</sup>Life

Life and Disability

Life and Disability products underwritten by Anthem Life Insurance Company. <sup>®</sup> ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

## VOLUNTARY LIFE INSURANCE

AMP United offers Optional Life and AD&D insurance (100% employee paid) through Anthem Life for all eligible Full Time employees and dependents.

### Supplemental group term life insurance benefit

You may purchase coverage in increments of \$10,000 to a maximum amount of \$300,000 or 5 times your annual earnings, whichever is less

#### Guaranteed Issue Amount

\$100,000

If your application is submitted to Anthem within 31 days of you becoming eligible, the Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability and Anthem must approve any amounts above the Guaranteed Issue amount in writing.

If your application is submitted to Anthem more than 31 days after you became eligible, the Guaranteed Issue amount does not apply. You must submit evidence of insurability and Anthem must approve all amounts in writing.

**Supplemental accidental death and dismemberment insurance benefit:** Benefit is automatically provided to all employees who elect Supplemental Life; amount is the same as the elected Supplemental Life amount

### Supplemental life coverage for your family

You may also choose additional life coverage for your spouse and/or your child(ren):

You may purchase coverage for your spouse: \$10,000 or \$20,000

You may purchase coverage for your child(ren): \$5,000 up to \$10,000

#### Spouse Guaranteed Issue Amount: \$ 20,000

If your application for your spouse/child(ren) is submitted to Anthem within 31 days of you becoming eligible, the Spouse Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability for your Spouse and Anthem must approve any amounts above the Spouse Guaranteed Issue amount in writing.

*Dependent coverage may not exceed 100% of the employee's benefit amount. Child coverage begins on the 15th day following birth and terminates at age 26.*

### Benefits after age 65

You will still have benefits after age 65, though they will reduce as follows:

35% reduction at age 65; 60% at age 70; 75% at age 75; 85% at age 80

*All benefits end at retirement.*

### Living Benefit (accelerated death benefit)

You can ask for a portion of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

### Waiver of premium

We may continue your life insurance coverage until you turn 65 or retirement, whichever is earlier if you become totally disabled and not able to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

### Portability of supplemental life insurance

If you leave employment for reasons other than disability, this feature allows you to take your supplemental life insurance coverage with you by paying the required premiums. Plus, the rates are typically lower than an individual policy. Refer to your certificate for limitations and exclusions.

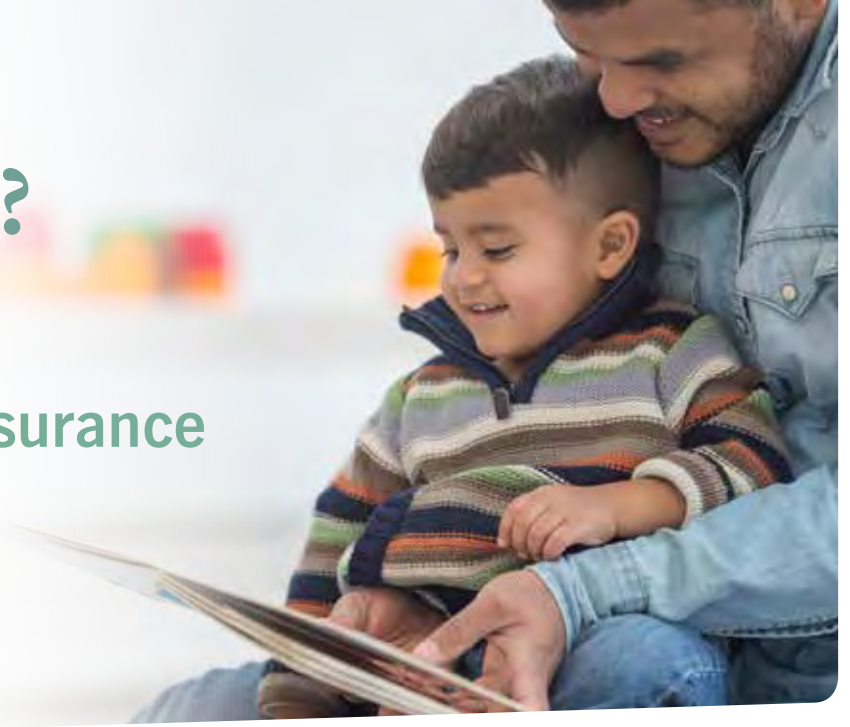
### Conversion

If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.



# Single? Married? Children?

## Here's how disability insurance works for you



When you think of your assets or the things that have value in your life, does your car, house, retirement account or even jewelry come to mind? All of these things have value, but in reality, your greatest asset is your ability to earn a living.

Disability insurance protects this important asset by replacing part of your income when you can't work because of a qualifying illness or injury.

### Think about this: If you couldn't work because of a disability, how would you:

- Pay your bills?
- Make car payments?
- Buy groceries?
- Cover your monthly rent or mortgage payment?
- Support your kids and pay for their education?

Would you have enough savings to take care of things? If you don't, you're not alone. That's why disability insurance is for everyone who depends on a paycheck.

**Plus, no matter what age you are, disability insurance can help you avoid having to use your retirement savings to cover your expenses while you're out of work. Even a short time away from work due to a disability can wipe out years of savings.**

**While disability may seem unlikely, it's more common than people think. Unfortunately, more than 1 in 4 of today's 20-year-olds will become disabled before they retire.\***

### See how disability insurance can work for you:

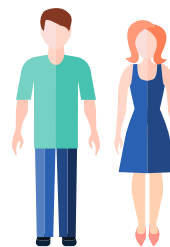


#### If you're a young professional/millennial

You may wonder why you need disability insurance when you're most likely healthy and just starting out. Well, do you have enough savings to fall back on if something unexpected happens?

For 20- and 30-year-olds, disability insurance can help:

- Cover rent or mortgage payments.
- Pay for student loan debt.
- Pay for big expenses like clothes, formula and diapers if you have very young children.



#### How about if you're single

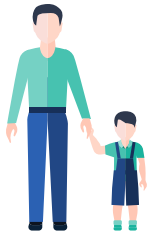
Even if you're single and don't have any children, it's important to get disability insurance when you have expenses and special care needs because you may need:

- To cover your own bills when you can't work so you won't need your parents or siblings to pay for things.
- Extra care for a disability, which means extra money out of your pocket.
- To use all of your savings, even if you have a lot, to cover expenses.

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Life and Disability





## You've got your hands full as a single parent

It's up to you to keep your family afloat, emotionally and financially. Start by getting disability insurance to cover day-to-day expenses so you don't have to depend on your parents or siblings for help if you can't work. Disability insurance can help **protect your savings** and help with other expenses like:

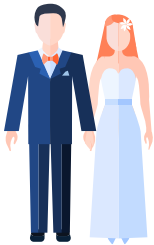
- Day care
- Extra care due to a disability



## As a stay-at-home parent

You need to make sure your working spouse has enough disability coverage as well as enough funds so you can stay at home in case your spouse becomes disabled. If you need to go back to work because your spouse can't work, you'll have to think about paying for things like:

- Childcare
- Professional wardrobe
- Lunches
- Gas



## When you're married without kids

It's important to think about what would happen to you if you lost your spouse's income — whether you're planning on having little ones or are planning life for just the two of you. If you don't plan on having kids, would one income be enough for you to pay off debts like credit card balances, car loans and a mortgage if your spouse couldn't work because of a disability?



## And when you're married with kids

You don't want to put disability insurance on the back burner. You'll want to make sure your family can live comfortably. This includes:

- Maintaining your home.
- Keeping your kids in their school.
- Paying for childcare.
- Covering college costs.



## And if you're young at heart

Think about how a disability would affect your future. Do you have enough coverage to pay for expenses until you draw retirement? Even if you're still working in your golden years, disability can wipe out your hard-earned savings. In fact, disability insurance is important for seniors because it can help protect your savings and your plans for retirement.

No matter what stage of life you're in, disability insurance can give you security and peace of mind.

Learn more about the role of disability insurance in your financial plans. Visit [disabilitycanhappen.org](http://disabilitycanhappen.org).

**Anthem**Life

Life and Disability

\*Council for Disability Awareness website: Disability Statistics (July 2013): [disabilitycanhappen.org](http://disabilitycanhappen.org).

## VOLUNTARY SHORT TERM DISABILITY

AMP United also offers all full-time employees the opportunity to purchase Short-Term Disability Insurance. In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

**See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.**

**Voluntary group short term disability benefit amount:** 60% of weekly earnings to a maximum weekly benefit of \$700

If your application is submitted to Anthem more than 31 days after you became eligible, you must submit evidence of insurability and Anthem must approve it in writing.

### How benefits are paid

Payments begin for disabilities resulting from accidents and illnesses as follows:

8th day for accident, 8th day for illness

The maximum benefit period determines how long benefits will be paid. The maximum benefit period is 13 weeks.

### Partial disability benefits

If you are able to return to work part-time, you may still receive a portion of your short term disability benefit to help fill the gap in your income.

### Pre-existing conditions

A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.





# Resource Advisor is here with help for life's issues

## Receive personalized counseling, financial, and legal help

Resource Advisor is a member assistance program that's included with your life and/or disability benefit. It provides resources and services to support you and your household family members when you may need it.

### Counseling by phone, face-to-face, or LiveHealth Online video chat

If you're feeling stressed, worried, or going through a tough time, you may want someone to talk to. You and your household family members can call Resource Advisor anytime, 24/7, and talk with a licensed counselor:

- **By phone:** Call **1-888-209-7840**.
- **In-person:** You can call to set up face-to-face sessions and then schedule appointments directly with your counselor.
- **Video visit:** You can talk with a counselor from the convenience of your home or wherever you have internet access and privacy using LiveHealth Online. To set up a LiveHealth Online visit, call Resource Advisor. You will receive details about how to schedule a visit, along with a coupon code that gives you LiveHealth Online visits at no extra cost to you.

You can review a therapist's background and qualifications to help choose one who is available and right for you.

You and your family members are eligible for up to three counselor visits for each issue or concern, at no extra cost.

Counselors can help with:

- Stress
- Parenting
- Anxiety
- Depression
- Issues that affect your well-being
- Dealing with illness
- Relationship or family issues
- Help finding child care
- Elder care issues and resources

## Support when you need it

Contact Resource Advisor:

- Phone: **1-888-209-7840**
- Online: **[www.ResourceAdvisor.Anthem.com](http://www.ResourceAdvisor.Anthem.com)**  
(Log in with program name AnthemResourceAdvisor.)

## Helpful resources you can count on

### Financial planning

Call Resource Advisor to set up one-on-one financial counseling with a certified professional financial planner. They can help with issues like retirement planning and saving for a child's education.

### Legal services

With a call to Resource Advisor, you can schedule a consultation with an attorney over the phone at no charge. If you want to meet with an attorney in person, the legal consultant can set up an appointment at a discounted fee.

### Identity theft recovery and monitoring

Resource Advisor has fraud resolution specialists who can help if your identity is stolen. They can work with creditors, collection agencies, law firms, and credit reporting agencies for you for up to one year. You can sign up for ID monitoring, receive credit report reviews, and place fraud alerts on credit reports no matter how many times your identity is compromised.

Call 1-888-209-7840 for financial, legal, and identity theft recovery and monitoring services.

### Online tools to help with life's issues

The Resource Advisor website has tools to help with life's challenges, such as:

- Creating a will
- Parenting
- Aging
- Healthy living
- Household support
- Referrals
- Funeral planning

To access resources, visit [www.ResourceAdvisor.Anthem.com](http://www.ResourceAdvisor.Anthem.com) and use the program name "AnthemResourceAdvisor."

**We're here to help with concerns  
— no matter how big or small**

**Call 1-888-209-7840 or visit  
[www.ResourceAdvisor.Anthem.com](http://www.ResourceAdvisor.Anthem.com) to receive  
support and guidance, whenever you may need it.**

1. The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents, and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Member Services number on your ID card.
2. Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.
3. LiveHealth Online appointments are subject to availability. Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call 800-273-8255 (National Suicide Prevention Lifeline) or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Note about eligibility: This program is for active employees and their household family members. All benefits end at retirement.

**Resource Advisor services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. Resource Advisor additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.**

Life and Disability products are underwritten by Anthem Life Insurance Company. In Georgia, Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

✂ Cut out this wallet card and keep it with you when you travel.

**AnthemLife** 

**Resource Advisor**  
Receive support, advice and resources, 24/7

**1-888-209-7840**

**[www.ResourceAdvisor.Anthem.com](http://www.ResourceAdvisor.Anthem.com)**





## Resource Advisor

# Perks at Work

## Discounts on things you use every day

Save on electronics, restaurant certificates, gym memberships, weight loss programs, glasses and contacts, nutritional supplements, travel, sporting events tickets – even on buying your next car. It's part of the Resource Advisor member assistance program that's included with your life and disability coverage from Anthem Life.

**Perks at Work has discounts on goods and services you use every day like:**

- Gym memberships, including FitReserve, LA Fitness, ClassPass, Active & Fit, GlobalFit and more
- Weight loss programs like Nutrisystem, Weight Watchers and more
- Vitamins and supplements, including GNC
- Vision supplies and services, including Glasses Shop, 1-800 CONTACTS, and LasikPlus
- Dozens of brands of hotels
- Flights and other vacation services
- TVs, computers, tablets, video games and more
- Six Flags amusement parks
- Movie tickets
- Employee car buying service
- Cell phones from Sprint, T-Mobile, Verizon and more
- Gift certificates from popular restaurants

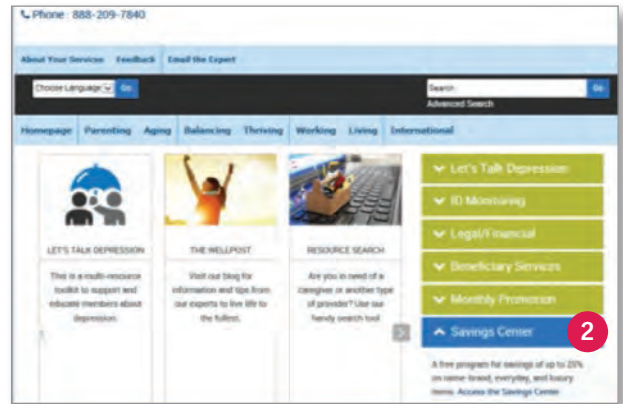
Log on to Anthem Life's Resource Advisor website to check out all the savings – and to access discounts.



**To sign up for Perks at Work:**

**1** Go to [ResourceAdvisor.Anthem.com](https://ResourceAdvisor.Anthem.com) and sign in using the program name *AnthemResourceAdvisor*.

**2** Choose **Savings Center** and then choose **Access the Savings Center**.



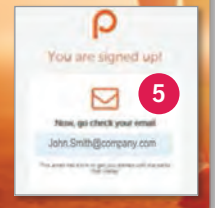
**3** You'll see an overview of the *Savings Center*. To access *Perks at Work*, choose **Click here to access the Savings Center**.



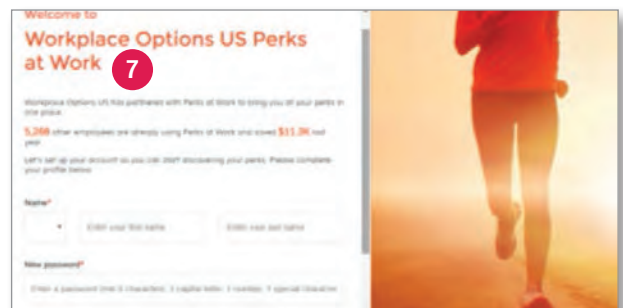
**4** You'll be taken to the Perks at Work website. To set up your Perks at Work account, enter your work email. In the *Your Company* box, enter **Workplace Options US** and in the *Please enter your Company Code* box, enter **EAP**. Then, choose **Create my account**.



**5** You'll get a confirmation.

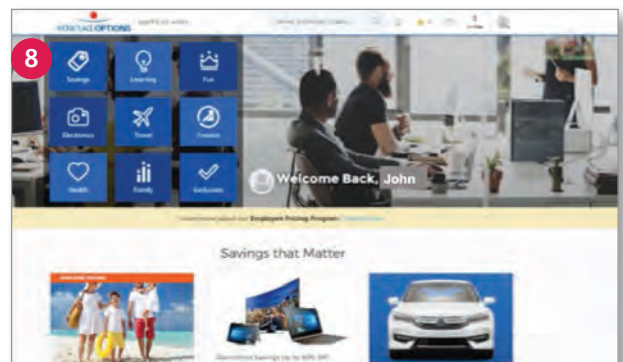


**6** Check your email for an email from Perks at Work. Click on the **Complete my profile** button in the email.



**7** You'll be taken back to the Perks at Work website to set up your password.

**8** You're now signed up for Perks at Work — time to start saving! Be sure to check Perks at Work often for new discounts.





Travel assistance services

GROUP LIFE

# No matter where you are, help is with you

If an unexpected emergency happens while you travel, we want to help make sure you receive the services you need 24/7 – no matter where you are in the world.

That's why your group life plan includes **Generali Global Assistance, Inc. (GGA) travel assistance** services to help provide a safety net if you or your dependents have an emergency away from home.<sup>1</sup> These services are available if you're more than 100 miles from home for 90 days or less.

GGA can also give you useful tips before you travel, such as vaccine and passport requirements, foreign exchange rates, and travel advisories.

## Emergency medical assistance while traveling

If you have a medical emergency while traveling, call the local emergency authorities right away. Then, as soon as possible, call GGA at the number on your travel assistance wallet card, included on the back of this sheet. GGA will help make sure you receive the right medical care, as well as support for your personal and travel needs. **All services, including medical transport, must be arranged in advance by GGA.**

## 24/7 help is a phone call away

If you need help when you're away from home or tips before you travel, you can reach GGA 24/7:

- By phone from the U.S. and Canada: 866-295-4890
- By phone from other countries: 202-296-7482 (call collect)

## A helping hand in emergencies

With travel assistance, you can count on:

- **Medical referrals:** GGA will help you find doctors, dentists, and medical facilities.
- **Medical monitoring:** Professional case managers, including doctors and nurses, will help make sure you receive the right care or decide if you need to be moved to a different healthcare facility.
- **Medical evacuation or return home:** If a doctor chosen by GGA decides you should be taken to a different healthcare facility or return home for treatment, GGA will arrange that. They will also pay for it, up to the program limit of \$1 million for each medical incident (all services combined).

- **Payment guarantees:** You may have to pay for certain medical services even if your medical plan covers you overseas. In most cases, GGA can guarantee payment for these services if you provide a guarantee to repay them. This helps ensure you don't have to pay cash for out-of-pocket expenses. Many overseas facilities will not accept a credit card for payment, making this service an important feature.
- **Help with dependent children:** If you travel with a dependent under the age of 26 and they are left alone because you are in the hospital, GGA will set up and pay for their most direct route home on economy class airfare.<sup>2</sup> GGA will also arrange and pay for a qualified escort to go with them, if needed.
- **Traveling companion assistance:** If you have a travel companion who needs to return home, GGA will arrange and pay<sup>2</sup> for their airfare.
- **A visit by family member or friend:** If you are traveling alone and will be in the hospital seven days in a row, GGA will arrange and pay for round-trip economy class airfare<sup>2</sup> for a family member or friend to visit you. They will also receive \$150 each day for up to five days for meals and lodging.
- **Emergency messages:** GGA can relay messages to and from family, friends, and coworkers.
- **Emergency cash advances:** GGA will advance up to \$5,000 in an emergency. You will need to provide a guarantee to repay them and pay any transfer or delivery fees.
- **Legal counseling and bail:** GGA will find an attorney and arrange bail bond payment, if the law permits. You will need to pay or provide a guarantee of payment for the attorney and bail bond fees.
- **Emergency travel arrangements:** GGA can make new travel arrangements or change airline, hotel, and car rental reservations if there is an emergency. You will need to provide a payment/credit card guarantee for tickets, hotel rooms, and car rentals.
- **Interpretation or translation:** GGA will help by phone in all major languages or refer you to a service that interprets and translates documents in writing.

GGA will also help with:

- **Guiding you through what to do if your wallet or purse is lost or stolen.**
- **Bringing your remains home** if you pass away, up to \$10,000.
- **Returning your personal vehicle in an emergency.**
- **Returning your pet in an emergency.** If your pet is traveling with you and is left alone because you are in the hospital or you pass away, GGA will arrange and pay for its return home.
- **Finding lost luggage, documents, and personal items.**
- **Replacing medicine and eyeglasses.** You will be responsible for these costs.

**Remember that all services must be arranged in advance by GGA to be covered by your plan. You may have to pay for certain other services GGA provides, such as cash advances.**

## Feel safer wherever you go

You have access to Generali Global Assistance, Inc. travel assistance services as part of your life insurance plan. If you have an emergency while traveling, you and your family can have peace of mind knowing you can call for help if you need it. To learn more, visit [anthemlife.com](http://anthemlife.com).

✂ Cut out this wallet card and keep it with you when you travel.

### Travel Assistance

Provided by Generali Global Assistance, Inc. for Anthem

For travel emergency assistance services, call the appropriate number below, depending on your location:

<b>US. and Canada:</b>	<b>866-295-4890</b>
<b>Other locations (call collect):</b>	<b>202-296-7482</b>

For more details, go to [anthemlife.com](http://anthemlife.com).

*Valid only for eligible members.*

Retirees are not eligible for travel assistance services.

1 Exclusions and limitations apply. You must call Generali Global Assistance, Inc. first for services to be covered. You must guarantee funds up front. See travel assistance brochure for full terms and conditions. Generali Global Assistance, Inc. must make or approve all transport-related services in order for them to be eligible. You must reimburse Generali Global Assistance, Inc. for certain expenses. Generali Global Assistance, Inc. is not affiliated with Anthem Life, and the services provided through the travel assistance program are provided by Generali Global Assistance, Inc. and are not part of the insurance coverage provided by Anthem Life. In all cases, the medical professional, medical facility and/or attorney suggested by Generali Global Assistance, Inc. or providing direct services to the eligible member are not employees or agents of Generali Global Assistance, Inc. or Anthem Life, and the final selection of the medical professional or facility or legal counsel is your choice alone. Generali Global Assistance, Inc. or Anthem Life assume no responsibility for any medical advice or legal counsel given by the medical professional and/or attorney, nor shall Generali Global Assistance, Inc. be liable for the negligence or other wrongful acts or omission of any of the health and/or legal care professionals providing direct services. The covered member shall not have any recourse against Generali Global Assistance, Inc. or Anthem Life by reason of its suggestion of or contract with a medical professional and/or attorney. Generali Global Assistance, Inc. has limited operating ability in certain OFAC sanctioned countries thus services may be limited or unavailable in those countries.

2 Up to \$5,000

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# Save money with discounts at [anthem.com](https://www.anthem.com)

As an Anthem member, you qualify for discounts on products and services that help promote better health and well-being.\* These discounts are available through SpecialOffers to help you save money while taking care of your health.

## Vision, hearing and dental

**Glasses.com™ and 1-800-CONTACTS®** — Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You are also entitled to an additional \$20 off orders of \$100 or more, free shipping and free returns.

**EyeMed** — Take 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

**Premier LASIK** — Save \$800 on LASIK when you choose any “featured” Premier LASIK Network provider. Save 15% with all other in-network providers.

**TruVision** — Save up to 40% on LASIK eye surgery at more than 1,000 locations.

**Nations Hearing** — Receive hearing screenings and in-home service at no additional cost. All hearing aids start at \$599 each.

**Hearing Care Solutions** — Digital instruments start at \$500, and a hearing exam is free. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years and unlimited visits for one year.

**Amplifon** — Take 25% off, plus an extra \$50 off one hearing aid; \$125 off two.

**ProClear™ Aligners** — Take \$1,200 off a set of custom aligners. You can improve your smile without metal braces and time-consuming dental visits. Your order is 50% off and comes with a free whitening kit.



## Fitness and health

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**Active&Fit Direct™** – Active&Fit Direct allows you to choose from more than 11,000 participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

**FitBit** – Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget. Save up to 22% on select Fitbit devices.

**Garmin** – Take 20% off select Garmin wellness devices.

**Jenny Craig®** – Join this weight loss program for free. Jenny Craig provides you with everything you need, making it easier to reach your goals. You can save \$200 in food, in addition to free coaching, with minimum purchase. Save an extra 5% off your full menu purchase. Details apply.

**ChooseHealthy®** – Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy and nutritional services. You also have discounts on fitness equipment, wearable trackers and health products, such as vitamins and nutrition bars.

**GlobalFit** – Discounts apply on gym memberships, fitness equipment, coaching and other services.

## Family and home

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**23andMe** – Take \$40 off each Health + Ancestry kit. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

**Safe Beginnings®** – Babyproof your home while saving 15% on everything from safety gates to outlet covers.

**Nationwide Pet Insurance** – Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

**ASPCA Pet Insurance** – Take 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

**WINFertility®** – Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

**LifeMart®** – Take advantage of great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

## Medicine and treatment

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**SelfHelpWorks** – Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

**Brevena** – Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

**Puritan's Pride®** – Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

**Allergy Control Products and National Allergy Supply** – Save up to 25% on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, asthma products and more. Orders over \$59 ship for free by ground within the contiguous U.S.

To find the discounts available to you, log in to [anthem.com](https://www.anthem.com), choose **Care** and select **Discounts**.

**Your SpecialOffers discounts are part of our effort to support your personal health journey. Taking care of your health can be easier with the savings offered through your health plan.**

**\* All discounts are subject to change without notice.**

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



# ADDITIONAL INFORMATION FOR ALL ELIGIBLE EMPLOYEES

**COBRA Information** COBRA continuation coverage is a temporary extension of coverage under the group health plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**Health Insurance Marketplace** You may have other options available to you when you lose group health coverage. You may be eligible to buy an individual plan through the Health Insurance Marketplace ([www.healthcare.gov](http://www.healthcare.gov)). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

**HIPAA Information** Special Enrollment Right Mandated by the Health Insurance Portability and Accountability Act of 1996

Group health plans and health insurance insurers are required to provide special enrollment periods during which individuals who previously declined coverage for themselves and their dependents may be allowed to enroll without having to wait for the plan's next open enrollment period. A special enrollment period can occur if a person with other health coverage loses that coverage or if a person becomes a new dependent through marriage, birth, adoption, or placement for adoption. If you refuse enrollment for yourself or your dependents for medical coverage, you may later enroll within 30 days of a change in family status or loss of health coverage.

Individuals may not be denied eligibility or continued eligibility to enroll for benefits under the terms of the plan based on specified health factors. In addition, an individual may not be charged more for coverage than similarly situated individuals based on these specific health factors.

Effective April 1, 2009, the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA) created a new 60 day special enrollment period for eligible employees and dependents to immediately enroll in the plan if they become ineligible for Medicaid or any state's Children's Health Insurance Program (CHIP) and lose coverage or become eligible for that state's premium assistance program. The employee must request coverage within 60 days after the termination of coverage or the determination of subsidy eligibility.

**Women's Health and Cancer Rights Act of 1998 (WHCRA)** WHCRA requires a group health plan to notify you, as a participant or a beneficiary, of your potential rights related to coverage in connection with a mastectomy. Your plan may provide medical and surgical benefits in connection with a mastectomy and reconstructive surgery. If it does, coverage will be provided in a manner determined in consultation with your attending physician and the patient for a) all stages of reconstruction on the breast on which the mastectomy was performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; c) prostheses; and d) treatment of physical complications of the mastectomy, including lymphedema. The coverage, if available under your group health plan, is subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. For specific information, please refer to your summary plan description or benefits booklet, or contact Human Resources.

**Newborns' and Mothers' Health Protection Act** Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**THIS IS ONLY A SUMMARY, NOT A CERTIFICATE OF INSURANCE.** *The information contained in this Employee Benefits Summary is presented for illustrative purposes only and is based on information in certificates of insurance supplied by the insurance carrier. CGI's Human Resources Department has prepared this Summary to assist employees in understanding their company's benefits plan. While every effort has been made to describe these benefits accurately, discrepancies or errors are possible. You should also read the actual plan documents in their entirety. If there is a discrepancy between the Employee Benefits Summary and the actual plan documents, the plan documents will prevail. If you have any questions about the Employee Benefits Summary, please contact Human Resources. © CGI Business Solutions 2020. All rights reserved.*

## CUSTOMER SERVICE NUMBERS

As a quick reference guide to all of our benefit vendors, please refer to the following list. For general information, please contact Annie Doucette with Human Resources.



**Human Resources**  
Annie Doucette  
603-318-0022  
[adoucette@ampunited.com](mailto:adoucette@ampunited.com)

**Medical Benefits**  
United Healthcare  
866-633-2446  
[www.myuhc.com](http://www.myuhc.com)

**Benefits Broker**  
CGI Business Solutions  
MariCarmen Cawley  
Account Executive  
603-232-9340  
[mcawley@cgibenefitsgroup.com](mailto:mcawley@cgibenefitsgroup.com)

**Dental, Vision, Life and AD&D and Disability Benefits**  
Anthem  
Dental Member Services: 844-729-1565  
Vision Member Services: 866-723-0515  
Life Member Services: 800-552-2137  
Disability Member Services: 800-823-2137  
[www.Anthem.com](http://www.Anthem.com)



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