New Employee Benefits Guide

VOLUNTARY BENEFITS FOR THE 2019 PLAN YEAR

SAMPLE GUIDE

Green Company

The Green Company's Commitment to Our Employees

The Green Company is committed to providing a comprehensive benefits package for our employees at the most competitive cost. Our extensive benefits package provides financial protection and peace of mind for you and your family.

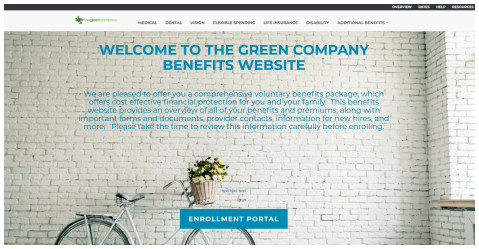
The Green Company provides a significant financial contribution towards your State Health Benefit Plan (SHBP) premiums. The Green Company also provides basic life insurance coverage and an Employee Assistance Program at no cost to you.

This guide provides a summary of your 2019 Green Company voluntary benefits, your benefits resources, and an overview of the enrollment process. We encourage you to review this booklet carefully prior to completing your 2019 elections.

Detailed medical plan information is available in the State Heath Benefit Plan 2019 Active Member Decision Guide or on the website at https://shbp.georgia.gov. Thank you for your service as a Green Company employee.

Table of Contents

Your Benefits Resources



Benefits Website

Access plan documents, benefit summaries, forms, premium information, benefits presentations and guides, links to insurance company and vendor websites (including SHBP), and more.

- www.totemsolutions.com/sample
  - Departments
  - Human Resources
  - Benefits

State Health Benefit Plan (SHBP)

Access Decision Guides, premium information, wellness program information, links to enrollment portal, links to vendor websites, and more.

- https://shbp.georgia.gov
- Or call 1-800-610-1863

Benefits Service Center

Contact the Green Company Benefits Service Center for benefits questions, claims inquiries, assistance with voluntary plan enrollment, and general SHBP inquiries. The Benefits Service Center can also assist you with your voluntary benefits enrollment.

- 1-770-295-1600
  Monday - Thursday from 8am to 6pm
  Friday from 8am to 5pm EST

Several of your benefit plan premiums are pre-tax. This means the amount of your taxable income is reduced by your annual cost of these benefits, reducing the net out-of-pocket cost for your benefits. A summary of your benefits is below:

Pre-Tax Benefit Premiums	Post-Tax Benefit Premiums
• Medical – State Health Benefit Plan • Dental • Vision • Flexible Spending Account (FSA)	• Voluntary Term Life Insurance • Disability • Cancer Plus Critical Illness • Accident • ID Theft Plan • Group Legal Plan

New Employee Eligibility

As a new Green Company employee, you are eligible for benefits on the first of the month following 30 days of employment.

SHBP Reminder

You are required to notify SHBP within 31 days of a Qualifying Event (QE) resulting in a change in covered dependents.

Qualifying Life Events

No enrollment changes are allowed to your benefits during the plan year, except in the case of a qualifying life event.

Qualifying life events that could result in changes to your benefit coverage include, but are not limited to, the following:

- Marriage or divorce
- Birth or adoption of a child
- Loss of a dependent
- Medicare entitlement
- A change in your spouse's employment that affects benefits
- Loss of other group coverage

If you have a qualifying life event, please contact the Benefits Service Center to complete your new elections and update your life insurance beneficiary. You must also provide the necessary documentation to the Benefits Service Center via fax (866-555-5555) within 31 days of the change. If you do not do so within 31 days, you must wait until the next open enrollment to make any benefit plan changes.

State Health Benefit Plans (SHBP)

1. Review the 2019 Active Member Decision Guide.
2. Complete the SHBP enrollment or declination form in your new hire packet and return it to your Green Company Benefits Coordinator, Jane Smith.

IMPORTANT: You must complete your State Health Benefit Plan enrollment by the 31st day of your employment in order to have medical coverage for the 2019 plan year. Dependent documentation is required in the format requested by the deadline in order to cover your dependents.

Voluntary Benefits (Non-Medical)

For your 2019 new employee voluntary benefits, you may complete your elections by either calling the Benefits Service Center or enrolling on-line at www.totemsolutions.com/sample.

Telephonic Enrollment

Call the Benefits Service Center at 1-770-295-1643 to complete your elections, and speak with a trained Benefits Specialist who can assist you based on your family income, personal situation, and other factors that may impact your choices. Call center hours are Monday-Thursday from 8am to 6pm EST and Friday from 8am to 5pm EST. English and Spanish Benefits Specialists are available to assist you.

Online Enrollment

1. Access www.totemsolutions.com/sample. Click on “First Time User” link, enter personal information, and create your case-sensitive password.
2. Then, you will return to the login screen. Enter your last name + date of birth (mmddyyyy) as your User ID, and then your newly created case-sensitive password.
3. Once logged in, scroll down and click “Begin Event.”

Note: The Benefits Service Center is able to assist you with website navigation for online enrollment. Questions about the enrollment process? Call the Benefits Service Center.

After you have completed your benefit elections, a Confirmation Statement will be emailed to you (if you provide an email address during your enrollment). Please review your Confirmation Statement carefully and contact the Benefits Service Center or Human Resources if you have any questions.

Medical Coverage

State Health Benefit Plan (SHBP)

The Green Company participates in the State Health Benefit Plan. Details on the various health plans are below.

Employer Contribution

Your employer pays a significant portion of your health insurance premiums as noted below. This financial contribution reduces your premium for a quality health plan at a competitive cost.

Certified and Classified Employees
$945 per month

State Health Benefit Plan Overview

Anthem BlueCross BlueShield of Georgia	
HRA Gold HRA Silver HRA Bronze	• In and out-of-network coverage • Most services subject to deductible first, then you pay coinsurance up to the out-of-pocket maximum • You pay a percentage of prescription drug costs • Includes Health Reimbursement Account (HRA) ○ Plan funded account to help reduce out-of-pocket medical and pharmacy expenses ○ Used automatically at the point of service ○ Unused HRA contributions carry forward year to year
HMO	• In-network coverage only • You are not required to select a Primary Care Physician (PCP) or obtain referrals to specialists • Lowest deductible • Copays for office visits, emergency room, convenience care clinics, and prescription drugs • Most other services are subject to deductible and coinsurance until you meet the out-of-pocket maximum
UnitedHealthcare	
HMO	• UnitedHealthcare network • In-network only • Same benefits as Anthem HMO plan
High Deductible Health Plan (HDHP)	• Lowest premiums • Highest deductible • All services, including prescription drugs, subject to medical deductible • Then, you are responsible for coinsurance up to the out-of-pocket maximum • Includes a Health Savings Account (HSA) administered through Optum Bank ○ Savings account that allows you to put aside money for eligible medical expenses ○ Can be used now and/or in retirement ○ Contributions and withdrawals are tax-free ○ Portable - the account belongs to you regardless of SHBP enrollment or employment status

Online Resources

Access the plan websites to locate participating providers and to find health and wellness tools, plan details, and much more.

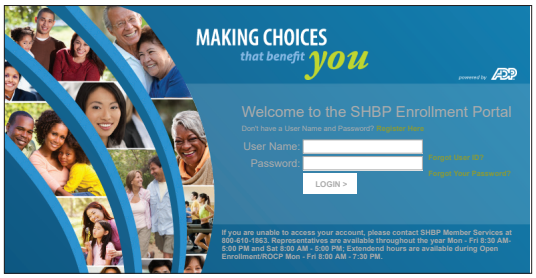
Anthem BlueCross BlueShield of Georgia
www.anthem.com/shbp

Under Resources and Tools, select Find a Doctor, Pharmacy, Hospital or Urgent Care

UnitedHealthcare
www.welcometouhc.com/shbp

I want to…Find a Doctor in the drop down menu. Select Choice HMO or HDHP with HSA network and follow search instructions.

ADP Enrollment Portal
https://myshbpga.adp.com/shbp/
Your registration code is "SHBP-GA".



2019 Medical Plan Designs and Premiums

	Anthem BCBS HRA						Anthem BCBS/UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In	In	Out
Deductible									
You	$1,500	$3,000	$2,000	$4,000	$2,500	$5,000	$1,300	$3,500	$7,000
You + Child(ren)/Spouse	$2,250	$4,500	$3,000	$6,000	$3,750	$7,500	$1,950	$7,000	$14,000
You + Family	$3,000	$6,000	$4,000	$8,000	$5,000	$10,000	$2,600	$7,000	$14,000
Medical OOPM									
You	$4,000	$8,000	$5,000	$10,000	$6,000	$12,000	$4,000	$6,450	$12,900
You + Child(ren)/Spouse	$6,000	$12,000	$7,500	$15,000	$9,000	$18,000	$6,500	$12,900	$25,800
You + Family	$8,000	$16,000	$10,000	$20,000	$12,000	$24,000	$9,000	$12,900	$25,800
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	70%	50%
HRA									
You	$400		$200		$100		N/A	N/A	
You + Child(ren)/Spouse	$600		$300		$150		N/A	N/A	
You + Family	$800		$400		$200		N/A	N/A	
Medical									
ER	Coins after ded		Coins after ded		Coins after ded		$150 copay	Coins after ded	
Urgent Care	Coins after ded		Coins after ded		Coins after ded		$35 copay	Coins after ded	
PCP Visit	Coins after ded		Coins after ded		Coins after ded		$35 copay	Coins after ded	
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		$45 copay	Coins after ded	
Preventive Care	100%	None	100%	None	100%	None	100%	100%	None
Retail Rx									
Tier 1	15%, Min $20, Max $50		15%, Min $20, Max $50		15%, Min $20, Max $50		$20 copay	Coins after ded	
Tier 2	25%, Min $50, Max $80		25%, Min $50, Max $80		25%, Min $50, Max $80		$50 copay	Coins after ded	
Tier 3	25%, Min $80, Max $125		25%, Min $80, Max $125		25%, Min $80, Max $125		$90 copay	Coins after ded	
Mail Order Rx									
Tier 1	15%, Min $50, Max $125		15%, Min $50, Max $125		15%, Min $50, Max $125		$50 copay	Coins after ded	
Tier 2	25%, Min $125, Max $200		25%, Min $125, Max $200		25%, Min $125, Max $200		$125 copay	Coins after ded	
Tier 3	25%, Min $200, Max $313		25%, Min $200, Max $313		25%, Min $200, Max $313		$225 copay	Coins after ded	

Monthly Payroll Deductions	Anthem BCBS HRA			Anthem BCBS/UHC		UHC
	Gold	Silver	Bronze	HMO		HDHP
You	$168.73	$110.89	$72.45	$135.65	$172.56	$58.03
You + Child(ren)	$307.13	$208.80	$143.46	$250.90	$313.65	$118.94
You + Spouse	$418.09	$296.62	$215.91	$348.63	$426.14	$185.62
You + Family	$556.50	$394.54	$286.92	$463.89	$567.22	$246.54

2019 Wellness Program

Sharecare, your wellness program vendor, provides comprehensive well-being and incentive programs for SHBP members. As you complete wellness activities, you will earn points to help offset your medical expenses. HDHP members must meet a portion of the deductible before well-being points may be used.

You and your covered spouse are each eligible to receive WellBeing Incentive Points of up to 480 (960 family total) as long as you complete the activities between January 1, 2019 and November 30, 2019.

Wellbeing Incentive Points are saved in the Sharecare Redemption Center until you choose to redeem them. You may choose to redeem your points for eligible medical and pharmacy expenses, or 480 points earned in 2019 may be redeemed for a $150 Visa gift card.

Step 1	Complete the RealAge Test	Earn up to 120 Well-Being Incentive Points
Step 2	Complete a biometric screening	Earn up to 120 Well-Being Incentive Points
Step 3	Complete one or a combination of: • Telephonic Coaching Pathway • Online Pathway	Earn up to 240 Well-Being Incentive Points

Please refer to the State Health Benefit Plan Decision Guide or access www.bewellshbp.com for additional details.

Other Medical Options – TRICARE

The TRICARE Supplement Plan is an alternative to the State Health Benefit Plan that is offered to members and dependents who are eligible for SHBP coverage and enrolled in TRICARE.

Who is eligible for the TRICARE Supplement Plan?

- Retired military receiving retired, retainer, or equivalent pay
- Retired Reservists between ages 60 and 65
- Retired Reservists under age 60 and enrolled in TRICARE Retired Reserve (TRR)
- Qualified National Guard and Reserve Members enrolled in TRICARE Reserve Select (TRS)
- Spouses/surviving spouses of any of the above

2019 TRICARE Supplement Plan Rates	
You	$60.50
You + Child(ren)	$119.50
You + Spouse	$119.50
You + Family	$160.50

For information about eligibility and benefits, contact 866-637-9911 or visit www.selmantricareresource.com/ga_shbp or www.shbp.georgia.gov.

Important Information about Dependent Documentation

- If you wish to add dependent(s), spouse and/or child(ren) to your health plan at this time, ADP will contact you (by mail and email) to request appropriate verification documents.
- This communication from ADP will include a personalized fax cover sheet with a bar code that must be used when submitting documentation.
- Appropriate documentation must be attached to the fax cover page.
- If you do not receive the request, contact SHBP directly at 1-800-610-1863 to have the request sent to you.

Attention Families – PeachCare

- You may be eligible for PeachCare (instead of SHBP), offered through the state of Georgia
- Income and other qualifications must be met
- Visit www.hcbe.net or www.peachcare.org for more info
- Not available through payroll deduction

Financial Incentive for Married Employees

- Husband and wife are both Green Company employees
- Both employees must be enrolled in State Health: You + Spouse or You + Family Medical coverage and at least one employee in the couple must be Classified
- Coverage must be on the Certified employee's record in State Health (if applicable)
- The Green Company will provide a monthly after-tax paycheck credit
- To receive the credit, provide a copy of your SHBP Confirmation Statement to the Benefits Specialist

Monthly Financial Incentive for SHBP Coverage						
	Anthem BCBS HRA Gold	Anthem BCBS HRA Silver	Anthem BCBS HRA Bronze	Anthem BCBS HMO	UHC HMO	UHC HDHP
Monthly Incentive	$245.00	$183.00	$145.00	$210.00	$251.00	$126.00

Dental Coverage

UNITED CONCORDIA® DENTAL

Two United Concordia dental plans are offered: Standard Plan and Premium Plan. The Standard Plan has lower premiums and a lower annual maximum and does not include orthodontia coverage. The Premium Plan has a higher premium and annual maximum, and includes orthodontia coverage. Both plans have the same coinsurance and deductibles.

About United Concordia Dental Providers

To reduce your out-of-pocket costs and prevent balance billing, you are encouraged to use in-network dentists. To locate participating providers, visit www.unitedconcordia.com. Under "Find a Dentist", enter your zip code and follow search instructions.

Dental Benefit Highlights	Standard Plan	Premium Plan
Deductible	$75 Individual / $225 Family	$50 Individual / $175 Family
Type A - Preventive Services: Cleanings, exams, fluoride, bitewing x-rays, periodontal maintenance and more	100%	100%
Type B - Basic Services: Fillings, simple extractions, sealants, full mouth x-rays, general anesthesia and more	80%	80%
Type C - Major Services: Periodontal surgery, scaling/ root planing, crowns, bridges, dentures pulp therapy	50%	50%
Type D – Orthodontia (adults & children)	None	50%
Orthodontia Lifetime Maximum	None	$2,000 Per Person
Annual Maximum	$1,500 Per Person	$4,000 Per Person

2019 Dental Monthly Payroll Deductions	Standard Plan Coverage	Premium Plan Coverage
Employee Only	$33.85	$44.59
Employee + Spouse	$67.17	$90.98
Employee + Child(ren)	$70.51	$95.32
Family	$109.46	$145.32

Vision Coverage

The Green Company offers a voluntary vision plan with EyeMed. With the EyeMed vision plan, you may visit any vision provider. However in order to maximize your vision benefit, it is recommended you access participating providers. You may locate participating providers at www.eyemed.com – click "Find a Vision Provider" from the home page, and follow search instructions. Be sure to select the PPO Network in the Network drop down.

The vision benefit plan provides enhanced coverage for exams, eyeglasses, and contacts. If you see an in-network provider, you pay a copay for your standard eye exam/lenses, and the plan pays a benefit of up to $150 for frames, and contact lenses. There are additional copays that could apply for eyeglass lens options.

Frequency Limitations: The vision plan has frequency limitations. The exam benefit and the lens benefit are once per 12 months. The frame benefit is one pair per 24 months. Either eyeglass lenses or contact lenses are allowed per frequency.

2019 Vision Monthly Payroll Deductions	
Employee Only	$6.80
Employee + Spouse	$13.71
Employee + Child(ren)	$12.51
Family	$19.73
Dependent children are eligible up to age 26.	

Vision Summary of Benefits	In-Network	Out-of-Network
Maximum Benefit per Calendar Year	N/A	N/A
Frequency of Services	Exam: Once per 12 months / Lenses: Once per 12 months / Frames: Once per 24 months	
Eye Examination		
Standard	$20 copay	Plan pays up to $45 allowance
Contact Lens Fit and Follow-Up	Member receives 15% off; copay will not exceed $60	Plan pays up to $45 allowance
Lenses – Glasses		
Single	Covered in full less $20 copay	Plan pays up to 30
Bifocal	Covered in full less $20 copay	Plan pays up to $50
Trifocal	Covered in full less $20 copay	Plan pays up to $65
Lenticular	Covered in full less $20 copay	Plan pays up to $100
Options:		
Standard Progressive	$55 copay	Plan pays up to $50
UV Treatment	$0 copay	Not covered
Tint	$15 copay	Not covered
Standard Scratch Resistant Coating	$17 copay	Not covered
Standard Polycarbonate - Adults	$33 copay	Not covered
Standard Polycarbonate - Kids under 19	$0 copay (up to age 18)	Not covered
Standard Anti-Reflective Coating	$43 copay	Not covered
Frames	Plan pays $150 less $20 copay; Costco: Plan pays $75 less $20 copay	
Contact Lenses		
Conventional	Up to $150 allowance	Plan pays up to $105
Disposable	Up to $150 allowance	Plan pays up to $105
Medically Necessary	Covered in full less $20 copay	Plan pays up to $210

Flexible Spending Account (FSA)

The FSA plan allows you to set aside pre-tax funds that are available for healthcare and dependent day care expenses. You may enroll in the Healthcare FSA (for medical, dental, vision, pharmacy and related expenses) and/or the Dependent Care FSA (primarily for dependent day care expenses).

Remember to carefully estimate your 2019 expenses when making an election. You must use all the funds in your account by the end of the plan year or the money is forfeited per IRS regulations. Claims must be incurred within 2½ months following the last day of the plan year (by March 15, 2020) to be eligible for reimbursement.

2019 Plan Maximums

- Healthcare FSA: $2,700
- Dependent Care FSA: $5,000

Total Administrative Services Corporation, or TASC, is your FSA administrator.

TASC Mobile Tools

TASC offers a free mobile app and text messaging option for FSA participants to access your accounts from anywhere at any time. You will enjoy convenient mobile options to check balances, view transaction details, request a reimbursement, and submit documentation on the go.

About the TASC FSA Debit Card

The FSA MasterCard debit card provides a convenient method to pay for eligible FSA expenses directly from your accounts, rather than paying out of pocket and waiting to be reimbursed. The TASC debit card includes two funds of money.

- MyBenefits is your FSA fund account for eligible healthcare and dependent care expenses.
- MyCash is a separate cash account on the TASC card for direct deposit of manual claim reimbursements (as an alternative to the bank direct deposit option). Upon reimbursement, participants have immediate access to their MyCash funds via the TASC Card for cash purchases or ATM withdrawal (PIN required). MyCash funds may be spent anywhere on any expense.
- The TASC Card offers the convenience of healthcare and retail purchases in a single transaction.

As a reminder, be sure to retain all receipts when using your FSA Mastercard debit card. According to IRS regulations, you may need to provide documentation for debit card transactions.

Monthly FSA Administrative Fee

FSA plan participants pay a $3.95 monthly post-tax administrative fee via payroll deduction. Only one fee applies if you are enrolled in both the Dependent Care and the Healthcare FSA.

Life Insurance Insurance VOYA

Employer-Paid Basic Life Insurance

The Green Company provides basic life coverage in the amount of $50,000 insured by Voya. This benefit is provided at no cost to you, and the benefit amount does not reduce due to age. You are required to provide your beneficiary(ies) during your enrollment for this benefit.

Voluntary Life & AD&D Insurance

You may also elect voluntary life insurance for yourself and your dependents through convenient payroll deduction to supplement the basic life benefit. The voluntary life insurance plan does not include benefit reductions due to age.

The voluntary life plan includes Accidental Death and Dismemberment (AD&D). The AD&D benefit pays in the event of death or loss of limbs, speech, hearing and more caused by a covered accident. (Refer to the Certificate of Coverage for details.)

Voluntary Life and AD&D Insurance Options	
Employee	Up to the lesser of 5 times annual earnings or $500,000 in $10,000 increments
Spouse *(common law and domestic spouses not eligible)*	Up to $250,000, not to exceed 100% of the employee amount in $10,000 increments
Child(ren)	
Age 15 days to 6 months	$100
Age 6 months to 26 years	$10,000

Beneficiary Information: Your beneficiary is the person(s) who will receive your life insurance benefits when you die. Your beneficiary can be a person or multiple people, charitable institutions, or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, you'll want to review the beneficiaries on file and make updates if needed. If you don't name a beneficiary, your life insurance benefits will automatically go to your estate. You are required to designate / confirm your beneficiary(ies) during your enrollment.

New Employee Open Enrollment Opportunity – No Medical Questions: You may elect coverage for yourself, your spouse, and your child(ren) at this time with no health questions. Future elections will require medical underwriting. The below Voluntary Life & AD&D elections do not require Evidence of Insurability (EOI):

- Employee coverage up to $200,000
- Spouse coverage up to $75,000
- Child(ren) coverage in the amount of $10,000

Should you elect an amount that requires medical underwriting, an Evidence of Insurability (EOI) will be required. The EOI Form is available on the benefits website. You will not be deducted for the pending coverage amount unless / until you are approved by Voya.

Employee Voluntary Life & AD&D Monthly Payroll Deductions				
Benefit Amount	**Age 30**	**Age 40**	**Age 50**	**Age 60**
$50,000	$3.75	$5.05	$13.65	$38.50
$100,000	$8.70	$11.50	$28.70	$77.50
$150,000	$13.75	$17.70	$42.45	$116.85

Spouse Voluntary Life & AD&D Monthly Payroll Deductions				
Benefit Amount	**Age 30**	**Age 40**	**Age 50**	**Age 60**
$30,000	$1.92	$2.86	$7.37	$22.34
$50,000	$3.59	$5.03	$13.65	$38.50
$100,000	$8.09	$11.06	$28.12	$77520

Child Voluntary Life & AD&D Monthly Payroll Deduction	
Benefit Amount	**Up to age 26**
$10,000	$1.25 per month (covers all children)

Disability Insurance and Sick Leave

You accumulate “sick leave” days, for which you will receive full pay if you are injured or ill and cannot work. Disability coverage provides an income replacement benefit once your sick days are exhausted. You have the option to elect disability coverage at this time with no health questions.

You select the monthly amount of coverage in increments of $100, from $100 up to $7,000, not to exceed 60% of your earnings. You also select when you would like your benefit to start, from 7 different waiting period options. The shortest waiting period is 7 days, and the longest waiting period is 180 days. The plan includes long term disability coverage, and the benefit continues until age 65 or normal retirement age if you remain disabled.

Pre-Existing Condition Limitation

The plan pays no benefit or a limited benefit only for disabilities caused by pre-existing conditions during the first 12 months of disability coverage. A pre-existing condition is a sickness or injury for which you have been diagnosed or treated during the immediate 6 months prior to your coverage effective date.

Enroll or Change Your Election with No Health Questions

You may elect up to the maximum benefit at this time with no health questions. Future increases in coverage will be subject to the pre-existing condition limitation.

2019 Monthly Payroll Deductions							
Monthly Deduction	**Option 1 7 day wait**	**Option 2 14 day wait**	**Option 3 30 day wait**	**Option 4 45 day wait**	**Option 5 60 day wait**	**Option 6 90 day wait**	**Option 7 180 day wait**
Salary: $30,000 | Benefit: $500							
	$5.25	$4.55	$3.75	$2.85	$2.05	$2.15	$1.35
Salary: $30,000 | Benefit: $1,000							
	$11.50	$9.40	$7.30	$6.70	$6.90	$5.30	$3.00
Salary: $30,000 | Benefit: $1,500							
	$18.90	$14.20	$11.50	$10.50	$9.40	$8.30	$5.00

All benefit options and premiums are available online or by calling the Benefits Service Center.

Critical Illness

The Green Company offers voluntary critical illness coverage which provides a dollar benefit in the event of a diagnosis of a covered illness, and is insured by Voya Financial.

Covered Diagnoses

- Cancer (see certificate definition)
- Carcinoma in situ (limited benefit)
- Heart attack
- Stroke
- Major organ failure
- End state renal (kidney) failure
- Permanent Paralysis
- Coma (see certificate definition)
- Coronary artery bypass surgery (limited benefit)
- Skin cancer (limited benefit)

Benefit Options

Employees: From $5,000 to $30,000 in increments of $5,000

Spouses: From $5,000 to $15,000 in increments of $5,000

- Spouses up to age 70 are eligible to elect this coverage.
- Employees must be enrolled to elect spouse coverage.
- Spouse coverage can exceed employee amount if desired.

Children: $1,000, $2,500, $5,000, or $10,000

- Covers all children
- Employees must be enrolled to elect child coverage.
- Child coverage can exceed employee coverage if desired.

Employees may elect up to the maximum amount of coverage for yourself, your spouse, and your child(ren) with no health questions.

The benefit amount reduces by 50% at for employees and spouses at age 70. (Premium does not reduce.)

Wellness Benefit Included

The voluntary critical illness plan includes a wellness benefit for covered preventive screenings included but not limited to: chest x-ray, mammogram, hemocult, colonoscopy, CA 125 and CEA blood tests, prostate-specific antigen testing, and pap smear.

Wellness Benefit Amount

- Employee: $50
- Spouse $50
- Child(ren): $25 (maximum of $100 for all covered children)

2019 Monthly Payroll Deductions			
Employee Coverage			
Age	**$5,000**	**$10,000**	**$20,000**
< 30	$1.15	$3.30	$7.70
30-39	$3.35	$4.30	$9.60
40-49	$4.90	$9.30	$19.30
50-59	$8.65	$18.25	$38.10
60-64	$13.90	$27.50	$55.50
65-69	$19.75	$36.40	$74.20
70+	$24.65	$50.40	$102.20

Spouse Coverage			
Age	**$5,000**	**$10,000**	**$15,000**
< 30	$1.60	$4.30	$7.20
30-39	$2.65	$5.50	$8.25
40-49	$4.35	$10.10	$16.25
50-59	$11.45	$24.90	$36.55
60-64	$18.85	$37.60	$56.95
65-69	$21.45	$44.20	$67.35
70+	$28.35	$58.50	$88.45

Child Coverage				
Age	**$1,000**	**$2,500**	**$5,000**	**$10,000**
To age 26	$0.23	$0715	$1.10	$2.20

* All options and premiums are available online or by calling the Benefits Service Center.

Accident VOYA FINANCIAL

The Voya Financial accident plan provides financial protection in the event of an unexpected accident. A summary of the benefits schedule is below. Please refer to the Voya Summary of Benefits or certificate of coverage for complete details.

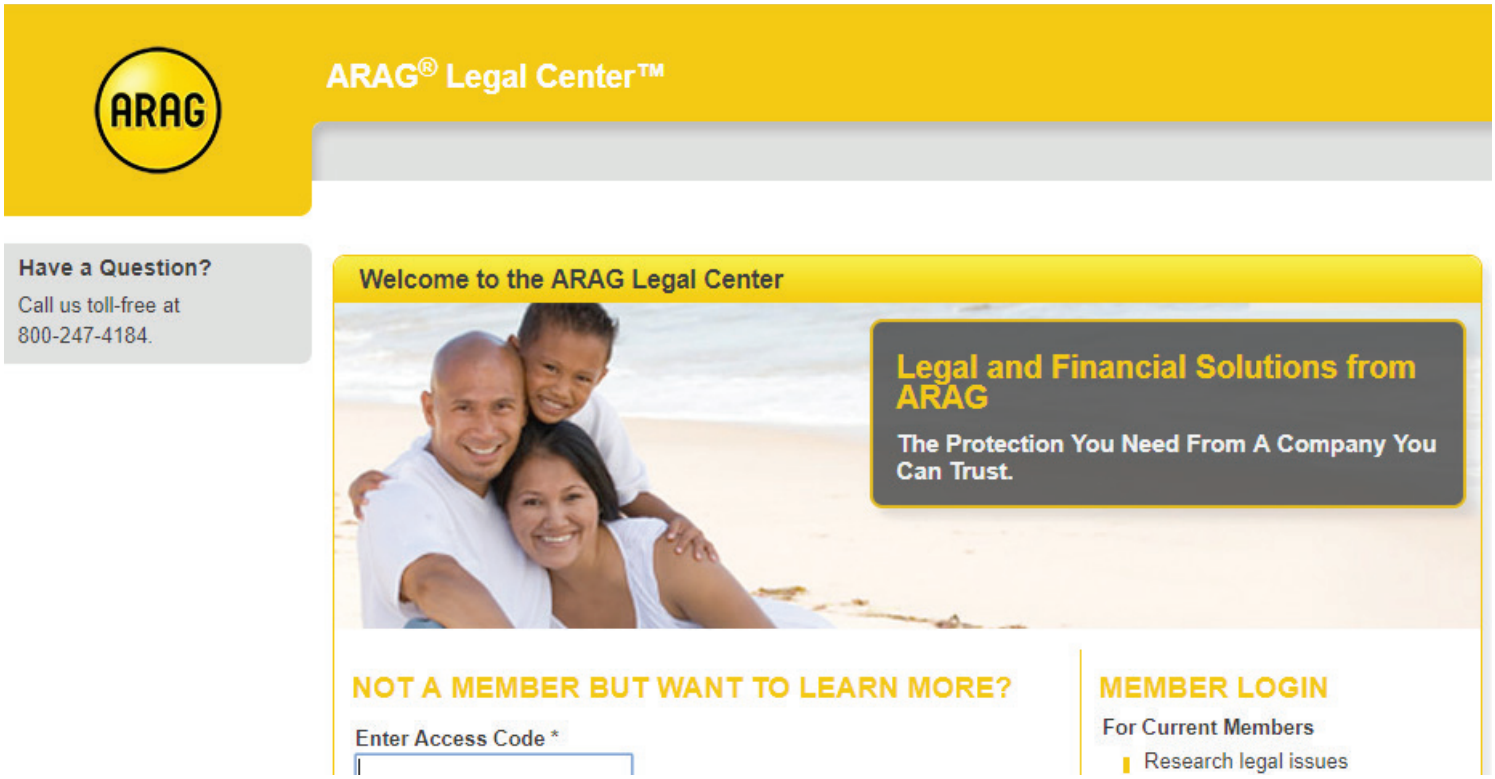
Hospital Care	
Surgery – Open abdominal, thoracic	$1,000
Blood, plasma, platelets	$500
Admission	$1,125
Confinement	$350/day up to 365 days
Transportation	$650/trip up to 3 per accident
Lodging	$150/day up to 30 days
Accident Care	
Initial doctor visit	$75
Urgent care	$200
Follow-up doctor treatment	$75
Medical equipment	$100
Speech & physical therapy	$40 up to 6 per accident
X-Ray	$40
Common Injuries	
2nd degree and 3rd degree burns	$1,125 to $12,500
Emergency dental work	$75 to $300
Eye injury	$80 to $275
Torn knee cartilage	$175 to $650
Lacerations	$25 to $400
Tendon, ligament, rotator cuff	$350 to $1,000
Concussion	$175
Paralysis	$13,500 to $20,000
Injuries - Dislocations	Non-Surgical / Surgical
Hip Joint	$3,200 / $6,400
Knee	$2,000 / $4,000
Ankle or foot bones (other than toes)	$1,200 / $2,400
Shoulder	$1,500 / $3,000
Elbow, wrist	$900 / $1,800
Finger/Toe	$250 / $ 500
Hand bones, lower jaw, collarbone	$900 / $1,800
Partial Dislocations	25% of the non-surgical benefit
Injuries - Fractures	Non-Surgical / Surgical
Hip	$2,500 / $5,000
Leg	$1,800 / $3,600
Ankle, forearm, hand, wrist	$1,500 / $3,000
Collarbone	$1,200 / $2,400
Rib(s)	$350 / $700
Shoulder	$1,500 / $3,000
Sports Accident Benefit Covers accidents as a result of an organized sporting activity	Pays an additional 25% of the Hospital Care, Accident Care, or Common Injuries to a maximum benefit of $1,000

2019 Accident Monthly Payroll Deductions	
Employee	$7.96
Employee + Spouse	$12.89
Employee + Child(ren)	$15.49
Family	$21.94

Note: Spouses age 70 and older are not eligible to elect coverage. Employees are eligible regardless of age.

Group Legal Plan

Studies show that seven out of ten employees experience one or more legal events in a year. We are pleased to offer a group legal plan that will help cover the costs of legal expenses associated with a variety of needs.



The ARAG legal plan helps cover the costs of legal expenses for many issues, and includes office and telephonic advice with an attorney. The ARAG legal plan also includes coverage for divorce in both contested and uncontested proceedings, and allows members to go directly to a participating attorney for services without first contacting ARAG. Emergency service with an attorney is available 24 hours a day / 7 days a week. The ARAG Legal Center, an online resource with information and education, is available for all Green Company employees, regardless whether you enroll in the legal plan.

2019 Legal Plan Monthly Payroll Deduction
$15.00

Telephonic and office consultations are available for a variety of matters, including:

- Family law
- Estate planning
- Real estate
- Financial issues
- Traffic offenses
- And more

Identity Theft

Identity theft is a growing concern. Recent research estimates someone has their identity stolen every two seconds, and many people don't even know they are victimized until they're denied credit. The ID Watchdog plan has extensive protection for you and your family at a competitive cost. Benefits include but are not limited to:

- Tri-Bureau Credit Monitoring
- Rapid Credit Alerts
- Monthly Credit Score Tracking
- Non-Credit Monitoring
- Social Network Alerts
- Registered Sex Offender Reporting
- 100% Fully-Managed Resolution up to $1M

Coverage Level	2019 ID Theft Monthly Payroll Deductions
Employee Only	$7.50
Family	$15.50

Retirement

Our retirement program is made up of (3) parts:

1. Social Security
2. Employee Retirement System (ERS), and
3. Personal retirement savings in a 403(b) and/or 457 plan

ERS covers all full-time employees.

ERS requires members to contribute 6% of gross pay, while the company contributes 5%. Your ultimate benefit is based on a formula that includes years of service, age at retirement and monthly pay during your two highest paid, consecutive years times 2%.

A 30-year employee could retire with a benefit of 60% of his or her highest pay depending upon the payout option chosen.

403(b/457 Retirement Savings Plans are available if you wish to supplement your retirement benefits. You may save pre-tax dollars in funds managed by our provider.

Employee Assistance Program

EAP
help. when you need it.

Life presents complex challenges. If the unexpected happens, you want to know that you and your family have simple solutions to help you cope with the stress and life changes that may result. That's why the Green Company is offering Counseling Services to all of their employees. This straightforward approach takes the complexity out of managing stress when life throws you a curve.

From the everyday issues like job pressures, relationships, retirement planning, personal grief, loss, or a disability, the EAP can be your resource for professional support. You and your family, including spouse and dependents, can access the EAP at any time.

The service includes unlimited telephonic support, and up to 3 face-to-face emotional or work-life counseling sessions per occurrence per year, so each member of your family can get counseling help for their own unique needs. Legal and financial counseling are also available by telephone during regular business hours.

Emotional or Work-Life Counseling	Helps address stress, relationship or other personal issues you or your family members may face. It's staffed by highly trained master's and doctoral level clinicians – who listen to concerns and quickly make referrals to in-person counseling or other valuable resources. Situations may include: • Job pressures • Relationship/marital conflicts • Stress, anxiety and depression • Work/school disagreements • Substance abuse • Child and elder care referral services
Financial Information and Resources	Provides support for the complicated financial decisions you or your family members may face. Speak by phone with a Certified Public Accountant and Certified Financial Planner ™ Professionals on a wide range of financial issues. Topics may include: • Managing a budget • Retirement • Getting out of debt • Tax questions • Saving for college
Legal Support and Resources	Offers assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your family members. If you require representation, you'll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter. Topics may include: • Debt and bankruptcy • Guardianship • Buying a home • Power of attorney • Divorce
Health Advocate	A service that supports you through all aspects of your health care issues by helping to ensure that you're fully supported with employee assistance programs and/or work-life services. Health Advocate is staffed by both administrative and clinical experts who understand the nuances of any given health care concern. Situations may include: • One-on-one review of your health concerns • Preparation for upcoming doctor's visits/lab work/tests/surgeries • Answers regarding diagnosis and treatment options • Coordination with appropriate health care plan provider(s) • An easy-to-understand explanation of your benefits–what's covered and what's not • Cost estimation for covered/non-covered treatment • Guidance on claims and billing issues • Fee/payment plan negotiation

To access services, simply call 1-800-555-5555 (1-800-555-5555).

Important Contact Information

Enrollment and Benefits Questions

Benefits Service Center
1-770-295-1600
www.totemsolutions.com/sample
www.myshbpga.adp.com

Medical

State Health Benefits Plan (SHBP)
Eligibility: 1-800-610-1863
www.myshbpga.adp.com/shbp

Dental

United Concordia
1-800-555-5555
www.unitedconcordia.com

Vision

EyeMed
1-855-555-5555
www.eyemed.com

Flexible Spending Account

Total Administrative Services Corporation
1-800-422-661
www.tasconline.com

Life Insurance

Voya
1-800-555-5555
www.voya.com

Disability

Voya
1-800-555-5555
www.voya.com

Critical Illness

Voya Financial
1-877-555-5555
www.voya.com

Accident Insurance

Voya Financial
1-877-555-5555
www.voya.com

Group Legal

ARAG
1-800-555-5555
www.araglegal.com

Identity Theft

ID Watchdog
1-800-555-5555
www.idwatchdog.com

Retirement Plans

Employee Retirement (ERS)
1-800-555-5555

Supplemental Retirement
1-800-555-5555

TRICARE

Provided by AMRA (American Military Retirees Association)
ASI–Association & Society Insurance Corporation Customer Service: 1-866-637-9911 E-mail: custsvc@asicorporation.com

Notes

This guide is a general summary of your benefit options. For specific details, you may refer to each plan's Summary Plan Description (SPD). SPDs for health insurance plans can be found on the State Health Benefit Plan (SHBP) website at www.myshbpga.adp.com. Every effort has been made to ensure that this document accurately represents the benefits being offered. However, if there are any discrepancies between the terms in this document and the terms in the SPD, the SPD will prevail.