

Transamerica 2019 Online Benefits Decision Guide  
For New Hires

Welcome to Transamerica

You must actively enroll within 30 days of your  
first day of employment if you want coverage in 2019!

## Medical

### Overview

To support your health and financial wellness, Transamerica provides valuable benefits that help you and your family stay healthy and pay for care in the event of illness or injury.

### 2019 medical plans

Transamerica offers you a choice of medical plans<sup>1</sup> with a range of coverage levels and costs, so you have the flexibility to select the option that's best for you.

The following information provides an overview of your medical plan options. For complete details on coverage and for more information on how to enroll, visit the Mercer Marketplace website.

Please note: Deductibles in the medical plan names reflect Self Only coverage; deductible amounts are double for all other coverage tiers.

Medical Plan	Description
<p><b>\$4,500 Deductible Plan<sup>2</sup></b></p> <p>Administered by:</p> <ul style="list-style-type: none"> <li>• Aetna or United Healthcare, based on the state you live in.</li> </ul>	<p>A high deductible health plan (HDHP) that offers the lowest premiums and highest deductibles, along with a tax-advantaged Health Savings Account (HSA) to put you in charge of your spending. You have the opportunity to earn Be Well Reward Dollars as a reward for completing wellness activities if you elect an HSA.</p>
<p><b>\$2,850 Deductible Plan</b></p> <p>Administered by:</p> <ul style="list-style-type: none"> <li>• Aetna or United Healthcare, based on the state you live in.</li> <li>• Kaiser may be available as a carrier option for participants living in Georgia, Maryland, Virginia and the District of Columbia, in addition to California and Colorado, depending on whether Kaiser is offered for your home ZIP code. You will only be offered Kaiser as a medical option if it is available for your home ZIP code. You can <a href="#">see a list of ZIP codes where Kaiser is available</a> on <a href="http://mytabenefits.com">mytabenefits.com</a>.</li> </ul>	<p>A high deductible health plan (HDHP) that offers lower premiums and higher deductibles, along with a tax-advantaged Health Savings Account (HSA) to put you in charge of your spending. You have the opportunity to earn Be Well Reward Dollars as a reward for completing wellness activities if you elect an HSA.</p>
<p><b>\$1,850 Deductible Plan</b></p> <p>Administered by:</p> <ul style="list-style-type: none"> <li>• Aetna or United Healthcare, based on the state you live in.</li> </ul>	<p>A high deductible health plan (HDHP) that offers lower premiums and high deductibles, along with a tax-advantaged Health Savings Account (HSA) to put you in charge of your spending. You have the opportunity to earn Be Well Reward Dollars as a reward for completing wellness activities if you elect an HSA.</p>

- Kaiser may be available as a carrier option for participants living in Georgia, Maryland, Virginia and the District of Columbia, in addition to California and Colorado, depending on whether Kaiser is offered for your home ZIP code. You will only be offered Kaiser as a medical option if it is available for your home ZIP code. You can [see a list of ZIP codes where Kaiser is available](#) on mytabenefits.com.

- \$900 Deductible Plan
- Administered by:
- Aetna or United Healthcare, based on the state you live in.
  - Kaiser may be available as a carrier option for participants living in Georgia, Maryland, Virginia and the District of Columbia, in addition to California and Colorado, depending on whether Kaiser is offered for your home ZIP code. You will only be offered Kaiser as a medical option if it is available for your home ZIP code. You can [see a list of ZIP codes where Kaiser is available](#) on mytabenefits.com.

A low deductible plan that offers the highest premiums and lowest deductibles to reduce your out-of-pocket responsibility when you need care. This plan is not HSA-eligible, but you can contribute to a Health Care Flexible Spending Account (FSA).

Compare the plans  
in the Plan Comparison section below

<sup>1</sup>Number of medical plan options varies by location and eligibility. If you live in Hawaii, you are only eligible for the Platinum Be Fit Plan offered by Kaiser-Hawaii.

<sup>2</sup>The \$4,500 Deductible Plan with HSA is not offered by Kaiser.

**Key features**

All of Transamerica’s medical plans offer:

- Comprehensive, affordable coverage that also fulfills the requirements of the federal health care law. Tip: If you want extra protection from large or unexpected medical expenses, you may also choose to enroll in one of the supplemental health insurance plans.
- In-network preventive care, with services such as annual physicals, recommended immunizations and routine cancer screenings covered at 100%. View a complete list of covered preventive services at [healthcare.gov/coverage/preventive-care-benefits](http://healthcare.gov/coverage/preventive-care-benefits).
- Prescription drug coverage included with each medical plan. Prescription benefits are provided by Express Scripts if you enroll in an Aetna or United Healthcare plan, and by Kaiser Pharmacy if you enroll in a Kaiser plan.
- Financial protection through annual out-of-pocket maximums that limit the amount you’ll pay each year.

Once you've enrolled for coverage, you will receive a medical plan ID card from Aetna, United Healthcare or Kaiser within 30 days of enrollment.

## Plan Comparison

The chart below provides a comparison of the medical plans' key features. For more information, including out-of-network coverage details, visit the Mercer Marketplace website.

	\$4,500 Deductible Plan	\$2,850 Deductible Plan	\$1,850 Deductible Plan	\$900 Deductible Plan
HSA-eligible	Yes	Yes	Yes	No
Be Well Reward Dollars (if wellness activities completed)	Up to \$500 for Self Only coverage; Up to \$800 if you cover your spouse and/or child(ren)	Up to \$500 for Self Only coverage; Up to \$800 if you cover your spouse and/or child(ren)	Up to \$500 for Self Only coverage; Up to \$800 if you cover your spouse and/or child(ren)	N/A
<b>In-network care: Your costs</b>				
Preventive care	Covered at 100% in-network			
Annual deductible (individual/family)	\$4,500/\$9,000 <sup>1</sup>	\$2,850/\$5,700 <sup>1</sup>	\$1,850/\$3,700 <sup>2</sup>	\$900/\$1,800 <sup>1</sup>
Annual out-of-pocket maximum (individual/family)	\$6,550/\$13,100 <sup>3</sup>	\$5,500/\$11,000 <sup>3</sup>	\$3,500/\$6,500 <sup>4</sup>	\$3,000/\$6,000 <sup>3</sup>
Coinsurance (after meeting deductible)	You pay 30%, plan pays 70%	You pay 30%, plan pays 70%	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%
<b>Retail prescriptions (30-day supply)</b>				
Tier 1 (most generics)	You pay 30% after meeting deductible	You pay 30% after meeting deductible	You pay 20% after meeting deductible	You pay 30% (min. \$10/max. \$20) <sup>5</sup>
Tier 2 (formulary)	You pay 30% after meeting deductible	You pay 30% after meeting deductible	You pay 20% after meeting deductible	You pay 30% (min. \$25/max. \$50) <sup>5</sup>
Tier 3 (nonformulary)	You pay 30% after meeting deductible	You pay 30% after meeting deductible	You pay 20% after meeting deductible	You pay 45% (min. \$40/max. \$80) <sup>6</sup>
<b>Mail order prescriptions (up to a 90-day supply)</b>				
Tier 1 (most generics)	You pay 30% after meeting deductible	You pay 30% after meeting deductible	You pay 20% after meeting deductible	You pay 30% (min. \$25/max. \$50) <sup>5</sup>
Tier 2 (formulary)	You pay 30% after meeting deductible	You pay 30% after meeting deductible	You pay 20% after meeting deductible	You pay 30% (min. \$62.50/max. \$125) <sup>5</sup>

Tier 3 (nonformulary)	You pay 30% after meeting deductible	You pay 30% after meeting deductible	You pay 20% after meeting deductible	You pay 45% (min. \$100/max. \$200) <sup>5</sup>
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<sup>1</sup>With the \$900, \$2,850 and \$4,500 Deductible Plans, coinsurance will begin for a covered family member if that family member's individual deductible is met; coinsurance begins for all covered family members once the family deductible has been met.

<sup>2</sup>With the \$1,850 Deductible Plan (excluding the Kaiser California \$1,850 Deductible Plan), the family deductible must be met before the plan will begin to pay coinsurance for any covered family member. The Kaiser California \$1,850 Deductible Plan has, as required by state law, a three tier deductible consisting of a \$1,850 individual deductible for Self Only coverage, a \$2,700 individual-within-family deductible for employees electing dependent coverage and a \$3,700 overall family deductible

<sup>3</sup>With the \$900, \$2,850 and \$4,500 Deductible Plans, the plan will begin to pay 100% of the cost of a covered family member's covered expenses if that family member's individual out-of-pocket maximum is met; the plan begins to pay 100% of covered expenses for all covered family members once the family out-of-pocket maximum has been met.

<sup>4</sup>With the \$1,850 Deductible Plan (excluding the Kaiser California \$1,850 Deductible Plan), the family out-of-pocket maximum must be met before the plan will begin to pay 100% of the cost of covered services for any covered family member. With the Kaiser California \$1,850 Deductible Plan, the plan will begin to pay 100% of the cost of a covered family member's covered expenses if that family member's individual out-of-pocket maximum is met; the plan begins to pay 100% of covered expenses for all covered family members once the family out-of-pocket maximum has been met.

<sup>5</sup>Deductible does not apply.

## \$4,500 Deductible Plan (\$9,000 family deductible)

The \$4,500 Deductible Plan is a high deductible health plan, or HDHP. It offers the lowest premiums and highest deductibles, along with the option to elect a tax-advantaged Health Savings Account (HSA) that helps you save pre-tax money to cover eligible medical expenses. As a reward for completing certain wellness activities, you and your covered spouse (if applicable) can earn Be Well Reward Dollars that will be deposited automatically into your HSA within six weeks of completing certain wellness activities. Employees can earn up to \$500, and a covered spouse has the opportunity to earn an additional \$300. Employees with covered child(ren) can earn up to \$800 (only the employee is required to complete the activities).

You have until November 30 of each year to earn Be Well Reward Dollars. Money in your HSA can be carried forward from year to year and is always yours to keep.

### How it works

- Your in-network preventive care is covered in full – the deductible does not apply.
- You pay for your initial medical and prescription costs until you meet your annual deductible. Remember, your own pre-tax HSA contributions and any earned Be Well Reward Dollars from Transamerica can help you pay your out-of-pocket costs.
- Once you meet the deductible, you'll pay 30% of your covered medical expenses; this amount is called your coinsurance.
- If you choose a coverage tier other than Self Only, there is an embedded individual deductible, which means that coinsurance will begin for a covered family member if that person's individual deductible is met; coinsurance begins for all covered family members once the family deductible has been met.
- If your share of medical expenses reaches \$6,550/\$13,100 (individual/family), the plan's out-of-pocket (OOP) maximum, the plan pays 100% of your eligible expenses for the rest of the year. An individual OOP maximum applies for each covered family member; once the family OOP maximum is met, 100% payment begins for all covered family members.

## \$2,850 Deductible Plan (\$5,700 family deductible)

The \$2,850 Deductible Plan is a high deductible health plan, or HDHP. It pairs lower-premium, higher-deductible coverage with the option to elect a tax-advantaged Health Savings Account (HSA) that helps you save pre-tax money to cover eligible medical expenses. As a reward for completing certain wellness activities, you and your covered spouse (if applicable) can earn Be Well Reward Dollars that will be deposited automatically into your HSA within six weeks of completing certain wellness activities. Employees can earn up to \$500, and a covered spouse has the opportunity to earn an additional \$300. Employees with covered child(ren) can earn up to \$800 (only the employee is required to complete the activities).

You have until November 30 of each year to earn Be Well Reward Dollars. Money in your HSA can be carried forward from year to year and is always yours to keep.

#### How it works

- Your in-network preventive care is covered in full – the deductible does not apply.
- You pay for your initial medical and prescription costs until you meet your annual deductible. Remember, your own pre-tax HSA contributions and any earned Be Well Reward Dollars from Transamerica can help you pay your out-of-pocket costs.
- Once you meet the deductible, you'll pay 30% of your covered medical expenses; this amount is called your coinsurance.
- If you choose a coverage tier other than Self Only, there is an embedded individual deductible, which means that coinsurance will begin for a covered family member if that person's individual deductible is met; coinsurance begins for all covered family members once the family deductible has been met.
- If your share of medical expenses reaches \$5,500/\$11,000 (individual/family), the plan's out-of-pocket (OOP) maximum, the plan pays 100% of your eligible expenses for the rest of the year. An individual OOP maximum applies for each covered family member; once the family OOP maximum is met, 100% payment begins for all covered family members.

### \$1,850 Deductible Plan (\$3,700 family deductible)

The \$1,850 Deductible Plan is a high deductible health plan, or HDHP. It pairs lower-premium, high-deductible coverage with the option to elect a tax-advantaged Health Savings Account (HSA) that helps you save pre-tax money to cover eligible medical expenses. As a reward for completing certain wellness activities, you and your covered spouse (if applicable) can earn Be Well Reward Dollars that will be deposited automatically into your HSA within six weeks of completing certain wellness activities. Employees can earn up to \$500, and a covered spouse has the opportunity to earn an additional \$300. Employees with covered child(ren) can earn up to \$800 (only the employee is required to complete the activities).

You have until November 30 of each year to earn Be Well Reward Dollars. Money in your HSA can be carried forward from year to year and is always yours to keep.

#### How it works

- Your in-network preventive care is covered in full – the deductible does not apply.
- You pay for your initial medical and prescription costs until you meet your annual deductible. Remember, your own pre-tax HSA contributions and any earned Be Well Reward Dollars from Transamerica can help you pay your out-of-pocket costs.
- Once you meet the deductible, you'll pay 20% of your covered medical expenses; this amount is called your coinsurance.

- Important note: With this plan, there is a true family deductible, which means that if you choose a coverage tier other than Self Only, the family deductible must be met before the plan will begin to pay coinsurance for any covered family member.
- If your share of medical expenses reaches \$3,500/\$6,500 (individual/family), the plan's out-of-pocket (OOP) maximum, the plan pays 100% of your eligible expenses for the rest of the year. For coverage tiers other than Self Only, the entire family OOP maximum must be met before the plan begins paying for covered expenses at 100%.

## Use the HDHPs Wisely

With lower premiums, the \$4,500, \$2,850 and \$1,850 Deductible Plans give you more opportunity to take control of your health care spending. Here's how you can make the most of your plan all year long.

- Track your stats. Log in to your carrier's website to see how much of your deductible you've met, review claims, use helpful tools and more. Likewise, keep tabs on your HSA by logging in to your HSA administrator's website to view your balance, manage claims, etc.
- Be cost-conscious. Visit your carrier's website to search for in-network providers and use the tools to compare costs for medical services.
- Plan for your expenses. You pay lower premiums in exchange for assuming more financial responsibility when you receive care, so it's smart to plan ahead. Try to contribute enough to your HSA to cover your expected out-of-pocket costs, such as your annual deductible and coinsurance.
- Change your HSA contributions anytime. Adjust your contributions as necessary during the year to make sure you have money available when you need it. Keep in mind: With an HSA, you can only spend up to the amount that's actually been deposited into your account.
- Look long term. You will never forfeit any money left in your HSA — it rolls over year after year. If you know about future expenses — or if you want to save for your health care costs in retirement — set aside a little extra each paycheck so your balance can grow over time.

## \$900 Deductible Plan (\$1,800 family deductible)

The \$900 Deductible Plan offers the lowest out-of-pocket costs when you need care, but has the highest premiums of all your plan options. With this plan, your costs are more predictable, but you'll likely still have out-of-pocket expenses.

### How it works

- Your in-network preventive care is covered in full — the deductible does not apply.
- You pay your medical costs in full until you meet the plan's annual deductible.
- Once you meet the deductible, you'll pay 20% of your covered medical expenses; this amount is called your coinsurance.
- If you choose a coverage tier other than Self Only, there is an embedded individual deductible, which means that coinsurance will begin for a covered family member if that person's individual deductible is met; coinsurance begins for all covered family members once the family deductible has been met.
- The deductible does not apply to prescription drugs with this plan — you pay a coinsurance amount with a minimum and maximum out-of-pocket cost for prescriptions.
- If your share of medical expenses reaches \$3,000/\$6,000 (individual/family), the plan's out-of-pocket (OOP) maximum, the plan pays 100% of your eligible expenses for the rest of the year. An individual OOP maximum applies for each covered family member; once the family OOP maximum is met, 100% payment begins for all covered family members.

## Use the \$900 Deductible Plan wisely

Here are ways to make the most of your plan all year long.

- Track your stats. Log in to your carrier's website to see how much of your deductible you've met, review claims and more.
- Pair it with a Health Care FSA. If you enroll in the Health Care FSA, you can set aside pre-tax dollars to help pay for your out-of-pocket costs. Keep in mind, you can only carry over up to \$500 of unused money in your FSA to the next year; you will forfeit amounts above \$500.
- Be cost-conscious. Visit your carrier's website to search for in-network providers and use the tools to compare costs for medical services.

## Understanding Your Deductible

- In the \$1,850 Deductible Plan (excluding the Kaiser California \$1,850 Deductible Plan), there is a family deductible of \$3,700. The combined family unit must meet the \$3,700 deductible before coinsurance begins. This deductible can be met by any combination of family members (including only by one of them), but the only way for coinsurance to begin for any family member is when the entire \$3,700 family deductible is satisfied.
- In the \$2,850 and \$4,500 Deductible Plans, there is an embedded individual deductible. As an example, let's use the \$2,850 plan, which has a \$5,700 family deductible. If the combined family unit meets this \$5,700 deductible, then coinsurance begins for the entire family. In addition, the embedded individual deductible provides that if one family member's expenses on their own reach the \$2,850 amount, then coinsurance will begin for that family member only. This means there are two ways for coinsurance to kick in for these plans – either on a combined family basis or also on an individual basis.

## 365 HUB

Imagine you've been told you need a medical procedure to treat a recently diagnosed condition. It's hard to know where to start. How will you find the best doctor, and what will it cost? Where can you get a second opinion? What if you need help resolving a complicated bill or claim issues?

If you enroll in a Transamerica medical plan, you may also choose to enroll in the Mercer Marketplace 365 HUB<sup>SM</sup>, a voluntary benefit that provides one-on-one support — online and by phone — to help you improve the quality and cost of your care. For a small monthly cost, you will have year-round access to personal health advocacy services, price comparison tools, physician performance ratings, expert medical opinions and more.

### Find an advocate

The 365 HUB has a team of registered nurses, medical directors and benefits and claims specialists who work right alongside each other to help you. This is available to you and your covered family members. A personal health advocate with expert knowledge about your benefits will help you:

- Find the right doctor
- Schedule appointments
- Resolve health care billing and insurance claims disputes
- Secure elder care with confidence, including answering Medicare questions
- Work seamlessly with insurance providers
- Transfer medical records promptly and securely



## Compare prices

The cost of health care services can vary significantly, even within the same geographic area and health plan. Here are just a few examples:

- Knee replacement surgery: \$18,887–\$57,194
- MRI: \$450–\$2,450
- Colonoscopy: \$1,314–\$3,007

Health Cost Estimator+ is an easy-to-use online tool offered through the 365 HUB. You'll see what you can expect to pay for a medical procedure at different locations — based on the medical plan you're enrolled in — and can easily compare prices so you can make the right choice for your needs and budget.

## Compare quality

With the Mercer Marketplace 365 HUB, you can review the quality scores of doctors in your area based on your condition and need. Scorecards include:

- Physician performance scores,
- Quality analysis,
- Experience and outcomes ranking, and
- Evaluations based on billions of doctor-patient interactions.

## Get expert medical opinions

Don't hesitate to get another opinion, especially if it's a serious condition. The 365 HUB gives you and your covered family members access to specialists who will review your case and give you an expert opinion on your diagnosis and treatment plan. It's peace of mind at a time when you may need it most. The 365 HUB accepts all cases and sticks with you every step of the way.

## Find a Doctor

Using in-network providers saves you money. Here's how to find doctors in your medical plan network.

1. First, determine the medical carrier in your area.

You will have either Aetna or United Healthcare as your medical plan carrier, based on the state you live in. Aligning a medical carrier to each state gives you access to the best service, most competitive discounts and an extensive network of providers and facilities available.

### Medical plan carrier by state

<u>Aetna</u>	<u>UnitedHealthcare</u>
Arizona	Alabama
California*	Alaska
District of Columbia*	Arkansas
Delaware	Colorado*
Georgia*	Connecticut
Kansas	Florida
Maine	Idaho
New Jersey	Illinois
Nevada	Indiana
New York	Iowa
Oklahoma	Kentucky
Oregon	Louisiana
Pennsylvania	Massachusetts

Utah  
Washington  
West Virginia

Maryland\*  
Michigan  
Minnesota  
Mississippi  
Missouri  
Montana  
North Carolina  
North Dakota  
Nebraska  
New Hampshire  
New Mexico  
Ohio  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Virginia\*  
Vermont  
Wisconsin  
Wyoming

\*If you live in California, Colorado, Georgia, Maryland, Virginia or the District of Columbia, Kaiser may be an additional medical carrier option that provides in-network coverage only (availability depends on your home ZIP code). Kaiser is an HMO, and all your care must be coordinated by your Primary Care Provider (PCP).

2. Second, go to your carrier's website to find in-network providers.

#### Aetna

- Visit Aetna at [aetna.com](http://aetna.com).
- Click on "Find a Doctor" along the top of the page.
- Under "Not a member yet?" click on "Plan from an employer."
- Enter your home location (zip, city, county or state) and a distance to look within.
- Under "Select a Plan," select "Aetna Choice POS II (Open Access)" network under "Aetna Open Access Plans."
- You can either enter a provider name, specialty, procedure or condition in the search field, or click on a category.

#### United Healthcare

- Visit United Healthcare at [myuhc.com](http://myuhc.com).
- Click on "Find Medical and Mental Health Providers and Facilities" in the Links and Tools section on the right side of the page.
- Select either "Medical Directory" or "Mental Health Directory" as appropriate.
- Select "All United Healthcare plans," followed by "Shopping Around" and "Choice Plus."
- Enter your ZIP code to continue your search. You can provide a Doctor Name or Specialty, Facility Name, Clinic Name or Medical Group Name. Or, under "Find Health Care by Category," you can click on People, Places, Services and Treatments, or Care by Condition.

#### Kaiser

- Visit Kaiser at [kp.org](http://kp.org).

- Click on “Doctors & Locations” along the top menu.
- Choose your region.
- Use the fields under “What can we help you find?” to select your search criteria.
- You can search Doctors or Locations, by Region or Specific Location, and you can search by Hospital, Doctor’s Name, Medical Specialty or Other Keywords.

Don’t have a personal doctor? You should. Here’s why.

- Better health. Having a personal relationship with a doctor ensures you’re getting the right health screenings each year, which can reduce your risk for many serious conditions. Preventive care is free, so there’s no excuse for skipping it.
- A healthier wallet. Having a doctor you can call helps you avoid costly trips to the emergency room and determine when you really need to see a specialist.
- Peace of mind. Advice from someone you trust ... it means a lot when you’re healthy, but it’s even more important when you’re sick. Your personal doctor gets to know you and your health history and can help coordinate any care you need.

Keep in mind: If you choose a Kaiser plan in California, Colorado, Georgia, Maryland, Virginia, or the District of Columbia, you are required to select a Primary Care Provider (PCP), who will manage your care.

## Prescription Drugs

When you enroll in a Transamerica medical plan, you will automatically receive prescription drug coverage. Benefits are provided by Express Scripts for Aetna and United Healthcare plans, and by Kaiser Pharmacy for Kaiser plans.

Once you enroll for medical coverage, you will receive a prescription drug ID card from Express Scripts or Kaiser Pharmacy within 30 days of enrollment.

### Drug tiers

The cost of your prescription drugs under each medical plan depends on the “tier” of the medication:

- Tier 1 drugs include most generics; these drugs contain the same active ingredients as their brand-name equivalents and meet the same federal standards for safety, but typically cost significantly less.
- Tier 2, or formulary drugs, are brand-name medications that are preferred by a prescription plan based on drug effectiveness and cost.
- Tier 3, or nonformulary drugs, are brand-name medications that are not on a prescription plan’s preferred list (or formulary) based on drug effectiveness and cost. They may still be covered, but may require prior authorization and cost more.

### Filling your prescription

The cost of prescription drugs is rising faster than many other health care services and supplies. But there are ways for you to save money when you’re filling prescriptions:

- Retail or mail order? For short-term medication needs, such as antibiotics, a retail pharmacy is your best and most convenient option.

Long-term medications are prescriptions you take for an ongoing condition such as high blood pressure. After three retail prescription fills for long-term medications, you must use the mail-order pharmacy or pay 100% of the prescription cost at a retail pharmacy.

- Generic or brand name? Generic medications are generally just as effective as brand-name medications, yet the cost of generics is substantially lower — they typically cost between 30% and 75% less than brand-name drugs.

If you choose a brand-name drug when a generic is available, you will pay the cost of the generic drug plus the difference in cost between the generic and the brand name. Although you may use any available HSA or FSA funds to pay for the brand-name prescription, the difference in cost is not a covered expense under the Plan, and will not apply to your deductible or out-of-pocket maximum.

- Certain compound medications are not covered under the prescription drug plan. To be covered under the drug plan, a medication must be approved by the Food and Drug Administration (FDA). While certain ingredients in the compound may be FDA approved, the resulting medication after compounding may not be. The FDA does not verify the quality, safety or effectiveness of compound medications.
- Specialty medications are drugs used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. If you take a specialty medication, you should purchase it through the specialty pharmacy offered by your medical plan.
  - Accredo is the specialty pharmacy for United Healthcare and Aetna plans.
  - Kaiser's specialty pharmacy will vary by location. Please contact Kaiser for more information.
 Please note: If you receive manufacturer coupons, discount cards or copay assistance for specialty medication, the amount applied to your annual deductible and out-of-pocket maximum will equal the amount you pay for your prescription drug after the coupon or discount is applied.

### Prescription management programs

We have partnered with Express Scripts to offer three prescription drug management programs to help you use your prescription drugs safely and effectively, as well as save money. These programs automatically apply to all participants who choose either a UHC or Aetna medical plan. (Note: These programs do not apply to Kaiser plans.)

#### Specialty Deductible/Out-of-Pocket Protection Program

Provides copay assistance toward the purchase of certain specialty medications. However, only the amount you pay towards your specialty prescriptions will be applied to your deductible and out-of-pocket maximum.

#### Safeguard Rx: Diabetes Care Value Program

If you have diabetes, this program helps you monitor and control your glucose levels. With Diabetes Remote Monitoring, you will receive a free smart glucose meter that synchronizes with your smartphone and securely sends data to specialist pharmacists who are available to support you. You can also access Mango Health, which offers a mobile app with games and rewards for healthy habits, such as taking medication on time.

#### Advanced Opioid Management Program

Opioids are a highly effective treatment for pain when taken correctly, but they can also be addictive. If you take prescription opioids for pain, Express Scripts will send you a letter and a short guide with important guidelines and tips to help you stay safe, as well as a number you can call with any questions or concerns.

## Tools & Resources

You have access to a wealth of resources and helpful tools through your medical plan provider. From tracking claims to improving your health, information that puts you in charge of your spending and your well-being is just a click away.

### Mercer Health Advantage (for Aetna and United Healthcare plans)

If you have a complex or chronic condition, Mercer Health Advantage provides a special support team with your own “nurse in the family” approach, along with various health services at your fingertips. In the event that you or a covered family member are diagnosed with a health condition that requires complex care, or requires follow-up care after a recent hospital stay, you and your family will receive support from a dedicated team of nurses, clinicians and other specialized professionals to help you improve your health.

Mercer Health Advantage provides specialized support for things such as:

- Managing a chronic condition, such as diabetes, coronary artery disease, asthma, COPD or heart failure;
- Dealing with a complex condition such as cancer or chronic kidney disease;
- Treating back pain and musculoskeletal conditions; and
- Maternity support.

### Health Solutions

The Health Solutions coaching program uses data analytics to identify members who may benefit from access to a health coach. If you qualify, you will receive an invitation via email to this free, confidential program, and your health coach will help you develop and implement a personal wellness plan to address any high-risk areas, with help from a licensed Health Solutions clinical pharmacist.

You will work with your Health Solutions Care Team to:

- Review health screening results and understand areas of risks;
- Receive education specific to your conditions and risks;
- Develop goals and action plans to reduce risk;
- Coordinate care with your doctor; and
- Get support in overcoming obstacles, tracking progress and celebrating success.

### Aetna Tools

Aetna offers online tools and resources to help you manage your health and your spending. On the Aetna website ([aetna.com](http://aetna.com)), you can:

- Store and share your personal health history
- Get detailed claim information
- View the dependents covered on your plan
- Find forms and view/order ID cards
- See how much you might pay for prescription drugs, office visits, surgeries and more with the cost estimator
- Pay providers using Aetna Pay

Teladoc® – Talk to a doctor anytime!

For less than you'd pay for the cost of an urgent care or ER visit (\$40 or less for general health issues, \$75 or less for dermatology), you can talk to a U.S. board-certified physician, licensed in your state, to diagnose, treat and prescribe medications for your non-emergency conditions. Whenever you need care, a doctor is available within minutes, by phone or video. Visit [Teladoc.com/Aetna](http://Teladoc.com/Aetna) or call 1-855-Teladoc to set up your

account today. You can also download the Teladoc app to your mobile device by going to [Teladoc.com/mobile](http://Teladoc.com/mobile) or visiting your app store.

#### Cost Estimator

Estimate the costs of more than 650 office visits, tests and procedures. You can compare costs from up to 10 providers at once.

#### @AetnaHelp

By tweeting @AetnaHelp, you can get answers to a variety of questions in real time.

#### Aetna Member Website

This easy-to-use member website puts all of your plan information and cost-saving tools in one place.

#### Informed Health® Line

Have a consultation with a registered nurse anytime during the day or night. Whether it's a question about allergies, fever, types of preventive care, or finding the right place for care, nurses are always there to provide support and peace of mind. To speak live with a specially trained nurse, call 800-556-1555.

#### Aetna Maternity Program

This free, confidential program can help you make good choices during pregnancy and help you have a safe delivery and a healthy child. Sign up as early as you can to get the most from the program. To speak with a Beginning Right nurse or to use any of the features of the program, visit [aetna.com](http://aetna.com) or call 800-272-3531.

#### Aetna Mobile App

Find providers, check your coverage information, search your claims, contact Aetna and more from your smartphone or tablet. The app is compatible with iPhone and Android operating systems.

#### United Healthcare Tools

United Healthcare ([myuhc.com](http://myuhc.com)) provides a variety of programs, services and tools to help you become healthier or be a better consumer.

#### Advocate4Me<sup>SM</sup>

This easy-to-use resource helps you and your family make health care decisions with confidence. Advocate4Me provides support, including answering your questions about benefits, helping you find a doctor and access to a 24-hour advice line staffed by registered nurses to help guide you to the most appropriate care.

#### Bariatric Resource Services

These consulting services educate you on obesity treatment options and offer access to specialized network facilities.

#### Cancer Support Program

Connect with a nurse specially trained in oncology for support throughout your treatment journey.

#### Case Management

If you or your dependent has a serious or extended-care illness or injury, a case manager may assist you or your dependent in identifying and coordinating appropriate cost-effective medical care alternatives to help ensure the appropriate care is provided in the most effective setting possible. The case manager also may

coordinate communication among you and all health care providers involved in your or your dependent's care.

#### Congenital Heart Disease Program

A team of specialized nurses support members through all stages of treatment and recovery.

#### Cost Estimator

Use this tool to gather the information you need to make smart choices about the health care you receive. Results include personalized cost estimates.

#### Kidney Resource Services

Program designed to help members who have been diagnosed with end-stage renal disease and are preparing to start dialysis or those who are currently receiving dialysis treatments.

#### Maternity Support Program

If you are expecting a child, you can get support from specialized nurses before, during and after pregnancy.

#### Neonatal Resource Services

United Healthcare's team of NICU nurse case managers assists parents with education and support during this stressful time.

#### QuitPower Program

This program assists you as you take the steps to stop using tobacco. Get up to eight weeks' worth of nicotine replacement products and receive support and guidance from a personal coach, all for no extra cost.

#### Transplant Resource Services

Provides access to the nation's leading transplant programs and nurse case managers who have transplant experience.

#### Virtual Visits

When you are sick and need care quickly, a Virtual Visit is a convenient way to start feeling better faster. With Virtual Visits, you have access to United Healthcare's network of virtual doctors who can provide care using live audio and video technology. Visits typically take less than 20 minutes and will cost you \$50 or less. To get started, go to [www.uhc.com/virtualvists](http://www.uhc.com/virtualvists) and register today.

#### Health4Me App

Download this app to your phone to manage your health benefits. It helps you simplify access to health care resources.

#### Personalized Messages

United Healthcare will remind you about money-saving tips, scheduling exams and more through personalized messages on your health statements and in your United Healthcare message center.

#### Kaiser Tools

Kaiser offers a variety of online tools to help you thrive. On the Kaiser website ([kp.org](http://kp.org)), you can:

- Take charge of your care
- Take charge of your costs
- Get wellness support

- Download the Kaiser Permanente mobile app

View the Kaiser Permanente Health Resources Guide to learn more.

#### Live Healthy

Access a number of helpful health guides, videos, tools and calculators to help you make informed decisions about your health.

#### Resources for Conditions & Diseases

Get physician-approved articles on the common cold, rare conditions and the many health concerns that are in between.

#### Online Communities & Support Groups

Join conversations and connect with others who have similar health concerns.

#### Total Health Assessment

Answer questions about yourself and get a customized action plan to prevent future health problems and feel your very best.

#### Wellness Coaching

Partner with a wellness coach to create a customized plan that outlines small, easy steps you can do to take better care of yourself. Schedule convenient phone sessions at times that work for you. Coaching is available at no cost to Kaiser members, in English and Spanish. For more information, call 866-862-4295.

#### Healthy Lifestyle Programs

Kaiser members have access to free online personalized lifestyle programs for health conditions such as chronic pain, depression, diabetes and insomnia.

#### My Health Manager

Access your health information online and actively manage care for you and your family. You can also download the My Health Manager mobile app to your smartphone or tablet.

#### Video Visits & Chat with a Doctor

Kaiser offers two ways to get care that's secure, convenient and personalized. If your Kaiser provider determines the care you need can be provided in a video visit, this is a great alternative to making a trip for an in-person visit. Kaiser's newest Telehealth option is an online chat feature. "Chat with a Doctor" is on demand, real time messaging with a doctor to receive medical advice and triage. There is no cost for Kaiser members, and it is available 8 a.m. – 10 p.m., seven days a week.

#### International Travel Clinic

Kaiser provides travel consultations for members traveling abroad. Clinical pharmacists assess the health risks of the destination, determine if vaccines and other preventive measures are needed, and recommend immunizations and prescriptions.

#### Prescription Tools

Order or refill prescriptions, sign up for mail order and more on your prescription websites:

- Express Scripts at [express-scripts.com](http://express-scripts.com)
- Kaiser Pharmacy at [kp.org](http://kp.org)



## HSA/FSA Tools

Manage your Health Savings Account online:

- Optum Bank at [optumbank.com](http://optumbank.com)

Manage your Health Care Flexible Spending Account online:

- Discovery Benefits at [accounts.mercermarketplace.com](http://accounts.mercermarketplace.com)

## Supplemental Health Insurance

### Overview

Supplemental health insurance provides cash payments in the event of a significant unexpected medical expense. You pay the full cost of insurance through pre-tax payroll deductions.

You can choose from four different supplemental health insurance policies. For cost and benefit details and to enroll, visit the Mercer Marketplace website. [Learn how to access the site.](#)

#### Keep in mind

On their own, these policies don't provide the minimum level of medical coverage needed to meet federal health care law requirements. Rather, they're intended to supplement the coverage provided by your medical plan.

### Accident Insurance

Accident insurance, available through Transamerica Life Insurance Company, helps protect you from unexpected financial stress if you or an insured family member has an accident. It supplements your major medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for expenses not paid by your medical plan (such as your deductible or coinsurance) or for anything else (such as everyday living expenses). For cost and benefit details and to enroll, visit the Mercer Marketplace website. [Learn how to access Mercer Marketplace.](#)

Benefits are paid:

- Directly to you, unless you assign them to someone else
- In addition to any other insurance, like your major medical plan or an Accidental Death & Dismemberment (AD&D) plan

Note: You can take your policy with you if you leave Transamerica.

You receive a cash benefit up to a specific amount for:

- Accidental death
- Dismemberment
- Dislocation or fracture
- Initial hospital confinement
- Intensive care
- Ambulance
- Medical expenses
- Outpatient physician's treatment

The actual benefit amounts depend on the type of injuries you have and the medical services you need.

This is a brief summary of AccidentAdvance®, Accident Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPACC100 and CCACC100. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

See limitations and exclusions in the Appendix — Supplemental Health Insurance.

## Critical Illness Insurance

When a serious illness strikes, critical illness insurance — available through Transamerica Life Insurance Company — can provide financial support to help you through a difficult time. It can help protect against the financial impact of certain illnesses, such as a heart attack, cancer or stroke.

You receive a lump-sum benefit to help pay for out-of-pocket expenses for your treatment, to help pay your coinsurance or to help take care of your everyday living expenses such as housekeeping services, special transportation services and child care. For cost and benefit details and to enroll, visit the Mercer Marketplace website. [Learn how to access Mercer Marketplace.](#)

Choose from three benefit amounts:

- \$10,000
- \$20,000
- \$30,000

Benefits are paid:

- Directly to you, unless you assign them to someone else

Note: You can take your policy with you if you leave Transamerica.

This is a brief summary of CriticalEvents® Critical Illness Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPCIO500 and CCCIO500. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

See limitations and exclusions in the Appendix — Supplemental Health Insurance.

## Hospital Indemnity Insurance

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for deductibles, coinsurance and other out-of-pocket costs. Offered through Transamerica Life Insurance Company, hospital indemnity insurance can help offset your share of the cost associated with a covered sickness or accident.

You can use the money you receive to help cover hospital stays, ambulance service, surgery and certain inpatient or outpatient treatments. The policy pays benefits in addition to any other insurance. For cost and benefit details and to enroll, visit the Mercer Marketplace website. [Learn how to access Mercer Marketplace.](#)

Choose from two benefit options:

- Standard, which includes a \$1,500 hospital admission and \$150 daily hospital confinement benefit
- Enhanced, which includes a \$1,500 hospital admission and \$250 daily hospital confinement benefit

Benefits are paid:

- Directly to you, unless you assign them to someone else
- As a lump sum or on a benefit schedule

This is a brief summary of Hospital Select® II Group Hospital Indemnity Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy Form Series CPGHI400 and CCGHI400. Forms and numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.

See limitations and exclusions in the Appendix — Supplemental Health Insurance.

## Cancer Insurance

Cancer insurance is designed to provide benefits to help pay for the costs of cancer treatment. Offered through Transamerica Life Insurance Company, this policy can help pay a variety of expenses associated with cancer care, including chemotherapy and radiation, surgery, hospital confinement, transportation and lodging.

With this supplemental benefit, you'll not only have more resources to help cope with any future diagnosis of cancer, but you'll also have wellness benefits to help you detect cancer early, when it's most treatable. For cost and benefit details and to enroll, visit the Mercer Marketplace website. [Learn how to access Mercer Marketplace.](#)

This is a brief summary of CancerSelect® Plus, Group Cancer Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPCAN200 and CCCAN200. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

See limitations and exclusions in the Appendix — Supplemental Health Insurance.

# Dental

## Overview

You have a choice between two dental plans. Both are designed to help you maintain healthy teeth and gums, which are important to your overall health.

Learn about the dental plans available to you through Delta Dental of Iowa. For complete cost and coverage details and to enroll, visit the Mercer Marketplace website. [Learn how to access the site.](#)

## 2019 dental plans

- Basic Plus Plan
- Enhanced Plan

## Key features

- Free in-network preventive and diagnostic care
- Affordable coverage that helps you manage the cost of dental treatment
- Extensive network of providers that have agreed to negotiated rates, which helps you save money

## Find a network dentist

All Delta Dental PPO and Premier network providers are considered to be in-network (the PPO network is a subset of the broader Premier network). Although your plan pays the same benefits for either network of providers, if you use a PPO provider, the discounts for services will be greater. You can search for PPO and Premier providers by visiting the Delta Dental of Iowa website at [deltadentalia.com](http://deltadentalia.com).

If you enroll in dental coverage, Delta Dental will mail you an ID card. You can also print your ID card on the Delta Dental of Iowa website at [deltadentalia.com](http://deltadentalia.com) after you register.

## Coverage details

Below is an overview of the coverage provided by the 2019 dental plans available to you. Please refer to the plan summaries on the Mercer Marketplace website for more information, including out-of-network coverage details.

	Basic Plus Plan	Enhanced Plan
In-network coverage		
Individual/family deductible	\$50/\$150	\$50/\$150
Individual annual maximum benefit*	\$1,000	\$2,000
Services		
<ul style="list-style-type: none"><li>• Preventive – includes services such as oral evaluations, routine cleanings, X-rays, fluoride treatments and sealants</li></ul>	<ul style="list-style-type: none"><li>• You pay \$0; deductible does not apply</li></ul>	<ul style="list-style-type: none"><li>• You pay \$0; deductible does not apply</li></ul>
<ul style="list-style-type: none"><li>• Basic – includes services such as basic restorations, some oral surgery, endodontics and periodontics</li></ul>	<ul style="list-style-type: none"><li>• After meeting the deductible, you pay 30%, plan pays 70%</li></ul>	<ul style="list-style-type: none"><li>• After meeting the deductible, you pay 20%, plan pays 80%</li></ul>

<ul style="list-style-type: none"> <li>Major – includes services such as crowns, dentures, implants, general anesthesia/intravenous sedation and some oral surgery</li> </ul>	<ul style="list-style-type: none"> <li>After meeting the deductible, you pay 50%, plan pays 50%</li> </ul>	<ul style="list-style-type: none"> <li>After meeting the deductible, you pay 50%, plan pays 50%</li> </ul>
<ul style="list-style-type: none"> <li>Orthodontia coinsurance/ lifetime maximum (only children up to age 26 are eligible for orthodontia benefits) – includes services such as straightening misaligned teeth and/or jaws with braces and/or surgery</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>You pay 50%, plan pays 50% \$1,500 lifetime maximum (for children up to age 26)</li> </ul>
<p>Out-of-network coverage: Visit the Mercer Marketplace website for coverage details.</p>		

\*Preventive and diagnostic services apply to the annual maximum benefit.

### Use your dental benefits wisely

Here's how to make the most of your dental benefits:

- Choose a provider – Each time you need dental care, you have a choice of providers. Selecting a participating dentist in the Delta Dental of Iowa network will ensure you receive the highest benefits from your plan. To find a provider, go to Delta Dental of Iowa at [deltadentalia.com](http://deltadentalia.com).
- If your service will exceed \$300, submit a request for a pretreatment estimate. You should always submit a request for a pretreatment estimate for procedures and services your dentist believes will exceed \$300 (procedures such as crowns, inlays, bridges and periodontics). For more information about pretreatment estimates, call Delta Dental of Iowa at 800-544-0718 or visit the Delta Dental of Iowa website at [deltadentalia.com](http://deltadentalia.com).
- Check your claim status and other information on the Delta Dental of Iowa website at [deltadentalia.com](http://deltadentalia.com). You can review Explanation of Benefits (EOB) statements, check if claims have been paid and more.

# Vision

## Overview

Having an annual eye exam is one of the best ways to make sure you're keeping your eyes healthy. You can enroll in vision coverage to save money on eligible vision care expenses such as eye exams, glasses and contact lenses.

Learn about the vision plan available to you through United Healthcare. For complete cost and coverage details and to enroll, visit the Mercer Marketplace website. [Learn how to access the site.](#)

### 2019 vision plan

- Standard Plan

### Key features

- Eye exam covered every year; you pay only a small copay for each exam
- Coverage for prescription eyeglasses or contact lenses so you can choose the method of correction you prefer
- Extensive network of providers, including some retail chains, that have agreed to negotiated rates, which helps you save money

### Find a network provider

You'll generally pay less when you use a provider in the United Healthcare Spectera Eyecare Network. Visit [myuhcvision.com](http://myuhcvision.com) for a list of providers.

If you enroll in vision coverage, you can print your ID card at United Healthcare's vision website at [myuhcvision.com](http://myuhcvision.com) after you register.

### Coverage details

	Standard Plan
In-network	
Exam	One exam every 12 months \$10 copay
Prescription glasses	\$25 copay
Lenses <ul style="list-style-type: none"><li>• Single vision</li><li>• Lined bifocal</li><li>• Lined trifocal</li><li>• Lenticular</li></ul>	Once every 12 months; included in prescription glasses
Lens options	The most popular lens options (standard scratch coating, polycarbonate lenses) are covered in full with the \$25 prescription glasses copay, saving members an average of 20-25%. Non-covered lens options (such as tint, anti-reflective coating, progressive and more) are available at participating providers for 20–60% off retail pricing.

Frames	Once every 24 months <ul style="list-style-type: none"> <li>• Retail allowance of \$130</li> <li>• 20% savings at most participating in-network providers on any amount over the retail allowance</li> </ul>
Elective contact lenses (instead of glasses)	Once every 12 months <ul style="list-style-type: none"> <li>• Covered up to \$130 allowance</li> <li>• Contact lens exam (fitting and evaluation) covered in full with a copay not to exceed \$60</li> </ul>
Necessary contact lenses	Covered at 100%
Out-of-network: Visit the Mercer Marketplace website for coverage details.	

# Tax-Advantaged Accounts

## Overview

You can save money on health care and dependent care expenses by paying for them with tax-advantaged accounts. For more details and to enroll, visit the Mercer Marketplace website. [Learn how to access the site.](#)

### 2019 accounts

- Health Savings Account (HSA): Available only to employees who enroll in the \$4,500, \$2,850 or \$1,850 Deductible Plans
- Flexible Spending Accounts (FSAs):
  - Health Care FSA: Available to employees who do not enroll in an HSA, or do not elect medical coverage through Transamerica
  - Combination FSA: Available to employees who are enrolled in an HSA
  - Dependent Care FSA: Available to all employees

### Key features

- Lower income taxes – Money goes into your HSA and/or FSA from your paycheck before taxes are deducted, which means you won't pay any taxes when you reimburse yourself for eligible expenses.
- Convenient payroll deductions – Contribute to your accounts easily and effortlessly.
- Helpful budgeting tool – Plan for upcoming expenses by setting aside money each paycheck.

If you enroll in an HSA, you will receive information directly from Optum Bank regarding your debit card and account information. If you enroll in an FSA, you will receive information directly from Discovery Benefits regarding your debit card and account information.

### How much could you save?

Here's an example. Let's say Tom decides to set aside \$2,000 in an HSA or FSA for the year. Normally, on that money, he'd pay \$480 in federal income tax, \$100 in state income tax and \$153 in FICA tax. So, by contributing that \$2,000 to his HSA or FSA, he'll get an \$733 tax savings for the year.

Without an HSA or FSA, Tom would pay ...	Savings
24% in federal income tax.....	\$480
5% in state income tax.....	\$100
7.65% in Federal Insurance Contributions Act (FICA) tax.....	\$153
His total tax savings for the year with an HSA or FSA .....	<b>\$733</b>

This hypothetical illustration is for educational purposes only. Dollar amounts or savings will vary depending on income, state and city tax rules and other factors. Please consult a tax, legal or financial advisor about your own personal situation.

## Health Savings Account

With the \$4,500, \$2,850 and \$1,850 Deductible Plans, you may be eligible to open and contribute money to a tax-advantaged Health Savings Account (HSA)— and receive Be Well Reward Dollars as a reward for completing certain wellness activities. Optum Bank is the administrator for your HSA.



## Are you eligible for an HSA?

In order to establish and contribute to an HSA, you:

- Must be enrolled in an HSA-eligible high-deductible health plan, like the \$4,500, \$2,850 or \$1,850 Deductible Plans.
- Cannot simultaneously participate in the Health Care FSA (but participation in a Combination FSA is allowed).
- Cannot be enrolled in any other medical coverage, including a spouse's plan, Medicare or Tricare.
- Cannot be claimed as a dependent on someone else's tax return.

You should review IRS rules for making HSA contributions if you will turn age 65 during the year. For more information, see IRS Publication 969.

## HSA features

<p>Contribute money on a pre-tax basis.</p> <ul style="list-style-type: none"><li>• Contribute to your HSA through pre-tax payroll deductions (up to annual limits)</li><li>• Change your contribution without a qualifying change in status</li></ul>	<p>Pay for care tax-free.*</p> <ul style="list-style-type: none"><li>• Pay for eligible medical, prescription, dental and vision expenses for you and your family using your HSA debit card (provided sufficient funds are in your account). View a list of eligible expenses at <a href="https://www.irs.gov/publications">irs.gov/publications</a>.</li><li>• Track your spending, check your balance, reimburse yourself and more at <a href="https://www.optumbank.com">www.optumbank.com</a>.</li></ul>
<p>Receive Be Well Reward Dollars for completing certain wellness activities.</p> <ul style="list-style-type: none"><li>• Up to \$500 for Self Only coverage</li><li>• Up to \$800 if you cover a spouse and/or child(ren) on your medical plan</li></ul>	
<p>Carry unused money over.</p> <ul style="list-style-type: none"><li>• All the money in your HSA is yours to keep, year after year.</li><li>• You can build up savings to pay for future health care expenses. You can even invest your money once it reaches a minimum balance, which gives you the potential for tax-advantaged earnings growth and a way to plan ahead for your medical costs in retirement.</li></ul>	

## Contribution limits

In 2019, the IRS limits on total contributions to your account (from both you and Transamerica) are:

- \$3,500 for Self Only coverage
- \$7,000 if you cover a spouse and/or child(ren) on your medical plan

These limits include contributions from all sources, including Be Well Reward Dollars deposited by the Company, before-tax payroll contributions and after-tax non-payroll contributions that you make directly to the account.

Add \$1,000 to these limits if you're age 55 or older for "catch up" contributions.

Please note: In order to receive Company contributions to your HSA, you must elect an HSA when you enroll in benefits through Mercer Marketplace.

## Increase your tax savings with a Combination FSA

Consider contributing to an HSA and a Combination FSA for additional tax savings. The Combination FSA has an added advantage — in addition to eligible dental and vision expenses, you can also use the account to reimburse yourself for medical and prescription expenses after meeting a specific IRS-defined portion\*\* of the medical plan deductible.

\*Money in an HSA can be withdrawn tax free as long as it is used to pay for qualified health-related expenses. If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn, plus a 20% penalty tax if you withdraw the money before age 65.

\*\* The IRS defined deductible for 2019 is \$1,350 for Self Only and \$2,700 for all other coverage tiers, regardless of whether you choose the \$1,850, \$2,850 or \$4,500 deductible plan.

If you enroll in an HSA, you will receive a debit card and account information from Optum Bank.

## Flexible Spending Accounts

Using an FSA is like getting a discount on everyday health and/or dependent care expenses because you're paying with pre-tax money. There are separate FSAs for health care and dependent care. Learn more on the Mercer Marketplace website. Discovery Benefits is the administrator for our FSAs.

### Health Care FSA

Available to employees who do not enroll in an HSA, or do not elect medical coverage through Transamerica

- Contribute through pre-tax payroll deductions to help cover eligible medical, prescription, vision and dental expenses. View a list of eligible expenses at [irs.gov/publications/p502/index.html](https://www.irs.gov/publications/p502/index.html).
- Contribute up to \$2,700 in 2019 through pre-tax payroll deductions.
- Choose your contribution amount during enrollment. You can only change your contribution amount during the year if you have a qualifying event.
- Pay your eligible expenses by using your FSA debit card, or log in to Discovery Benefits at [accounts.mercermarketplace.com](https://accounts.mercermarketplace.com) to request reimbursement for payments you've made.
- Your entire annual contribution amount is available to you from the beginning of the plan year.
- Up to \$500 of unused money may be carried over to the next year; amounts above \$500 will be forfeited. You must elect to contribute to a FSA next year to be eligible for any carryover.
- You have an additional 90 days after the end of the calendar year to submit receipts for expenses you incurred during the prior year. You cannot use your FSA debit card to pay expenses from the previous year; you must submit receipts to Discovery Benefits via fax, mail, online or mobile app to request reimbursement.

### Combination FSA

Available only to employees who enroll in an HSA-eligible high-deductible health plan

- Designed to work together with your Health Savings Account (HSA) for additional tax-saving opportunities.
- Works like a Health Care FSA, but has an added advantage — in addition to eligible dental and vision expenses, you can also use the account to reimburse yourself for medical and prescription expenses after meeting a specific IRS-defined portion\* of the medical plan deductible. For a list of eligible expenses, refer to IRS Publication 502 at [irs.gov/publications/p502/index.html](https://www.irs.gov/publications/p502/index.html).
- When you meet the IRS-required deductible, you must submit the Deductible Verification Form (available on the Mercer Marketplace website) to Mercer Marketplace. This document serves as a one-time notification that the deductible was met. You may use funds in your HSA while meeting this deductible requirement.
- Contribute up to \$2,700 in 2019 through pre-tax payroll deductions.
- Choose your contribution amount during enrollment. You can only change your contribution amount during the year if you have a qualifying event during the year.

- Pay for eligible expenses using your FSA debit card, or log in to Discovery Benefits at [accounts.mercermarketplace.com](https://accounts.mercermarketplace.com) to request reimbursement for payments you've made.
- Your entire annual contribution amount is available to you from the beginning of the plan year.
- Up to \$500 of unused money may be carried over to the next year; amounts above \$500 will be forfeited. You must elect to contribute to a FSA next year to be eligible for any carryover.
- You will have an additional 90 days after the end of the calendar year to submit receipts for expenses you incurred during the prior year. You cannot use your FSA debit card to pay expenses from the previous year; you must submit receipts to Discovery Benefits via fax, mail, online or mobile app to request reimbursement.

\* The IRS defined deductible for 2019 is \$1,350 for Self Only and \$2,700 for all other coverage levels, regardless of whether you choose the \$1,850, \$2,850, or \$4,500 deductible plan.

### Dependent Care FSA

Available to all employees

- Contribute up to \$5,000 annually through pre-tax payroll deductions to help cover your eligible dependent care expenses, including child care for children up to age 13 and care for dependent elders. For a list of eligible expenses, visit [irs.gov/publications/p503/index.html](https://irs.gov/publications/p503/index.html).
- Log in to Discovery Benefits at [accounts.mercermarketplace.com](https://accounts.mercermarketplace.com) to request reimbursement for payments you've made.
- Choose your contribution amount during enrollment. You can only change your contribution amount during the year if you have a qualifying life event.
- Unused money does not carry over at the end of each year — you must use it or you lose it.

If you enroll in an account, you will receive a debit card and account information from Discovery Benefits. To receive reimbursement for charges incurred in 2019, you will need to submit receipts for reimbursement to Discovery Benefits (via fax, mail, online or mobile app) by March 31, 2020.

### Compare health accounts

	HSA	Combination FSA	Health Care FSA
Designed to work with	\$4,500 Deductible Plan \$2,850 Deductible Plan \$1,850 Deductible Plan		\$900 Deductible Plan (Also available if you waive medical coverage, or if you enroll in an HSA-eligible plan but do not enroll in an HSA*)
Receive Be Well Reward Dollars for completing certain wellness activities	Up to \$500 for Self Only coverage; up to \$800 if you cover a spouse and/or child(ren)	No	No
Change your contribution amount without a qualifying change in status	Yes	No	No

Access your entire annual contribution amount starting on your first day of coverage	No	Yes	Yes
Access only funds that have been deposited	Yes	No	No
"Use it or lose it" at year-end	No	Yes (Carry over up to \$500)	Yes (Carry over up to \$500)
Money is always yours to keep	Yes	No	No

\*If you do not enroll in an HSA, you will not be eligible to receive Be Well Reward Dollars after completing certain wellness activities.

## Wellness

### Overview

In addition to the medical, dental and other health plans you elect, Transamerica offers valuable resources to help support your total well-being. They're automatically available to you and your family at no cost, with no enrollment required.

#### Be Well Reward Dollars

We are committed to building a culture that encourages and supports good habits and rewards those who are making an effort to live a healthier lifestyle. With Be Well Reward Dollars, you can be paid for taking care of yourself.

You and your covered spouse (if applicable) can earn Be Well Reward Dollars that will be deposited automatically into your Health Savings Account (HSA) within six weeks of completing certain activities. Employees can earn up to \$500, and a covered spouse has the opportunity to earn an additional \$300 in Be Well Reward Dollars. Employees with covered child(ren) can earn up to \$800 (only the employee is required to complete the activities).

You must be enrolled in one of the Company's high-deductible medical plans and elect an HSA with Optum Bank during enrollment to be eligible to earn Be Well Reward Dollars. Even if you don't plan to contribute to an HSA, you must have an account open to receive these dollars.

#### Rally Portal

Rally puts you in charge of managing your health with a personalized digital experience that includes a health survey, missions, challenges and communities. You'll get real-time feedback and ongoing encouragement to help you live your healthiest life.

To start earning Be Well Reward Dollars, visit the Rally Portal at [werally.com/client/Transamerica/register](http://werally.com/client/Transamerica/register). The first time you log in, you will need to create a Rally account. (Spouses need to create a separate Rally account.) Click the Sign Up button and follow the prompts to create your account. Your username should be fun and memorable but not your real name. The Rally Portal and all wellness activities are available to you whether you are a United Healthcare, Aetna or Kaiser member.

## Rally Dashboard

You can track your progress or complete additional activities at any time by visiting the Rally Dashboard at [werally.com/client/Transamerica/register](http://werally.com/client/Transamerica/register). The progress bar will show how many Be Well Reward Dollars you've earned in the calendar year. To view all available Program Activities, click on the Rewards menu.

## 2019 Be Well Reward Dollar Activities

The following chart includes a list of activities you and your covered spouse (if applicable) can complete to earn Be Well Reward Dollars. You have from January 1 through November 30, 2019, to complete any combination of these activities and earn Be Well Reward Dollars up to the stated maximums. To help you stay on track with your health-related goals, these activities will be available at different times during the year. Activities are one time per year unless otherwise noted.

	Timing	Employee Only (\$500 maximum)	Covered Spouse (\$300 maximum)	Employee with Child(ren) (\$800 maximum)
Rally Health Survey	January – November	\$100	\$50	\$100
Dental Checkup	January - November	\$150	\$75	\$150
Wellness Coaching	January - November	\$100	\$50	\$100
Step It Up Walking Challenges*	Four times during the year	\$100	\$50	\$100
Movement Mission	April – July	\$100	\$50	\$150
Hydration Mission	June – September	\$100	\$50	\$150
Virtual Wellness Fair	July – November	\$100	\$50	\$100
Biometric Screening	Fall	\$150	\$75	\$150

\* Spouses can earn Be Well Reward Dollars by completing a one-time City Walk.

Note: We are committed to helping you achieve your best health. If you think you might be unable to meet a standard for a reward, you might qualify for an opportunity to earn the same reward by different means. Contact People Solutions to find a wellness program with the same reward that is right for you.

## Virtual Wellness Fair

In our self-guided virtual wellness fair, you'll get tips on physical fitness, stress management, nutrition and disease prevention. A little awareness today can mean a lot more time and money later to do whatever it is you enjoy. [Watch this virtual wellness fair](#) anytime before November 30, 2019 for an opportunity to earn Be Well Reward Dollars.

## Rally Health Survey

The Rally Health Survey is an important part of your online health and wellness experience. The first time you log in to Rally, you need to create a username and set up a profile before completing the survey. Upon completion of the survey, you will receive your health age and the Company will deposit your Be Well Reward Dollars into your Optum HSA within six weeks of completing the survey.

## Biometric Screening

Another easy way to earn Be Well Reward Dollars is through a biometric screening. You and your covered spouse have three options for completing the screening:

1. At an on-site event. On-site biometric screenings are offered annually at the Company's larger locations. Upon completion of your biometric screening, the Company will automatically deposit your Be Well Reward Dollars into your Optum HSA within six weeks of the screening. You do not need to complete any paperwork.
2. At your doctor's office. Instead of attending an on-site event, you can have your doctor perform the screening. Just log on to the Rally Portal, access the Rewards tab, download the correct form and bring it to your doctor's appointment for completion. Follow the instructions on the form to complete the activity.
3. At a Quest Diagnostics clinic. If you have a Quest Diagnostics clinic in your area, you can schedule a screening there to receive your Be Well Reward Dollars. Location details are available on the Rally Portal's Rewards tab. You don't need a form for this option as the lab will submit the results electronically.

#### Dental Checkup

You can earn Be Well Reward Dollars for completing an annual dental exam. If you're covered under the Company's Dental Plan, funds will be deposited automatically in your HSA. If you have dental coverage elsewhere, submit your dental Explanation of Benefits to People Solutions.

#### Wellness Coaching

Available throughout the year, Wellness Coaching provides you with a blended model of individualized personal coaching, online learning courses with coaching support and general support. You need to complete three contacts with your wellness coach (by phone or email) to earn the Be Well Reward Dollars for this activity. To learn more or register with a health coach, visit [wellnesscoachingnow.com](http://wellnesscoachingnow.com) or call 800-478-1057.

#### Step It Up Walking Challenges (Team Battle)

Step It Up Walking Challenges will happen regularly throughout the year. You will need an invite code to register, which will be provided in advance by email. Spouses can earn Be Well Reward Dollars by completing a one-time City Walk. If you are a spouse but also an employee, you can participate in Step It Up Team Challenges, but you cannot earn Be Well Reward Dollars for participating.

#### Hydration Mission

Earn Be Well Reward Dollars by participating in one of the four-week long Rally Missions that focuses on hydration. This mission will be offered June through September 2019. Register before September 1 in order to complete it by September 30.

#### Movement Mission

Earn Be Well Reward Dollars by participating in one of the four-week long Rally Missions that focuses on adding more movement to your daily routine. This mission will be offered April through July 2019. Register by July 1 in order to complete it by July 30.

#### Take advantage

Use these resources, along with your FREE in-network preventive care (included with all our medical plans) to be your healthiest.

## Consumer Tips

### Overview

When it comes to purchasing products, we usually look at the price tag. Yet with all the money we spend on health care — from premiums to prescriptions to doctor’s office visits — we don’t always consider the price of these services. As health care prices continue to rise, your care ends up costing more. Here are ways you can help control your health spending.

- Use in-network providers. They’ve agreed to charge only up to negotiated rates and bill your insurance company directly, which saves you money and time. Also, check with your medical plan carrier to ensure that the services you and your dependents require are covered before you receive care.
- Keep up with preventive care. It’s covered in full by all of our medical plans and can help detect and prevent potentially costly health issues early. You pay nothing for annual physicals, recommended immunizations, routine cancer screenings and more when you see in-network providers.
- Use pre-tax money to pay for eligible health expenses. Contributing to a Health Savings Account (HSA) and/or a Flexible Spending Account (FSA) is easy and saves you money on expenses you’d have to pay anyway.
- Shop smart for prescriptions. Using generic alternatives will almost always save you money — and they’re just as effective as brand name prescriptions. It’s also a good idea to call a few local pharmacies to compare prices before deciding where to fill a prescription. Remember, your ongoing maintenance prescriptions must be filled using the mail-order service after you’ve filled the same prescription at a retail pharmacy three times.
- Take advantage of the Transamerica wellness program. Rally offers valuable resources to help you improve your health, which could prevent the need for costly care. Plus, if you are enrolled in one of the HDHP plans and have an HSA with Optum Bank, you’ll earn Be Well Reward Dollars when you participate in wellness activities!
- Compare costs. Use the cost comparison tools available on your medical plan carrier website, or take advantage of the pricing tools available through 365 HUB, if you enroll in that program.
- Choose the right place to get care. Should you go to a doctor’s office, urgent care facility or emergency room? Going to the most appropriate place for your needs will save you time and money.

VIRTUAL VISITS	DOCTOR’S OFFICE	URGENT CARE CLINIC	EMERGENCY ROOM
<b>Use It to...</b> Consult a doctor on minor health issues without having to visit a doctor’s office.	<b>Use It to...</b> A condition that doesn’t need immediate attention and can wait until the next day	<b>Use It to...</b> A condition that needs immediate care but is not life- or limb-threatening	<b>Use It to...</b> A life-threatening or potentially crippling condition that needs immediate care.
<b>Examples:</b> <ul style="list-style-type: none"> <li>• Cold</li> <li>• Allergies</li> <li>• Flu</li> </ul>	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Sore throat, fever.</li> <li>• Routine exam, screening</li> <li>• Checkup, vaccination, prescription refill.</li> </ul>	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Broken bones, severe sprain or strain</li> <li>• Cut requiring stitches</li> <li>• Anxiety attack</li> </ul>	<b>Examples:</b> <ul style="list-style-type: none"> <li>• Sudden weakness, dizziness or loss of consciousness.</li> <li>• Uncontrollable bleeding</li> <li>• Chest pain, difficulty, breathing.</li> </ul>
<b>Average price: \$</b> Varies by provider	<b>Average price: \$\$</b> \$0 (preventative) \$139 (nonpreventative)	<b>Average price: \$\$\$</b> \$182	<b>Average price: \$\$\$\$</b> \$645 (minor); \$2,419 (moderate); \$5,176 (severe)

*Average costs are from [healthcarebluebook.com](http://healthcarebluebook.com). Contact your health insurance plan for specific costs.*

Watch the video: [Five tips to save money](#)



## Life & Accident Insurance

### Overview

It's important to protect your family's financial security in case the unexpected happens. That's why Transamerica provides employees with Basic Life Insurance — at no cost to you.

You also have the option of buying:

- Supplemental Employee Life Insurance
- Dependent Life Insurance
- Universal Life Insurance
- Supplemental Accidental Death and Dismemberment (AD&D) Insurance

You pay the full cost of this supplemental coverage through easy payroll deductions.

You also have the protection of Company-paid Business Travel Accident Insurance.

### Basic Life

Transamerica provides Basic Life Insurance to assist you and your family in the event of your death. These benefits are fully paid by the Company. Company-paid coverage is automatic; you do not need to enroll. Basic Life Insurance benefits are equal to your base annual earnings up to \$1 million (subject to any age reductions as specified in the group policy).

### Supplemental Employee Life Insurance

You can purchase additional life insurance for yourself. You pay the full cost of this coverage on an after-tax basis and must enroll at Mercer Marketplace. Generally, you may elect coverage amounts of one, two, three or four times your basic annual earnings, up to an additional \$1 million of coverage (subject to any age reductions as specified in the group policy).

### Dependent Life Insurance

You may purchase Dependent Life Insurance on an after-tax basis in the amounts of \$10,000 or \$20,000 for your spouse/domestic partner, or \$5,000 or \$10,000 for your child(ren).

### Evidence of insurability

Evidence of insurability is not required when you or your dependents are first eligible to enroll for benefits.

### Universal Life Insurance

You also have the option to purchase universal life insurance for yourself, your spouse/domestic partner and children.

Universal life insurance products are competitively priced policies with flexible premiums that combine protection with the ability to grow cash value. To help you provide protection for a secure financial future, these policies have a specified death benefit, plus the opportunity to tailor coverage to fit personal situations and family needs, including the potential for tax-deferred cash value accumulation.

## Supplemental AD&D Insurance

You have the option to purchase accidental death and dismemberment (AD&D) insurance for just yourself or your whole family. AD&D insurance provides benefits for the loss of life, limb, sight, speech, hearing or for paralysis, as a result of a covered accident. You pay for AD&D coverage on a pre-tax basis. Coverage is available in increments of \$25,000, up to \$2 million (subject to any age reductions as specified in the group policy).

## Business Travel Accident Insurance

When traveling on behalf of the Company, be assured you are protected under a Company-paid Business Travel Accident Insurance policy if an accident occurs. This policy provides coverage for certain injuries or death resulting from an accident during business travel.

The Company provides coverage of \$500,000 at no cost to you. Business travel accident insurance pays life and dismemberment benefits for losses occurring within 365 days of a covered travel accident.

### Don't forget to add your beneficiary!

Be sure you have provided beneficiary information for life insurance when you enroll. Once you've designated your beneficiaries, it's a good idea to re-visit these elections as your personal circumstances change. You can designate a separate beneficiary for each life insurance policy — basic life insurance coverage, as well as any supplemental coverage you elect. Visit the Mercer Marketplace website or call Mercer Marketplace's dedicated Transamerica Benefits Center at 866-891-4274 to add or change a beneficiary at any time.

## Disability Insurance

### Overview

The loss of income due to illness or injury can cause serious financial hardship for your family. Disability insurance replaces a portion of your income to help you continue paying your bills and meeting your financial obligations during this difficult time.

### Short-Term Disability (STD)

- Coverage is automatic and Company-paid; no need to enroll.
- Benefit begins after seven consecutive calendar days of disability.
- Replaces 100% of basic earnings for a period of time (based on years of service), then 60% for an additional period.
- Benefits end after 26 weeks.

Important note for Transamerica Agency Network employees: STD coverage only applies to Agency Coordinators, Managing Directors and Associate Directors.

### Long-Term Disability (LTD)

- Coverage is automatic and Company-paid; no need to enroll.
- Benefit begins after you have been disabled for 26 weeks.
- Benefit replaces 50% of basic earnings up to \$25,000/month.

Important note for Transamerica Agency Network employees: LTD coverage takes effect the first of the month following your first service anniversary with the Company.

### Additional LTD

- Coverage is optional and employee-paid on an after-tax basis; you must enroll at the Mercer Marketplace website. [Learn how to access the site.](#)
- Benefit replaces an additional 10% of basic earnings, up to a total of 60% of your salary (maximum of \$25,000/month).

## Other Benefits & Discounts

### Overview

Transamerica also gives you access to a variety of additional programs that can help save you money and provide important assistance with everyday needs. You can learn more about these benefits by calling the Transamerica Benefits Center at 866-891-4274 or visiting the Mercer Marketplace website.

### Legal Plan

The MetLife Hyatt Legal Plan offers economical access to a nationwide network of 13,000 attorneys for legal services such as will preparation, estate planning and family law. Legal advice is a phone call away, and representatives will help you find an attorney in your area. Learn more about the many covered services available to you through the MetLife Hyatt Legal Plan at [legalplans.com](http://legalplans.com).

The legal benefits available through the MetLife Hyatt Legal Plan are more robust than the free benefits available through Cigna (at no cost), but the benefits offered through Cigna are available, as well. When accessing the MetLife Hyatt Legal Plan website, click "Learn More" from the home page and then enter the access code: GETLAW.

If you want to enroll in this benefit, you will do this directly on the Mercer Marketplace website. Premiums will be deducted from your paycheck.

### Pet Insurance

Nationwide Pet Insurance provides coverage to help you cover the costs of veterinary care using any veterinarian worldwide. You will receive a discount of 5% or more on premiums through Mercer Marketplace and you can enroll any time of year. Learn more at [my.petinsurance.com](http://my.petinsurance.com).

If you are interested in Pet Insurance, you will be able to elect this directly from the Mercer Marketplace website and you will then be automatically redirected to Nationwide's site to complete enrollment. Premiums will be deducted from your paycheck.

### Identity Theft Protection

Services from InfoArmor monitor your identity, detect fraud and restore your identity in the event of theft, giving you peace of mind around your personal financial data. You'll have access to certified privacy advocates who act on your behalf to resolve identity theft issues.

The identity theft protection offered through InfoArmor is more robust than the free benefits available through Cigna, but there are benefits offered through Cigna, as well. Learn more at [myprivacyarmor.com/marketplace365](http://myprivacyarmor.com/marketplace365).

If you want to enroll in this benefit, you will do this directly on the Mercer Marketplace website. Premiums will be deducted from your paycheck.

### Auto & Home Insurance

MetLife Auto & Home Insurance gives you access to personal insurance policies including home, auto, landlord's rental dwelling, condo and recreational vehicle and boat.

- Save up to 15% by purchasing this coverage during annual enrollment.

- Receive no-obligation quotes and cost comparisons.

Learn more at [metlife.com/group-auto/mpe](http://metlife.com/group-auto/mpe). Note: Home insurance coverage is not available to employees who live in Massachusetts or Florida.

If you are interested in purchasing Auto & Home Insurance, you will be linked from the Mercer Marketplace website to MetLife's site to complete your enrollment. Premiums for this benefit will be billed directly to you from MetLife.

## Discount Mall

You have access at no cost to exclusive prices, discounts and offers from hundreds of local and national merchants through the PerkSpot Online Discount Mall at [transamerica.perkspot.com](http://transamerica.perkspot.com), which is on the Mercer Marketplace website. There's no enrollment required and you can save up to 40% through offers that interest you, including health clubs, movie theaters, restaurants, retailers and cellphone providers.

## Additional Support for You and Your Family

Transamerica provides a variety of additional benefits to help you and your family with everyday challenges and to prepare for your future.

- Adoption Assistance
- Back-Up Care Advantage
- Education and College Advising
- Employee Assistance Program
- Paid Time Off
- Paid Volunteer Time
- Parental Leave
- Transamerica 401(k) Retirement Savings Plan
- Transamerica Pension Plan
- Tuition Reimbursement

Details about these Transamerica benefits, including eligibility, are available on Employee Central at [employeecentral.transamerica.com](http://employeecentral.transamerica.com), or by calling People Solutions at 866-558-5560.

## New Hires

Welcome to Transamerica!

Transamerica provides a comprehensive suite of benefits. You have a choice of medical, dental and vision plans, plus a variety of other plans and voluntary benefits.

As a new employee of Transamerica, you must enroll for health benefits within 30 days of your first day of employment. Enrollment in Transamerica's benefits are optional, but all individuals are required by law to have medical coverage per the Affordable Care Act or face a tax penalty.

### What You Need to Do

1. Learn about all your 2019 health benefits by reviewing this online decision guide. For details and eligibility about other benefits like the employee assistance program, paid time off and the Transamerica 401(k) Retirement Savings Plan, visit Employee Central at [employeecentral.transamerica.com](http://employeecentral.transamerica.com), or call People Solutions at 866-558-5560.
2. Enroll for your benefits within 30 days of your first day of employment on the Mercer Marketplace website. For example, if your first day of employment is March 1, you must enroll by March 31.
  - If you're a Transamerica employee, your coverage will be effective on the first of the month immediately following your date of hire.
  - If you're a Transamerica Agency Network employee, your coverage will be effective on the first of the month following your 55th day of employment.

If you do not enroll within 30 days of your first day of employment, you will only have Company-provided benefits, as applicable.

You cannot make a new election until the next Annual Benefits Enrollment period (for 2020 benefits) unless you have a qualifying change in status, such as marriage or the birth of a child in the middle of the year.

3. If you have any questions on your benefits, contact Mercer Marketplace's dedicated Transamerica Benefits Center at [866-891-4274](tel:866-891-4274). Benefits counselors are available from 7 a.m. to 9 p.m. ET Monday through Friday.
4. If you are covering a dependent, you will need to submit appropriate verification documentation to Mercer Marketplace within 60 days of your hire date or your dependent's benefits will not be activated. Submit your document using one of the methods below.
  - Upload to the Mercer Marketplace website
  - Email: [MercerMarketplace.BenefitCenter@mercer.com](mailto:MercerMarketplace.BenefitCenter@mercer.com)  
Preferred subject line: Employee Name, Employer, Verification Documentation
  - Fax Number: 515-365-4364
  - Mailing address: Transamerica Benefits Center, PO Box 14501, Des Moines, IA 50306-3501

It may take up to 10 business days to process your dependent verification after documentation has been received.

5. Watch your mail for ID cards, debit cards and more information — Depending on the benefits you have chosen, you will receive an ID card for:
  - Medical (from Aetna, United Healthcare or Kaiser)
  - Prescription Drugs (from Express Scripts)

If you enroll in dental coverage, Delta Dental will mail you an ID card. You can also print your ID card on the Delta Dental of Iowa website at [deltadentalia.com](http://deltadentalia.com) after you register.

If you enroll in vision coverage, you can print your ID card on the United Healthcare website at [myuhcvision.com](http://myuhcvision.com) after you register.

If you enroll in a Health Savings Account (HSA), you will receive a debit card and account information from Optum Bank. If you enroll in a Flexible Spending Account (FSA), you will receive a debit card and account information from Discovery Benefits.

## How to Enroll

### Take Action Within 30 Days of Your First Day of Employment

How to access the Mercer Marketplace website

You will enroll in your benefits through the Mercer Marketplace website.

Enter [benefits.transamerica.com](http://benefits.transamerica.com) in your browser window.

- If you are connected to the network, it won't be necessary to enter additional credentials.
- If you're not connected to the network, you'll need to enter your network username, password and domain. Most employees will enter "US" as the domain (Corporate Center will use "DS").

Please note: If you're part of the Transamerica Agency Network, you'll be required to enter your credentials regardless of whether you are connected to the network or not, enter the same ID and password you use for Employee Central and Integrity Ed, and enter "US" as the domain.

During your benefits enrollment, you'll use Mercer Marketplace, our online benefits platform, to enroll in:

- Medical
- Supplemental Health Insurance
- Savings and Spending Accounts
- Dental
- Vision
- Life
- Disability
- Voluntary Benefits

### Enrolling Is Easy

As you go through the Mercer Marketplace site, you will see the coverage details and costs for each plan clearly displayed in your shopping cart. When you check out, you'll have a chance to review your elections and see your total cost.

If you prefer to enroll by phone, you can also contact Mercer Marketplace's dedicated Transamerica Benefits Center at 866-891-4274.

If you have questions, benefits counselors are available to advise and assist — from 7 a.m. to 9 p.m. ET Monday through Friday. These hours give you access to support on the phone and through live online chat.

Benefits counselors can help answer any questions you may have or direct you to the appropriate resource. They can help you understand what benefits you're eligible for, provide general information about your 2019 benefit options, answer questions about specific plans and guide you through the enrollment process.

## Make your elections

To select your benefits, click on the "Get started" button on the home page of the Mercer Marketplace website and then follow the simple enrollment steps.

### 1. Profile

- Review your personal information.
- Enter or edit information for any dependents\* you wish to cover, if needed.
- Answer a few questions about your health needs and personal priorities, which will help Mercer Marketplace identify the plans that best match your needs.

### 2. Shop for benefits

- Compare key features and costs, which are clearly displayed for each plan.
- Use the built-in videos and tools to better understand your options, estimate your costs and decide which benefits make the most sense for you and your family.
- Select the benefits you want to enroll in.

### 3. Confirm, Print & Finish

- Once you're satisfied with your elections, review your benefits summary for accuracy, then click the "Complete Enrollment" button.
- You will receive a confirmation number.
- Print a copy of your enrollment details for reference.
- If you need to change your elections, you may do so within 30 days of your first day of employment. Simply return to the Mercer Marketplace website and edit your elections.

\* If you've enrolled dependents, you'll need to submit verification documentation within 60 days of your hire date. Adding a dependent to your profile does not add them to your benefits; you must elect benefits separately.



## Decision Support

### Resources to Help You Choose

With so many benefit choices, you have important decisions to make. You will have support every step of the way, with access to education and resources that help you understand your options and the enrollment process.

Mercer Marketplace enrollment website — Visit the Mercer Marketplace website to find educational information and decision-support tools to help you select the benefits that are right for you. These tools allow you to:

- Model different cost scenarios;
- Compare plans side-by-side;
- Get personalized “Best Match” plan suggestions; and
- Learn about the advantages of health savings and flexible spending accounts.

2019 benefits program presentations – Watch the Overview module. At the end of the presentation, you’ll be prompted to open a PDF document with links to view other presentations which include specific plan details. These recorded presentations can be watched at your convenience, from work or home with your spouse.

- Overview: <https://www.brainshark.com/aegon/vu?pi=zlkzSxnKpz2oiVz0>
- Medical: <https://www.brainshark.com/aegon/vu?pi=zHmze4TYsz2oiVz0>
- Dental and Vision: <https://www.brainshark.com/aegon/vu?pi=zHqz11QHUmz2oiVz0>
- Life and Disability: <https://www.brainshark.com/aegon/vu?pi=zGDzK9o51z2oiVz0>
- Voluntary Benefits: <https://www.brainshark.com/aegon/vu?pi=zGYzJ9EbDz2oiVz0>
- Spending and Saving Accounts: <https://www.brainshark.com/aegon/vu?pi=zHfz6OmVjz2oiVz0>
- Be Well Reward Dollars: <https://www.brainshark.com/aegon/vu?pi=zGHzdA2P6z2oiVz0>

### 2019 Premium Rates

As you review your options, take an active role in managing your costs by selecting the right amount of coverage for your needs — remember, you’ll pay more from your paycheck for plans with lower deductibles and higher cost-sharing when you need care, but if you don’t expect to need a lot of care, higher deductible plans could save you money overall.

You can view your 2019 premium rates for medical, dental and vision coverage online at [mytabenefits.com](http://mytabenefits.com).

### Enrollment Checklist

Use this checklist to prepare.

- Learn about your benefit options by reviewing the online Benefits Decision Guide.
- Think about your coverage needs, including how much health care — and what type of care — you anticipate needing for yourself and your family.
- Think about how you prefer to handle costs. For instance, would you rather pay more from your paycheck for a medical plan that covers more of your costs when you need care or pay as little as possible from your paycheck — even if that means bigger bills when you need care?

- Consider if you have enough protection to provide sufficient income for your loved ones in the event of a disability, dismemberment or death.
- Verify your dependent eligibility and submit required documentation within 60 days of your hire date if adding a dependent to your coverage.
- Enroll in an FSA and/or HSA to help you save money — these accounts allow you to pay for eligible expenses with pre-tax money — and if you are enrolled in one of the three high deductible health plans, you are eligible to receive Be Well Reward Dollars for completing wellness activities by November 30.
- Add your beneficiaries during the enrollment process.
- Complete your benefits enrollment within 30 days of your first day of employment.
- Print your confirmation statement.

**TIP:** Think about the whole cost.

When choosing a medical plan, it's important to think about the whole cost of coverage — the amount you'll spend out of your paycheck, as well as out of your pocket (deductibles and coinsurance).

## Top 4 Questions

### 1. What happens if I don't enroll within 30 days of my first day of employment?

If you do not enroll within 30 days of your first day of employment, you will only have Company-provided benefits, as applicable.

After you make your initial benefit elections, you will only be able to change or add benefits if you have a qualifying change in status, such as a marriage or the birth of a child in the middle of the year. Go to the Making Benefit Changes section to see a more complete list of the events that would qualify you to change your benefit elections mid-year.

### 2. How are the medical plans different?

The key difference between the plans is how much you pay from your paycheck and how much you pay toward the cost of health care you receive throughout the year. Consider how you prefer to handle costs. For instance, would you rather pay extra every pay period for a medical plan that covers more of your costs when you need care, or pay as little as possible from your paycheck — even if that means bigger bills at the time you receive services? The other consideration is that the three high deductible health plans allow you to contribute to an HSA, but the \$900 Deductible Plan does not.

### 3. What's the difference between the Health Care Flexible Spending Account (FSA) and the Health Savings Account (HSA)?

The way the Health Care FSA and the HSA work is largely the same — you contribute to your account through automatic, pre-tax payroll deductions, then use the money to pay for eligible health care expenses. However, there are some important differences. For example, all the money in an HSA rolls over year after year and is always yours to keep, whereas you can only carry over \$500 in a Health Care Flexible Spending Account. With an HSA, you must have the funds available in your account to pay for an expense; an FSA allows you to reimburse yourself up to the total amount you choose to contribute for the year — even if the money has not yet been contributed to your account. It's also important to note that you cannot contribute to both an HSA and Health Care FSA at the same time; however, you can contribute to both an HSA and a Combination FSA.

4. I have questions about my benefits. Whom do I contact?

Benefits counselors are available by phone through Mercer Marketplace's dedicated Transamerica Benefits Center at 866-891-4274 or via secure online chat on the Mercer Marketplace website, Monday through Friday between 7 a.m. and 9 p.m. ET.

After your benefits enrollment ends, benefits counselors can assist you with making coverage changes if you have a qualifying event during the year, help you locate providers and specialists and answer questions about how your benefits work.

## Eligibility

### Overview

In general, you are eligible for health and welfare benefits if you are a regularly scheduled employee working 30 or more hours per week. If you are working less than 30 hours per week you are not eligible for health and welfare benefits, however you may be eligible for medical benefits if you are considered a full-time employee in accordance with the eligibility requirements of the Affordable Care Act.

### Dependent Eligibility

When you enroll in benefits, you can cover yourself and eligible members of your family.

Eligible dependents include your:

- Spouse<sup>1</sup> (legally married, including a common law spouse as determined under applicable state law)
- Domestic partner (subject to receipt and approval of the Affidavit of Domestic Partnership)
- Child(ren) up to age 26: biological child(ren), adopted child(ren) (including child(ren) placed for adoption), stepchild(ren) or child(ren) for whom you have legal guardianship
- Disabled dependent<sup>2</sup> child(ren) who are older than age 26 (must be covered under the Plan before age 26 and qualify as your financial dependent)

<sup>1</sup>Any reference to “spouse” is inclusive of an eligible domestic partner, and any reference to “child(ren)” includes those of an eligible domestic partner.

<sup>2</sup>If the child meets the criteria for a disabled child, but you did not apply for coverage within 31 days of the onset of your child’s disability because you were not employed with the Company at that time, or your child had coverage under another parent’s medical plan, you must apply for coverage upon employment with the Company or within 31 days of your child’s loss of coverage under the other parent’s medical plan.

If you are adding a dependent, you must provide proof of the dependent’s eligibility to Mercer Marketplace’s dedicated Transamerica Benefits Center timely. When you complete your enrollment, a notice may be sent to you with direction on submitting dependent verification. We recommend that you refer to the Mercer Marketplace website after you enroll or contact Mercer Marketplace by phone for information on what is required. You will have 60 days from your hire date or the date of your qualifying life event to provide the documentation. You can send it to the Transamerica Benefits Center at:

Email: [MercerMarketplace.BenefitCenter@mercer.com](mailto:MercerMarketplace.BenefitCenter@mercer.com)

Preferred subject line: {Employee Name}, {Employer}, Verification Documentation

Fax Number: 515-365-4364

Mailing address: Transamerica Benefits Center, PO Box 14501, Des Moines, IA 50306-3501

It may take up to 10 business days to process your dependent verification after documentation has been received.

## Making Benefit Changes

After you make your initial benefit elections, you may not change or cancel your benefit elections during 2019 unless you experience a qualifying life event or qualify for special enrollment.

Qualifying life events include, but are not limited to:

- Marriage
- Divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Loss or addition of other group coverage
- Change in your spouse's work status (part-time to full-time or vice versa; taking or returning from an unpaid leave of absence)
- Change in your work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- You or your covered dependent becomes eligible for Medicare

### Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment Provisions

Special enrollment events allow you and your eligible dependents to enroll for health coverage outside the Annual Benefits Enrollment period under certain circumstances.

### What to do if you experience a life event

Once your benefits enrollment period ends, if you need to make changes to your 2019 benefit elections as a result of a qualifying life event, visit the Mercer Marketplace website or call a benefits counselor at the Transamerica Benefits Center at 866-891-4274. You may be asked to provide documentation to serve as proof of the life event. If so, you will be given instructions that explain what documentation is required. Changes must be made within 30 days\* of your qualifying life event. All changes other than birth and adoption are effective on the first of the month following the date of the event.

\*For loss of Medicaid or CHIP eligibility, changes must be made within 60 days. For court orders (QMSCO), changes must be made within 120 days.

### Dependent verification

If you add a dependent to coverage as the result of a qualifying life event, you must provide proof of the dependent's eligibility to Mercer Marketplace's dedicated Transamerica Benefits Center, including the Dependent Verification Form, which you can find on the enrollment website under Resource Center. After you enroll, information on what documents are required will be available on the Mercer Marketplace website. Contact Mercer Marketplace prior to your deadline if you need information for dependent verification. You will have 60 days from the date of the qualifying event to provide the documentation. You can send it to the Transamerica Benefits Center at:

Email: [MercerMarketplace.BenefitCenter@mercer.com](mailto:MercerMarketplace.BenefitCenter@mercer.com)

Preferred subject line: {Employee Name}, {Employer}, Verification Documentation

Fax Number: 515-365-4364

Mailing address: Transamerica Benefits Center, PO Box 14501, Des Moines, IA 50306-3501

It may take up to 10 business days to process your dependent verification after documentation has been received.

The information in this online guide is published to provide a benefits summary in an easy-to-read manner. This is not a plan document. You cannot rely on any conflict or inconsistency between this guide and the underlying plans to give you rights not provided in the plans.

The terms and conditions of all employee benefit plans are governed by the respective plan documents and their respective insurance policies and contracts, which will control in the event of conflict or dispute. No employee has the authority to change any provisions of the plans or legally bind the Company.

## Help

<p>General benefit inquiries Transamerica Benefits Center 866-891-4274 7 a.m. to 9 p.m. ET Monday through Friday</p>	<p>Medical Aetna aetna.com 800-726-4366</p>	<p>Medical United Healthcare myuhc.com 877-561-2833</p>
<p>Medical Kaiser kp.org 877-580-6125</p>	<p>365 HUB Transamerica Benefits Center 866-891-4274</p>	<p>Dental Delta Dental of Iowa deltadentalia.com 800-544-0718</p>
<p>Vision 800-638-3120 United Healthcare myuhcvision.com</p>	<p>Health Savings Account (HSA) Optum Bank optumbank.com 877-248-0510</p>	<p>Flexible Spending Accounts (FSAs) Discovery Benefits accounts.mercermarketplace.com 877-248-0510</p>
<p>Wellness Program Rally werally.com/client/ Transamerica/register 877-818-5826</p>	<p>Accident Insurance Transamerica Life Insurance Company transamericabenefits.com 888-763-7474</p>	<p>Hospital Indemnity Insurance Transamerica Life Insurance Company transamericabenefits.com 888-763-7474</p>
<p>Critical Illness Insurance Transamerica Life Insurance Company transamericabenefits.com 888-763-7474</p>	<p>Cancer Insurance Transamerica Life Insurance Company transamericabenefits.com 888-763-7474</p>	<p>Disability Liberty Mutual mylibertyconnection.com Report new claim: 800-713-7384</p> <p>Check claim status: 800-440-6118</p>
<p>Life Transamerica Benefits Center: 866-891-4274</p>	<p>Accidental Death &amp; Dismemberment (AD&amp;D) Cigna cigna.com/welcome/Mercer Claim Intake: 800-362-4462</p> <p>Medical Underwriting: 800-732-1603</p>	<p>Legal Plan MetLife Hyatt Legal Plan legalplans.com (Use Access Code: GETLAW) 800-438-6388</p>
<p>Pet Insurance Nationwide Pet Insurance my.petinsurance.com 855-525-1458</p>	<p>Identity Theft Protection InfoArmor myprivacyarmor.com/marketplace 365 800-789-2720</p>	<p>Auto &amp; Home metlife.com/group-auto/mpe MetLife Auto &amp; Home Insurance 800-438-6388</p>
<p>Discount Mall PerkSpot transamerica.perkspot.com 866-606-6057</p>		

## Glossary

- **Coinsurance:** How you and your medical plan share costs after you meet the plan's annual deductible. For example, your plan may cover 80% of charges for a covered hospitalization, leaving you responsible for the other 20%. This 20% is your coinsurance.
- **Deductible:** The amount you pay for health care services each year before your plan begins to pay benefits. For example, if your annual deductible is \$2,850, your plan won't pay anything until you've paid that amount in out-of-pocket expenses first. The exception is in-network preventive care, which is fully covered, with no deductible.
- **Dependent Care Flexible Spending Account (FSA):** You may choose to enroll in this account to pay for eligible dependent care expenses — including child and elder care — with pre-tax dollars. You contribute to your FSA through automatic, pre-tax payroll deductions. The Dependent Care FSA has a "use it or lose it" rule, meaning that any money left in your account at year-end is forfeited. In addition, the Dependent Care FSA requires you to incur the expense first and then file a claim for reimbursement after services have been provided. For a full list of eligible expenses, refer to IRS Publication 503 at [irs.gov/publications/p503/index.html](https://irs.gov/publications/p503/index.html).
- **Health Care Flexible Spending Account (FSA):** You may choose to enroll in this account to pay for eligible health care expenses — including deductibles and coinsurance for medical, dental and vision care — with pre-tax dollars. You contribute to your FSA through automatic, pre-tax payroll deductions. Up to \$500 of unused money may be carried over to the next year; amounts above \$500 will be forfeited. By law, you cannot participate in a Health Care FSA and a Health Savings Account (HSA) at the same time, but you can contribute to both an HSA and a Combination FSA. For a full list of eligible expenses, refer to IRS Publication 502 at [irs.gov/publications/p502/index.html](https://irs.gov/publications/p502/index.html).
- **Health Savings Account (HSA):** A tax-advantaged savings account that is only available to participants in a qualified high deductible health plan, such as the \$4,500, \$2,850 and \$1,850 Deductible Plans. You contribute to your HSA through pre-tax payroll contributions and can use the money to pay for eligible medical expenses — including deductibles and coinsurance for medical, dental and vision care. In addition, Transamerica will contribute money to your account in 2019 as a reward for completing certain wellness activities – up to \$500 for Self Only coverage and \$800 if you cover a spouse and/or child(ren) on your medical plan.

In 2019, the total amount that you and Transamerica contribute to your HSA cannot exceed \$3,500 for Self Only coverage or \$7,000 if you cover a spouse and/or child(ren) on your medical plan. You can change your contribution amount during the year for any reason. To make a change to your HSA contributions, visit the Mercer Marketplace website. (Please note that while your medical plan premiums are also deducted from your paycheck, they are separate from your HSA/FSA contributions and are paid to the insurance carrier providing your coverage — only the amounts you specifically elect to contribute to an HSA or FSA go into those accounts.)

All of the money in your HSA rolls over from year to year and is always yours to keep. For example, you may use the money in your HSA to pay for eligible health expenses in retirement. For a full list of eligible expenses, refer to IRS Publication 502 at [irs.gov/publications/p502/index.html](https://irs.gov/publications/p502/index.html).

In order to establish and contribute to an HSA, you:

- Must be enrolled in an HSA-eligible high deductible health plan, like the \$4,500, \$2,850 or \$1,850 Deductible Plans.
- Cannot simultaneously participate in the Health Care FSA (but participation in a Combination FSA is allowed).
- Cannot be enrolled in any other medical coverage, including a spouse's plan, Medicare or Tricare.



- Cannot be claimed as a dependent on someone else's tax return.

You should review IRS rules for making HSA contributions if you will turn age 65 during the year. For more information, see IRS Publication 969.

- **Combination Flexible Spending Account (FSA):** Available only to employees who enroll in an HSA, this FSA is designed to provide additional tax-saving opportunities. This type of spending account is a Limited Purpose Health Care plan that is converted to a general purpose Health Care FSA once you meet the IRS-required medical deductible of \$1,350/Self Only and \$2,700/Spouse and/or Child(ren). Initially, only dental and vision expenses are eligible for reimbursement in a Limited Purpose Health Care FSA; then, once you've met the required IRS deductible amount, you can also reimburse yourself for eligible medical expenses. When you meet the IRS-required medical deductible, you must submit the Deductible Verification Form (available on the Mercer Marketplace website) to Mercer Marketplace. This document serves as a one-time notification that the deductible was met. You may use funds in your HSA while you are in the process of meeting this deductible requirement.
- **Out-of-pocket maximum:** This limit protects you financially by capping the amount you'll pay in a plan year for covered health expenses. If you reach your medical plan's out-of-pocket maximum, your plan pays 100% of covered services for the rest of the year. Your deductible and coinsurance count toward your out-of-pocket maximum.
- **Premiums:** A fixed amount that is deducted from each of your paychecks to pay for coverage under a medical plan. Premiums can vary widely by the type of plan you choose and are paid to the insurance carriers who provide coverage. To see what the premiums are for each plan, visit the Mercer Marketplace website. Please note that while your HSA and FSA contributions are also deducted from your paycheck, they are separate from your premiums — only the amounts you specifically elect to contribute to an HSA or FSA go into those accounts.
- **Preventive care:** In-network preventive care is fully covered under all of Transamerica's medical plans, with no deductible. Preventive care includes routine care designed to prevent illness or disease, including annual physicals, recommended immunizations and routine cancer screenings. If the same tests are done to diagnose an illness or treat a known condition, they are not considered preventive care and your plan's normal charges will apply.

## Appendix – Supplemental Health Insurance

### Accident Insurance

#### AccidentAdvance

#### Limitations and Exclusion

We will not pay benefits for losses caused by or as a result of an insured person:

- Injuries that occur in the workplace or during the course of any employment for pay, benefit or profit;
- Driving any taxi for wage, compensation or profit;
- Mountaineering, parachuting or hang gliding;
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of this exception.

#### Termination of Insurance

Subject to the Portability Option, insurance on the employee will end on the earliest of:

- The date of his or her death;
- The date he or she ceases to be eligible for insurance;
- The last date for which premium payment has been made to us, subject to the grace period;
- The date he or she terminates employment;
- The date the group master policy terminates;
- The date he or she sends us a written notice to cancel insurance.
- The insurance on a dependent will cease on the earliest of:
  - The date of the employee's death;
  - The date the employee's insurance terminates;
  - The last date for which premium payment has been made to us, subject to the grace period;
  - The date the dependent no longer meets the definition of dependent;
  - The date the certificate is modified so as to exclude dependent insurance;
  - The date the employee sends us a written notice to cancel insurance on a dependent.

#### Extension of Benefits

Whenever termination of insurance under this section occurs due to termination of employment, such termination will be without prejudice to:

- Any hospital confinement which began while insurance was in force; or
- Any covered treatment or service for which benefits would be provided and which began while insurance was in force; provided, however that the insured person is and continues to be hospital confined or receiving treatment. Such Extension of Benefits will continue for up to the earlier of:

- 30 days; or
- The date on which the insured person is no longer hospitalized or receiving treatment.

#### Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

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## Critical Illness Insurance

#### CriticalEvents

#### Limitations and exclusions

We do not pay benefits for losses caused by, or as a result of, the insured person's:

- Participation or attempting to participate in an illegal activity.
- Intentionally causing self-inflicted injury.
- Committing or attempting to commit suicide, whether sane or insane.
- Involvement in any period of armed conflict.
- Under no condition will we pay any benefits for losses incurred prior to the effective date.

#### Portability option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us at our administrative office within 31 days after termination. We will bill the employee directly once we receive notification to continue this insurance.

#### Termination of insurance

Employee insurance will terminate on the earliest of:

- The date the group master policy terminates, subject to the portability option.
- The date an employee ceases to be eligible for insurance.
- The date of the employee's death.
- The premium due date on which we fail to receive the employee's premium.
- The date the employee sends us a written notice to cancel insurance.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates.
- The premium due date on which we fail to receive the employee's premium.
- The date the dependent no longer meets the definition of dependent.
- The date the group master policy or certificate is modified to exclude dependent insurance.
- The date the employee sends us a written notice to cancel dependent insurance.

We may end the insurance of any insured person who submits a fraudulent claim under the policy.

Termination of the employee's insurance will not affect any claim which begins before the date of termination.

#### Termination of the group master policy

The group may end the policy on any premium due date by submitting a 60-day advance written notice. A group policy will not continue if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the portability option.

## Other insurance with us

An employee can only have one critical illness policy or certificate with us. If a person already has critical illness insurance with us, such person is not eligible to apply for this insurance.

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## Hospital Indemnity Insurance

### Hospital Select II

#### Limitations and exclusions

Confinement for the same or related condition within 30 days of discharge will be treated as a continuation of the prior confinement. Successive confinements separated by more than 30 days will be treated as a new and separate confinement.

No benefits under this contract will be payable as the result of the following:

- Suicide or attempted suicide, whether while sane or insane.
- Intentionally self-inflicted injury.
- Rest care or rehabilitative care and treatment.
- Immunization shots and routine examinations such as: physical examinations, mammograms, Pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings (unless Wellness Indemnity Benefit Rider is included).
- Any pregnancy of a dependent child including confinement rendered to her child after birth.
- Routine newborn care (unless Wellness Indemnity Benefit Rider is included).
- An insured person's abortion, except for medically necessary abortions performed to save the mother's life.
- Treatment of mental or emotional disorder (unless Inpatient Mental and Nervous Disorder Indemnity Benefit Rider is included).
- Treatment of alcoholism or drug addiction (unless Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider is included).
- Participation in a felony, riot or insurrection.
- Any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred).
- Dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.
- Sex change, reversal of tubal ligation or reversal of vasectomy.
- Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician's services, unless required by law.
- Committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation.
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip.
- Any loss incurred on active duty status in the armed forces. (If you notify us of such active duty, we will refund any premiums paid for any period for which no benefits are provided as a result of this exception.)

- An accident or sickness arising out of or in the course of any occupation for compensation, wage or profit or for which benefits may be payable under an Occupational Disease Law or similar law, whether or not application for such benefits has been made.
- Involvement in any war or act of war, whether declared or undeclared.

#### Portability Option

If the employee loses eligibility for any reason other than nonpayment of premiums, insurance can be continued by paying premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

#### Termination of Insurance

The insurance terminates on the earliest of:

- The insured's death.
- The premium due date when we fail to receive a premium, subject to the grace period.
- The date of written notice to cancel insurance.
- The date the policy terminates.
- The date the insured ceases to be eligible for insurance.

Dependent insurance ends on the earliest of:

- The date the insured's insurance terminates for any of the reasons above.
- The date the dependent no longer meets the definition of a dependent.
- The premium due date when we fail to receive a premium, subject to the grace period.
- The date of written notice to cancel insurance.
- The date the policy is modified so as to exclude dependent insurance.
- The insurance company has the right to terminate the insurance of any insured who submits a fraudulent claim.
- Termination will not impact any claim which begins before the date of termination.

#### Off-the-Job Accidental Injury Indemnity Benefit Rider:

Does not cover injuries which are caused by an accident that occurs while in the course of any legal or illegal occupation, activity, or employment for pay, benefit or profit.

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## Cancer Insurance

### CancerSelect Plus

#### Limitations and exclusions

We provide benefits only for cancer as defined herein, which is positively diagnosed while insurance is in force. It does not provide benefits for any other illness or disease.

We may reduce or deny a claim or void insurance for loss incurred by an insured person:

- During the first 2 years from the effective date of such insurance for any misstatements in the application which would have materially affected our acceptance of the risk.
- At any time for fraudulent misstatements in the application.
- We will only pay for loss as a direct result of cancer. Proof of positive diagnosis must be submitted to us for each new claim. We will not pay for any other disease or incapacity that has been caused, complicated, worsened or affected by, or as a result of cancer, except as specifically covered under the contract.

- If a covered hospital confinement is due to more than one covered condition, benefits will be payable as though the confinement or expense were due to one condition. If a hospital confinement or expense is also due to a disease or condition that is not covered, benefits will be payable only for the part of the hospital confinement or expense due to the covered disease or condition.
- Under no condition will we pay any benefits for losses or medical expenses incurred prior to the effective date.

Pre-Existing Condition Limitation – No benefits are provided during the first 12 months for pre-existing conditions for which the insured person has been diagnosed, treated or for which the insured person has incurred expense or has taken medication within 12 months prior to the effective date of such person's insurance. Pre-existing condition also includes a condition that manifests itself in a way that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

Total Disability means the inability to perform all of the material and substantial duties of the employee's regular occupation. Total Disability will be considered to exist when under the regular care and attendance of a physician for the necessary treatment of cancer. After the first two years of Total Disability, the employee will continue to be considered Totally Disabled if unable to engage in any employment or occupation for which he or she is or becomes qualified by reason of education, training, or experience. On or after age 65, Total Disability will mean that a physician has certified that the employee is unable to perform two or more Activities of Daily Living (continence, transferring, dressing, toileting, eating and bathing) without direct personal assistance as a result of cancer.

12-Month Benefit Period – The initial 12-Month Benefit Period is the 12-month period beginning on the date of positive diagnosis. Subsequent 12-Month Benefit Periods begin on the same month and day as the immediately preceding 12-Month Benefit Period; however, if the insured person incurs no covered loss during the 3 months after the end of any 12-Month Benefit Period, the next 12-Month Benefit Period will begin on the next date a covered loss is incurred. Benefit Periods are determined separately for each insured person.

#### First Occurrence Rider

Benefits are not payable:

- For cancer diagnosed prior to the Effective Date of this Rider;
- For any other illness or disease other than internal Cancer;
- For Skin Cancer or any Cancer excluded from insurance by name or specific description.

#### Intensive Care Rider

We will only pay one daily indemnity benefit per day. We will not pay any benefits for loss resulting from:

- Specifically excluded diseases or conditions in the Contract or in this Rider;
- An attempted suicide while sane or insane or an intentionally self-inflicted injury;
- Any act of war either declared or undeclared;
- Alcoholism or drug addiction;
- Mental or nervous disorders;
- An overdose of drugs, narcotics, hallucinogens, unless administered on the advice of a Physician;
- Intoxication, or being under the influence of any intoxicant or narcotic, unless administered on the advice of a Physician;
- Injury received while engaging in an illegal occupation or activity.

#### Termination of Insurance

Employee insurance will terminate on the earliest of:

- The date of the employee's death;
- The date on which the employee ceases to be eligible for insurance;
- The last date for which premium payment has been made to us;

- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel insurance.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance; or
- The date the employee sends us a written notice to cancel dependent insurance.
- We will have the right to terminate the insurance of any insured person who submits a fraudulent claim under the policy.

#### Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

#### Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the Portability Option.

#### Other Insurance with Us

An individual can only have one cancer policy or certificate with us. If a person already has cancer insurance with us, such person is not eligible to apply for this insurance.

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