



Employee Benefit Enrollment Guide



Red Diamond Home Loans

January 1, 2020 - June 30, 2020

Welcome

Welcome to Open Enrollment!

Red Diamond Home Loans offers you and your eligible family members a comprehensive and valuable benefit program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family. You will find more detailed information about each of these benefits in the following pages of this booklet. The benefits discussed in this book will be effective January 1, 2020 - June 30, 2020, unless you are a new hire. New hires will be eligible for benefits following their waiting period, which is 1st of the month following 30 days.

If you have any questions regarding open enrollment, your benefits options or how to enroll in coverage, please contact the G&A Partners Customer Care Center at 1-866-497-4222 or customer care@gnapartners.com.



Insurance Basics



Who is eligible?

If you are a full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this document. The following family members are also eligible for coverage: spouse, children up to age 26 (married or unmarried), and guardianship children.



When am I eligible?

If you have already satisfied your initial waiting period, you will need to go online and enroll within the timeframe listed below. Your open enrollment benefit selections will be effective January 1, 2020 - June 30, 2020. If you are a new hire, you must satisfy your company waiting period of 1st of the month following 30 days before you will be eligible for benefits. You will need to go online to enroll prior to your effective day.

Enrollment Portal Opens: 11.14.19

Enrollment Portal Closes: 11.21.19



How do I enroll?

The first step is to review your current benefit elections. Next, decide on your benefit elections for the upcoming plan year. You must make your elections online using G&A Partners' online benefits enrollment tool. For instructions on how to log into your G&A Partners online benefit enrollment account, please refer to the "Online Benefit Enrollment Instructions" page.



What is a qualifying event?

Once you have made your elections, you will not be able to change them until the next open enrollment period, unless you have a qualified change in status. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in a child's dependent status, death of a spouse, change in residence, commencement or termination of adoption proceedings, change in employment status, or change in coverage under another employer-sponsored plan. If you have a qualifying event or change in status, please let G&A Partners know within 30 days so we can instruct you on what documentation will be required to ensure necessary changes are made. After 30 days, you will not be able to make changes until open enrollment, unless you experience another qualifying event.

Online Enrollment Instructions

<https://worksight2.gnapartners.com>

We are pleased to provide you with important information regarding your benefits and how to enroll online. Complete benefit enrollment information is available online at the link provided above for you to review. Please adhere to the enrollment and change deadlines set forth to ensure timely processing.

Enrollment will need to be completed online. If your enrollment is not completed by the deadlines below, your insurance elections will be defaulted to your prior year elections.

Enrollment Opens: November 14, 2019

Enrollment Closes: November 21, 2019

How to Access Your Online Benefit Enrollment Profile:

Username: Worksight 2.0 Email

Password: Worksight Password

How to Get Started:

1. Log into the system using your unique username and password as described above.
2. Click on the Benefits tile.
3. You will land on the Welcome page. Click "Next" at the bottom of the page to advance through the enrollment.
4. Your available medical plan options will appear on the first screen. Use the toggle buttons to add dependents to the coverage. Click "Select" on the medical plan you wish to enroll in. You may click "Compare" to see additional plan information. When you have finished selecting or waiving the medical coverage, click the "Next" button at the bottom of the page.
5. Continue through each screen either selecting or waiving the coverage.
6. After completing all coverage options and clicking the "Next" button, you will see a Benefit Summary list of all enrollments and waived plans. Scroll to the bottom and click the "Submit" button.

You will not have the opportunity to enroll again until the next open enrollment unless you experience an IRS Qualified Life Event during the benefit year. Please see the required disclosures page of this booklet to obtain copies of the qualifying events or family status changes.

Questions?

If you have questions or need help logging in, please contact the G&A Partners Customer Care Center.

Hours: Monday – Friday | 7:30 a.m. – 7:00 p.m. CST

Phone: 1-866-497-4222 | Email: customercare@gnapartners.com

Medical Overview



**BlueCross BlueShield
of Texas**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Account Number: 213560
 Phone Number: 1-800-521-2277 (PPO)
 Website: www.bcbstx.com

	PPO \$1500 80%	PPO \$3500 80%	HDHP \$3000 100%
Type	PPO	PPO	HDHP PPO
Group Number	213563	213565	213567
Provider Network	BlueChoice	BlueChoice	BlueChoice
PCP / Referral Required	No	No	No
	In-Network	In-Network	In-Network
Calendar Year Deductible	\$1,500	\$3,500	\$3,000
Calendar Year Deductible (Family)	\$3,000	\$7,000	\$6,000
Four Quarter Deductible Carryover	Included	Included	Excluded
Coinsurance Percentage	80%	80%	100%
Max Out of Pocket/Cal Year	\$3,500	\$5,500	\$3,000
Max Out of Pocket (Family)/Cal Year	\$7,000	\$11,000	\$6,000
Lifetime Maximum/Person	Unlimited	Unlimited	Unlimited
In-Patient Hospital	Ded + Coin	Ded + Coin	\$0 after ded
Emergency Room	Ded + Coin	Ded + Coin	Ded + Coin
Emergency Room Facilities	\$100 + Coin	\$100 + Coin	\$0 after ded
Urgent Care Facility	\$55	\$50	\$0 after ded
Physician Office Visit Copays			
Nurseline	\$0	\$0	\$0
Primary Care Physician	\$30	\$30	\$0 after ded
Specialist	\$30	\$30	\$0 after ded
Wellness/Preventive Care	\$0	\$0	\$0
Prescription Copays			
RX Out of Pocket / Ind	\$1,000	\$1,000	N/A
Tier 1	\$20	\$10	\$0 after ded
Tier 2	\$35	\$40	\$0 after ded
Tier 3	\$50	\$60	\$0 after ded
Tier 4	NA	NA	\$0 after ded
Tier 5	NA	NA	\$0 after ded
Monthly Employee Contributions			
Employee Only	\$174.77	\$111.59	\$100.65
Employee & Spouse	\$906.40	\$769.28	\$745.47
Employee & Child(ren)	\$778.65	\$654.44	\$632.90
Employee & Family	\$1,517.22	\$1,318.35	\$1,283.83

Wellness benefits are covered at 100%, with no copay if the physician's office bills the visit as wellness/preventative. You may view complete summaries at www.gnapartners.com/sbc. HMO plans do not have out of network benefits. For all other plans, please refer to plan documents out of network benefits. HDHP plans are the only plans that may be HSA compatible. For all plans, please review the complete benefit summaries and certificates for all limitations, limitations, exclusions, and coverage detail. Plan documents always prevail. Rates are contingent upon final underwriting.




**BlueCross BlueShield
of Texas**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Register for BCBSTX

On or after your effective date, you may register for BCBSTX's member portal:

- 1 Visit www.bcbstx.com/member
- 2 Click "Register Now"
- 3 Use the information provided on your BCBSTX ID card to complete the registration process.



The screenshot shows the BCBSTX member portal for John Smith. At the top, there are navigation links for 'Message Center', 'Settings', and 'Log Out'. A 'Feedback' link is in the top right. Below this is a language selector for 'Información en español' and links for 'Help' and 'Contact Us'. A main navigation bar contains: 1. Home, 2. My Coverage, 3. Claims Center, 4. My Health, 5. Doctors & Hospitals, and 6. Forms & Documents. The main content area includes a 'Welcome John Smith' message, a 'Message Center' showing 'You have no messages', a 'MY COVERAGE' section with details like 'Plan Type: PPO', 'Group Number: 0000', and 'ID Number: XOF00000DEMO', an 'In Network Benefits' section with a 'Medical Copays' table showing '\$300' for 'EMERGENCY ROOM COPAY', a 'Stay Updated' section with social media icons, and a 'Quick Links' section with items like 'Get a Temporary ID Card', 'My Blue Community', and 'Member Discount Program'.

1. **My Coverage:** Review benefit details for you and/or covered family members.
2. **Claims Center:** View and organize details, such as payments, dates of service, provider names, claims status and more.
3. **My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
4. **Doctors & Hospitals:** Use the Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
5. **Forms & Documents:** Access medical, dental, pharmacy and other forms.
6. **Message Center:** Learn about updates to your benefit plan and receive promotional information via secure messaging.
7. **Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
8. **Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at any time.
9. **Help:** Look up definitions of health insurance terms, get answers to FAQs.
10. **Contact Us:** Submit questions to a Customer Service Advocate.

How to Find an In-Network Doctor

Blue Cross and Blue Shield of Texas (BCBSTX) makes it easy to find an in-network doctor, hospital or other provider via their website or mobile app!

Benefits to Using In-Network Providers

- You will receive a higher level of benefits and discounted fees
- You will maximize your benefit-covered services
- You can use your preferred providers

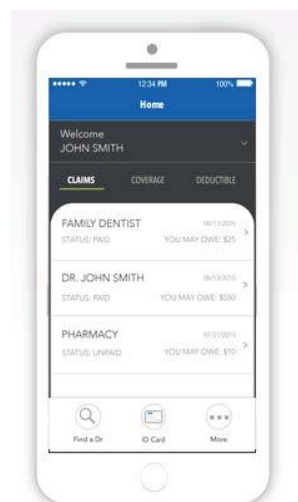
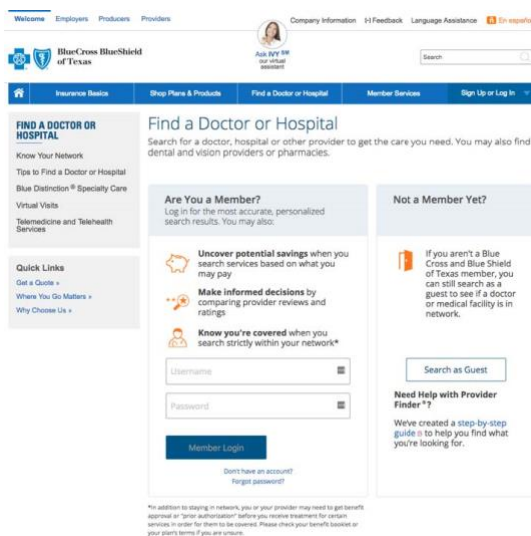
BCBSTX Website

Visit www.bcbstx.com/find-a-doctor-or-hospital and follow the prompts to access BCBSTX's online provider finder search feature.

BCBSTX App

You can also search for an in-network doctor using the BCBSTX app, which is available for download in both the App Store and the Google Play Store.

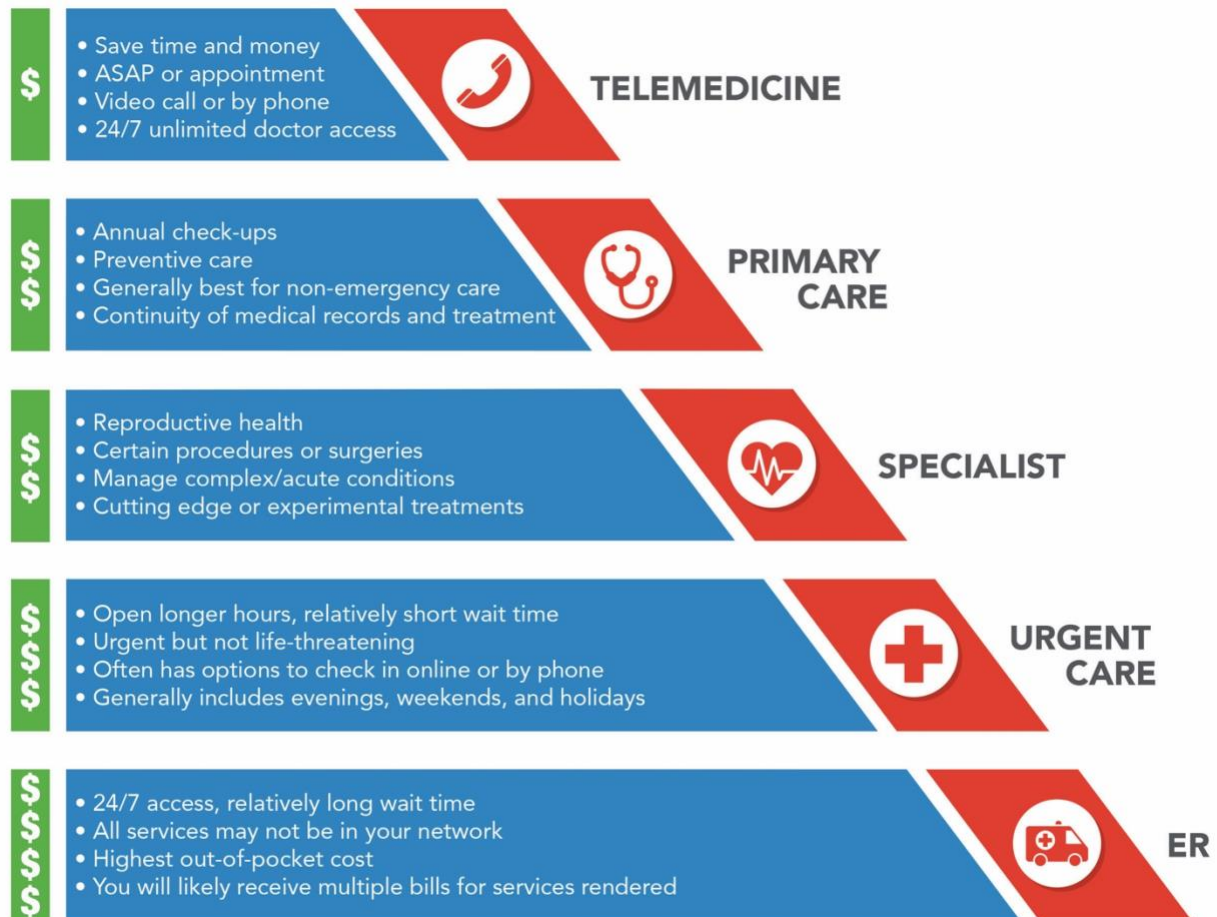
For more information about the app, visit www.bcbstx.com/mobile.



Where Do I Go for Medical Care?

Knowing your options when it comes to seeking non-emergency care can help you save time and money. If you aren't sure where to go for medical care, use this chart to determine which health care provider will best suit your needs.

IMPORTANT: If you are experiencing a true emergency, always dial 911!



Still not sure where to go for medical care? Check with your primary care physician or health insurance provider to see if they have a 24-hour nurse line!

Health Savings Account

A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical expenses. With an HSA, you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options. You must be enrolled in a qualified High Deductible Health Plan (HDHP) to participate in an HSA.

HSA Benefits Include:

- Fund account with pretax contributions
- Funds and account are yours
- Funds roll over year to year
- Contributions may be changed anytime
- Pay via debit card

2020 Calendar Year Limits:

Short Plan Year January 1, 2020 - June 30, 2020

- Individual: \$3,550
- Family: \$7,100
- 55+: Additional \$1,000

How to Enroll:

1. Enroll in HDHP
2. Setup HSA account (HSA Bank or private vendor)
3. Complete direct deposit form
4. Submit direct deposit form to customercare@gnapartners.com.

HSA Bank:

You may use any bank for your HSA; however, G&A Partners has a strategic partnership with HSA Bank. You may set up an account, view the plan requirements, limits, and FAQs on their website at www.hsabank.com.



Flexible Spending Account



Carrier Information	
Name	eflex
Phone Number	1-877-933-3539
Website	www.eflexgroup.com
Plan Details	
Election	Short Plan Year January 1, 2020 - June 30, 2020
Calendar Year Limit	\$2,750
Rollover	\$500/year
Reimbursement	Debit cards or online

A Flexible Spending Account (FSA) is another way to use pre-tax dollars for health care expenses. Below is a partial list of permissible expenses incurred by you, your spouse, or qualified dependents that are reimbursable through an FSA:

- Office visits
- Urgent Care
- Emergency Room
- Medication (prescribed only)
- Eye exam
- Eye glasses and contact lens
- X-Rays
- Laboratory fees
- Dental treatment (excluding teeth whitening)
- Surgery
- Disabled dependent care
- Ambulance

For more information regarding FSA expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD). You can also find helpful information and rates online at www.tasconline.com/biz-resource-center/eligible-expenses.



Please refer to the plan documents for each plan for the entire list of limitations, exclusions, coverage, etc., including out-of-network benefits. Plan documents, limitations and exclusions always prevail. You may update your beneficiary at any time by calling G&A Partners at 1-866-497-4222.

Dependent Care Account



Carrier Information	
Name	eflex
Phone Number	1-877-933-3539
Website	www.eflexgroup.com
Plan Details	
Election	Short Plan Year January 1, 2020 - June 30, 2020
Calendar Year Limit	\$5,000
Reimbursement	Reimbursement only after payments have been made

Below is a partial list of permissible expenses incurred by you, your spouse, or qualified dependents that are reimbursable through a Dependent Care Account (DCA):

Eligible Expenses:

- Fees for daycare
- Before- and after-school programs for children under the age of 13
- Nanny expenses
- Nursery school
- Summer day camp

Ineligible Expenses:

- Activity fees
- Food, clothing or entertainment for dependents
- Late payment charges

For more information regarding DCA expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD). You can also find helpful information and rates online at www.tasconline.com/biz-resource-center/eligible-expenses.



Please refer to the *Summary of Benefits & Coverage (SBC)* for each plan for the entire list of limitations, exclusions, coverage, etc., including out-of-network benefits. Plan documents, limitations and exclusions always prevail. You may update your beneficiary at any time by calling G&A Partners at 1-866-497-4222.

Dental Overview



Group Number: 400822
 Phone Number: 1-877-541-7846
 Website: www.guardiananytime.com

	DHMO	PPO 1000	PPO 1500	PPO 2000	PPO 2500
Network	Managed DentalGuard	DentalGuard Preferred	DentalGuard Preferred	DentalGuard Preferred	DentalGuard Preferred
Preventive Care					
Exams, Cleanings, X-Rays not subject to deductible	\$5 Copay	100%	100%	100%	100%
Basic Treatment*					
Fillings, simple tooth extractions	Copay + Scheduled Fee	80%	100% / 80%	100% / 80%	100% / 80%
Major Treatment*					
Major oral surgery, crowns, endodontic and periodontal	Copay + Scheduled Fee	50%	60% / 50%	60% / 50%	60% / 50%
Deductibles					
Calendar Year	No Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Plan Maximums					
Annual maximum benefit includes preventive, basic and major treatment	No Maximum	\$1,000 Per Person	\$1,500 Per Person	\$2,000 Per Person	\$2,500 Per Person
Orthodontia Lifetime Maximum	No Maximum	\$1,000 Per Person	\$1,000 Per Person	\$1,000 Per Person	\$2,000 Per Person
Orthodontia Age	Children to 18	Children to 19	Children to 19	Children to 19	Children & Adults
Monthly Employee Contributions					
Employee Only	\$11.64	\$24.32	\$29.95	\$33.88	\$37.05
Employee & Spouse	\$18.72	\$47.48	\$63.39	\$71.68	\$78.18
Employee & Child(ren)	\$25.92	\$61.32	\$81.70	\$90.49	\$105.55
Employee & Family	\$29.44	\$84.48	\$112.19	\$125.20	\$145.86

For all G&A-sponsored master plans, you may view complete summaries at www.gnapartners.com/sbc. Please refer to the Summaries of Benefits & Coverage for a complete list of out-of-network benefits, limitations, exclusions, and coverage detail. Plan documents always prevail.

DHMO Sample Schedule



Below is a sample of the charges that you might see if you are covered under the DHMO dental plan. Ultimately, please ensure you contact your dentist and Guardian to verify costs. You may view the full schedule at www.gnapartners.com/sbc.

Primary Care Dentist

The DHMO plan requires a primary care dentist. You will be required to submit a provider ID number when you enroll. To find a provider in network visit www.guardiananytime.com. In the event that you do not submit the a provider ID number, a provider will be assigned to you. Network restrictions apply.



No Charge

Oral Evaluation	Bitewings
Pulp vitality tests	Intraoral
Diagnostic casts	Prophylaxis
Intraoral	Flouride
Resin Compositve	Pulp



Crown, Bridge & Other Cast Restorations

Inlay	\$225
Crown	\$290
Onlay	\$250

Endodontics/Periodontics

Root canal - molar	\$230
Gingivectomy- per quadrant	\$100
Periodontal maintenance	\$35



Orthodontic Treatment

Orthodontic treatment, to 24 months	\$2,285
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DHMO copays may vary. Ensure you obtain pricing from your provider prior to receiving services. This is just a sample of the complete schedule. Please note, you will have no out of network benefits and all benefits will be paid according to the contracted rate with the dentist.

Value vs. Nap

Guardian allows you to pick between Value and Network Access Plans (NAP). You may choose the dental plan that's right for you and switch during open enrollment if your needs change.



If you do not designate a Value or NAP election, the default enrollment will be the Value plan.

- The rates are the same for either plan
- You may change plan at open enrollment
- You may save up to 30% by staying in network

Here's an overview of the two choices in our NAP design:

	Value Plan	Network Access Plan
Out-of-network	<ul style="list-style-type: none"> • Benefits are based on the discounted fee schedules agreed upon by our network dentists. • Any amount that is charged over the fee schedule is the responsibility of the patient. 	<ul style="list-style-type: none"> • Benefits are based on usual, customary and reasonable (UCR) charges that dentists in your area charge for each procedure.
Coinsurance	<ul style="list-style-type: none"> • Preventive services are covered 100%. • Coverage for other services is higher than the Network Access Plan. 	<ul style="list-style-type: none"> • Preventive services are covered 100%. • Coverage for other services is lower than the Value Plan.
Save money using network providers	<ul style="list-style-type: none"> • If you always use network providers, consider the Value Plan. • With higher co-insurance levels, your out-of-pocket costs are reduced for in-network dentists. 	<ul style="list-style-type: none"> • If you want freedom to choose between in-network and out-of-network providers, consider the Network Access Plan. • Coverage out-of-network is not limited to the discounted fees our in-network dentists charge.

Vision Overview

Group Number: 400822
 Phone Number: 1-877-814-8970
 Website: www.guardiananytime.com

	Base PPO	Buy Up PPO
Vision Examination		
Once every 12 months	\$20 exam copay	\$10 exam copay
Spectacle Lenses		
Once every 12 months (Single, Bifocal, Trifocal)	\$20 material copay	\$20 material copay
Frames		
	Amount over \$130	Amount over \$200
Once every 24 months	Members receive an additional fixed copayment on lens options including anti-reflective and scratch-resistant coatings. After copay, standard polycarbonate available at no charge for dependents to age 19.	
Contact Lenses		
Evaluation & Fitting	15% of UCR	15% of UCR
Elective (conventional & disposable)	Amount over \$130	Amount over \$150
Medically Necessary	100%	100%
Contact lenses are in lieu of spectacle lenses and a frame. The contact lens allowance is applied to professional services (evaluation and fitting fee) and materials.		
Monthly Employee Contributions		
Employee Only	\$9.36	\$11.25
Employee & Spouse	\$15.76	\$18.75
Employee & Child(ren)	\$16.04	\$18.50
Employee & Family	\$25.40	\$29.00

For all G&A-sponsored master plans, you may view complete summaries at www.gnapartners.com/sbc. Please refer to the plan documents for an entire list of out-of-network benefits, limitations, exclusions, and coverage detail. Plan documents always prevail.

Employer Paid Life Insurance Overview



Carrier Information

Carrier	Unum
Contact Phone Number	1-866-679-3054
Website	www.unum.com

Plan Details

Group Number	0219704-002 (Employer Paid)
Life Insurance Volume	\$20,000.00
AD&D Volume	\$20,000.00
Employee Premium	\$0.00
Age Reduction	Age 65, or less than 70, benefit is reduced to 65% of life insurance coverage amount.

What is a beneficiary?

A beneficiary is the person or entity you name in a life insurance policy to receive the death benefit. You may update your beneficiary at any time by contacting G&A Partners at 1-866-497-4222.

What is Accidental Death and Dismemberment Insurance (AD&D)?

AD&D insurance provides benefits to your beneficiary in the event of your accidental death or to you in the event of accidental dismemberment (loss of limbs, sight, hearing, etc.)

Who pays for this life insurance?

Basic life insurance is paid for by your employer. This is offered at no cost to you. If you have the option and elect voluntary life insurance, you will see those deductions on your paycheck.



PLEASE NOTE: Upon termination of your employment, you have the option to convert your group life insurance into an individual life insurance policy. For more information regarding life insurance conversion options, please contact Unum directly within 30 days of your coverage termination by calling 1-866-679-3054. Please refer to the plan documents for each plan for the entire list of limitations, exclusions, coverages, etc. Plan, Documents, Limitations and exclusions always prevail. You may update your beneficiary at any time by calling G&A Partners at 1-866-497-4222.

Voluntary Life Insurance Overview



Carrier Information

Carrier	Unum
Contact Phone Number	1-866-679-3054
Website	www.unum.com

Plan Details

Funding	Voluntary
Group Number	0219705 (Voluntary)
Eligibility	All active full-time employees
Employee Benefit Volume	Up to 5 times salary in increments of \$10,000; Not to exceed \$500,000
Spouse Benefit Volume	Up to 100% of employee amount in increments of \$5,000; Not to exceed \$500,000
Child(ren) Benefit	Birth to 6 months: \$1,000 / 6 months to age 26: \$10,000
Guaranteed Issue Amount	For New Employees Employee: \$200,000 / Spouse: \$50,000 / Child: \$10,000
Age Reduction	Age 65, or less than 70, benefit is reduced to 65% of life insurance coverage amount

Voluntary Life Monthly Rates

Age	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Employee Non-Tobacco	\$1.20	\$1.20	\$1.28	\$1.53	\$2.12	\$3.32	\$5.16	\$8.05	\$12.22	\$21.44
Employee Tobacco	\$1.97	\$1.97	\$2.07	\$2.52	\$3.56	\$5.50	\$8.79	\$12.84	\$18.01	\$32.62
Spouse Rate	\$1.08	\$1.08	\$1.16	\$1.36	\$1.94	\$3.08	\$4.90	\$7.50	\$11.52	\$20.42
Child(ren) Rate	\$2.30 for \$10,000									

$$\text{Coverage Amount} / 10,000 \times \text{Rate} = \text{Monthly Costs}$$



PLEASE NOTE: Upon termination of your employment, you have the option to convert your group life insurance into an individual life insurance policy. For more information regarding life insurance conversion options, please contact Unum directly within 30 days of your coverage termination by calling 1-866-679-3054. Please refer to the plan documents for each plan for the entire list of limitations, exclusions, coverages, etc. Plan, Documents, Limitations and exclusions always prevail. You may update your beneficiary at any time by calling G&A Partners at 1-866-497-4222.

Disability



Plan Information

Carrier	Unum
Group Number	0604827 (Voluntary)
Contact Phone Number	1-866-679-3054
Website	www.unum.com

Short-Term Disability

Plan Details

Eligibility	All active full-time employees
Benefit Percentage	60% of weekly earnings
Maximum Benefit Amount	\$1,500 per week
Elimination Period	Injury: 14 days / Sickness: 14 days
Duration	11 weeks
Funding	Voluntary

Coverage

Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.70	\$0.79	\$0.66	\$0.54	\$0.51	\$0.50	\$0.59	\$0.75	\$0.91	\$1.02	\$1.02

To calculate your cost per paycheck for coverage, complete the calculations below:

$$\text{Annual Salary} / 52 = \text{Weekly Salary} \times \text{Benefit \%} = \text{Your Weekly Benefit}$$

$$\text{Your Weekly Benefit} / 10 = \text{___} \times \text{Your Rate} = \text{Your Monthly Cost}$$

$$\text{Your Monthly Cost} \times 12 = \text{Annual Cost} / \# \text{ Paychecks Per Year} = \text{Cost Per Paycheck}^*$$

*Final cost may vary slightly due to rounding.

Long-Term Disability

Plan Details

Eligibility	All active full-time employees
Benefit Percentage	60% of month earnings
Maximum Benefit Amount	\$7,500 per month
Elimination Period	90 days
Duration	Social Security normal retirement age
Pre-existing condition	12/24
Funding	Voluntary

Coverage

Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.13	\$0.20	\$0.36	\$0.55	\$0.86	\$1.13	\$1.41	\$1.65	\$1.73	\$1.32	\$1.08

To calculate your cost per paycheck for coverage, complete the calculations below:

$$\text{Annual Salary} / 100 \times \text{Your Rate} = \text{Annual Cost} / \# \text{ Paychecks/Year} = \text{Cost/Paycheck}^*$$

Please refer to plan documents for each plan for the entire list of limitations, exclusions, coverages, etc. Plan documents, limitations and exclusions always prevail.

Accident



Carrier Information	
Name	Unum
Phone Number	1-866-679-3054
Website	www.unum.com
Plan Details	
Eligibility	All active full-time employees, spouses and/or child(ren)
Benefit Amount	Various types of services
Coverage	On and off the job
Wellness Benefit <i>This benefit is automatically included in the plan.</i>	This benefit can pay \$75 per calendar year per insured individual if a covered health screening test is performed, including blood tests, stress tests, colonoscopies, chest X-rays and mammograms. (A full list of covered tests will be provided in the certificate.)
Wellness Benefit	Voluntary
Monthly Rates	
Employee Only	\$18.51
Employee & Spouse	\$30.78
Employee & Child(ren)	\$32.91
Employee & Family	\$46.77

Here's an example of how accident coverage can help with medical expenses:

Accident: Fall at home Injury: Anterior Cruciate Ligament (ACL) tear (<i>knee injury</i>)			
Out-of-pocket expenses incurred:		Benefits paid:	
Emergency room copay:	\$100	Emergency room visit:	\$150
Deductible:	\$1,000	Appliance (knee brace):	\$100
Coinsurance for surgery (\$3,500 x 25%):	\$875	Outpatient surgery facility service:	\$300
Copay for six physical therapy visits:	\$120	Surgical ligament tear repair:	\$800
Total out-of-pocket expenses:	\$2,095	Physical therapy sessions:	\$150
		Total out-of-pocket expenses:	\$1,500
<i>Costs of treatment and benefit amounts may vary. Example is based on the level 2 schedule of benefits.</i>			

Please refer to plan documents for each plan for the entire list of limitations, exclusions, coverage, etc., including out-of-network benefits. Plan documents, limitations and exclusions always prevail.

Critical Illness



Carrier Information											
Name	Unum										
Group Number	R0655654										
Phone Number	1-866-679-3054										
Website	www.unum.com										
Plan Details											
Eligibility	All active full-time employees and their spouses and/or children										
Maximum Benefit Amount	Up to \$10,000										
Pre-Existing Condition	12 months										
Waiting Period	Diagnosis must occur at least 30 days after the coverage effective date to be eligible for benefits.										
Wellness Benefit <i>This benefit is automatically included in the plan.</i>	\$75 per insured, per calendar year for the following services: blood tests, stress tests, colonoscopies, mammograms and chest X-rays										
Dependent Coverage	All eligible children are automatically covered at 25% of the employee benefit amount for no additional cost										
Spouse Coverage	Spouses ages 17-64 are eligible for up to \$10,000 with employee purchase										
Covered Conditions	Heart attack, blindness, major organ failure, end-stage renal (kidney) failure, occupational HIV, benign brain tumor, coronary artery bypass surgery (pays 25% of lump sum benefit)										
Covered Conditions with Time Limits	Stroke: Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event Coma: Coma resulting from severe traumatic brain injury lasting for a period of 14 or more consecutive days Permanent Paralysis: Complete and permanent loss of the use of two or more limbs for continuous 90 days as a result of a covered accident										
Cancer Conditions	Carcinoma in situ (pays 25% of lump sum benefit)										
Coverage											
Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Non-Tobacco	\$8.20	\$8.70	\$10.70	\$13.70	\$18.40	\$24.40	\$31.40	\$40.60	\$51.30	\$57.40	\$101.00
Tobacco	\$11.10	\$12.90	\$17.20	\$24.10	\$34.30	\$46.40	\$61.20	\$77.30	\$92.10	\$95.90	\$153.10

Please refer to the plan documents for each plan for the entire list of limitations, exclusions, coverage, etc., including out-of-network benefits. Plan documents, limitations and exclusions always prevail. You may update your beneficiary at any time by calling G&A Partners at 1-866-497-4222.

Voluntary Benefit Claim



If enrolled in accident or critical illness coverage

When you need to file a claim, the last thing you need is a confusing or complicated process holding up your benefit payments.

How to file a voluntary benefit claim:

- Download a claim form online at www.unum.com or call 1-800-635-5597.
- Complete the employee/patient information section and authorization form.
- Have your doctor complete the attending physician's statement.
- Mail or fax the forms directly to Unum using the contact information on the form.

How to file a wellness reimbursement claim:

Remember that you may also file a reimbursement claim for covered health screening test for up to \$75 per calendar year.

Common health screening tests covered by the wellness benefit include:

- Blood test for triglycerides
- Fasting blood glucose test
- Mammography
- Pap Smear
- Colonoscopy
- PSA Test

To file a wellness reimbursement claim, visit www.unum.com or call 1-800-635-5597.

Please be prepared to provide the following information:

- Name and Social Security Number of the policy holder
- Name of the claimant
- Physician's name and/or facility name
- Test that was performed

Perks

The following programs are available free of charge to G&A Partners clients and their employees.

Employee Assistance Program (EAP)

Unum's EAP program offers help via phone, in-person sessions and/or online resources to cope with short-term problems, including:

- **Family:** Counseling, child care, divorce
- **Health:** Addiction, health habits
- **Money:** Budgeting, debt, retirement
- **Work:** Career, work relationships

Visit www.lifebalance.net (username: lifebalance; password: lifebalance) to view online resources and tools or call 1-800-854-1446 to speak with a masters' level consultant.

Partner Perks

The Partner Perks program allows you to save big with exclusive deals and earn up to 40% cash back at their favorite online retailers!



To start saving today, visit gnapartners.retailbenefits.com.

Gym Membership Discounts

G&A Partners has teamed up with several national and regional fitness clubs to offer discounted memberships to help you achieve their health and wellness goals!



To start saving today, visit go.gnapartners.com/employee-discounts.

The products above are value-added programs offered directly through the carrier(s) and are not sponsored by G&A Partners.

Disclosures

Federal legislation passed as the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about a very important provision in the plan that may, in certain instances, allow you or your dependents special enrollment rights should you decline enrollment when initially eligible.

Special Enrollment Rights:

Individuals who initially refused coverage because they had other health coverage may apply after losing eligibility for the other coverage due to the following reasons:

- Legal separation, divorce, death, termination of employment
- Reduction in hours
- Employer contributions toward that other coverage have terminated
- Termination of the other plan
- Exhaustion of COBRA continuation or state continuation
- Loss of coverage from another plan provided, unless due to failure to pay
- Loss of coverage under Medicaid or CHIP

Marriage, Birth, Adoption or Placement for Adoption:

Application can be submitted when an employee has a new dependent such as a newborn, a newly adopted child or placement for adoption of a child under the age of 18; or when the employee gets married. A child, who becomes a new dependent as a result of marriage, is eligible as of the date of the marriage. Other children who were dependent prior to the marriage, birth of adoption event, may not enroll until the group's annual enrollment period. Coverage comes effective on the date of birth, adoption, or marriage if your enrollment is received within 31 days of the birth, adoption, or marriage.

You received a copy of all required notices upon hire, including:

- COBRA Initial Rights
- Children's Health Insurance Plan (CHIP) Information
- Women's Health Parity Rights
- Exchange Notice
- Patient Protection
- Wellness Program Disclosure (if applicable)
- Newborn Act
- Notice of Special Enrollment Rights

Questions

Please contact the **G&A Partners Customer Care Center** if you need help with any of the following:

- Questions about your benefits
- Escalated claims information
- Payroll deduction questions
- Assistance locating in-network providers
- Assistance printing ID cards
- Or any other questions!

G&A Partners Customer Care Center

Hours: Monday – Friday | 7:30 a.m. – 7:00 p.m. CT

Phone: 1-866-497-4222 | Email: customercare@gnapartners.com



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In the case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please contact G&A Partners.

G&A Partners is committed to providing its valued clients and their employees with the highest level of customer service. If you have any questions, please contact our Customer Care Center and we will be happy to assist you.

G&A Partners Customer Care Center

Hours: Monday – Friday | 7:30 a.m. – 7:00 p.m. CT

Phone: 866.497.4222

Email: customercare@gnapartners.com

Web: www.gnapartners.com/contact-us

