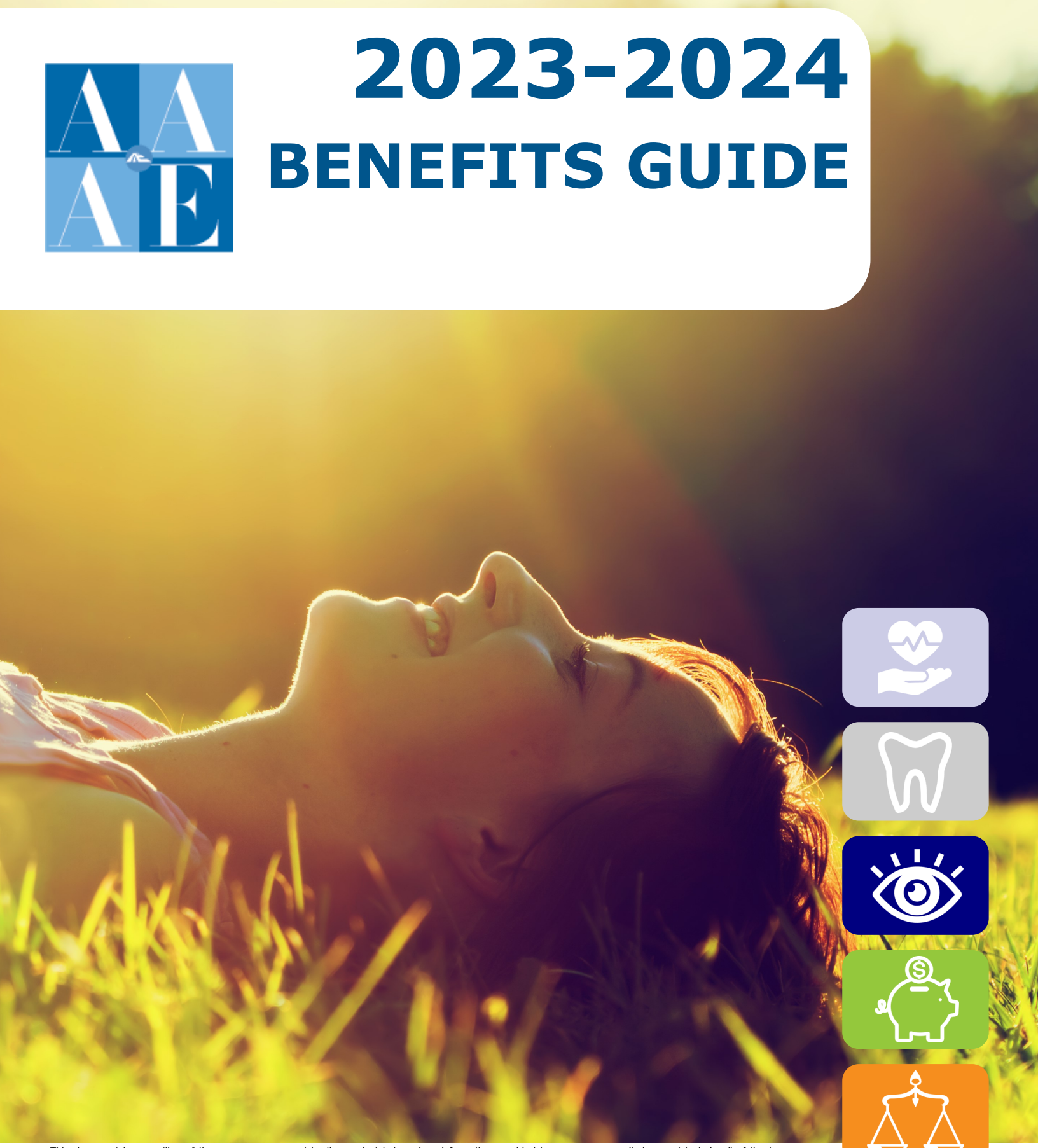
2023-2024
BENEFITS GUIDE



This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

BENEFITS OVERVIEW

At the American Association of Airport Executives we consider our employee benefits program to be one of our most important investments. Because we recognize the value our employees bring to our organization, we are committed to providing you with a complete benefits program as part of your total compensation.

This guide has been prepared to assist you in making informed decisions regarding your employee benefits. We urge you to read this guide carefully and keep it as a reference. If you are well-informed, you will be better able to make the benefit choices that best meet your needs.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

In This Guide:

ELIGIBILITY

You and your dependents are eligible for AAAE benefits on the first of the month following date of hire.

DEPENDENT ELIGIBILITY

Your eligible dependents include your legally married spouse, registered domestic partner, and children. Due to the Affordable Care Act, your medical, dental, and vision plans cover dependents to age 26. However, for other plans, different age limits may apply.

Coverage may be available for a mentally or physically disabled child who is age 26 or older. Requirements for such coverage and documentation of disability depend on the insurance carrier. Please contact HR if you believe this issue applies to your family.

Open Enrollment

Submit your forms to HR to enroll or make changes starting September 14, 2023. Open Enrollment ends September 21, 2023.

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please refer to the Medicare D notice in this benefits guide for more details.

MEDICAL BENEFITS

Cigna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	Open Access Plus In-Network Only (OAPIN H.S.A)	**Open Access Plus High Plan (OAP H.S.A)**	
WHAT YOU PAY	**IN NETWORK ONLY PLAN**	**IN NETWORK**	**OUT OF NETWORK**
Plan Year Deductible (Single/Family)	$3,000 / $6,000*	$2,000 / $4,000*	$4,000 / $8,000*
Out-of-Pocket Maximum (Single/Family)	$6,000 / $12,000**	$4,000 / $8,000**	$8,000 / $16,000**
Co-insurance (Cigna/You)	100% / 0%	100% / 0%	80% / 20%
Preventive Services	No Charge	No Charge	Not Covered
Office Visits (Primary/Specialist)	$10 copay after ded. / $20 copay after ded.	0% after ded. / $10 copay after ded.	20% after ded./ 20% after ded.
Lab/X-ray/Complex Radiology	0% after ded.	0% after ded.	20% after ded.
Inpatient Hospital Services	0% after ded.	0% after ded.	20% after ded.
Outpatient Surgery	0% after ded.	0% after ded.	20% after ded.
Urgent Care	$50 copay after ded.	$50 copay after ded.	20% after ded.
Emergency Room (Wvd if Adm)	$250 copay after ded.	$250 copay after ded.	Covered as In-Network
Ambulance (Emergency Only)	0% after ded.	0% after ded.	0% after ded.
Physical, Speech, Occupational Therapy	$10 copay after ded.	0% after ded.	20% after ded.
Chiropractic	$10 copay after ded.	0% after ded.	20% after ded.
Mental Health and Substance Abuse Inpatient Mental Health Outpatient Mental Health Inpatient Substance Abuse Outpatient Substance Abuse	 0% after ded. $20 copay after ded. 0% after ded. $20 copay after ded.	0% after ded.	20% after ded.
Maternity Pre-Natal and Post Natal Care Deliver	 0% after ded. 0% after ded.	 0% after ded. 0% after ded.	 20% after ded. 0% after ded.
Durable Medical Equipment	0% after ded.	0% after ded.	Not Covered
Home Health Care	0% after ded.	0% after ded.	20% after ded.
PRESCRIPTION DRUGS			
Plan Year Year Drug Deductible	Medical Deductible, then	Medical Deductible, then	Medical Deductible, then
Generic (30 day / 90 Day)	$0 copay / $0 copay	$0 copay / $0 copay	50% / Not Covered
Preferred Brand (30 day / 90 Day)	$25 copay / $75 copay	$25 copay / $75 copay	50% / Not Covered
Non-Preferred Brand (30 day / 90 Day)	$45 copay / $135 copay	$45 copay / $135 copay	50% / Not Covered
Speciality (30 day)	50%	50%	50%

* = All family members contribute toward the family deductible. An individual cannot have claims covered under the plan until the total family deductible has been satisfied

** = After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses

Ded = Deductible

HOW TO MAKE THE MOST OF YOUR HEALTH PLAN

These Cigna programs and services can help

Here when you need us – 24/7/365

- By phone, anytime day or night – live, 24/7 customer service, 365 days a year (call the number on the back of your Cigna ID card).
- Order an ID card, update insurance information and check claim status.
- Talk with a health advocate about your health goals and questions.
- Ask for a Spanish-speaking Cigna representative or receive translation in over 150 other languages.

It's easy to save

Whether you need to see a doctor or get blood work done, you can save money by choosing care within the Cigna network. Check our online directory for the most up-to-date listings.

Group Number: 3345215

Phone Number: Login to myCigna.com

Make myCigna your personal health place

Enjoy a simple way to personalize, organize and access your important plan information.

Register on **myCigna**. Once you do, you can login anytime, just about anywhere to:

- **Find** in-network doctors and compare cost and quality information
- **Review** your coverage
- **Manage** and track claims
- **Access** temporary ID cards and find out how to order new ones
- **Track** your account balances and deductibles (if part of your plan)
- **Find** health information and resources
- **Estimate** prescription drug prices and locate in-network pharmacies
- **Refill** your prescription drugs online and check order status with Cigna Home Delivery Pharmacy℠ (if part of your plan)

Remember, you can start using **myCigna.com** beginning on your plan's start date. To check your network before then, please visit **Cigna.com**.

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Be well

Most plans provide access to certain preventive care services at no additional cost to you when you receive them from a doctor who participates in the Cigna network. Preventive services may include:[1]

- Wellness visits
- High blood pressure and cholesterol screenings
- Diabetes and colon cancer testing
- Clinical breast exams and mammograms
- Pap tests

Manage your medications

To help you stay healthy and manage the prescription medications you or your family may need, you'll enjoy:

- **Convenient** access to pharmacies in our network
- **Free delivery** of your prescriptions anywhere within the U.S. with Cigna Home Delivery Pharmacy
- **Online resources** to:
  - Review your pharmacy coverage
  - See the list of brand and generic medications available under your plan
  - Track expenses
  - Research medications
  - Compare prescription drug prices
  - Refill your prescription drugs online and check order status with Cigna Home Delivery Pharmacy
- **Talk with a licensed pharmacist** anytime, day or night.
- **Get help understanding** your specialty medication and possible side effects day or night with Cigna Specialty Pharmacy Services℠

Health and wellness discounts

Save money when you purchase health and wellness products and services through the Cigna Healthy Rewards® program.[2]

Discounts are available for health and wellness programs such as:

- Weight management and nutrition
- Fitness clubs and equipment
- Mind/body programs and equipment
- Vision and hearing care
- Alternative medicine
- Vitamins and health and wellness products

1. Services may vary by age or gender. Not all preventive care services are covered. For example, immunizations for travel are generally not covered. See your plan materials for a complete list of covered preventive care services.
2. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan coverage. **A discount program is NOT insurance, and you must pay the entire discounted charge.**

The providers that participate in the Cigna network are independent contractors solely responsible for the care provided to their patients. They are not agents of Cigna.

All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, review your plan materials.

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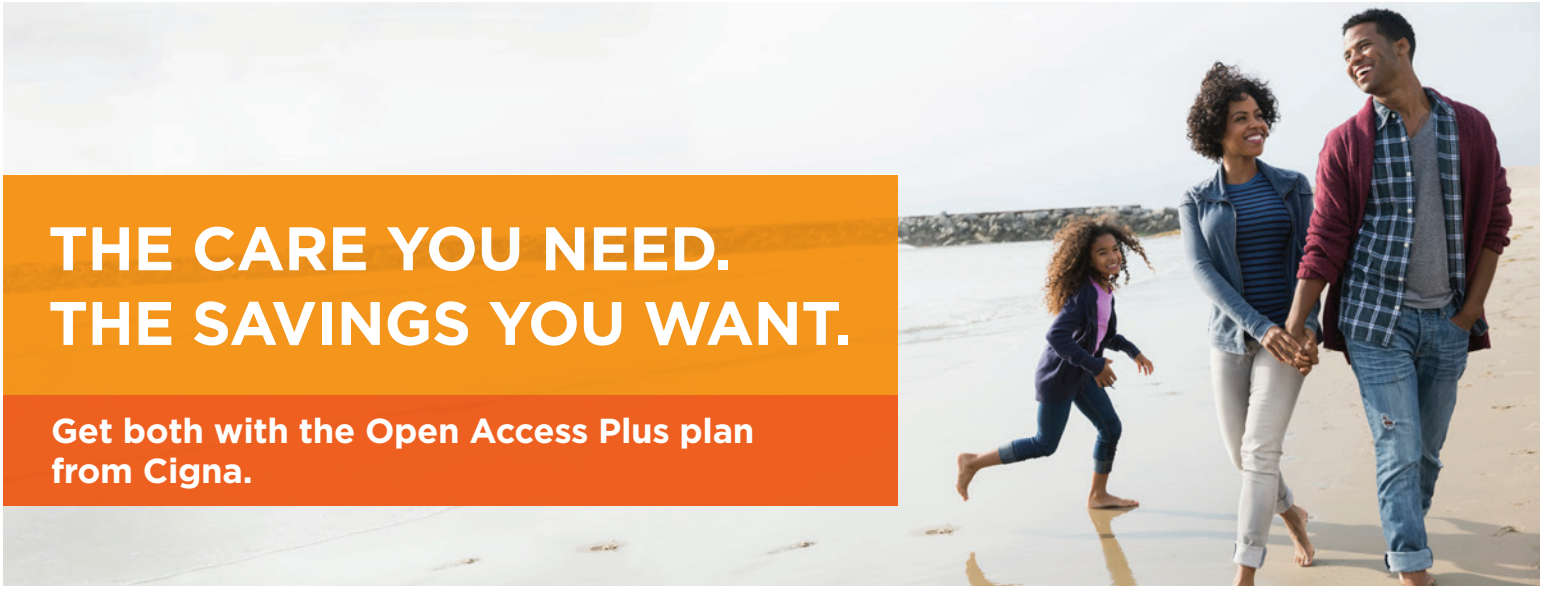

THE CARE YOU NEED. THE SAVINGS YOU WANT.

Get both with the Open Access Plus plan from Cigna.

Offering flexible access to thousands of providers – plus programs and services to support your whole health needs – the Open Access Plus (OAP) plan is designed to make it easier for you to get the quality care you need and the savings you want.

Here's how it works.

- **In-network savings**
  You have the freedom to use any provider or facility of your choice, whether they are in the Cigna OAP network or out of the network. Just know that staying in-network will help keep your costs down and avoid any additional paperwork.
- **No-referral specialist care**
  A primary care provider (PCP) is recommended, but not required. If you need to see a specialist for any reason, you don't need a referral to see an in-network health care provider. If you choose an out-of-network specialist, your care will be covered at the out-of-network level and you may be responsible for any preauthorizations needed.
- **Care coordination**
  Our robust medical management program provides you and your family a valuable resource for one-on-one support and guidance to the right programs and services.
- **Hospital stays**
  In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be preauthorized. This lets Cigna determine if the services are covered by your plan.

  If your provider is in the Cigna OAP network, he or she will arrange for prior authorization. If you use an out-of-network provider, you must make the arrangements.
- **Out-of-pocket costs**
  Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

  If you receive out-of-network care, your costs will be higher. Out-of-network providers and facilities may also bill you for charges that are not covered by the plan. Charges not covered by the plan do not contribute to your deductible or out-of-pocket limits.

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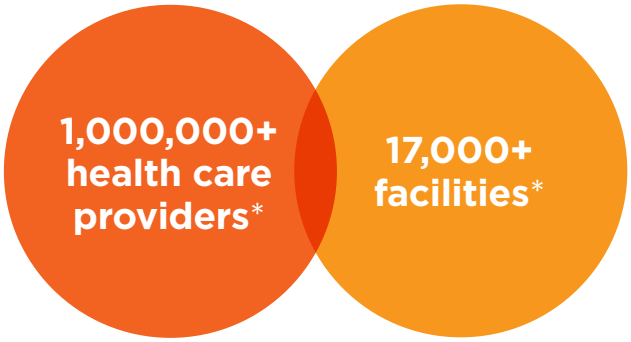
Great care anywhere. Where you live, work or travel



Added convenience and support

- **Virtual Care**
  Connect 24/7 with board-certified providers and pediatricians for minor medical conditions. You can also schedule online appointments for licensed counselors or psychiatrists for behavioral or mental health conditions. You and your covered family members can get care from anywhere via video or phone.**
- **Cigna Health Information Line**
  With the Cigna Health Information Line, clinicians are just a phone call away – 24/7, and at no extra cost. They can help you understand health issues you might be experiencing, and help you to make informed decisions – whether it's reviewing home treatment options, following up on a provider's appointment, or choosing and finding the right care in the right setting.
- **Live, 24/7/365 customer service**
  Customer service representatives are here for you where and when you need us – over the phone, via chat at **myCigna.com** or on the myCigna® App.
- **The myCigna website and app**
  On **myCigna.com** and the myCigna App, you have easy access to personalized tools to help you take control of your health and your health care spending. From your computer or mobile device, you can:
  - Manage and track claims
  - See cost estimates for medical procedures
  - Compare quality information for providers and hospitals
  - Track your account balances and deductibles
  - Use the easy health and wellness tools
  - Print a temporary ID card

Want to check if your provider is in the Cigna OAP network before you enroll?

Just go to Cigna.com and click on "Find a Provider, Dentist or Facility" and then click on "Plans through your employer or school" to search the provider directory.

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* Based on Cigna internal provider data for OAP service area as of 2/2020. Subject to change.

** Not all plans include coverage for behavioral services. Check your plan documents for details. Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas. A primary care provider referral is not required for this service. In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents.

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PREVENTIVE HEALTH CARE

Understanding what's covered.

What is preventive care?

Preventive care is a specific group of services recommended when you don't have any symptoms and haven't been diagnosed with a related health issue. It includes your periodic wellness exam (check-up) and specific tests, certain health screenings, and most immunizations. Most of these services typically can take place during the same visit. You and your health care provider will decide what preventive services are right for you, based on your:

- Age
- Gender
- Personal health history
- Current health

Why do I need preventive care?

Preventive care can help you detect problems at early stages, when they may be easier to treat. It can also help you prevent certain illnesses and health conditions from happening. Even though you may feel fine, getting your preventive care at the right time can help you take control of your health.

Make a plan for preventive care.

Use this space to write down the details for your next periodic wellness exam.

Date: _____

Time: _____

Questions for my provider: _____

_____

What's not considered preventive care?

Once you have a symptom or your health care provider diagnoses a health issue, additional tests are not considered preventive care. Also, you may receive other medically appropriate services during a periodic wellness exam that are not considered preventive. These services may be covered under your plan's medical benefits, not your preventive care benefits. This means you may be responsible for paying a share or all of the cost depending on your plan, including deductible, copay or coinsurance amounts.

Which preventive services are covered?

Many plans cover preventive care at no additional cost to you when you use a health care provider in your plan's network. Use the provider directory on **myCigna.com** for a list of in-network health care providers and facilities.

See the following pages for the services and supplies considered preventive care under most health plans. Coverage for services recommended specifically for "men" or "women" is provided based on the anatomical characteristics of the individual and not necessarily the gender of the individual as indicated on the claim and/or an enrollment form.

Questions?

Check your plan materials, talk with your health care provider or call the number on the back of your Cigna ID card.

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WHEN LEAVING THE HOUSE IS EASIER SAID THAN DONE.

Get care whenever and wherever with virtual medical and behavioral care.*

Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to virtual medical and behavioral care.

Whether it's late at night and your doctor or therapist isn't available or you just don't have the time or energy to leave the house, you can:

- Access care from anywhere via video or phone.
- Get minor medical virtual care 24/7/365 – even on weekends and holidays.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Connect with quality board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to your local pharmacy, if appropriate.

Convenient? Yes. Costly? No.

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

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Virtual medical care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

Virtual behavioral care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral health conditions, such as:

- Addictions
- Bipolar disorders
- Child/Adolescent issues
- Depression
- Eating disorders
- Grief/Loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women's issues

Connect with virtual care your way.

- Contact your in-network provider or counselor
- Talk to an MDLIVE medical provider on demand on **myCigna.com**
- Schedule an appointment with an MDLIVE provider or licensed therapist on **myCigna.com**
- Call MDLIVE 24/7 at 888.726.3171

To connect with an MDLIVE virtual provider, visit myCigna.com and click on the "Talk to a doctor" callout.

To locate an Evernorth Behavioral Health provider, visit myCigna.com, go to "Find Care & Costs" and enter "Virtual counselor" under "Doctor by Type," or call the number on the back of your Cigna ID card 24/7.

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* Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs.

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90-DAY PRESCRIPTION FILLS

Filling your medications just got easier with the Cigna 90 Now program

You have a lot going on. Remembering to pick up your refill each month isn't always easy. We have a program that can help – it's called Cigna 90 Now.

The **Cigna 90 Now℠** program makes it easier for you to fill your maintenance medications. These are the medications you take on a regular basis to treat an ongoing health condition like asthma, diabetes, high blood pressure or high cholesterol. With the Cigna 90 Now program, you have the choice of how and where you want to fill your prescriptions.

You choose the amount. A 30-day or 90-day supply.

- **If you choose to fill a 30-day supply**, you can use any retail pharmacy in your plan's network. You have the option of switching to a 90-day supply at any time.
- **If you choose to fill a 90-day (or 3-month) supply**,[1] you can use select in-network retail pharmacies that are approved to fill 90-day prescriptions. You also have the option to use Express Scripts® Pharmacy, our home delivery pharmacy (if your plan allows).[2]

A 90-day supply helps make life easier

You'll make fewer trips to the pharmacy for refills. And you're more likely to stay healthy because with a 90-day supply on-hand, you're less likely to miss a dose.[3]

You choose the pharmacy. Retail or home delivery.[2]

There are thousands of retail pharmacies in your plan's network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. **Every pharmacy in your plan's network can fill 30-day prescriptions, and a select number of pharmacies can fill 90-day prescriptions.** Here are some of the retail pharmacies in your plan's network that can fill a 90-day prescription.[4] To see a full list, log in to the **myCigna®** App[5] or **myCigna.com®**,[6] or go to **Cigna.com/Rx90network**.

- **CVS** (including Target and Navarro)
- **Walmart** (including Sam's Club)
- **Kroger** (including Ralphs, Food 4 Less, Harris Teeter Pharmacy, Pick N Save Pharmacy, Fred Meyer Pharmacy, Fry's Food and Drug)
- **Albertson's/Safeway**
- **Publix**
- **Weis Markets**
- **Winn Dixie**

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Consider using Express Scripts® Pharmacy.[2] They help make things easy by putting everything at your fingertips.

Home delivery is a convenient option when you're taking a medication on a regular basis. With just a few simple clicks of your mobile phone, tablet or computer, your important medications will be on their way to your door (or location of your choice). To learn more, go to **Cigna.com/homedelivery**. To get started using home delivery, log into the **myCigna** App or **myCigna.com**. Click on the Prescriptions tab and select My Medications from the dropdown menu. Then click the button next to your medication name to move your prescription(s) electronically.

- **Easily order, manage, track, and pay for your medications** on your phone or online
- Standard shipping at **no extra cost**[7]
- Fill up to a **90-day supply** at one time
- **Helpful pharmacists** available 24/7
- **Automatic refills** or refill reminders so you don't miss a dose
- **Flexible payment options** if you need help paying for your medications

90-Day Fills

Ask your doctor for a 90-day prescription with refills

Have the office send your prescription electronically to Express Scripts Home Delivery[2] or an approved in-network retail pharmacy

Get a convenient 90-day (or 3-month) supply of your medication

30-Day Fills

Ask your doctor for a 30-day prescription

Have the office send your prescription electronically to any retail pharmacy in your plan's network

Get your medication

1. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
2. Not all plans offer home delivery as a covered pharmacy option. Please log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
3. Internal Cigna analysis performed Jan 2019, utilizing 2018 Cigna national book of business average medication adherence (customer adherent > 80% Proportion Days Covered), 90-day supply vs. those who received a 30-day supply taking antidiabetics, blood pressure medications, and statins.
4. Participating Cigna 90 Now pharmacies as of February 2022. Subject to change.
5. App/online store terms and mobile phone carrier/data charges apply.
6. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
7. Standard shipping costs are included as part of your prescription plan.

Para obtener ayuda en español llame al número en su tarjeta de Cigna.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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HEALTH SAVINGS ACCOUNT

Paying For Health Care

AAAE's medical plans are considered Qualified HSA High Deductible Health Plans. If you enroll in either of the AAAE Cigna plans, a Health Savings Account will automatically be opened for you through HSA Bank. If you have not had an account previously with them, they will send you a welcome kit in the mail that will include your HSA bank cards and instructions on how to manage your Health Savings Account. You can set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses.

	HSA
What medical plan can I choose?	Both AAAE Plans are H.S.A Eligible
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)
When can I use the funds?	Funds are available as you contribute to the account. These funds never expire and you can use the funds to pay for expenses once the money is in the account.
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)
How do I pay for eligible expenses?	With your HSA Bank debit card (You can also submit claims for reimbursement online at www.hsabank.com)
How much can I contribute each year?	You can contribute $4,150 for individual coverage or $8,300 for family coverage (this total includes company funding) in 2024. This includes any funds that AAAE Contributes. Employees 55 or older may also be eligible to make a $1,000 catch up contribution.
Can I change my contributions throughout the year?	Yes, you can log on to www.hsabank.com to change your HSA contributions at any time.
Can I sign up for an FSA?	The only FSA you are eligible for if you have a Health Savings Account is a **Limited Purpose FSA** which covers only dental and vision.

Does AAAE Contribute to my Health Savings Account?

AAAE generously contributes to your Health Savings Account. Please see the amounts based on enrollment below. Note that the AAAE contribution applies to the IRS Annual Maximum!

Plan	Open Access Plus In-Network Only (OAPIN H.S.A)	Open Access Plus High Plan (OAP H.S.A)
Single	**$2,250**	**$2,000**
Single + Dependents	**$3,250**	**$3,000**

How to use your HSA

An HSA from HSA Bank doesn't just make it easy to save money on your healthcare expenses — it makes it easy to manage your account, too.

Manage your account online

Sign up to access your account balances, transaction history, and statements, as well as track your expenses.

1. **HSA Bank Mobile App** – Download to check available balances, view HSA transaction details, save and store receipts, scan items in-store to see if they're qualified, and access customer service contact information.

2. **myHealth Portfolio℠** – Track your healthcare expenses, manage receipts and claims from multiple providers, and view expenses by provider, description, and more.

3. **Account preferences** – Designate a beneficiary, add an authorized signer, order additional debit cards, and keep important information up to date.

Visit **hsabank.com** or call the number on the back of your debit card for more information.

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How_To_Use_Your_HSA_012921

Deposit funds into your HSA

To maximize tax and savings benefits, fund your HSA as soon as you can. There are a few convenient ways to contribute.

- **Payroll deduction** – Money is deducted from your paychecks, pre-tax, and transferred to your HSA. Talk to your employer to sign up.
- **Online transfer** – Visit the Member Website to transfer funds from your personal checking or savings account to your HSA.
- **Check** – Mail your personal check and completed contribution form found on the Member Website to: HSA Bank, PO Box 939, Sheboygan, WI 53082

Pay for healthcare expenses

Whether you want to reimburse yourself for an IRS-qualified medical expense paid out of pocket or pay directly from your HSA, there are a few ways to get your funds.[1]

NOTE: Transactions are limited to your available cash balance.

- **HSA Bank Health Benefits Debit Card** – Access your HSA funds when you use your debit card at qualified merchants or ATMs for withdrawals.[2] You can add your debit card to your mobile wallet using Apple Pay or Samsung Pay.
- **Online transfer** – Visit the Member Website or use the mobile app to reimburse yourself for out-of-pocket expenses. Schedule a one-time or recurring online transfer from your HSA to your personal checking or savings account.
- **Online bill pay** – Use this feature to pay medical providers directly from your HSA.

Invest your HSA today to benefit tomorrow

Health Savings Accounts (HSAs) are often thought of just for healthcare savings. But they can also be a powerful addition to your investment portfolio. Investing your HSA funds can help you grow your account to save for future healthcare expenses or your retirement nest egg.

Investing your HSA: A healthy boost for your future

1. **The only way to get three tax perks:** You don't pay federal taxes on contributions, withdrawals for qualified medical expenses, or investment earnings.

2. **Build long-term retirement savings:** Investments cover future healthcare costs and build your retirement savings.

3. **The money is yours — for life:** HSA funds carry over every year, even if you change jobs or retire.

4. **Move funds as needed:** You can transfer investment funds back into your HSA cash account at any time to pay for IRS-qualified healthcare expenses.

Your self-directed investment options

Devenir Guided Portfolio self-directed investment program[1]: This is a user-friendly program that combines professional guidance with an easy-to-use platform. Perfect for new investors, this helps you create a customized investment allocation that fits your lifestyle and HSA investment goals.

- Competitive fund lineup with professionally selected, low-cost, no-load mutual funds covering a range of asset classes and families.
- Easy-to-use online planning tool to help you start investing and manage your investment account.
- Options to automatically adjust your investments following your preferred schedule and auto-rebalance to align with goals.
- Quarterly performance review of mutual fund selections by FINRA-registered investment advisors.
- Online access to account history, balance information, future elections, trades, and more through the Member Website.
- Access to Morningstar® pages, fund fact sheets, and prospectuses.
- Low-cost with no minimum investment, free transfers between your investment and cash accounts, and no commission on investment trades. Devenir's quarterly asset-based fees may be applied on the amount invested and deducted pro rata from the investment account.

TD Ameritrade self-directed brokerage account: This is ideal for experienced investors looking for more control and flexibility.

- Wide selection of investment choices like stocks, bonds, ETFs, and thousands of mutual funds.
- Online access to real-time data[2], customizable charts, and one-click integrated trading, balance information, and more through the Member Website.
- Option to place trades by website, telephone, mobile device, and broker.
- Access to independent research tools, such as Morningstar® to help you make informed trades.
- Trading fees may be applied by TD Ameritrade, as well as possible additional fees by program, location, or arrangement.

SECURITIES AND INVESTMENTS

Not Insured by FDIC or Any Other Government Agency	Not Bank Guaranteed	Not Bank Deposits or Obligations	May Lose Value

You may be required to keep a minimum balance in your HSA cash account to invest funds.

HSA Bank does not provide brokerage/investment services; brokerage services are provided by TD Ameritrade, Inc., member FINRA/SIPC/NFA, and investment services are provided by Devenir. HSA Bank, TD Ameritrade, and Devenir are separate, unaffiliated companies and are not responsible for each other's services or policies. Self-directed investment accounts are the sole responsibility of the account owner. Carefully weigh the advantages and disadvantages of investing your HSA funds before investing. HSA Bank and other business entities receive compensation for providing various services to the funds including an annual asset-based fee for services rendered in association with the investment account. Your ability to replace losses in the investment account may be limited by the annual contribution limits of your HSA. HSA Bank does not offer investment advice.

Performance data and ratings represent past performance and are not a guarantee of future results. Investment returns and principal value will fluctuate and investors' shares, when sold, may be worth more or less than their original cost.

[1] Neither HSA Bank, nor Devenir Group, LLC, the third party, can provide investment advice to you on this program. Once you transfer funds from your HSA cash account to HSA investment account, these dollars are no longer covered by applicable FDIC or NCUA insurance. We recommend you speak with a licensed investment advisor or consult the prospectus should you have questions about any investment.

[2] Access to real-time market data is conditioned on acceptance of the exchange agreements. Professional access differs and subscription fees may apply. Research provided by unaffiliated third-party sources is deemed reliable to TD Ameritrade. However, TD Ameritrade does not guarantee accuracy and completeness and makes no warranties with respect to results to be obtained from use. TD Ameritrade does not recommend disabling the order preview screen when using the one-click feature. TD Ameritrade is not responsible for orders placed inadvertently. Past performance does not guarantee future results. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and the Toronto-Dominion Bank. Used with permission. HSA Bank receives compensation from TD Ameritrade for performing certain services.

Visit **hsabank.com** or call the number on the back of your debit card for more information.

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Health savings in the palm of your hand

HSA Bank Mobile

HSA Bank Mobile is all about giving you the tools to take control and better manage your health accounts. Safe and secure, the app offers instant access for all your account needs, 24/7. It's simple, intuitive and convenient.

The faster, easier way to manage your HSA Bank accounts

- Simple and secure login
- Check account balances and view activity
- Enter and track expenses
- Make a payment from your account
- Scan for IRS-qualified medical expenses
- Schedule HSA contributions
- File a claim
- Contact the Client Assistance Center

Download HSA Bank Mobile

GET IT ON Google Play

Download on the App Store

The mobile app is free to download at Google Play or the App Store. Message and data rates may apply.

Visit **www.hsabank.com** or call the number on the back of your debit card for more information.

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Mobile_App_08022021

You enrolled in your HSA

What happens next?

We'll show you the way to a healthier financial future by helping you plan, save and pay for healthcare.

Getting started

- Use your HSA as soon as your qualified health plan is effective. If your effective date is mid-month, your HSA eligibility begins the first day of the following month.
- Pay for any IRS-qualified medical expenses that you incur once your HSA is active with funds in your HSA.
- Log in to the Member Website to add authorized signers and order debit cards.

Verifying your identity

In accordance with the USA Patriot Act, you may receive a letter verifying your identity. HSA Bank may close your account if you don't supply the proper forms of identification within 90 days of your account opening.

Watch your mail

Keep an eye out for two important mailings that should arrive at your mailbox 7-10 business days after your HSA application has been processed:

1. **Your welcome kit**
2. **Your debit card** — and additional cards for any authorized signers on your account

HSA Bank does not provide tax or legal advice. This communication is for informational purposes only and not intended as tax or legal advice. If tax or legal advice is needed, please consult with a qualified professional.

Visit **www.hsabank.com** or call the number on the back of your debit card for more information.

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FLEXIBLE SPENDING ACCOUNT

Paying for Health Care

AAAE provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for the plan each year. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. If you have an HSA, you may only contribute to a Limited Purpose FSA for Dental and Vision expenses. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

How Flexible Spending Accounts Work

- Each year during Annual Enrollment, you decide how much to set aside for health and/or dependent care expenses.
- Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the year.
- After you incur eligible expenses throughout the benefit year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account. For some healthcare expenses, you may also use your FSA debit card to pay at the point of sale.

	Health Care Flexible Spending Account	Dependent Care Flexible Spending Account
Eligibility	All eligible employees are able to enroll in this benefit. You do not need to be enrolled in our medical coverage to elect Medical FSA	All eligible employees are able to enroll in this benefit ONLY if both spouses are working or in school full-time
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)	Childcare expenses for children up to age 14 (preschool, summer camp, before and after care, etc.) and elder care.
When can I use the funds?	All of the funds you elect for the year are available October 1, 2023—September 30, 2024	The funds are only available to use only if you have contributed to the fund.
Can I roll over funds each year?	Yes, you can rollover up to $570 into the next plan year	No. It is use it or lose it!
How do I pay for eligible expenses?	With your debit card (you can also submit claims for reimbursement online at www.wageworksonline.com)	With your debit card (you can also submit claims for reimbursement online at www.wageworksonline.com)
How much can I contribute each year?	Up to $3,050 for the 2023 plan year	Up to $5,000 for the 2023 plan year
Can I change my contributions throughout the year?	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

DENTAL BENEFITS

United Concordia

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES dental benefit plan.

DENTAL PPO PLAN BENEFITS	WHAT YOU PAY	
	IN NETWORK[1]	OUT OF NETWORK[2]
PLAN MAXIMUMS		
Calendar Year Deductible (Single)	**$50**	**$50**
Calendar Year Deductible (Family)	**$150**	**$150**
Calendar Year Maximum Benefit	**$10,000**	
PREVENTIVE & DIAGNOSTIC CARE		
Cleanings, Topical Fluoride, X-Rays, Bitewings, Sealants, Palliative Treatment (Emergency)	**100%**	**100%**
BASIC RESTORATIVE CARE		
Fillings, Simple Extractions, Periodontics, scaling & Root planning, General anesthesia, Space Maintainers	**10% after deductible**	**10% after deductible**
MAJOR RESTORATIVE CARE		
Bridges/Dentures, Inlays, Onlays and Crowns	**40% after deductible**	**40% after deductible**
Implants	**50% after deductible**	**50% after deductible**
ORTHDONTIA		
Orthodontia Lifetime Maximum (No age Limit)	**$2,500**	
Orthodontia Benefit (No age Limit)	**50%**	

Visit
www.unitedconcordia.com
for:

Online Services, Find a Dentist, Dental Plan Support Guide, SmileWay Wellness Site, and more!

1 PPO = Dentists agree to PPO contracted fees. No balance billing. Lowest out-of-pocket costs for the participant

2 Out-of-network = Reimbursement is based on 90% UCR. Possibly subject to balance billing.

VISION BENEFITS

VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

SERVICE	IN-NETWORK
Eye Exam — once every 12 months	$10 copay
LENSES — (IN LIEU OF CONTACTS) ONCE EVERY 12 MONTHS	
Single Vision Lenses	$25 copay
Lined Bifocal Lenses	
Lined Trifocal Lenses	
FRAMES—ONCE EVERY 12 MONTHS	
Frames	$130 allowance for wide selection $150 allowance for featured frame brands; 20% savings on amount over allowance
CONTACTS (IN LIEU OF LENSES) - ONCE EVERY 12 MONTHS	
Fitting and Follow-up Care (after exam)	Up to $60
Medically Necessary	Covered in Full
Elective Conventional Elective Disposable	$130 Allowance

To find a provider, please go to https://www.vsp.com/eye-doctor and input your parameters. Then click SEARCH."

vsp PREMIER PROGRAM

BONUS OFFERS

Maximize your savings with bonus offers only available at Premier Program locations.

EYEWEAR PROTECTION

Get a one year worry-free warranty on featured frame brands.

BAUSCH + LOMB
See better. Live better.

Save up to $210 on an annual supply of contact lenses.

GLASSES REBATE

Get up to a $100 rebate on the perfect pair of glasses.*

EXTRA $20 TO SPEND

Get more value with an **Extra $20** to spend on select featured frame brands by bebe, CALVIN KLEIN, and many others.[14]

EXTRA $40 TO SPEND

Extra $40 to spend on select frame brands.[14]

UP TO 40% OFF LENS ENHANCEMENTS

Upgrade your lenses and save up to 40% off lens enhancements such as anti-glare coatings and light-reactive lenses.[14]

eyeconic

Savings on Eyeconic* when you shop for glasses, sunglasses, and contacts with your VSP benefits.

ZEISS

Try ZEISS SmartLife Lenses Risk-Free for six months.

techshield

Save up to 40% on all TechShield* Anti-Reflective Coatings.

vsp

Save an average of $325 on Nike prescription sunglasses.

sunsync

Save up to 40%* on SunSync* Light-Reactive Lenses.

unity

Try Unity* single vision or progressive lenses risk-free with The Unity Promise.

Talk to a Counselor via Phone or Video

Virtual Counseling from AAAE

Sometimes talking about it can make all the difference. With First Stop Health from AAAE you can talk to a counselor via phone or video.

Talk to a counselor

Sometimes, you just need someone to talk to. Get short-term counseling to work through:

- Depression & Anxiety
- Work/Life Stress
- Family & Anxiety
- Substance Use
- Grief & Loss
- And More

Visits occur on your time! Get support via phone or video anytime between 8 a.m. to 8 p.m. Monday-Friday.

No cost to you

There are no fees or copays! AAAE foots the bill.

Care for your family

Provided to all employees and your immediate family members.

"My counselor is fantastic. I give her a 5 out of 5. She is very calm, kind and Understanding. She's really helped me pull through a really hard time."

– First Stop Health Member

Get the app

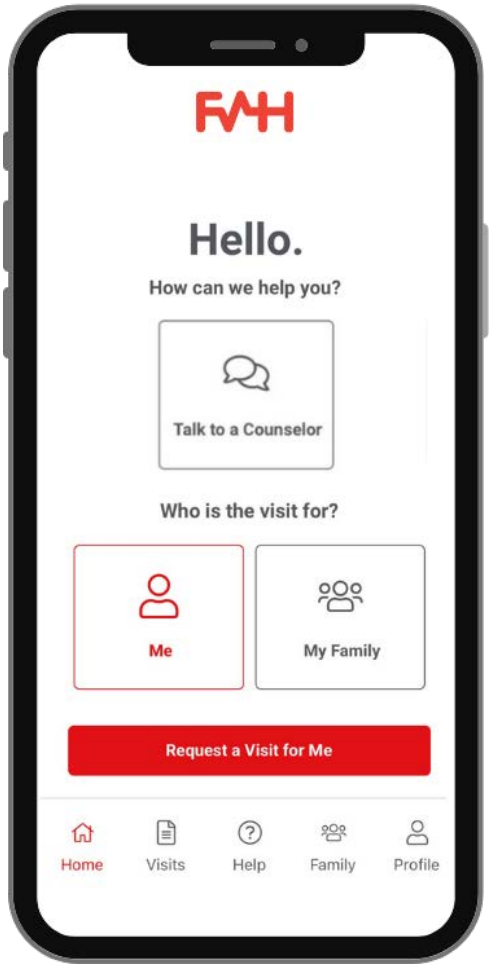
Download on the App Store

GET IT ON Google Play

You'll LOVE our mobile app!

Did you know that talking to a counselor can be even EASIER with the First Stop Health mobile app?

- Request a visit in a few clicks
- View your past visits
- Update your profile and add family members
- Get answers to FAQs



Get the app!

1. Download the First Stop Health mobile app
2. Log into your account using the last 4 digits of your SSN
3. Explore the features or request a visit!

App Store Google Play

LIFE INSURANCE BENEFITS

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by AAAE. The company provides basic life insurance of 3X Salary to $500,000 at no cost to you. All eligible employees are automatically enrolled in both the Life and AD&D.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES provides AD&D coverage at 100% of the Basic Life benefit.

Benefits After Age 65

Your life benefits will reduce after age 65, and the reduction schedule is as follows:

- Age 70 - reduced 35%
- Age 75 - reduced 50%
- Benefits will terminate at retirement

MetLife

SUPPLEMENTAL LIFE AND AD&D INSURANCE

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage without answering medical questions if you enroll when you are first eligible up to the guaranteed issue amounts.

Employee— Employees may purchase additional coverage in $10,000 increments, not to exceed 5 times annual salary or $500,000, whichever is less.

- Guaranteed Issue amount is up to $100,000 if you are a new hire

Spouse— You may purchase additional coverage for your spouse in $5,000 increments, not to exceed 50% of employee coverage or $100,000, whichever is less

- Guaranteed Issue amount of $25,000 if you are a new hire
- Benefits terminate at age 70
- Spouse coverage may only be elected if the employee is enrolled

Children— You may purchase additional coverage for your child(ren) in the following amounts:

- 15 days to 6 months: $100
- 6 months to 19 (or 26 if full time student): $1,000, $2,000, $4,000, $5,000 or $10,000
- Child coverage may only be elected if the employee is enrolled

RATES ARE BASED ON YOUR AGE AND YOUR ELECTION AMOUNT!

Sample Rates:

30 YO Employee with $10,000 Coverage: $1.13 Per Month

40 YO Employee with $100,000 Coverage: $16.90 Per Month

54 YO Employee with $250,000 Coverage: $97.00 Per Month

55 YO Employee with $100,000 Coverage: $58.80 Per Month

MetLife

DISABILITY BENEFITS

These benefits are paid for 100% by the EMPLOYEE, 100% participation is required.

MetLife

LONG TERM DISABILITY INSURANCE

Eligible employees are automatically offered coverage for those unexpected situations that may keep you from performing the daily responsibilities of your job. Your disability plan is available to help supplement your income when you are not able to continue employment for a certain period of time. Please note that this is a separate benefit from the Worker's Compensation coverage for work-related injuries and illnesses.

MetLife Long Term Disability	
Monthly Benefit	60% of monthly salary to a maximum of $10,000 per month
Benefit Begins	91st day of disability
Maximum Duration	Social Security Normal Retirement Age (SSNRA)

Helping employees plan for their families' needs.

- **Will Preparation[1]** — **Ensuring final wishes are clear.** Employees can choose to work one-on-one with an attorney, in-person or on the phone, to prepare or update a will, living will, or power of attorney. Or, they can do-it-themselves with our online[2] will preparation services.
- **Funeral Discounts and Planning Services[3]** — **Alleviating the burden of making funeral arrangements** from their loved ones. Employees get exclusive access to the largest network of funeral homes and cemeteries to pre-plan with a counselor and receive discounts on funeral services.
- **Digital Legacy[4]** — **Sharing important documents is easy with *MetLife Infinity*®.** Employees can store important documents such as deeds, wills, and personal photos and videos safely on a secure online portal.
- **Retirement Planning[5]** — **Helping employees retire with confidence.** Employees can attend workshops that offer comprehensive retirement and financial education to help them plan for the future through ***Retirewise*®.**

26%
of survivors reported their spouse/partner had a will at the time of their death*

Offering compassionate support through difficult times.

- **Grief Counseling[6]** — **Offering professional support in times of need.** Face-to-face sessions with a licensed counselor to help employees cope with a loss or major life change. Or employees can speak to a licensed counselor in the comfort of their home through the helpline.
- **Funeral Assistance[8]** — **Helping to simplify funeral arrangements.** Employees work can customize funeral arrangements with the help of compassionate counselors through a personalized, one-on-one service.
- **Beneficiary Claim Assistance[5]** — **Making the claims process easy.** Beneficiaries receive guidance from experts as they work through their options and financial needs with our ***Delivering The Promise*®** services.
- **Estate Resolution Services[1]** — **Settling an estate with confidence.** With unlimited consultations, either face-to-face with an attorney or by phone, your employees and/or their beneficiaries can settle an estate with assurance.
- **Life Settlement Account[9]** — **Reducing the pressure of immediate financial decisions.** Beneficiaries can take their time to make the right decision with the flexible settlement option that gives them full access to policy funds while earning a guaranteed minimum interest rate through ***Total Control Account.***

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Up to 5 sessions of distance counseling (phone or video) per issue per year included

Call: 1-888-319-7819

LifeWorks Mobile App:
Apple & Android Stores
User ID: metlifeeap
Password: eap

Website:
metlifeeap.lifeworks.com
User ID: metlifeeap
Password: eap

Support for Employees

Integrated services, including

- Educational Materials
- Resources and Personalized Researched Referrals
- EAP Consultation – access to qualified EAP consultants for information, support, crisis intervention, educational materials in electronic format, and referral to local resources and assistance
- Distance Counseling includes up to five (5) virtual sessions – assessment and short-term problem resolution by network of qualified EAP consultants. If it is determined that the presenting clinical issue is not appropriate for short-term counseling, the participant will be referred to the appropriate resources

Work-Life Services

- Work-Life Consultation – access to qualified consultants for information, assessment, action planning and resources, educational materials in electronic format, and referral to local resources and assistance in areas like:
  - Parenting, Eldercare and aging
  - Consumer and community needs
  - Education
  - Disability
  - Adoption
  - Referrals matched and confirmed for vacancies for child care and elder care
  - Emotions and stress
  - Workplace issues

Financial Services

- Financial Consultation – access to qualified consultants for information, assessment, action planning and resources, educational materials in electronic format, and referral to local resources and assistance
- Financial Professional Consultation – access to consultation with certified financial professionals; LifeWorks does not provide investment advice or loan funds

Legal Services

- Access to qualified consultants for information, assessment, action planning and resources, educational materials in electronic format, and referral to local resources and assistance
- Network Attorney Consultation – access to consultation with network attorneys delivered via telephone or in-person to include up to thirty (30) minutes of consultation per legal issue ("Initial Attorney Consultation"). LifeWorks does not provide legal advice or representation, or review of real estate or trust documents; discount on Attorney Services – following Initial Attorney Consultation, discount off standard legal fees as offered by LifeWorks' network of attorneys

Identity Theft Recovery Services

- This service includes a telephonic consultation up to sixty (60) minutes in length with a financial counselor who will help the Member to determine if the Member was a victim of identity theft and recommend options on how to place fraud alerts, freeze credit, file police reports, and conduct other activities necessary to resolve fraud. General information on identity theft prevention is also available

Telephonic Life Coaching

- Access to life coaches who are Masters level counselors/consultants with disciplines in social work, counseling and psychology,); are board certified coaches (BCCs) and are credentialed through the (CCE) Center for Credential and Education. Each coach received their training from the ILTC (Institute for Life Coach Training)
- Ability for participants to partner with a life coach to help address issues, overcome obstacles and attempt to achieve goals agreed to between the life coach and the Participant

VOLUNTARY SHORT TERM DISABILITY COVERAGE

Short Term Disability insurance can help replace a portion of your income when you're unable to work. It helps when you're sidelined with an illness or injury lasting a few weeks to a few months.

MetLife Voluntary Short Term Disability	
Weekly Benefit	60% to a maximum of $3,000 per week
Elimination Period	14 days for illness 14 days for injury
Maximum Duration	14 Weeks

Coverage with Your Best Interests in Mind...
When you are ill or injured for a short period, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, and financial incentives.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:
Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:
Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications:
Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:
Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:
Allow you to receive Disability benefits or partial benefits while attempting to return to work

Employees will receive a personalized enrollment packet to enroll in this plan.

MetLife

GIS Benefits VB Program - Accident

Help employees protect their families and their way of life.

- Most benefits pay the same amount for employees and dependents
- Guaranteed Issue[1] coverage
- No limitations on the number of different accidents covered

Accidents can happen when least expected. Accident insurance can help with costs and out-of-pocket expenses and take comfort knowing they have financial support to take care of themselves and their families – as they get back on track[2].

Plan Design

Benefit[2]	Benefit Limits	LOW PLAN			HIGH PLAN		
		Employee	Spouse	Child	Employee	Spouse	Child
Accidental Death Benefits Category							
Basic Accidental Death	N/A	$25,000	$12,500	$5,000	$50,000	$25,000	$10,000
Accidental Death Common Carrier[3]	N/A	$75,000	$37,500	$15,000	$150,000	$75,000	$30,000
Accidental Dismemberment/Functional Loss/Paralysis Benefit Category							
Basic Dismemberment/Functional Loss Benefit							
Loss of one finger or one toe	N/A	$250	$250	$250	$500	$500	$500
Loss of one arm or one leg	N/A	$2,500	$2,500	$2,500	$10,000	$10,000	$10,000
Loss of one hand or one foot	N/A	$2,500	$2,500	$2,500	$10,000	$10,000	$10,000
Loss of two or more fingers or toes	N/A	$500	$500	$500	$1,000	$1,000	$1,000
Loss of sight in one eye	N/A	$2,500	$2,500	$2,500	$10,000	$10,000	$10,000
Loss of hearing in one ear	N/A	$2,500	$2,500	$2,500	$10,000	$10,000	$10,000

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Plan Design (cont'd)

Benefit	Benefit Limits	LOW PLAN			HIGH PLAN		
		Employee	Spouse	Child	Employee	Spouse	Child
Catastrophic Dismemberment/Functional Loss Benefit							
Loss of both arms or both legs or one arm and one leg	N/A	$10,000	$10,000	$10,000	$50,000	$50,000	$50,000
Loss of both hands or both feet or one hand and one foot	N/A	$10,000	$10,000	$10,000	$50,000	$50,000	$50,000
Loss of sight in both eyes	N/A	$10,000	$10,000	$10,000	$50,000	$50,000	$50,000
Loss of hearing in both ears	N/A	$10,000	$10,000	$10,000	$50,000	$50,000	$50,000
Loss of ability to speak	N/A	$10,000	$10,000	$10,000	$50,000	$50,000	$50,000
Paralysis Benefit							
Two limbs (paraplegia or hemiplegia)	N/A	$5,000	$5,000	$5,000	$25,000	$25,000	$25,000
Four limbs (quadriplegia)	N/A	$10,000	$10,000	$10,000	$50,000	$50,000	$50,000

Benefits

Concussion Benefit	$200 low/$400 high 1 time(s) per calendar year
Coma Benefit	$5,000 low/$10,000 high 1 time(s) per accident; Unlimited time(s) per calendar year
Eye Injury	$300 low/$400 high 1 time(s) per accident; Unlimited time(s) per calendar year
Laceration	Without repair by stiches $25/$50 Repaired by stiches but less than 2 inches long $50/$100 Repaired by stiches and 2-6 inches long $100/$200 Repaired by stiches and over 6 inches long $200/$400
Prosthetic Device Benefit	$500 low/$750 high for one device only $1,000 low/$1,500 high for more than one device 1 time(s) per accident; Unlimited time(s) per calendar year
Torn, Ruptured or Severed Tendon/ Ligament/Rotator Cuff	Surgical repair: one tendon/ligament/rotator cuff $750 low/$1,000 high Surgical repair: two or more tendons/ligaments/rotator cuffs $1,500 low/$2,000 high Exploratory Surgery without repair $100 low/$200 high
Transportation Benefit	$300 low/$400 high 1 time(s) per accident; 2 time(s) per calendar year

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Accidental Injury Benefits

Benefit	LOW PLAN	HIGH PLAN
Fracture*	$50 – $3,000 depending on the fracture and type of repair	$100 – $6,000 depending on the fracture and type of repair
Dislocation*	$50 – $3,000 depending on the dislocation and type of repair	$100 – $6,000 depending on the dislocation and type of repair
2nd or 3rd Degree Burn	$50 – $5,000 depending on the degree of the burn and the percentage of burnt skin	$100 – $10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion	$200	$400
Coma	$5,000	$10,000
Laceration	$25 – $200 depending on the length of the cut and type of repair	$50 – $400 depending on the length of the cut and type of repair
Broken Tooth	Crown $100 Filling $25 Extraction $50	Crown $200 Filling $50 Extraction $100
Eye Injury	$300	$400
Accident - Medical Services & Treatment Benefits		
Ambulance	Ground: $300 Air: $1,000	Ground: $400 Air: $1,250
Emergency Care	$25 - $50 depending on location of care	$50 - $300 depending on location of care
Non-Emergency Initial Care	$75	$100
Physician Follow-Up Visit	$50	$100
Therapy Services (including physical therapy)	$35	$50
Medical Testing	$100	$200
Medical Appliance	$75 – $750 depending on the appliance	$150 – $1,000 depending on the appliance
Transportation	$300	$400
Pain Management (for epidural anesthesia)	$50	$100
Prosthetic Device	One device: $500 More than one device: $1,000	One device: $750 More than one device: $1,500
Modification	$1,000	$1,500
Blood/Plasma/Platelets	$400	$500
Surgical Repair	$100-$1,500 depending on the type of surgery	$200-$2,000 depending on the type of surgery

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Accidental Injury Benefits (cont'd)

Benefit	LOW PLAN	HIGH PLAN
Exploratory Surgery	$100	$200
Other Outpatient Surgery	$150	$300
Accidental Death Benefit		
Accidental Death*	$25,000, $75,000 for accidental death on common carrier	$50,000, $150,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss &Paralysis Benefits		
Dismemberment/Functional Loss	$250 – $10,000 depending on the injury	$500 – $50,000 depending on the injury
Paralysis	$5,000 - $10,000 depending on the number of limbs	$25,000 - $50,000 depending on the number of limbs
Other Benefits		
Health Screening Benefit* - *benefit provided for certain screening/ prevention tests*	$50 paid 1 time per calendar year	$50 paid 1 time per calendar year

*** Notes Regarding Certain Benefits**

- Fracture and Dislocation Benefits – Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/ functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Accidental Death Benefit – Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- Health Screening Benefit – The Health Screening Benefit is not available in all states. In some states, the list of eligible screening/prevention measures may be limited, and the benefit may be referred to as the Accident Prevention Screening Benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

Organized Sports Activity Injury Benefit Rider**

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

**The Organized Sports Activity Injury Benefit Certificate Rider is not available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.

1) Exclusions and limitations:
The Certificate does not provide benefits for any loss for a covered person caused by the covered person's sickness, or the diagnosis or treatment of such sickness, except:

- for the covered person's use of:
- any drug, medication or sedative that is taken or used as prescribed by a Physician; or
- an "over the counter" drug, medication or sedative taken as directed.

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The Certificate does not provide benefits for any loss for a covered person caused or contributed to by:

- the covered person's voluntary use, by any means, of:
  - any intoxicant or narcotic, unless it is:
    - taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed; or
  - alcohol in combination with any narcotic;
- the covered person's suicide or attempted suicide (while sane or insane);
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- the covered person's infection, other than infection occurring in an external wound resulting from an Injury;
- food poisoning;
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident.
  For purposes of this exclusion:
  - intoxicated means that the Insured's blood alcohol level met or exceeded .08%; and
  - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- dental or plastic surgery for cosmetic purposes, except when such surgery is performed to:
  - treat an injury;
  - correct a disorder of normal bodily function or structure that was caused by an injury for which coverage is not otherwise excluded under this Certificate; or
  - reconstruct a part of the body which was disfigured or removed as a result of an injury for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
  - any drug, medication or sedative that is taken or used as prescribed by a physician; or
  - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion, the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

In addition, the Certificate does not provide benefits for:

- a covered person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
  - any medical or healthcare treatment, services or transportation; or
  - any inpatient admission or stay in any medical or health care facility.

2) When your insurance ends:
Your insurance will end if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

3) Continuation of insurance:
If Your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

4) Administration of insurance:
Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

5) Premiums:
Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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GIS Benefits VB Program – Critical Illness Insurance

Help your employees prepare for the unexpected.

- Provides a lump sum benefit payment to be used as the employee chooses[1]
- Guaranteed issue amount of $10,000, $20,000 or $30,000[1]
- No pre-existing condition exclusion
- Health Screening Benefit to encourage healthy behaviors by rewarding preventative care[2]
- No age restriction[3]

There may be expenses that aren't covered by medical plans. Critical Illness Insurance pays a lump-sum payment for a covered condition that can help with the financial strain of deductibles, co-pays, and non-medical costs. So you can help your employees focus on recovery—not unexpected expenses.

Plan Design

Benefit for Covered Conditions	Initial Benefit	Recurrence Benefit[4]
Alzheimer's Disease[5]	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft[6]	100% of Benefit Amount	100% of Benefit Amount
Full Benefit Cancer[7]	100% of Benefit Amount	100% of Benefit Amount
Partial Benefit Cancer[7]	25% of Benefit Amount	25% of Benefit Amount
Heart Attack[8]	100% of Benefit Amount	100% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant[9]	100% of Benefit Amount	NONE
Stroke[10]	100% of Benefit Amount	100% of Benefit Amount
Listed Conditions[11]	Receive 25% of the initial benefit amount for 22 conditions: Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis. A Covered Person may only receive one benefit payment for a Listed Condition in his/her lifetime.	

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Benefit Suspension Period[4]	After a covered condition occurs, there is a 365-day Benefit Suspension Period during which the plan does not pay Recurrence benefits. The Benefit Suspension Period does not apply to first occurrences of distinct covered conditions. We will not pay Recurrence benefits for Full Benefit Cancer or Partial Benefit Cancer benefits unless the insured has not been treated nor had symptoms for at least 180 days.
Health Screening Benefit[2]	If a covered person takes one of the screening/prevention measures listed below while such covered person is insured under the certificate, MetLife will pay a Health Screening Benefit upon submission of proof that such measure was taken. When MetLife receives such proof, MetLife will review it, and if MetLife approves the claim, MetLife will pay a Health Screening Benefit of $50. The Covered Tests are: physical exam, biopsies for cancer, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid Doppler, chest x-rays, clinical testicular exam, colonoscopy, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), endoscopy, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms, and virtual colonoscopy. · We will only pay one Health Screening Benefit per covered person per calendar year. · Health Screening Benefits are not available in all states. · MT residents will have a separate $70 mammogram benefit.

1. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. For CA-sitused cases, coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions may apply to dependents serving in the armed forces or living overseas.
2. The Health Screening Benefit is not available in certain states. In some states, there is a separate mammogram benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.
3. Children may be covered to age 26. The plan may include a Benefit Reduction Due to Age provision.
4. There is a Benefit Suspension Period between Recurrences. We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Treatment Free Period. A Recurrence Benefit is available for the following conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer.
5. Please review the Outline of Coverage for specific information about Alzheimer's disease.
6. In certain states, the Covered Condition is Coronary Artery Disease.
7. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-sitused cases and NH residents, there is an initial benefit of $100 for All Other Cancer.
8. The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
9. In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details.
10. In certain states, the Covered Condition is Severe Stroke.

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Premium* Structure (Monthly Premium for $1,000 of Coverage)

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse/Children
<25	$0.66	$1.06	$0.98	$1.38
25-29	$0.70	$1.12	$1.02	$1.44
30-34	$0.92	$1.45	$1.24	$1.77
35-39	$1.06	$1.66	$1.38	$1.98
40-44	$1.25	$1.95	$1.57	$2.26
45-49	$1.85	$2.84	$2.17	$3.16
50-54	$2.69	$4.10	$3.01	$4.42
55-59	$3.83	$5.82	$4.15	$6.13
60-64	$5.23	$7.92	$5.55	$8.24
65-69	$7.24	$10.94	$7.56	$11.25
70+	$10.65	$16.04	$10.97	$16.36

*Rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. Rates are subject to change. Please refer to the Disclosure Statement or Outline of Coverage/Disclosure Document for more information including the exclusions and limitations which apply to coverage.

**Multiply the per $1,000 rates shown above by the benefit amount divided by $1,000 (e.g., 15 for $15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per $1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.

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GIS Benefits VB Program – Hospital Indemnity

Help protect employees from the strain of unexpected costs.

- Guaranteed Issue coverage[1]
- No pre-existing condition exclusion
- No age limitations[2] on coverage for employee or spouse/domestic partner[3]

Some medical plans – particularly high deductible health plans – may not cover all expenses. Hospital Indemnity insurance can help ease the financial impact of hospital admission,[4] inpatient rehabilitation,[5] hospital stays, and other related costs your employees and eligible family members may incur.

Hospital Benefits[6]

Benefit Limits (Applies to Subcategory)		PLAN DETAILS
Admission Benefits		
Admission Benefit[7]	1 time(s) per calendar year	$500
ICU Supplemental Admission (Benefit paid concurrently with the Admission Benefit when a Covered Person is admitted to ICU)		$1000
Confinement Benefit[8]	31 days per calendar year	$100
ICU Supplemental Confinement (Benefit paid concurrently with the Confinement Benefit when a Covered Person is admitted to ICU)	ICU Supplemental Confinement will pay an additional benefit for 15 of those days	$100
Newborn Confinement Benefit[9]	2 day(s) per confinement	$25
Inpatient Rehabilitation Benefit*,5 (For Injury or Sickness)	15 days per calendar year	$100
Other Benefits		
Health Screening Benefit[10]	1 time(s) per calendar year per covered person	$50

*Benefit(s) that requires prior Admission or Confinement.
Please contact MetLife for detailed definitions and state variations of covered benefits.

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Limitations:

Benefit Reduction Due to Age
A benefit payable with respect to a covered person will be reduced as described in the table below, based on the covered person's attained age.

Attained Age	REDUCTION AMOUNT
65 to 69	Any benefit payable will be reduced by 25% if the covered person's attained age is 65 to 69.
70 or older	Any benefit payable will be reduced by 50% if the covered person's attained age is 70 or older.

1. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
2. There are benefit reductions that begin at age 65.
3. Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
4. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
5. Inpatient Rehabilitation Unit Benefit is standardly applied for covered Accidents only. It is available as an add-on for Sickness.
6. Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
7. The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate.
8. If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.
9. The period of newborn confinement, immediately following the child's birth.
10. The Health Screening Benefit is not available in all states.

If CO is an ET state, then Hospital Indemnity may be referred to as Accident and Sickness Insurance in Colorado. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

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1) Exclusions:
The Certificate only provides benefits for sickness or injury. Sickness includes:
- complications of pregnancy;
- routine childbirth.

Sickness does not include:
- routine pregnancy;
- well-baby

The Certificate does not provide benefits for any loss due to an accident or sickness for a covered person caused or contributed to by:
- the covered person's voluntary use, by any means, of:
    - any intoxicant or narcotic, unless it is:
        - taken or used as prescribed by a physician; or
        - an "over the counter" drug, medication or sedative taken as directed;
    - alcohol in combination with any narcotic;
- a covered person's suicide or attempted suicide;
- the covered person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the covered person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the covered person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or surgery except as the result of an accident causing injury to a sound natural tooth;
- cosmetic surgery, except when such surgery is performed to:
    - treat an injury or sickness
    - correct a disorder of normal bodily function or structure that was caused by an injury or sickness for which coverage is not otherwise excluded under this Certificate; or
    - reconstruct a part of the body which was disfigured or removed as a result of an injury or sickness for which coverage is not otherwise excluded under this Certificate;
- the covered person's mental illness, or the diagnosis or treatment of such mental illness, except for the covered person's use of:
    - any drug, medication or sedative that is taken or used as prescribed by a physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
- activities required by the covered person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, the Certificate does not provide benefits for:
- a covered person while incarcerated in any type of penal or detention facility;
- any of the following services or treatment received outside of the United States, Canada or Mexico:
    - any medical or healthcare treatment, services or transportation; or
    - any inpatient admission or stay in any medical or health care facility.

Additional Exclusions that Apply to Loss Due to Sickness:
The Certificate does not provide benefits for:
- a dependent child's routine childbirth and any well baby provided to the dependent child's newborn child;
- the covered person's alcoholism, drug addiction, chemical dependency or complications thereof.

Additional Exclusions that Apply to Loss Due to Accident:
The Certificate does not provide benefits for any loss due to an accident for a covered person caused or contributed to by:
- the covered person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
    - intoxicated means that the covered person's blood alcohol level met or exceeded .08%; and
    - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- the covered person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;

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- the covered person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the covered person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the covered person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received;
- the covered person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion, the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

2) When your insurance ends. Your insurance will end on the date described in the Certificate if: the Group Policy ends; you die; insurance ends for your class; your premium is not paid when due; you cease to be in an eligible class; or your employment ends.

3) Continuation of insurance. If Your insurance ends for any reason other than non-payment of premium, you may continue it under certain circumstances as described in the Certificate.

4) Administration of insurance. Some services in connection with this insurance may be performed by our third-party administrator(s). This service arrangement in no way alters Metropolitan Life Insurance Company's obligation to you. Services will not be performed by our third-party administrator(s) if prohibited by mutual agreement with a group customer.

5) Premiums. Premiums for this insurance are shown in the enclosed materials. Premiums for this coverage are subject to change in accordance with the provisions of the Group Policy.

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VOLUNTARY LEGAL SERVICES

Everyone deserves legal protection. And no, with Legal Resources, everyone can access it. Proven, professional advice is just a phone call away on all matters, from the trivial to the traumatic.

Plan members may receive services through a nationwide network of more than 14,000 attorneys, or from an out-of-network attorney.

Extensive Legal Services

Legal Resources provides easy, direct access to a national network of attorneys who provide telephone advice and office consultations on an unlimited number of personal legal matters and fully covered services for the most frequently needed personal legal matters (excluding employment issues.) Participants may also receive services from out-of-network attorneys.

General Advice and Consultation
- Unlimited in-person or telephone advice and consultation for covered services.

Wills and Estate Matters
- Will Preparation and Periodic Updates
- Advanced Medical Directive
- Financial Powers of Attorney
- Contingent Trust for Minor Children

Traffic Violations*
- Traffic Infractions and Misdemeanors
- Speeding
- Reckless Driving
- Driving Under the Influence *(1st offense)*

Preparation and Review of Routine Legal Documents
- Unlimited preparation and review of routine legal documents, including, but not limited to, powers of attorney, bills of sale, and affidavits.

Criminal Matters**
- Defense of Misdemeanor
- Misdemeanor Defense of Juveniles *(including 1st offense involving alcohol or illegal drugs)*

Civil Actions*
- Representation as Defendant
- Representation as Plaintiff
- Insurance Matters
- Initial Administrative Hearing *(local government commission or board)*

Family Law
- Uncontested Domestic Adoption
- Uncontested Divorce
- Uncontested Name Change

Real Estate Matters
- Purchase, Sale or Refinance of Primary Residence
- Deed Preparation
- Tenant-Landlord Matters*
- Landlord-Tenant Matters *(includes hour of advice, preparation of late notice, and advice on filing of suit for Landlord)*

Consumer Relations and Credit Protection*
- Warranty Dispute
- Advice, consultation & representation on billing disputes and collection agency harassment

Elder Law Matters
- Estate Advice *(limitations apply)*
- Power of Attorney for the Members' Parents

Identity Theft Assistance
- Prevention Services
- Education Services

$19/month!

LEGAL RESOURCES
Relax... you're covered.®

VOLUNTARY IDENTITY THEFT PROTECTION

3 million cases of fraud were reported in 2019 alone. Identity theft is upsetting and can hurt you financially for years to come. IDShield offers a comprehensive tool to monitor your presence online and be notified of any unusual activity so you can take action before you become a victim of identity theft.

We're here for you, to protect and help you restore your identity.

- 877.235.0638
- Covers all 7 types of Identity Theft!
- 24/7 Access to Investigators, Credit Score Tracker
- Continuous Daily Credit Monitoring with Immediate Notification

10 Family Members are Covered

- **Employee, Spouse & Up to 8 Children to age 26**
- **$3.68 / week, $15.95 / month**
- **Individual, $1.95/ wk, $8.45/mo**

American Association of Airport Executives is offering the Total Pet Plan to employees.

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering the **Total Pet Plan** which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

$11.75/month for one pet or

$18.50/month for more than one pet

For more details and how to enroll, visit petbenefits.com/land/aaae .

TOTAL PET PLAN INCLUDES:

PETplus

DISCOUNTS ON PRODUCTS & RX

- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

View available products and pricing at petplusbenefit.com.

Pet Assure

DISCOUNTS ON VETERINARY CARE

- Instant 25% savings on all of your pet's in-house medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet

Visit petbenefits.com/search to locate a participating vet.

AskVet

24/7 PET TELEHEALTH

- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more

PetTag

LOST PET RECOVERY SERVICE

- Durable tag can be scanned from any smart phone to access your contact information, helping lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag

Frequently Asked Questions

What is Total Pet Plan?

Total Pet Plan brings the best brands in pet care together to create a bundle that covers everything your pets need. Receive benefits from **PetPlus**, **Pet Assure**, **AskVet**, and **ThePetTag** at one low payroll deduct rate.

What does Total Pet cover?

As a Total Pet Plan member, you'll receive:

- PetPlus: Up to 40% off and free shipping on all orders from **PetCareRx.com**
- Pet Assure: 25% savings on in-house veterinary care at participating vets
- AskVet: Chat with a US-based Veterinarian for questions on your pet's health, wellness, behavior and more
- ThePetTag: Durable ID tag that can be scanned if your pet goes missing, bringing them home faster than a microchip

Which pets can I enroll?

You can enroll any dog and cat in Total Pet Plan. There are no restrictions due to age, breed or health of your pet. Pet Assure Veterinary Discounts also cover exotic pets.

How do I access my Total Pet benefits?

Log in to your account at **www.petbenefits.com** to access all of your plan benefits.

Is this insurance?

No, with the Total Pet Plan you receive instant savings and pet care services without any paperwork.

Are there any additional fees?

No, your membership cost gives you access to all of your benefits without any additional fees.

Are there usage limitations?

No, all benefits have unlimited usage for the pets enrolled.

What happens to my membership if I'm no longer eligible for benefits?

Members who are no longer payroll deduct eligible or are leaving the company can port coverage at the same group rate within 28 days of termination.

The following pages include FAQs on each individual component of Total Pet Plan.

PETplus Pet Assure AskVet PetTag

PetPlus

What is PetPlus?

Receive members-only pricing (up to 40% off) on products you're already buying for your pets. Products include prescriptions, preventatives, food, treats, toys and more! Shipping is always free and same-day pickup is available for most human-grade prescriptions.

How do I access my PetPlus account after enrolling?

After you enroll, you will receive instructions via mail and email on how to activate your online account. You can start shopping online as soon as you activate your account.

How do I place an order for delivery?

Shop online using your PetPlus membership at **PetCareRx.com**. Savings are automatically applied at checkout and shipping is always free.

How do I pick up my pet's prescription at a pharmacy?

If your pet is prescribed a human-grade medication, ask the vet for a written prescription for your pet's medication. Take your pet's prescription and PetPlus Rx card to any participating pharmacy.

The pharmacist will fill your pet's prescription and PetPlus will charge your credit card on file at the listed member rate. You should NOT be charged at the pharmacy for your purchase.

When do I receive my PetPlus card?

Your PetPlus card is available on your PetPlus dashboard as soon as you activate your account. You can either print out your card at home or show it to the pharmacy right from your mobile device.

Pet Assure

What is Pet Assure?

Pet Assure is a veterinary discount plan that saves you 25% at participating veterinarians on all in-house medical services, no exclusions. Even pre-existing conditions are covered!

How do I use Pet Assure?

When you visit a participating vet, present your Pet Assure member ID card from the Pet Assure app at checkout, and the veterinary staff will apply a 25% discount to all in-house medical services. There is no paperwork or forms to fill out. You can use your savings immediately on your benefit start date.

What procedures are discounted?

Participating veterinarians discount all in-house medical services. This includes the office visit, vaccinations, surgery, dental cleaning, spay and neuter surgery, x-rays and any other procedures the vet performs. Even procedures related to pre-existing conditions are discounted.

Are there any exclusions?

No, there are absolutely no exclusions. All in-house medical services are covered, including wellness, sick and emergency care. You can enroll any type of pet, regardless of type, breed, age or health.

Can I use this together with pet insurance?

Yes. Pet insurance typically only covers major medical claims and often excludes wellness exams or pre-existing conditions. Pet Assure does not have any exclusions and will save you money on the procedures not covered by pet insurance. The Pet Assure savings are instant and can help you save on veterinary care prior to meeting your insurance deductible and while you wait for insurance reimbursement.

Where can I find a list of participating vets in my area?

You can search for participating practices by visiting **www.petbenefits.com/search**. Mention that you're a Pet Assure member when you call to make an appointment.

If a veterinarian you would like to visit does not participate, you can invite them to join by clicking the "Invite to Pet Assure" button. With a few details, you'll have a custom-generated email to send to your vet inviting them to join and providing instructions for them to contact Pet Assure for further details.

AskVet

AskVet

What is AskVet?

AskVet is 24/7 pet telehealth service that gives you direct access to a veterinarian via live chat.

How do I access AskVet?

Log in to your PetPlus account. Click Connect Now on your PetPlus dashboard to chat with an AskVet Veterinarian.

Can AskVet replace my primary veterinarian?

No, AskVet does not diagnose or prescribe, and is not intended to be used as a replacement for your primary veterinarian.

Who are the veterinarians at AskVet?

AskVet veterinary telehealth specialists are US-based licensed veterinarians trained to help you make the best decisions for your pet.

What can an AskVet veterinarian help me with?

AskVet offers 24/7 decision support on all of your pet care questions and concerns. While AskVet cannot provide a diagnosis or prescribe medication, they can help you decide the best course of action or learn more about managing your pet's existing condition.

ThePetTag

What is ThePetTag?

ThePetTag is a lost pet recovery service that provides your pets with a durable ID tag that's directly linked to your contact information.

How do I request a pet tag?

Once enrolled, log in to your Pet Benefits account and register your pet(s) with Pet Assure. Request a tag for your registered pet(s), and ThePetTag will mail your pet's ID tag in 1-2 weeks.

How does ThePetTag Work?

Scanning your pet's tag with a smartphone provides your public contact information to the individual that finds your pet, getting them home quicker than a microchip! Link main and emergency contacts to your pet's tag without the limits of engraving or fear of illegible ID tags.

ThePetTag's 24/7 pet locator helpline is also available for help contacting a lost pet's family.

How do I update my emergency contact information?

Your address, phone number, and additional emergency contacts can be updated from your Pet Benefit Solutions account or in the Pet Assure app at any time – even after your pet goes missing

EMPLOYEE PER PAY CONTRIBUTIONS

BENEFIT PLAN		
Cigna Medical Rates	**Open Access Plus HDHPQ Plan**	**Open Access Plus IN HDHPQ Plan**
Employee	$23.95	$76.71
Employee + Spouse	$124.98	$350.01
Employee + Child(ren)	$91.30	$258.91
Family	$154.92	$430.97

BENEFIT PLAN	
United Concordia Dental Rates	
Employee	$10.35
Employee + Spouse	$20.51
Employee + Child(ren)	$22.40
Family	$34.87
VSP Vision Rates	
Employee	$1.58
Employee + Spouse	$2.67
Employee + Child(ren)	$2.72
Family	$4.38

BENEFIT PLAN		
Legal Plan Rates		
Legal Resources	$8.77	
ID Theft—ID Shield Rates		
Individual	$3.90	
Family	$7.36	
Pet Insurance Rates		
Employee—One Pet	$5.42	
Family	$8.54	
MetLife Voluntary Accident Rates		
	Low Plan	High Plan
Employee	$4.26	$8.30
Employee + Spouse	$8.35	$16.28
Employee + Child(ren)	$9.63	$18.81
Family	$11.80	$23.02
MetLife Voluntary Hospital Indemnity Rates		
Employee	$8.30	
Employee + Spouse	$17.07	
Employee + Child(ren)	$13.02	
Family	$21.79	

https://www.myalex.com/aaae/aaae2023

AGE RATED PLANS—Cost varies on your age at enrollment
Voluntary Life/AD&D—MetLife
Voluntary Critical Illness w/ Cancer—MetLife
Supplemental Individual Short Term Disability Insurance—MetLife

SUMMARY OF BENEFITS

Benefit Available	Waiting Period	Effective Date	Notes
Medical	End of the month, following date of hire; No wait period if hired on 1st of the month	1st of the month, following the wait period	Employees select 1 of the 2 plans
Dental	End of the month, following date of hire; No wait period if hired on 1st of the month	1st of the month, following the wait period	1 plan
Vision	End of the month, following date of hire; No wait period if hired on 1st of the month	1st of the month, following the wait period	1 plan
Life/AD&D	None	Date of hire	Employer paid, 3 x annual salary, max $500,000
Long Term Disability	90 Days	Date of hire	Employee Paid, 60% of your monthly salary to a max of $10,000 per month
FSA	End of the month, following date of hire	1st of the month, following the wait period	Employee paid
Vacation	Accrues immediately	Date of Hire	All fulltime employees are eligible. 0-5 years, 5.23 hours per pay; 5-10 years, 7.07 hours per pay; 11-20 years, 8.0 hours per pay; Roll-over to sick leave at year end.
Sick Leave	Accrues immediately	Date of Hire	Full time employees accrue 3.7 hours of sick leave per pay. Employees who work a min. 17.5 hours accrue on a pro-rated basis. Up to 1040 hours may be carried over.
Vacation Bonus	Must be employed here on Jan 1	Jan 1 after hire date in a previous year	Eligible employees may take 4 vacation days in a row and earn a $1,000 vacation bonus (1 time/year)
401k	Can contribute own funds after 90 days; automatic enrollment at 6%; AAAE contributes 3%, and after 1 year + beginning of next quarter contributes up to 8% according to schedule	See HR	6 year vesting period for discretionary contribution
Holidays	No waiting period	Date of hire	11 Federal holidays
Family Medical Leave Act	12 months of employment with AAAE and must have worked 1250 hours within that time	Available the 1st day of qualifying event as long as all eligible requirements have been met	Employee must complete required paperwork and notification. For detailed information about this benefit contact HR.
Tuition Assistance	2 years of employment with AAAE	Based on meeting eligibility	Must be approved by Supervisor & HR, must make a "C" or better, and 75% upon course completion, 25% on 2nd anniversary after course completion
Student Loan Forgiveness	1 year of employment with AAAE	Based on meeting eligibility	AAAE contributes $1,000 annually up to $5,000 to the student loans of eligible employees with qualified loans
Tuition Savings Contribution	1 year of employment with AAAE	Based on meeting eligibility	AAAE contributes $1,000 annually up to $5,000 to a qualified Section 529 Tuition Savings Plan of the employee's choice provided the employee is eligible

ADDITIONAL BENEFITS AND RESOURCES

Employee Development

Training/Seminars: Eligibility Date: Day of hire
- Seminars/workshops must generally be job related and approved by your supervisor
- AAAE pays 100% of seminar/workshop

Performance Appraisals: "Strategic Goals"
- Formal performance feedback concerning staff member's Strategic Goals. This occurs twice annually with employees providing input to supervisor.

Voluntary Employee Benefits

Legal Resources Legal Services

ID Shield Identity Theft Protection

Total Pet Plan Pet Insurance

MetLife Voluntary Life/ADD Insurance

Metlife Voluntary Short Term Disability Benefit elected at open enrollment only

MetLife Accident Insurance Benefit elected at open enrollment only

Metlife Critical Illness Insurance Benefit elected at open enrollment only

Metlife Hospital Indemnity Benefit elected at open enrollment only

Paid Leave

Maternity and Paternity Paid Leave Benefits eligible after one year of employment
- 20 days of paid leave for new mothers
- 20 days of paid leave for new fathers

Caregiver Paid Leave
All employees eligible for FMLA leave to care for the serious health condition of an immediate family member
- 5 days of paid leave

Bereavement Paid Leave
- 15 days of paid leave for immediate family
- 5 days of paid leave for extended family
- Option to use an additional 5 days of sick leave in either case

Volunteer Leave
All employees may use leave to volunteer for a 501(c)(3) organization of their choosing
- 8 hours of paid leave

Miscellaneous (No waiting period)

Wellness Reimbursement Program Available for fitness, weight management, or stress management related expenses. Up to $80/month paid quarterly.

Virtual Mental Health Care Unlimited virtual sessions provided through First Stop Health

Fully Equipped Gym and Showers On site for employee use

Other Automatically Applied Benefits (No Cost to Employee)
- Membership to the American Society of Association Executives (ASAE)
- Paid parking or Metro transportation contribution of $115 per month available for most public commuting methods
- Assist America: Emergency International Travel Assistance with medical, financial or legal emergencies while traveling on corporate Amex card
- Direct Deposit to your savings or checking account

Patient Protections Disclosure

The AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Cigna designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Cigna at 866.494.2211 or www.mycigna.com.

For children, you may designate a pediatrician as the primary care provider.
You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Cigna at 866.494.2211 or www.mycigna.com.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Open Access Plus In-Network Only (OAPIN H.S.A) (Individual: 100% / 0% coinsurance and $3,000 deductible; Family: 100% / 0% coinsurance and $6,000 deductible)

Plan 2: Open Access Plus High Plan (OAP H.S.A) (Individual: 100% / 0% coinsurance and $2,000 deductible; Family: 100% / 0% coinsurance and $4,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 703.797.2528 or maria.bremis@aaae.org.

Newborns' and Mothers' Health Protection Act

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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website:http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/ flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=enUS Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health care/medicaid/ Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP)(pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program| Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES is committed to the privacy of your health information. The administrators of the AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Maria Bremis - Vice President, Compliance, Diversity & Human Resources at 703.797.2528 or maria.bremis@aaae.org.

HIPAA Special Enrollment Rights

AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Maria Bremis - Vice President, Compliance, Diversity & Human Resources at 703.797.2528 or maria.bremis@aaae.org.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES has determined that the prescription drug coverage offered by the medical plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES coverage may be affected. You may keep your coverage if you elect Part D and this plan may coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES coverage, be aware that you and your dependents may not be able to get this coverage back. The plan will follow the eligibility guidelines as stated in plan documents.

If you do decide to join a Medicare drug plan and drop your current AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	**October 01, 2023**
Name of Entity/Sender:	**AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES**
Contact—Position/Office:	**Maria Bremis - Senior Vice President, Compliance, Diversity & HR**
Office Address:	**The Barclay Building, 601 Madison St. Alexandria, Virginia 22314 United States**
Phone Number:	**703.797.2528**

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Maria Bremis.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov/**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES
Maria Bremis - Senior Vice President, Compliance, Diversity & HR
The Barclay Building, 601 Madison St.
Alexandria, Virginia 22314
United States
703.797.2528

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

Notices Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Contact Information

BENEFIT	CARRIER	PHONE	WEBSITE/EMAIL
Medical	Cigna	866.494.2211	www.mycigna.com
Virtual Mental Health Provider	First Stop Health	888.691.7867	fshealth.com
Dental	United Concordia	800.332.0366	www.unitedconrodia.com
Vision	VSP	800.877.7195	www.vsp.com
Life/AD&D Voluntary Life/AD&D Long Term Disability Voluntary Short Term Disability Voluntary Accident Insurance Voluntary Critical Illness Voluntary Hospital Indemnity	MetLife	800.275.4638	www.metlife.com
Pre-Paid Legal Services	Legal Resources	877-924-3967	www.legalresources.com
ID Theft	ID Shield	877.235.0638	www.idshield.com
Pet Health Discount Program	Total Pet Benefits	800.891.2565	www.petbenefits.com
Flexible Spending Account (FSA)	Clarity Benefit Solutions	888.423.6359	www.claritybenefitsolutions.com
Health Savings Account (HSA)	HSA Bank	800.357.6246	www.hsabank.com
Benefit Advocate Center	Gallagher	833.202.8900	bac.aaaeadvocates@ajg.com

This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting

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