

2017-2018

the
Hearthstone
Retirement Living at Green Lake



Your Guide to Employee Benefits

Presented By:





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Welcome to Your Employee Benefits!

At The Hearthstone we value our employees. The welfare of you and your family is very important to us. Your compensation is a contributing factor to this welfare. Your compensation is partially comprised of employee benefits available to you and your eligible dependents.

With this in mind, we are pleased to offer you the following benefit program. This guide highlights the variety of benefits available to you. For more detailed information regarding the insurance benefits of this guide refer to the Table of Contents (below).

Our employee benefits include the following: Medical/Vision, Dental, Life/Accidental Death & Dismemberment (AD&D) and Employee Assistance Program (EAP). In addition, to these plans, we also offer the following voluntary plans on a payroll deduction basis: Vision Hardware, Life, AD&D, Short Term Disability, Long Term Disability and Flexible Spending Accounts.

Below is a brief outline of benefits that are currently offered. More specific plan features are described later in this guide.

Group Plans

Medical/Vision
Dental
Dental
Employee Assistance Program (EAP)
Life/AD&D

Carriers

Kaiser Permanente
Delta Dental of Washington
Willamette Dental
First Choice Health EAP
Prudential

Voluntary Plans

Vision Hardware
Life/AD&D
Short Term Disability
Long Term Disability
Section 125 FSA & DCSA

Carriers

Ameritas
Prudential
Prudential
Prudential
PacificSource

The Hearthstone pays 90% of the HMO \$200 Medical plan and the entire cost of the Delta Dental PPO plan as well as the Basic Life/AD&D for all full time employees working **72-80 hours per pay period** and who participate in the wellness incentive program.

Employees who work **60-71 hours per pay period** and participate in the wellness incentive program receive 70% contribution toward the premium costs for the HMO \$200 Medical plan and 80% contribution toward the premium costs of the Delta Dental PPO plan.

All employees are eligible for the Employee Assistance Program (EAP) and have the opportunity to participate in the voluntary benefit plans.

If you (and/or your dependents) 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 Part D Notice Section of the Compliance Guide for more details.





Disclaimers

This document is designed to explain the highlights of The Hearthstone's employee benefits. To fully understand and use your benefits, you'll need more details than these brief descriptions can provide. All features are subject to general and contract benefit provisions, limitations and exclusions. Should questions arise concerning specific benefit determinations, the official plan documents will be used to resolve the issue. Plan documents are available through The Hearthstone's HR Department.

Eligibility

Employees

Full-time employees who are working a minimum of 30 hours per week on a regular basis are eligible for The Hearthstone's employee benefits, once the introductory period has been completed.

If you do not enroll for benefits when you first become eligible, you will not be able to enroll until the next annual open enrollment period.

The exception to this rule is, if you experience an event that would allow you to enroll under the "Special Enrollment" provision of the employee benefit plans. Examples of "Special Enrollment" events are: Involuntary Loss of Other Coverage, Dependents Acquired through Marriage after the Employee's Effective Date, Natural Newborn Children Born on or after the Employee's Effective Date, Children Adopted on or after the Employee's Effective Date, Children Acquired through Legal Guardianship, Children Covered under Medical Child Support Orders, and Employee and Dependent Special Enrollment. Refer to the benefit booklets provided for specific details.

Dependents

Eligible dependents include your legal spouse, domestic partner and unmarried/married children under the age of 26.

An eligible child is a natural offspring of either or both the employee or spouse; a legally adopted child of either or both the employee or spouse; a child "placed" with the employee for the purpose of legal adoption in accordance with state law; or a legally placed ward of the employee or spouse living permanently in the home of the employee.

If you do not enroll your dependents when they are first eligible, you will not be able to enroll them until the next open enrollment period unless there has been a change in family status (i.e. marriage, divorce, birth of a child, adoption, loss of other coverage). Refer to your benefit booklets for "Special Enrollment" provision specifics.

When Coverage Begins

Coverage for you and your enrolled dependents will become effective:

- First of the month following or coinciding with date of hire for Officers & Directors
- First of the month following 60 days of employment for All other Active Employees

The exception to this rule is, if a family member involuntarily loses other coverage you have 30 days from the date that the family member lost coverage to complete and return the enrollment application. Coverage will be effective the 1st of the month following the loss of coverage.



Summary of Health Care Plan Offerings

The Health Care Plans are funded by a combination of employee and employer contributions. See the Employer / Employee Contributions Schedule following this summary for a complete cost breakdown.

Dependents may enroll in the plans in which you have enrolled. Medical and dental premiums for your dependents are your responsibility. The Employee Assistance Program is funded entirely by The Hearststone for employees and their families.

Medical Plans – Kaiser Permanente

Medical insurance provides valuable protection for your health and financial security. It ensures that you may obtain the care you need while keeping the financial burden manageable. To use this medical protection wisely, you should understand some of the important features of the plans:

- The Medical Plans combine comprehensive medical coverage with incentives to encourage use of network providers and facilities. You may choose from the following Kaiser Permanente Plans:
 - **Access PPO Plan** – This plan allows members to go to both Kaiser Permanente providers/facilities as well as other providers outside Kaiser Permanente by using the First Choice Provider Network.
 - **HMO \$200 Plan** – This plan has a lower monthly premium but a limited network. If you choose the HMO plan, you must receive services at Kaiser Permanente or a Kaiser Permanente contracted facility unless authorized in advance by Kaiser Permanente.
- Each person (employee and dependent) must satisfy certain copayments for services. The amount of copayment depends on the type of service or supply that is received.

Dental Plans – Delta Dental of Washington and Willamette Dental Group

At this time The Hearststone is pleased to offer three dental plans – two through Delta Dental of Washington and one through Willamette Dental.

- **Delta Dental of Washington** – There is a Base and a Buy-Up option. The Base plan has a lower monthly premium, but less rich benefits than the Buy-Up plan. You will want to pay close attention to which Delta Dental Network you are accessing as the benefits are richer through the PPO Network. The PPO plans give you the option to visit dentists in and out of network. While Premier dentists are In-Network, PPO dentists provide you with the most savings. You can see Out-of-Network dentists, but will pay the most out-of-pocket and may be balance billed.
- **Willamette Dental Group** – This is an HMO model where you cannot receive benefits unless you see a Willamette dentist. There are no Out-of-Network benefits. While Willamette offers a great value in your dental care, you lose the option of seeing any dentist outside of Willamette Dental.





Summary of Health Care Plan Offerings continued

Employee Assistance Plan – First Choice

We are pleased to offer our Employee Assistance through First Choice. This benefit provides short-term confidential counseling for you, all household members, and your dependents, wherever they reside. This program is at no cost to you, and provides confidential assistance for a wide variety of life's more challenging personal circumstances. The EAP is separate from your medical benefits and licensed, professional counselors are available to help you. You, household members and your dependents may call Monday through Friday to make an appointment; and crisis services are available 24 hours a day, 7 days a week.

First Choice provides up to 4 assessment/brief counseling sessions, per issue, per individual, per year, for any problem, issue, stress or concern.

Section 125 Plan

The Hearthstone is pleased to offer various ways to reduce taxes related to Medical Care and Dependent Care expenses.

- **Deductions from your company-sponsored benefits** – these are automatically taken from your paycheck on a pre-tax basis and no action is required.
- **Health Care FSA** – this reimburses your out-of-pocket health care expenses on a pre-tax basis for you and your dependents. Each year in December you must elect to participate in this program
- **Dependent Care FSA** – this benefit allows you to be reimbursed for day care expenses on a pre-tax basis and can also be used for elder care expenses under certain criteria. Like the Health Care FSA, each year you must elect to participate in this program in December.

Premium amounts you pay for medical and dental coverage may be deducted from your paycheck either on a pre-tax or post-tax basis. Having payroll deductions done on a pre-tax basis will save you money by reducing your taxable income.

The FSA plan is administered by PacificSource. The plan year begins January 1st and ends December 31st. Maximum deductions for eligible medical expenses are \$2,600 per year. Dependent Day Care expenses cannot exceed \$5,000 per year.





Employee / Employer Contribution Schedule

Your Benefit Costs - With Wellness Incentive

| Employees Working 72-80 Hours Per Pay Period | | Base Medical HMO \$200 Plan | Buy-up Medical Access PPO Plan | Vision | Base Dental PPO Plan | Buy-up Dental Enhanced Plan | Willemette Dental Plan |
|--|------------------------------|--------------------------------|-----------------------------------|----------------|-------------------------|--------------------------------|---------------------------|
| Employee | Total Monthly Cost | \$613.95 | \$654.14 | \$3.84 | \$46.24 | \$50.85 | \$49.45 |
| | The Hearthstone Monthly Cost | \$552.56 | \$552.56 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$61.40 | \$101.59 | \$3.84 | \$0.00 | \$4.61 | \$3.21 |
| Employee & Spouse | Total Monthly Cost | \$1,311.60 | \$1,397.49 | \$7.68 | \$89.97 | \$98.84 | \$89.30 |
| | The Hearthstone Monthly Cost | \$552.56 | \$552.56 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$759.05 | \$844.94 | \$7.68 | \$43.73 | \$52.60 | \$43.06 |
| Employee & Child | Total Monthly Cost | \$982.59 | \$1,046.91 | \$7.68 | \$110.95 | \$120.13 | \$89.30 |
| | The Hearthstone Monthly Cost | \$552.56 | \$552.56 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$430.04 | \$494.36 | \$7.68 | \$64.71 | \$73.89 | \$43.06 |
| Employee & Children | Total Monthly Cost | \$1,479.76 | \$1,573.26 | \$10.76 | \$110.95 | \$120.13 | \$89.30 |
| | The Hearthstone Monthly Cost | \$552.56 | \$552.56 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$927.21 | \$1,020.71 | \$10.76 | \$64.71 | \$73.89 | \$43.06 |
| Employee, Spouse & Child | Total Monthly Cost | \$1,680.19 | \$1,790.21 | \$10.76 | \$154.67 | \$168.11 | \$129.25 |
| | The Hearthstone Monthly Cost | \$552.56 | \$552.56 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$1,127.64 | \$1,237.66 | \$10.76 | \$108.43 | \$121.87 | \$83.01 |
| Employee, Spouse & Children | Total Monthly Cost | \$2,174.30 | \$2,316.64 | \$10.76 | \$154.67 | \$168.11 | \$129.25 |
| | The Hearthstone Monthly Cost | \$552.56 | \$552.56 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$1,621.75 | \$1,764.09 | \$10.76 | \$108.43 | \$121.87 | \$83.01 |

| Employees Working 60-71 Hours Per Pay Period | | Base Medical HMO \$200 Plan | Buy-up Medical Access PPO Plan | Vision | Base Dental PPO Plan | Buy-up Dental Enhanced Plan | Willemette Dental Plan |
|--|------------------------------|--------------------------------|-----------------------------------|----------------|-------------------------|--------------------------------|---------------------------|
| Employee | Total Monthly Cost | \$613.95 | \$654.14 | \$3.84 | \$46.24 | \$50.85 | \$49.45 |
| | The Hearthstone Monthly Cost | \$429.77 | \$429.77 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$184.19 | \$224.38 | \$3.84 | \$9.25 | \$13.86 | \$12.46 |
| Employee & Spouse | Total Monthly Cost | \$1,311.60 | \$1,397.49 | \$7.68 | \$89.97 | \$98.84 | \$89.30 |
| | The Hearthstone Monthly Cost | \$429.77 | \$429.77 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$881.84 | \$967.73 | \$7.68 | \$52.98 | \$61.85 | \$52.31 |
| Employee & Child | Total Monthly Cost | \$982.59 | \$1,046.91 | \$7.68 | \$110.95 | \$120.13 | \$89.30 |
| | The Hearthstone Monthly Cost | \$429.77 | \$429.77 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$552.83 | \$617.15 | \$7.68 | \$73.96 | \$83.14 | \$52.31 |
| Employee & Children | Total Monthly Cost | \$1,479.76 | \$1,573.26 | \$10.76 | \$110.95 | \$120.13 | \$89.30 |
| | The Hearthstone Monthly Cost | \$429.77 | \$429.77 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$1,050.00 | \$1,143.50 | \$10.76 | \$73.96 | \$83.14 | \$52.31 |
| Employee, Spouse & Child | Total Monthly Cost | \$1,680.19 | \$1,790.21 | \$10.76 | \$154.67 | \$168.11 | \$129.25 |
| | The Hearthstone Monthly Cost | \$429.77 | \$429.77 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$1,250.43 | \$1,360.45 | \$10.76 | \$117.68 | \$131.12 | \$92.26 |
| Employee, Spouse & Children | Total Monthly Cost | \$2,174.30 | \$2,316.64 | \$10.76 | \$154.67 | \$168.11 | \$129.25 |
| | The Hearthstone Monthly Cost | \$429.77 | \$429.77 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$1,744.54 | \$1,886.88 | \$10.76 | \$117.68 | \$131.12 | \$92.26 |





Employee / Employer Contribution Schedule continued

Your Benefit Costs - Without Wellness Incentive

| Employees Working 72-80 Hours Per Pay Period | | Base Medical HMO \$200 Plan | Buy-up Medical Accesss PPO Plan | Vision | Base Dental PPO Plan | Buy-up Dental Enhanced Plan | Willemette Dental Plan |
|--|------------------------------|--------------------------------|------------------------------------|----------------|-------------------------|--------------------------------|---------------------------|
| Employee | Total Monthly Cost | \$613.95 | \$654.14 | \$3.84 | \$46.24 | \$50.85 | \$49.45 |
| | The Hearthstone Monthly Cost | \$524.93 | \$524.93 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$89.02 | \$129.21 | \$3.84 | \$0.00 | \$4.61 | \$3.21 |
| Employee & Spouse | Total Monthly Cost | \$1,311.60 | \$1,397.49 | \$7.68 | \$89.97 | \$98.84 | \$89.30 |
| | The Hearthstone Monthly Cost | \$524.93 | \$524.93 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$786.67 | \$872.56 | \$7.68 | \$43.73 | \$52.60 | \$43.06 |
| Employee & Child | Total Monthly Cost | \$982.59 | \$1,046.91 | \$7.68 | \$110.95 | \$120.13 | \$89.30 |
| | The Hearthstone Monthly Cost | \$524.93 | \$524.93 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$457.66 | \$521.98 | \$7.68 | \$64.71 | \$73.89 | \$43.06 |
| Employee & Children | Total Monthly Cost | \$1,479.76 | \$1,573.26 | \$10.76 | \$110.95 | \$120.13 | \$89.30 |
| | The Hearthstone Monthly Cost | \$524.93 | \$524.93 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$954.83 | \$1,048.33 | \$10.76 | \$64.71 | \$73.89 | \$43.06 |
| Employee, Spouse & Child | Total Monthly Cost | \$1,680.19 | \$1,790.21 | \$10.76 | \$154.67 | \$168.11 | \$129.25 |
| | The Hearthstone Monthly Cost | \$524.93 | \$524.93 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$1,155.26 | \$1,265.28 | \$10.76 | \$108.43 | \$121.87 | \$83.01 |
| Employee, Spouse & Children | Total Monthly Cost | \$2,174.30 | \$2,316.64 | \$10.76 | \$154.67 | \$168.11 | \$129.25 |
| | The Hearthstone Monthly Cost | \$524.93 | \$524.93 | \$0.00 | \$46.24 | \$46.24 | \$46.24 |
| | Employee Monthly Cost | \$1,649.37 | \$1,791.71 | \$10.76 | \$108.43 | \$121.87 | \$83.01 |

| Employees Working 60-71 Hours Per Pay Period | | Base Medical HMO \$200 Plan | Buy-up Medical Accesss PPO Plan | Vision | Base Dental PPO Plan | Buy-up Dental Enhanced Plan | Willemette Dental Plan |
|--|------------------------------|--------------------------------|------------------------------------|----------------|-------------------------|--------------------------------|---------------------------|
| Employee | Total Monthly Cost | \$613.95 | \$654.14 | \$3.84 | \$46.24 | \$50.85 | \$49.45 |
| | The Hearthstone Monthly Cost | \$399.07 | \$399.07 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$214.88 | \$255.07 | \$3.84 | \$9.25 | \$13.86 | \$12.46 |
| Employee & Spouse | Total Monthly Cost | \$1,311.60 | \$1,397.49 | \$7.68 | \$89.97 | \$98.84 | \$89.30 |
| | The Hearthstone Monthly Cost | \$399.07 | \$399.07 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$912.53 | \$998.42 | \$7.68 | \$52.98 | \$61.85 | \$52.31 |
| Employee & Child | Total Monthly Cost | \$982.59 | \$1,046.91 | \$7.68 | \$110.95 | \$120.13 | \$89.30 |
| | The Hearthstone Monthly Cost | \$399.07 | \$399.07 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$583.52 | \$647.84 | \$7.68 | \$73.96 | \$83.14 | \$52.31 |
| Employee & Children | Total Monthly Cost | \$1,479.76 | \$1,573.26 | \$10.76 | \$110.95 | \$120.13 | \$89.30 |
| | The Hearthstone Monthly Cost | \$399.07 | \$399.07 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$1,080.69 | \$1,174.19 | \$10.76 | \$73.96 | \$83.14 | \$52.31 |
| Employee, Spouse & Child | Total Monthly Cost | \$1,680.19 | \$1,790.21 | \$10.76 | \$154.67 | \$168.11 | \$129.25 |
| | The Hearthstone Monthly Cost | \$399.07 | \$399.07 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$1,281.12 | \$1,391.14 | \$10.76 | \$117.68 | \$131.12 | \$92.26 |
| Employee, Spouse & Children | Total Monthly Cost | \$2,174.30 | \$2,316.64 | \$10.76 | \$154.67 | \$168.11 | \$129.25 |
| | The Hearthstone Monthly Cost | \$399.07 | \$399.07 | \$0.00 | \$36.99 | \$36.99 | \$36.99 |
| | Employee Monthly Cost | \$1,775.23 | \$1,917.57 | \$10.76 | \$117.68 | \$131.12 | \$92.26 |





Medical Plan Summary – Kaiser Permanente HMO \$200

| Benefit Summary | | |
|--|--|----------------------|
| The Hearthstone | | |
| Group Number: 1394000 | | |
| KAISER PERMANENTE® | | |
| Effective Date 7/1/2017 | Health Plan Core HMO | Ref RQ-112703 |
| <p>This is a brief summary of benefits. THIS IS NOT A CONTRACT OR CERTIFICATE OF COVERAGE. All benefit descriptions, including alternative care, are for medically necessary services. The Member will be charged the lesser of the cost share for the covered service or the actual charge for that service. For full coverage provisions, including limitations, please refer to your certificate of coverage.</p> <p>In accordance with the Patient Protection and Affordable Care Act of 2010,</p> <ul style="list-style-type: none"> The lifetime maximum on the dollar value of covered essential health benefits no longer applies. Members whose coverage ended by reason of reaching a lifetime limit under this plan are eligible to enroll in this plan, and Dependent children who are under the age of twenty-six (26) are eligible to enroll in this plan. | | |
| Benefits | Inside Network | |
| Plan deductible | Individual deductible: \$200 per calendar year Family deductible: \$600 per calendar year | |
| Individual deductible carryover | 4th quarter carryover does not apply | |
| Plan coinsurance | Plan pays 90%, you pay 10% | |
| Deductible and/or coinsurance waiver riders | 1st 4 visits per calendar year are not subject to deductible and/or coinsurance. Lab and xray services covered in full up to \$500 per calendar year. | |
| Out-of-pocket limit | Individual out-of-pocket limit: \$2,000 Family out-of-pocket limit: \$6,000 Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit: All cost shares for covered services | |
| Pre-existing condition (PEC) waiting period | No PEC | |
| Lifetime maximum | Unlimited | |
| Outpatient services (Office visits) | \$20 copay, deductible and coinsurance apply | |
| Hospital services | Inpatient services: \$500 copay, per admit Deductible and coinsurance apply Outpatient surgery: \$100 copay, deductible and coinsurance apply | |
| Prescription drugs (some injectable drugs may be covered under Outpatient services) | Preferred generic/preferred brand \$20/\$40 copay per 30 day supply | |
| Prescription mail order | 2 x prescription cost share per 90 day supply | |
| Acupuncture | Covered up to 12 visits per calendar year \$20 copay, deductible and coinsurance apply | |
| Ambulance services | Deductible and coinsurance | |
| Chemical dependency | Inpatient: \$500 copay, per admit Deductible and coinsurance apply Outpatient: \$20 copay, deductible and coinsurance apply | |
| Devices, equipment and supplies <ul style="list-style-type: none"> Durable medical equipment Orthopedic appliances Post-mastectomy bras limited to two (2) every six (6) months Ostomy supplies Prosthetic devices | Covered at 80% | |
| Diabetic supplies | Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits. | |

Medical Plan Summary – Kaiser Permanente HMO \$200 continued

| | |
|--|---|
| Diagnostic lab and X-ray services | Inpatient: Covered under Hospital services Outpatient: Covered in full up to \$500 per calendar year, then deductible and coinsurance apply High end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services. |
| Emergency services (copay waived if admitted) | \$150 copay at a designated facility \$150 copay at a non designated facility Deductible and coinsurance apply |
| Hearing exams (routine) | \$20 copay, deductible and coinsurance apply |
| Hearing hardware | Not covered |
| Home health services | Covered in full. No visit limit. |
| Hospice services | Covered in full |
| Infertility services | Not covered |
| Manipulative therapy | Covered up to 10 visits per calendar year without prior authorization \$20 copay, deductible and coinsurance apply |
| Massage services | See Rehabilitation services |
| Maternity services | Inpatient: \$500 copay, per admit Deductible and coinsurance apply Outpatient: \$20 copay, deductible and coinsurance apply. Routine care not subject to outpatient services copay. |
| Mental Health | Inpatient: \$500 copay, per admit Deductible and coinsurance apply Outpatient: \$20 copay, deductible and coinsurance apply |
| Naturopathy | Covered up to 3 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan \$20 copay, deductible and coinsurance apply |
| Newborn Services | Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother. |
| Obesity-related surgery (bariatric) | Not covered |
| Organ transplants | Unlimited, no waiting period Inpatient: \$500 copay, per admit Deductible and coinsurance apply Outpatient: \$20 copay, deductible and coinsurance apply |
| Preventive care Well-care physicals, immunizations, Pap smear exams, mammograms | Covered in full Women's preventive care services (including contraceptive drugs and devices and sterilization) are covered in full. |
| Rehabilitation services Rehabilitation visits are a total of combined therapy visits per calendar year | Inpatient: 30 days per calendar year. Services with mental health diagnoses are covered with no limit. \$500 copay, per admit Deductible and coinsurance apply Outpatient: 45 visits per calendar year. Services with mental health diagnoses are covered with no limit. \$20 copay, deductible and coinsurance apply |
| Skilled nursing facility | Up to 60 days per calendar year, deductible and coinsurance apply |
| Sterilization (vasectomy, tubal ligation) | Inpatient: \$500 copay, per admit Deductible and coinsurance apply Outpatient: \$20 copay, deductible and coinsurance apply Women's sterilization procedures are covered in full. |
| Temporomandibular Joint (TMJ) services | Inpatient: \$500 copay, per admit Deductible and coinsurance apply Outpatient: \$20 copay, deductible and coinsurance apply |
| Tobacco cessation counseling | Quit for Life Program - covered in full |
| Routine vision care (1 visit every 12 months) | \$20 copay, deductible and coinsurance waived |
| Optical hardware Lenses, including contact lenses and frames | Not covered |

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington

RQ-112703



Medical Plan Summary – Kaiser Permanente Access PPO

| Benefit Summary | | |
|--|--|--|
| The Hearthstone | | |
| Group Number: 6379400 | | |
| KAISER PERMANENTE® | | |
| Effective Date 7/1/2017 | Health Plan Access PPO | Ref RQ-112703 |
| <p>This is a brief summary of benefits. THIS IS NOT A CONTRACT OR CERTIFICATE OF COVERAGE. All benefit descriptions, including alternative care, are for medically necessary services. The Member will be charged the lesser of the cost share for the covered service or the actual charge for that service. For full coverage provisions, including limitations, please refer to your certificate of coverage.</p> <p>In accordance with the Patient Protection and Affordable Care Act of 2010,</p> <ul style="list-style-type: none"> The lifetime maximum on the dollar value of covered essential health benefits no longer applies. Members whose coverage ended by reason of reaching a lifetime limit under this plan are eligible to enroll in this plan, and Dependent children who are under the age of twenty-six (26) are eligible to enroll in this plan. | | |
| Benefits | Preferred Provider Network | Out-of-Network |
| Plan deductible | Individual deductible: \$100 per calendar year Family deductible: \$300 per calendar year | Shared with preferred provider network |
| Individual deductible carryover | 4th quarter carryover does not apply | 4th quarter carryover does not apply |
| Plan coinsurance | Plan pays 90%, you pay 10% | Plan pays 70%, you pay 30% of the Allowed Amount. |
| Out-of-pocket limit | Individual out-of-pocket limit: \$2,000 Family out-of-pocket limit: \$6,000 Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit: All cost shares for covered services | Shared with preferred provider network Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit: All cost shares for covered services |
| Pre-existing condition (PEC) waiting period | No PEC | Same as preferred provider network |
| Lifetime maximum | Unlimited | Shared with preferred provider maximum |
| Outpatient services (Office visits) | \$25 copay (\$15 copay enhanced benefit), deductible and coinsurance apply Enhanced benefit applies when services are provided by an Enhanced provider. | No copay, deductible and coinsurance apply |
| Hospital services | Inpatient services: Deductible and coinsurance apply Outpatient surgery: Deductible and coinsurance apply | Inpatient services: Deductible and coinsurance apply Outpatient surgery: Deductible and coinsurance apply |
| Prescription drugs (some injectable drugs may be covered under Outpatient services) | Preferred generic/preferred brand/non-preferred \$15/\$25/\$45 (\$10/\$20/\$40 enhanced) copay up to a 30 day supply. | Preferred generic/preferred brand/non-preferred Not covered |
| Prescription mail order | 2x the enhanced benefit prescription drug cost share up to a 90 day supply | Not covered |
| Acupuncture | Covered up to 12 visits per calendar year \$25 copay, deductible and coinsurance apply | Visit limits shared with preferred provider network No copay, deductible and coinsurance apply |
| Ambulance services | Deductible and coinsurance apply | Preferred provider deductible and coinsurance apply |
| Chemical dependency | Inpatient: Deductible and coinsurance apply Outpatient: \$25 copay (\$15 copay enhanced benefit), deductible and coinsurance apply | Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply |
| Devices, equipment and supplies | | |
| <ul style="list-style-type: none"> Durable medical equipment Orthopedic appliances Post-mastectomy bras limited to two (2) every six (6) months Ostomy supplies Prosthetic devices | Deductible and coinsurance apply | Deductible and coinsurance apply |

Medical Plan Summary – Kaiser Permanente Access PPO continued

| | | |
|--|---|--|
| Diabetic supplies | Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits. | Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits. |
| Diagnostic lab and X-ray services | Inpatient: Covered under Hospital services Outpatient: Deductible and coinsurance apply High end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services. | Inpatient: Covered under Hospital services Outpatient: Deductible and coinsurance apply High end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services. |
| Emergency services (copay waived if admitted) | \$150 copay Deductible and coinsurance apply | \$150 copay Preferred provider deductible and coinsurance apply |
| Hearing exams (routine) | \$25 copay (\$15 copay enhanced benefit), deductible and coinsurance apply | No copay, deductible and coinsurance apply |
| Hearing hardware | Not covered | Not covered |
| Home health services | No visit limit, deductible and coinsurance apply | No visit limit Deductible and coinsurance apply |
| Hospice services | Deductible and coinsurance apply | Deductible and coinsurance apply |
| Infertility services | Not covered | Not covered |
| Manipulative therapy | Covered up to 15 visits per calendar year without prior authorization; additional visits when approved by the plan \$25 copay, deductible and coinsurance apply | Visit limits shared with preferred provider network No copay, deductible and coinsurance apply |
| Massage services | See Rehabilitation services | See Rehabilitation services |
| Maternity services | Inpatient: Deductible and coinsurance apply Outpatient: \$25 copay (\$15 copay enhanced benefit), deductible and coinsurance apply. Routine care not subject to outpatient services copay. | Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply |
| Mental Health | Inpatient: Deductible and coinsurance apply Outpatient: \$25 copay (\$15 copay enhanced benefit), deductible and coinsurance apply | Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply |
| Naturopathy | \$25 copay, deductible and coinsurance apply | No copay, deductible and coinsurance apply |
| Newborn Services | Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother. | Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother. |
| Obesity-related surgery (bariatric) | Covered at cost shares when medical criteria is met | Not covered |
| Organ transplants | Unlimited, no waiting period Inpatient: Deductible and coinsurance apply Outpatient: \$25 copay, deductible and coinsurance apply | Shared with preferred provider network Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply |
| Preventive care Well-care physicals, immunizations, Pap smear exams, mammograms | Covered in full Women's preventive care services (including contraceptive drugs and devices and sterilization) are covered in full. | Deductible and coinsurance apply Women's preventive care services (including contraceptive drugs and devices and sterilization) are subject to the applicable Preventive Care cost share and benefit maximums. Routine mammograms: Deductible and coinsurance apply |
| Rehabilitation services Rehabilitation visits are a total of combined therapy visits per calendar year | Inpatient: 30 days per calendar year. Services with mental health diagnoses are covered with no limit. Deductible and coinsurance apply Outpatient: 45 visits per calendar year. Services with mental health diagnoses are covered with no limit. \$25 copay (\$15 copay enhanced benefit), deductible and coinsurance apply | Inpatient: Day limits shared with preferred provider network. Deductible and coinsurance apply Outpatient: Visit limits shared with preferred provider network. No copay, deductible and coinsurance apply |
| Skilled nursing facility | Up to 60 days per calendar year, deductible and coinsurance apply | Day limits shared with preferred provider network, deductible and coinsurance apply |
| Sterilization (vasectomy, tubal ligation) | Inpatient: Deductible and coinsurance apply Outpatient: \$25 copay, deductible and coinsurance apply Women's sterilization procedures are covered in full. | Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply Women's sterilization procedures are covered subject to the applicable Preventive Care cost share and benefit maximums. |



Medical Plan Summary – Kaiser Permanente Access PPO continued

| | | |
|--|---|---|
| Temporomandibular Joint (TMJ) services | Inpatient: Deductible and coinsurance apply Outpatient: \$25 copay (\$15 copay enhanced benefit), deductible and coinsurance apply | Inpatient: Deductible and coinsurance apply Outpatient: No copay, deductible and coinsurance apply |
| Tobacco cessation counseling | Quit for Life Program - covered in full | Applicable cost shares apply |
| Routine vision care (1 visit every 12 months) | Covered in full | Covered in full |
| Optical hardware Lenses, including contact lenses and frames | Not covered | Not covered |

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc.

RQ-112703



Kaiser Permanente Preventive Care Guidelines



Preventive care for members*

Kaiser Permanente has always had a strong focus on the benefits of preventive care. The following well-care services, including immunizations and screenings, are provided as a part of our benefit plans. Many of these services are covered in full when care is received in-network from a provider with Washington Permanente Medical Group or a contracted community physician. Depending on a member's contract, some benefits may not be covered in full. This list is not all-inclusive; call Member Services to ask if other preventive care is covered by your plan.

Covered preventive care | for adults

| | |
|---|--|
| Abdominal aortic aneurysm screening | Screening once during lifetime for older men and women with specific risk factors [†] |
| Alcohol misuse screening and counseling | Routine care |
| Aspirin | When prescribed through shared decision making with provider |
| Blood pressure screening | Routine care at least annually |
| Cholesterol screening | Routine care for certain ages [†] |
| Colorectal cancer screening | Routine care for adults over 50 or earlier for high risk individuals [†] |
| Depression screening | Routine care |
| Diabetes screening | Routine care for patients with hypertension [†] |
| Diet counseling | For adults at higher risk for chronic disease; member cost share for additional services such as nutrition counseling and health education classes |
| Immunizations | Routine care; Kaiser Permanente follows the Centers for Disease Control and Prevention (CDC) Immunization Guidelines |
| Obesity screening and counseling | Routine care; member cost share for health education classes; participation in structured weight loss counseling programs are not covered |
| Sexually transmitted infection (STI/HIV) screening and counseling | Routine care for sexually-active adults, including testing and counseling for HIV depending on risk assessment |
| Tobacco use cessation intervention | Routine care, counseling, and medication |

Covered preventive care | for women

| | |
|--|--|
| Anemia screening | For pregnant women |
| BRCA (genetic screening for breast cancer risk) counseling | Shared decision making for women with certain risk factors; includes genetic counseling and lab tests |
| Breast cancer screening | For women over 40; mammogram every 1 to 2 years [†] |
| Breast cancer chemoprevention counseling | For women at higher risk |
| Breastfeeding counseling and supplies | Counseling during pregnancy; breastfeeding supplies after birth |
| Chlamydia infection screening | Routine care for sexually active women [†] |
| Contraceptive education, counseling, and methods | Patient education and counseling and full range of FDA-approved formulary contraceptive methods and sterilization procedures, per Kaiser Permanente guidelines and formulary |
| Folic acid supplements | Discussion and shared decision making for prescription of folic acid for women able to become pregnant |
| Gestational diabetes screening | Routine pregnancy care for women 24–28 weeks of gestation and at first prenatal visit for pregnant women at high risk for diabetes [†] |
| Gonorrhea screening | For all women at high risk |

*Medicare plans have different preventive care benefits
[†]Per Kaiser Permanente guidelines

Continued next page



Kaiser Permanente Preventive Care Guidelines continued

| | |
|--|---|
| Hepatitis B screening | Routine pregnancy care for women at their first prenatal visit or at high risk |
| Interpersonal and domestic violence screening and counseling | Routine service for all women |
| Osteoporosis screening | For women over age 60, depending on risk factors |
| Pap test for cervical cancer screening | Routine well care for sexually active women every 1 to 3 years depending on risk* |
| Rh incompatibility screening | Routine pregnancy care for women and follow-up testing for women at higher risk |
| Sexually transmitted infection (STI/HIV) counseling | Routine well care for sexually active women depending on risk assessment |
| Tobacco use cessation interventions | Routine care for all women, and expanded counseling for pregnant tobacco users |
| Syphilis screening | Routine pregnancy care for all women or other women at increased risk |
| Urine screening for bacterium | Routine pregnancy care for women at first prenatal visit |
| Wellness visits | At least one annual visit for all women 18 and older, including preconception and prenatal care |

Covered preventive care | for children and teens

| | |
|---|--|
| Alcohol and drug use assessments | Routine screening for high risk behavior in teens |
| Autism screening | Routine at 12, 15 to 18, and 24 months; covered for ages prenatal up to age 21 |
| Behavioral assessments | Routine well care for all children and teens; covered for ages prenatal up to age 21 |
| Congenital hypothyroidism screening | Routine well care for newborns |
| Developmental screening | Routine well care for all children and teens; covered for ages prenatal up to age 21 |
| Dyslipidemia screening | For children at higher risk; covered for ages 24 months to 21 years |
| Fluoride varnish | Shared decision making with parents for children aged birth–6 without fluoride water supply |
| Gonorrhea preventive medication for eyes | Routine care for the eyes of all newborns |
| Hearing screening | Routine care for ages pre-natal up to age 21 |
| Height, weight, and body mass index measurements | Routine care for all children and teens |
| Hematocrit or hemoglobin screening | Routine care as needed for children and teens |
| Hemoglobinopathies or sickle cell screening | Routine screening for newborns |
| Immunizations | Routine for children from birth to age 18; Kaiser Permanente follows the Centers for Disease Control and Prevention (CDC) Immunization Guidelines |
| Iron supplements | For children ages 6 to 12 months at risk for anemia, including discussion with parents about the use of iron |
| Lead screening | For children at risk of exposure |
| Obesity screening and counseling | Routine care for children and teens; member cost share for health education classes; participation in structured weight loss counseling programs are not covered |
| Oral health assessment | Routine care for children and teens |
| Phenylketonuria (PKU) screening | Routine screening for newborns |
| Sexually transmitted infection (STI/HIV) counseling | For all sexually active teens based on risk assessment |
| Tuberculin testing | For children and teens at high risk |
| Vision screening | Routine care for all children and teens starting at age 3 |
| Wellness visits | Wellness visit schedules vary by age; includes some preventive services in these guidelines as well as other services that are age and sex appropriate |

*Per Kaiser Permanente guidelines
XB0001273-50-17



Kaiser Permanente Quick Care Online Visits



Get quick care online with Kaiser Permanente online visits

As a Kaiser Permanente member you can access online visits anytime. Get started at kp.org/wa/onlinevisit.

- ✓ **No extra cost** for most members.*
- ✓ **Care for common conditions.**
- ✓ **Easy.** Just sign on and answer the questionnaire.
- ✓ **Quick.** Usually you'll get a response and any prescriptions you need within 2 hours. (9 a.m. to 9 p.m.)

Conditions treated include:

- Cold and flu symptoms
- Cough
- Sore throat
- Female bladder symptoms
- Vaginal yeast infection

To see the complete list of conditions, visit kp.org/wa/onlinevisit

Here's how this quick, convenient care works:



Online questionnaire



Diagnosis by a clinician



Response within 2 hours



Prescriptions if needed



* Kaiser Permanente online visits are available to non-Medicare members of Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. You must be 18 or older to use this service. This service is offered at no extra cost to you unless you have an HSA plan, where deductibles may apply. If a diagnosis can't be made, there is no charge and the clinician directs you to appropriate care.

Continued next page



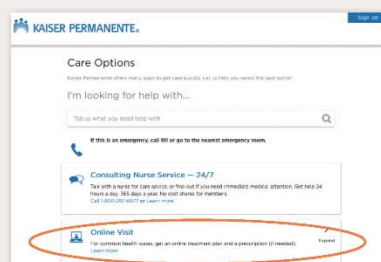
Kaiser Permanente Quick Care Online Visits continued

Feel better, faster with Kaiser Permanente online visits

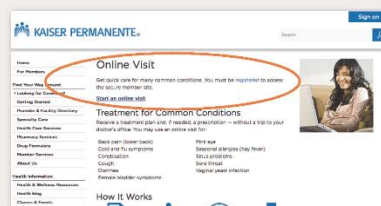
Getting a diagnosis and prescription online is a great way to avoid time off for doctor visits, traffic, and long lines when you don't feel well. Simply put, Kaiser Permanente online visits fit the way you live: on the go.

3 easy steps to use online visits:

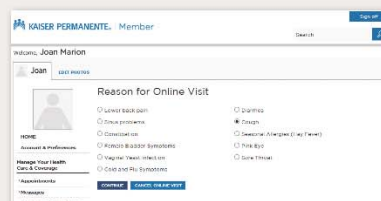
- 1 On the kp.org/wa home page, click Get Care, then click Learn More in the Online Visit box.



- 2 Click Start An Online Visit, then sign on, using your member ID and password.



- 3 After you accept the terms and conditions, answer the questionnaire. Based on the condition you select in the Reason for Online Visit screen, you will see questions about your specific symptoms.



You're all set!

Your answers go in the queue for the clinician, who will get back to you with advice—usually within 2 hours. You can expect:

- A message in your email inbox, plus you can sign on at kp.org/wa to see the response in your Messages inbox.
- Your prescription, if needed, is sent automatically to the pharmacy you chose at the beginning of your online visit.



Kaiser Permanente Care Clinic

Located at Bartell Drugs in:

Alderwood* | 2518 196th St. SW, Lynnwood

Ballard | 1500 NW Market St., Seattle

Bellevue Village* | 10116 NE 8th St.

Crossroads | 653 156th Ave. NE, Bellevue

Des Moines* | 21615 Pacific Hwy S

Fairwood* | 17254 140th Ave. SE, Renton

Gig Harbor* | *Coming in June 2017*

Greenwood* | 100 N. 85th St., Seattle

Rainier Avenue* | 2345 Rainier Ave. S, Seattle

Redmond Town Center* | *Coming in Aug. 2017*

Sammamish* | 526 228th Ave. NE

Silver Lake* | 11020 19th Ave. SE, Everett

Snoqualmie* | *Coming in July 2017*

U-Village* | 2700 NE U-Village St., Seattle

West Seattle* | 4706 42nd Ave. SW, Seattle

Open every day, 9 a.m. to 7 p.m.

To learn more about CareClinic, call
1-800-722-3009 or visit care-clinic.org.



Kaiser Permanente complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

*Closed on Thanksgiving and Christmas

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GP0001789-51-17

care clinic

KAISER PERMANENTE | BARTELL DRUGS



A walk-in, get-well
place for **everyone,**
every day



Kaiser Permanente Care Clinic continued

Drop in to CareClinic for quick, professional care

CareClinic by Kaiser Permanente at Bartell Drugs is a walk-in clinic offering fast care for minor medical needs. Come by any day of the week to see a Kaiser Permanente clinician. Our trained, caring staff can see you right when you need to be seen in select neighborhood Bartell Drugs locations.



What is CareClinic?

- Walk-in care for your minor medical needs
- For everyone ages two and up
- Open every day, even on weekends and most holidays
- Pay with health insurance or out-of-pocket
- No appointment necessary

Get Well menu

CareClinic accepts most insurance or self-pay for \$75 per visit without insurance. Vaccines and lab tests are priced separately.

→ Treatment services

| | |
|----------------------------|------------------------------|
| Allergies | Pinkeye |
| Bronchitis | Ringworm |
| Camp physicals (only \$50) | Sinus infections |
| Cold, cough & flu | Skin irritations & rashes |
| Diarrhea | Sore throat |
| Earache & ear infections | Sports physicals (only \$50) |
| Earwax removal | Sprains & strains |
| Fevers | Stitch removal |
| Head lice & scabies | Strep throat |
| Headaches | Sunburn |
| Insect bites & stings | Suture removal |
| Laryngitis | Swimmer's ear |
| Minor burns | Urinary tract infections |
| Minor cuts & stitches | Wart removal |
| Mononucleosis | |

→ Diagnostic tests

| | |
|---------------------|--------------------------------|
| Bacterial vaginosis | Strep |
| Chlamydia | Tuberculosis (TB)/(PPD) screen |
| Glucose | Trichomoniasis |
| Gonorrhea | Urinalysis |
| Herpes | Wound cultures |
| Mononucleosis | Yeast |
| Pregnancy | |

→ Vaccines & immunizations

| | |
|-------------------|------------|
| Chickenpox | Meningitis |
| DTaP & Tdap | MMR |
| Flu | Pneumonia |
| Hepatitis A and B | Polio |
| HPV | Shingles |

! Visit the ER for serious conditions such as:

| | |
|--------------|----------------------|
| Chest pain | Severe cuts & burns |
| High fever | Sharp abdominal pain |
| Broken bones | Shortness of breath |

Uniform Glossary of Health Coverage and Medical Terms

Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance](#) policy. Some of these terms also might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or [plan](#) document.)
- [Underlined](#) text indicates a term defined in this Glossary.
- See page 6 for an example showing how [deductibles](#), [coinsurance](#) and [out-of-pocket limits](#) work together in a real life situation.

Allowed Amount

This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

Appeal

A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

Balance Billing

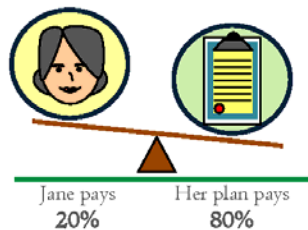
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an [out-of-network provider](#) ([non-preferred provider](#)). A [network provider](#) ([preferred provider](#)) may not bill you for covered services.

Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care [provider](#) to your health insurer or [plan](#) for items or services you think are covered.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay coinsurance **plus** (See page 6 for a detailed example.) any [deductibles](#) you owe. (For example, if the [health insurance](#) or [plan's](#) allowed amount for an office visit is \$100 and you've met your [deductible](#), your coinsurance payment of 20% would be \$20. The health insurance or [plan](#) pays the rest of the allowed amount.)



Complications of Pregnancy

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cost Sharing

Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your [premiums](#), penalties you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

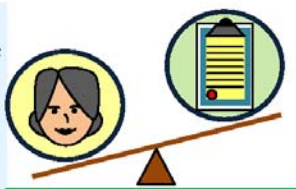
Cost-sharing Reductions

Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the [Marketplace](#). You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

Uniform Glossary of Health Coverage and Medical Terms continued

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your [plan](#) begins to pay. An overall deductible applies to all or almost all covered items and services. A [plan](#) with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A [plan](#) may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)



Jane pays 100% Her plan pays 0%

(See page 6 for a detailed example.)

Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care [provider](#) for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

Emergency Medical Condition

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

Emergency Medical Transportation

Ambulance services for an [emergency medical condition](#). Types of emergency medical transportation may include transportation by air, land, or sea. Your [plan](#) may not cover all types of emergency medical transportation, or may pay less for certain types.

Emergency Room Care / Emergency Services

Services to check for an [emergency medical condition](#) and treat you to keep an [emergency medical condition](#) from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for [emergency medical conditions](#).

Excluded Services

Health care services that your [plan](#) doesn't pay for or cover.

Formulary

A list of drugs your [plan](#) covers. A formulary may include how much your share of the cost is for each drug. Your [plan](#) may put drugs in different [cost sharing](#) levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different [cost sharing](#) amounts will apply to each tier.

Grievance

A complaint that you communicate to your health insurer or [plan](#).

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a [premium](#). A health insurance contract may also be called a "policy" or "[plan](#)".

Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care [providers](#). Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some [plans](#) may consider an overnight stay for observation as outpatient care instead of inpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

Uniform Glossary of Health Coverage and Medical Terms continued

Individual Responsibility Requirement

Sometimes called the “individual mandate”, the duty you may have to be enrolled in health coverage that provides [minimum essential coverage](#). If you don't have [minimum essential coverage](#), you may have to pay a penalty when you file your federal income tax return unless you qualify for a health coverage exemption.

In-network Coinsurance

Your share (for example, 20%) of the [allowed amount](#) for covered healthcare services. Your share is usually lower for in-[network](#) covered services.

In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network copayments usually are less than [out-of-network copayments](#).

Marketplace

A marketplace for [health insurance](#) where individuals, families and small businesses can learn about their [plan](#) options; compare plans based on costs, benefits and other important features; apply for and receive financial help with [premiums](#) and [cost sharing](#) based on income; and choose a [plan](#) and enroll in coverage. Also known as an “Exchange”. The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children's Health Insurance Program (CHIP). Available online, by phone, and in-person.

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in [cost sharing](#) during the [plan](#) year for covered, in-[network](#) services. Applies to most types of health [plans](#) and insurance. This amount may be higher than the [out-of-pocket limits](#) stated for your [plan](#).

Medically Necessary

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

Minimum Essential Coverage

Health coverage that will meet the [individual responsibility requirement](#). Minimum essential coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage.

Minimum Value Standard

A basic standard to measure the percent of permitted costs the [plan](#) covers. If you're offered an employer [plan](#) that pays for at least 60% of the total allowed costs of benefits, the [plan](#) offers minimum value and you may not qualify for [premium tax credits](#) and [cost sharing reductions](#) to buy a [plan](#) from the [Marketplace](#).

Network

The facilities, [providers](#) and suppliers your health insurer or [plan](#) has contracted with to provide health care services.

Network Provider (Preferred Provider)

A [provider](#) who has a contract with your [health insurer](#) or [plan](#) who has agreed to provide services to members of a [plan](#). You will pay less if you see a [provider](#) in the [network](#). Also called “preferred provider” or “participating provider.”

Orthotics and Prosthetics

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient's physical condition.

Out-of-network Coinsurance

Your share (for example, 40%) of the [allowed amount](#) for covered health care services to [providers](#) who don't contract with your [health insurance](#) or [plan](#). Out-of-network coinsurance usually costs you more than [in-network coinsurance](#).

Out-of-network Copayment

A fixed amount (for example, \$30) you pay for covered health care services from [providers](#) who do **not** contract with your [health insurance](#) or [plan](#). Out-of-network copayments usually are more than [in-network copayments](#).

Uniform Glossary of Health Coverage and Medical Terms continued

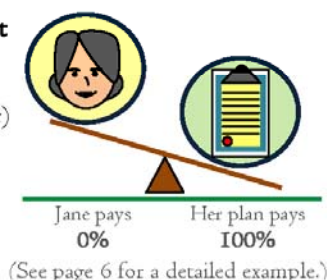
Out-of-network Provider (Non-Preferred Provider)

A [provider](#) who doesn't have a contract with your [plan](#) to provide services. If your [plan](#) covers out-of-network services, you'll usually pay more to see an out-of-network provider than a [preferred provider](#). Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider".

Out-of-pocket Limit

The most you *could* pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the [plan](#) will usually pay 100% of the

[allowed amount](#). This limit helps you plan for health care costs. This limit never includes your [premium](#), [balance-billed](#) charges or health care your [plan](#) doesn't cover. Some [plans](#) don't count all of your [copayments](#), [deductibles](#), [coinsurance](#) payments, out-of-network payments, or other expenses toward this limit.



Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

Plan

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan", "policy", "health insurance policy" or "[health insurance](#)".

Preauthorization

A decision by your health insurer or [plan](#) that a health care service, treatment plan, [prescription drug](#) or [durable medical equipment \(DME\)](#) is [medically necessary](#). Sometimes called prior authorization, prior approval or precertification. Your [health insurance](#) or [plan](#) may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your [health insurance](#) or [plan](#) will cover the cost.

Premium

The amount that must be paid for your [health insurance](#) or [plan](#). You and/or your employer usually pay it monthly, quarterly, or yearly.

Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private [health insurance](#). You can get this help if you get [health insurance](#) through the [Marketplace](#) and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly [premium](#) costs.

Prescription Drug Coverage

Coverage under a [plan](#) that helps pay for [prescription drugs](#). If the plan's [formulary](#) uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in [cost sharing](#) will be different for each "tier" of covered [prescription drugs](#).

Prescription Drugs

Drugs and medications that by law require a prescription.

Preventive Care (Preventive Service)

Routine health care, including [screenings](#), check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the [plan](#), who provides, coordinates, or helps you access a range of health care services.

Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The [plan](#) may require the provider to be licensed, certified, or accredited as required by state law.



Uniform Glossary of Health Coverage and Medical Terms continued

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

Referral

A written order from your [primary care provider](#) for you to see a [specialist](#) or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your [primary care provider](#). If you don't get a referral first, the [plan](#) may not pay for the services.

Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Screening

A type of [preventive care](#) that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is **not** the same as "skilled care services", which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

Specialist

A [provider](#) focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Specialty Drug

A type of [prescription drug](#) that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a [formulary](#).

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what [providers](#) in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the [allowed amount](#).

Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require [emergency room care](#).



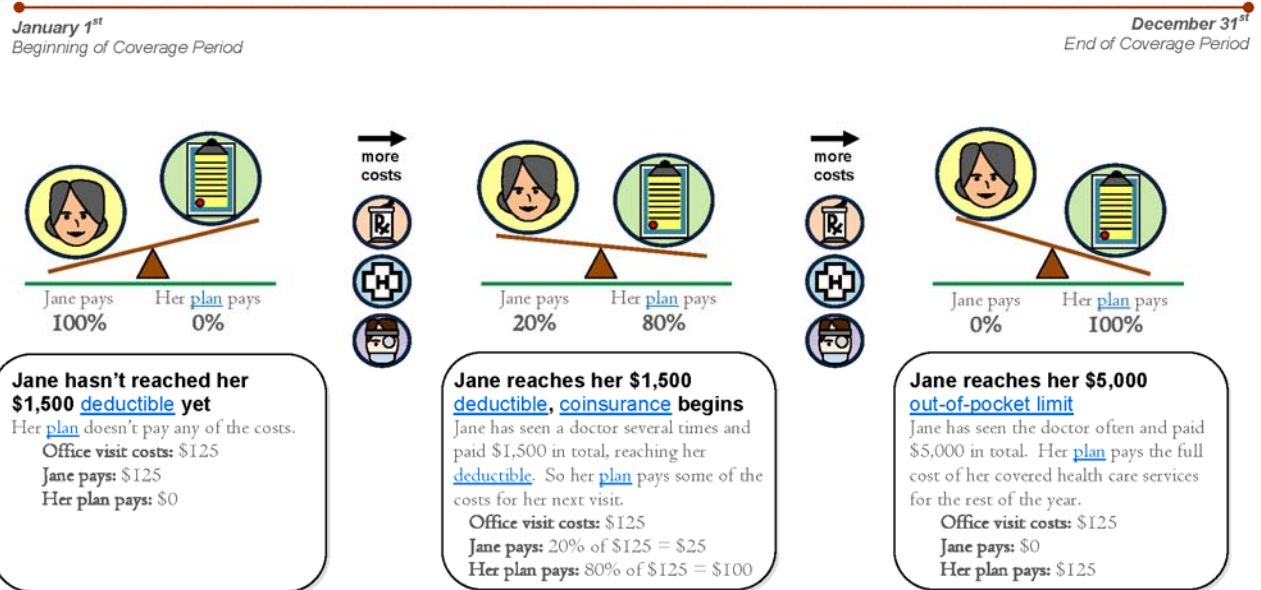
Uniform Glossary of Health Coverage and Medical Terms continued

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

Coinsurance: 20%

Out-of-Pocket Limit: \$5,000





Dental Plan Summary – Delta Dental of WA PPO



Delta Dental of Washington

The Hearthstone
Group #00794

Delta Dental PPOSM Plan Benefit Summary

| | | | |
|---|--|---|---------------------------|
| | | | |
| Effective Date | July 1, 2017 | | |
| Benefit Period | January 1, 2017 – December 31, 2017 | | |
| Benefit Period Maximum (Per Person) | \$2,000 | | |
| Orthodontia –Children Lifetime Maximum (Per Person) <i>(There is a 12 month waiting period for new enrollees)</i> | 50% \$1,500 | | |
| | | | |
| | | Dental Network | |
| | Delta Dental PPO SM Dentist | Delta Dental Premier [®] Dentist | Non-Participating Dentist |
| Benefit Period Deductible | | | |
| Does Not Apply to Class I (Per Person/Per Family) | \$50/\$150 | \$50/\$150 | \$50/\$150 |
| Class I – Diagnostic & Preventive | | | |
| Exams | 100% | 80% | 80% |
| Cleaning | | | |
| Fluoride | | | |
| X-Rays | | | |
| Sealants | | | |
| Class II – Restorative | | | |
| Fillings | 80% | 70% | 70% |
| Endodontics (Root Canal) | | | |
| Periodontics | | | |
| Oral Surgery | | | |
| Class III – Major | | | |
| Dentures | 50% | 40% | 40% |
| Partial Dentures | | | |
| Implants | | | |
| Bridges | | | |
| Crowns | | | |
| <i>(There is a 12 month waiting period for new enrollees)</i> | | | |

Please Note: This is a brief summary of available benefits for comparison purposes only and does not constitute a contract. Once enrolled in a plan, you will have access to your benefits booklet which provides more details of your Delta Dental PPO plan. Please feel free to call our customer service department or visit our website at **DeltaDentalWA.com** if you have any questions.

You will likely experience the greatest out-of-pocket savings when you see a Delta Dental PPO dentist.



Dental Plan Summary – Delta Dental of WA PPO continued

Here's some important information to help you use your benefits:

Finding a participating dentist

Under your plan, you can choose dentists from two networks: Delta Dental PPOSM or Delta Dental Premier[®]. You can find a participating, in-network, dentist in your area by visiting DeltaDentalWA.com and using our Find a Dentist tool. We recommend you select the Delta Dental PPO network to filter your search results.

The advantages of seeing a Delta Dental PPO or Delta Dental Premier dentist

We encourage you to see a Delta Dental network dentist because they provide services at discounted rates and file all claims paperwork for you. We will pay our portion and you're only responsible for your stated deductibles, coinsurance and/or amounts in excess of the plan maximums. In most cases, you will experience the greatest out-of-pocket savings if you choose a dentist from the Delta Dental PPO network.

Visiting your participating, in-network, dentist

Be sure to tell your dentist you're covered by Delta Dental of Washington and give them your member identification number, plan name and group number.

Visiting a non-participating, out-of-network, dentist

You are not limited to using a Delta Dental network dentist. You may use any licensed dentist. If you choose a non-participating dentist, you will be responsible to have the dentist complete your claim forms and to ensure that the claims are sent to us. Claim payments will be based on actual charges or our maximum allowable fees for non-participating dentists, whichever is less. You're then responsible for any balance remaining after we pay. Unlike our participating dentists, we have no control over non-participating dentists' charges or billing procedures.

Confirmation of Treatment and Cost (Formerly called Predeterminations)

If you are considering extensive treatments such as crowns, oral surgery, periodontics or prosthodontics, we recommend you ask your dentist to request a predetermination from us. We will process the request and provide you and your dentist with a Confirmation of Treatment and Cost (Confirmation). The Confirmation will show you what procedures will be covered, an estimate of what Delta Dental of Washington will pay and your expected financial responsibility. Confirmations are based on the treatment plan submitted by your dentist and the covered dental benefits available to you at the time the Confirmation is issued. Confirmations are estimates, not guarantees of payment.

Have a question?

Give us a call at 800.554.1907, Monday – Friday from 7 am to 5 pm, Pacific Time. We're happy to help.



Dental Plan Summary – Delta Dental of WA Enhanced PPO



Delta Dental of Washington

The Hearthstone
Group #00793

Delta Dental PPOSM Plan – Enhanced Benefit Summary

| | |
|--|-------------------------------------|
| Effective Date | July 1, 2017 |
| Benefit Period | January 1, 2017 – December 31, 2017 |
| Benefit Period Maximum (Per Person) | \$2,000 |
| Orthodontia –Children Lifetime Maximum (Per Person) <i>(There is a 12 month waiting period for new enrollees)</i> | 50% \$1,500 |

| | | Dental Network | | |
|---|------|---|----------------------------------|------------------------------|
| | | Delta Dental PPO SM Dentist | Delta Dental Premier® Dentist | Non-Participating Dentist |
| Class I – Diagnostic & Preventive | | | | |
| Exams | 100% | 100% | 100% | |
| Cleaning | | | | |
| Fluoride | | | | |
| X-Rays | | | | |
| Sealants | | | | |
| Class II – Restorative | | | | |
| Fillings | 90% | 80% | 80% | |
| Endodontics (Root Canal) | | | | |
| Periodontics | | | | |
| Oral Surgery | | | | |
| Class III – Major | | | | |
| Dentures | 50% | 50% | 50% | |
| Partial Dentures | | | | |
| Implants | | | | |
| Bridges | | | | |
| Crowns | | | | |
| (There is a 12 month waiting period for new enrollees) | | | | |

Please Note: This is a brief summary of available benefits for comparison purposes only and does not constitute a contract. Once enrolled in a plan, you will have access to your benefits booklet which provides more details of your Delta Dental PPO plan. Please feel free to call our customer service department or visit our website at DeltaDentalWA.com if you have any questions.

You will likely experience the greatest out-of-pocket savings when you see a Delta Dental PPO dentist.



Dental Plan Summary – Delta Dental of WA Enhanced PPO continued

Here's some important information to help you use your benefits:

Finding a participating dentist

Under your plan, you can choose dentists from two networks: Delta Dental PPOSM or Delta Dental Premier[®]. You can find a participating, in-network, dentist in your area by visiting DeltaDentalWA.com and using our Find a Dentist tool. We recommend you select the Delta Dental PPO network to filter your search results.

The advantages of seeing a Delta Dental PPO or Delta Dental Premier dentist

We encourage you to see a Delta Dental network dentist because they provide services at discounted rates and file all claims paperwork for you. We will pay our portion and you're only responsible for your stated deductibles, coinsurance and/or amounts in excess of the plan maximums. In most cases, you will experience the greatest out-of-pocket savings if you choose a dentist from the Delta Dental PPO network.

Visiting your participating, in-network, dentist

Be sure to tell your dentist you're covered by Delta Dental of Washington and give them your member identification number, plan name and group number.

Visiting a non-participating, out-of-network, dentist

You are not limited to using a Delta Dental network dentist. You may use any licensed dentist. If you choose a non-participating dentist, you will be responsible to have the dentist complete your claim forms and to ensure that the claims are sent to us. Claim payments will be based on actual charges or our maximum allowable fees for non-participating dentists, whichever is less. You're then responsible for any balance remaining after we pay. Unlike our participating dentists, we have no control over non-participating dentists' charges or billing procedures.

Confirmation of Treatment and Cost (Formerly called Predeterminations)

If you are considering extensive treatments such as crowns, oral surgery, periodontics or prosthodontics, we recommend you ask your dentist to request a predetermination from us. We will process the request and provide you and your dentist with a Confirmation of Treatment and Cost (Confirmation). The Confirmation will show you what procedures will be covered, an estimate of what Delta Dental of Washington will pay and your expected financial responsibility. Confirmations are based on the treatment plan submitted by your dentist and the covered dental benefits available to you at the time the Confirmation is issued. Confirmations are estimates, not guarantees of payment.

Have a question?

Give us a call at 800.554.1907, Monday – Friday from 7 am to 5 pm, Pacific Time. We're happy to help.



Dental Plan Summary – Willamette Dental

Summary of Benefits

Group Number: WA244
Effective Date: 7/1/2017



Lutheran Services in the Northwest

| COPAYS | |
|--|-------------------------------------|
| Annual Maximum | No Annual Maximum* |
| Deductible | No Deductible |
| General Office Visit | You pay \$15 per Visit |
| DIAGNOSTIC AND PREVENTIVE SERVICES | |
| Routine and Emergency Exams | Covered with the Office Visit Copay |
| X-rays | Covered with the Office Visit Copay |
| Teeth Cleaning | Covered with the Office Visit Copay |
| Fluoride Treatment | Covered with the Office Visit Copay |
| Sealants (per Tooth) | Covered with the Office Visit Copay |
| Head and Neck Cancer Screening | Covered with the Office Visit Copay |
| Oral Hygiene Instruction | Covered with the Office Visit Copay |
| Periodontal Charting | Covered with the Office Visit Copay |
| Periodontal Evaluation | Covered with the Office Visit Copay |
| RESTORATIVE DENTISTRY | |
| Fillings | Covered with the Office Visit Copay |
| Porcelain-Metal Crown | You pay a \$160 Copay |
| PROSTHODONTICS | |
| Complete Upper or Lower Denture | You pay a \$200 Copay |
| Bridge (per Tooth) | You pay a \$160 Copay |
| ENDODONTICS AND PERIODONTICS | |
| Root Canal Therapy – Anterior | You pay a \$75 Copay |
| Root Canal Therapy – Bicuspid | You pay a \$125 Copay |
| Root Canal Therapy – Molar | You pay a \$150 Copay |
| Osseous Surgery (per Quadrant) | You pay a \$150 Copay |
| Root Planing (per Quadrant) | You pay a \$60 Copay |
| ORAL SURGERY | |
| Routine Extraction (Single Tooth) | Covered with the Office Visit Copay |
| Surgical Extraction | You pay a \$140 Copay |
| ORTHODONTIA TREATMENT | |
| Pre-Orthodontia Treatment | You pay a \$150 Copay** |
| Comprehensive Orthodontia Treatment | You pay a \$1,600 Copay |
| MISCELLANEOUS | |
| Local Anesthesia | Covered with the Office Visit Copay |
| Dental Lab Fees | Covered with the Office Visit Copay |
| Nitrous Oxide | You pay a \$20 Copay |
| Specialty Office Visit | You pay a \$30 Copay per visit |
| Out of Area Emergency Care Reimbursement | You pay charges in excess of \$100 |

*TMJ has a \$1000 annual maximum/ \$5000 lifetime maximum

**Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.

Underwritten by Willamette Dental of Washington, Inc.

This plan provides extensive coverage of services and supplies to prevent, diagnose, and treat diseases or conditions of the teeth and supporting tissues. Presented are just some of the most common procedures covered in your plan. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.

Form No. 015-WA(6/13)
Contract No. 001L-WA(5/12), 001S-WA(5/12)



Dental Plan Summary – Willamette Dental continued

Exclusions and Limitations



Exclusions

Bridges, crowns, dentures or any prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.

The completion or delivery of treatments, services, or supplies initiated prior to the effective date of coverage.

Dental implants, including attachment devices and their maintenance.

Endodontic services, prosthetic services, and implants that were provided prior to the effective date of coverage.

Endodontic therapy completed more than 60 days after termination of coverage.

Exams or consultations needed solely in connection with a service or supply not listed as covered.

Experimental or investigational services or supplies and related exams or consultations.

Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.

Hospital care or other care outside of a dental office for dental procedures, physician services, or facility fees.

Maxillofacial prosthetic services.

Nightguards.

Personalized restorations.

Plastic, reconstructive, or cosmetic surgery and other services or supplies, which are primarily intended to improve, alter, or enhance appearance.

Prescription and over-the-counter drugs and pre-medications.

Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.

Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.

Replacement of sound restorations.

Services or supplies and related exams or consultations that are not within the prescribed treatment plan and/or are not recommended and approved by a Willamette Dental Group dentist.

Services or supplies and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.

Services or supplies by any person other than a licensed dentist, denturist, hygienist, or dental assistant.

Services or supplies for treatment of injuries sustained while practicing for or competing in a professional athletic contest.

Services or supplies for the treatment of an occupational injury or disease, including an injury or disease arising out

of self-employment or for which benefits are available under workers' compensation or similar law.

Services or supplies for treatment of intentionally self-inflicted injuries.

Services or supplies for which coverage is available under any federal, state, or other governmental program, unless required by law.

Services or supplies not listed as covered in the contract.

Services or supplies where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

Limitations

If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.

Services or supplies listed in the contract, which are provided to correct congenital or developmental malformations which impair functions of the teeth and supporting structures will be covered for dependent children if dental necessity has been established.

Orthognathic surgery is covered as specified in the contract when the Willamette Dental Group dentist determines it is dentally necessary and authorizes the orthognathic surgery for treatment of an enrollee, under age 19, with congenital or developmental malformations.

Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.

When initial root canal therapy was performed by a Willamette Dental Group dentist, the retreatment of such root canal therapy will be covered as part of the initial treatment for the first 24 months. When the initial root canal therapy was performed by a non-participating provider, the retreatment of such root canal therapy by a Willamette Dental Group dentist will be subject to the applicable copayments.

General anesthesia is covered with the copayments specified in the contract if it is performed in a dental office; provided in conjunction with a covered service; and dentally necessary because the enrollee is under the age of 7, developmentally disabled or physically handicapped.

The services provided by a dentist in a hospital setting are covered if medically necessary; pre-authorized in writing by a Willamette Dental Group dentist; the services provided are the same services that would be provided in a dental office; and applicable copayments are paid.

The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance or restoration denture is covered if the appliance is more than 5 years old and replacement is dentally necessary.



Willamette Dental Provider Locations

Washington Provider List



For Appointments or Customer Service, please call 1.855.4DENTAL (1.855.433.6825)

Bellevue

(Park 120 Office Complex)

626 120th Avenue NE, Suite B210, Bellevue, WA 98005

Jamie Kuo, DDS
Dean Kyrios, DDS
Ryan D. Murphy, DDS
C. Melbern Dunn, DMD, Orthodontist

Bellingham

(Pacific Meridian Plaza)

4164 Meridian Street, Bellingham, WA 98226

Michael Scott, DDS
Carrie Ayer, DMD
Cynthia Koudela, DDS, Orthodontist

Everett

4310 Colby Street, Everett, WA 98203

Sooik Park, DDS
Sangchi Tang, DDS
Marshall Titus, DDS
Paul T. Nguyen, DMD
Hong Li, DDS, Endodontist
C. Melbern Dunn, DMD, Orthodontist

Federal Way

181 South 333rd Street, Suite 100, Federal Way, WA 98003

Jing Shen, DDS
Solmaz Eftekhari, DDS

Kent

24722 104th Avenue SE, Kent, WA 98030

James Javier, DDS
Satyajeet Sadana, DDS
Nellie Solovjov, DDS
Zhi Hao (Jeffrey) You, DDS, Orthodontist

Longview

1461 Broadway Street, Suite A, Longview, WA 98632

Sydney Stoker, DMD
Gary Dixon, DDS
Nicole Grant, DMD
Susan Nordstrom, DMD, Orthodontist

Lynnwood

(Scriber Lake Office Center)

6101 200th Street SW, Suite 201, Lynnwood, WA 98036

Suzanna Tanus, DDS
Eric T. Yuan, DDS

Northgate

2111 North Northgate Way, Suite 100, Seattle, WA 98133

Edwin Chung, DDS
Lichuan Yang, DDS

Olympia

(Columbia Commons)

3773-C Martin Way East, Suite 105, Olympia, WA 98506

Mindy Brown, DMD
Angela Chavez, DMD
Jasjit Minhas, DMD
John Park, DMD, Periodontist
Patricia Koning, DDS, Oral Surgeon

Pullman

(Wheatland Shopping Center)

1646 South Grand Avenue, Pullman, WA 99163

Kirkland B. Reuer, DDS, Orthodontist
Kurt Markuson, DMD

Puyallup

702 South Hill Park Drive, Puyallup, WA 98373

Peter Iversen, DDS
Yasmine Mohamed, BDS
Daniel Roberts, DMD
Zhi Hao (Jeffrey) You, DDS, Orthodontist

Richland

1426 Fowler Street, Richland, WA 99352

Daryl Ballard, DDS
Anthony Russo, DDS
Aaron Stevens, DMD
Daniel Rhoten, DDS
Daniel Delonas, DDS
Scott Yeaman, DDS
Tasneem Ahmad, BDS, Endodontist
John D. Burleigh, DDS, Orthodontist
Diana Cristea, DDS, MSD, Periodontist

Seattle

133 Dexter Ave North, Seattle, WA 98109

Duc Pham, DDS
Triet D. Vuong, DDS

Silverdale

3505 NW Anderson Hill Road, Silverdale, WA 98383

Gregory Chinn, DDS
Xin Liu, DDS
Jean J. Xu, DDS, MS, Orthodontist



Willamette Dental Provider Locations continued

Washington Provider List



For Appointments or Customer Service, please call 1.855.4DENTAL (1.855.433.6825)

Spokane – Northpointe

9717 North Nevada, Spokane, WA 99218

John Wesley, DDS
Lyle McClellan, DDS
Daniel Perry, DMD
Jeremy Hixson, DMD, Oral Surgeon

Spokane Valley

9019 E. Mission Avenue, Spokane, WA 99212

Nichole Myers, DMD
Tyler C. Douma, DDS
Kyle Malloy, DMD, Periodontist
Kirkland B. Reuer, DDS, Orthodontist

Tacoma

3866 S. 74th Street, Tacoma, WA 98406

Roger Chen, DMD
Winifredo Fabi, DMD
Kendal Allman-Bailey, DDS
Crystal Vargas, DDS
Dana Jackson, DMD
Ronald Sabins, DDS, Endodontist
Jean J. Xu, DDS, MS, Orthodontist
John Park, DMD, Periodontist
Larry Kuxhausen, DDS, Oral Surgeon

Tumwater

6120 Capitol Boulevard South, Tumwater, WA 98501

Anthony Dunkin-Moscato, DDS
Wendy O'Haver, DDS
Nancy Wang, DDS, MS, Endodontist
Dean Johnson, DDS, Orthodontist

Vancouver – Hazel Dell

910 NE 82nd Street, Vancouver, WA 98665

Jeffery Knod, DDS
Scott Rooker, DDS
Susan Nordstrom, DMD, Orthodontist

Vancouver – Mill Plain

9609 East Mill Plain Boulevard, Vancouver, WA 98664

Marwan Adjaj, DMD
David R. Morrison, DMD
Judy Fu, DMD

Yakima

1200 Chesterly Drive, Suite 230, Yakima, WA 98902

John Rome, DMD
John D. Burleigh, DDS, Orthodontist

WILLAMETTE DENTAL SPECIALTY OFFICE:

Northgate Specialty

11011 Meridian Avenue North, Suite 104, Seattle, WA 98133

Dean Kyrios, DDS
Hong Li, DDS, Endodontist
Patricia Koning, DDS, Oral Surgeon
Cynthia Koudela, DDS, Orthodontist
Diana Cristea, DDS, MSD, Periodontist

NORTHERN IDAHO OFFICE:

Coeur d'Alene

943 West Ironwood Drive, Suite 200, Coeur d'Alene, ID 83814

Adam Holecek, DDS
Ryan Rediger, DMD
Kirkland B. Reuer, DDS, Orthodontist



Employee Assistance Program Summary – First Choice



Beginning 7/1/2017 the Employee Assistance Program (EAP) is provided free of charge (no co-pay, deductible, or premium). The EAP offers up to **4 face-to-face visits** with a qualified clinical expert who can assess your concerns and develop a plan of action.

We want to be the first place you turn when facing issues that interfere with your health, well-being, and productivity at work or home. Our professional staff and rich provider network ensure the right resources are available when you need them most.

CONFIDENTIAL

available
24/7

FREE: Covers employees, spouses, domestic partners, and children up to age 26

contact us:
(800) 777-4114

 [Schedule an appointment](#)

Services:

Child Care and Elder Care Consultations: You will be connected with a specialist who can assist in arranging care or resources for your child or an older parent regardless of their location.

Legal Services: You can speak with an attorney for up to 30 minutes at no charge. Should you decide to retain the attorney, you will receive a 25% discount off the attorney's standard hourly fees (Work-related issues are not covered).

Financial Services: Speak to a financial professional by phone for up to 30 minutes at no charge. Issues include debt management, credit card education/consultation and budgeting advice (investment advice is not provided).

Counseling: Connect with a professional provider to help with a variety of issues such as: relationship and family issues, balancing the demands of work and home, and becoming more resilient.

ID Theft and Fraud Resolution: This benefit can help protect you from theft or fraud and offer assistance should you become a victim of a fraud-related crime.

Home Ownership Consultation: Save thousands if you are buying, selling, refinancing, or remodeling a home.



Online Tools & Resources

Login www.FirstChoiceEAP.com

 Username: **hearthstone**

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Group Life/AD&D Plan Summary – Prudential



Summary of Benefits

LUTHERAN SERVICES IN THE NORTHWEST, LLC

Basic Term Life and Basic Accidental Death & Dismemberment Issued by The Prudential Insurance Company of America

Basic Term Life

- 100% Employer Paid
- Basic Term Life: You are automatically enrolled for 1.0 times your covered annual earnings to \$200,000.
 - If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option.* Refer to the plan booklet for details.
 - Payment of premium can be waived if you are totally disabled for 6 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 65. This provision may vary by state.
 - The amount of insurance reduces to 65% at age 65 and 50% at age 70 and 30% at age 75 and 20% at age 80.
 - Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy issued by the Prudential Insurance Company of America.

Basic Accidental Death & Dismemberment

- 100% Employer Paid
- Basic AD&D pays you and your beneficiary a benefit for the loss of life or other injuries resulting from a covered accident -- 100% for loss of life and a lesser percentage for other injuries. Injuries covered may include loss of sight or speech, paralysis, and dismemberment of hands or feet. Basic AD&D benefits are paid regardless of other coverages you may have.
 - Basic AD&D: You are automatically enrolled for an amount equal to your Basic Term Life coverage amount.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.





Group Life/AD&D Plan Summary – Prudential continued

*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" or "chronically ill." You may wish to seek professional tax advice before exercising this option.

All benefit features may not be available in all states.

Group Term Life and Disability coverages are issued by The Prudential Insurance Company of America, a **New Jersey Company**, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support: 1-800-842-1718. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500. California CQA #1179 NAIC # 6824.

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Voluntary Vision Hardware Plan Summary – Ameritas

The Hearthstone
Eye Care Highlight Sheet



Policy #30600: Vision Perfect® Plan Summary

| | |
|------------------------------|--|
| Deductibles | \$20 Calendar Year Eye Glass Lenses or Frames* |
| Maximum | |
| Calendar Year | None |
| Annual Eye Exam | NA |
| Lenses (per pair) | |
| Single Vision | Up to \$40 |
| Bifocal | Up to \$60 |
| Trifocal | Up to \$75 |
| Lenticular | Up to \$80 |
| Progressive | Up to \$80 |
| Contacts | |
| Elective/Medically Necessary | Up to \$140 |
| Frames | \$100 |
| Frequencies (months) | |
| Lens/Frame | 12/24 |
| | Based on date of service** |

*Deductible applies to the first service received

After the doctor is paid for services, **submit a claim within 90 days for reimbursement (180 days in North Carolina).

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritasgroup.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance; it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritasgroup.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of LUTHERAN SERVICES IN THE NORTHWEST, LLC. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritasgroup.com/member.

Where to get Vision Hardware

This plan allows you to visit ANY location that provides vision hardware,

No insurance card necessary.

How to Submit a Claim

Save your receipt and submit it along with a claim form to Ameritas.

Your HR Department will have a copy of the claim for to use. There is also a copy in your Employee Guide.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Monthly Cost

| | |
|--------------------------|---------|
| Employee | \$3.84 |
| Employee & 1 Dependent | \$7.68 |
| Employee & 2+ Dependents | \$10.76 |



Ameritas Vision Hardware Claim Form

RESET FORM

eye care group claim form

Group Claim Office / P.O. Box 82520 / Lincoln, NE 68501-2520
Toll Free 800.255.4931 / Fax 402.467.7336 / Web ameritasgroup.com



PART 1 – TO BE COMPLETED BY EMPLOYEE

| | | | | | | | |
|--|--|-------------------------------------|--|--|---------------------------------|---|--|
| 1. Patient's full name (first, middle initial, last) | | 2. Patient birthdate (MM/DD/YY) | | 3. Relationship to employee <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other | | 4. Sex <input type="checkbox"/> M <input type="checkbox"/> F | |
| 5. Employee's full name (first, middle initial, last) | | 6. Employee's identification number | | | Employee's birthdate (MM/DD/YY) | | |
| 7. Employee's mailing address (Street address or P.O. Box, City, State, ZIP) | | | | 8. THIS SECTION MUST BE COMPLETED WITH EACH CLAIM SUBMISSION ONLY IF THE CLAIM IS FOR A DEPENDENT CHILD AGE 19 OR OVER Is patient a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name and address of school | | | |
| 9. Employer (company) name and address Email address | | | | 10. Group number | | Division number | |
| 11. Is patient covered by another eye care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Name and address of other carrier | | Policy number | |
| 12. Other employee/subscriber name | | | | Employee/subscriber identification number | | Date of birth (MM/DD/YY) | |
| 13. I have reviewed the following treatment plan, and I authorize release of any information relating to this claim. I understand that I am responsible for all cost of treatment. I certify these statements to be true and complete to the best of my knowledge. | | | | 14. I hereby authorize payment directly to the below named provider of group insurance benefits otherwise payable to me. | | | |
| X Signature (patient, or parent if minor) | | | | X Signature (insured person) | | | |
| Date | | | | Date | | | |

PART 2 – TO BE COMPLETED BY ATTENDING EYE CARE PROVIDER.

| | | | |
|---|--|--|--|
| 15. Eye care provider name and mailing address | | For Yes answers to questions 17-19, enter a brief description and date. | |
| | | 17. Is treatment result of occupational illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | 18. Is treatment result of auto accident? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Specialty | | 19. Other accident? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Phone number | | | |
| Email | | 20. This is a (please check one): <input type="checkbox"/> Statement of actual services <input type="checkbox"/> Pretreatment estimate | |
| Fax number | | | |
| 16. Federal tax ID number <input type="checkbox"/> SSN <input type="checkbox"/> TIN | | 21. Is this for LASIK/PRK? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| NPI (National Provider Identifier) | | | |
| License # | | | |

| 22. EXAMINATION AND TREATMENT RECORD Please include date of service, description of services, procedure code and fee. | | | | | | | |
|---|-------------------------|--------------------------|----------------|-----------|----------|-----------|--------------|
| Date service performed (MM/DD/YY) | Description of services | CPT/HCPCS procedure code | Diagnosis code | LASIK PRK | Left eye | Right eye | Fee |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 23. Remarks | | | | | | | 24. Total \$ |

| | | | |
|---|--|---|--|
| 25. CERTIFICATION: I hereby certify that the services listed above have been performed on the dates indicated and that the fees submitted are the fees I have charged and intend to collect for those purposes. | | 26. Address where treatment was performed | |
| X Signature (Provider) | | Date | |



Ameritas Vision Hardware Claim Form continued

tips

how to speed claims processing

part 1 – employee

Missing or incomplete information will slow down claims processing. To avoid this, please be sure to include:

#2 Patient birthdate

Helps identify an insured and determine dependent eligibility.

#6 Employee's identification number

This is the most important identifier for the plan member.

#8 Student status

Because this information often changes, it is required on every claim for dependents age 19 years and older.

#11 and #12 Coordination of benefits

The No box under #11 should be checked if no other **eye care** coverage exists. If there is other eye care coverage, the additional information requested is necessary for coordination of benefits.

#21 and #22 LASIK/PRK

If LASIK or PRK, please make sure your eye care provider marks the Yes box under #21, and includes description of services, procedure code, which eye (left, right or both), and the fee for each eye in the Examination and Treatment Record.

part 2 – eye care provider

To help expedite the claims process, please be sure to include:

#16 National Provider Identifier

There are two types of NPI. Type 1 is for individual providers who operate independently. Type 2 is for health care providers such as group practices or corporations. Type 2 organization providers may want their individual provider employees to have Type 1 NPIs to distinguish them individually.

#20 Statement of actual services, or Pretreatment estimate

Appropriate box should be marked to ensure correct handling.

NOTE: If there are two different providers (one for the exam, another for eyewear), we request that each provider submit a separate claim form.

| abbreviations | |
|---------------|----------------------|
| VE | vision exam |
| FR | frame |
| SV | single vision lenses |
| BI | bifocal lenses |
| TR | trifocal lenses |
| LE | lenticular lenses |
| PP | progressive lenses |
| CD | contacts |
| CN | necessary contacts |
| CC | cosmetic contacts |

pretreatment estimate of benefits

We recommend a pretreatment estimate of benefits when a plan member considers the services to be expensive. A pretreatment estimate lets both the member and eye care provider know in advance how much insurance will pay. If eye care coverage terminates for any reason during treatment, only procedures performed before coverage ended will be eligible for payment.

For full information regarding coverage, plan members may refer to their insurance plan booklet.

website

Visit our website for benefit information, electronic forms, a list of eye care providers if your plan includes a network, and more. Please note, the free software Adobe Reader® (available through the internet) is needed to view and print the electronic forms.



Voluntary Life/AD&D Plan Summary – Prudential



Summary of Benefits

LUTHERAN SERVICES IN THE NORTHWEST, LLC

Optional Term Life, Optional Dependent Term Life and Optional Accidental Death & Dismemberment

Issued by The Prudential Insurance Company of America

Effective: 07/01/2017

Optional Term Life

- 100% Employee Paid
- Purchase coverage in increments of \$5,000 up to a maximum of \$500,000, not to exceed 5.0 times your covered annual earnings. You must elect a minimum of \$10,000 to be eligible for Optional Dependent Term Life Insurance for your child(ren).
 - **New Hires:** Get up to \$110,000 - no medical questions asked - when enrolling when first eligible in Optional Group Term Life.
 - **Current Participants:** Your current coverage amount will be continued. Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts.
 - **Current Employees who were denied coverage in the past, Current Employees who waived coverage in the past or Late Entrants (did not enroll when first eligible):** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
 - If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive.
 - Payment of premium can be waived if you are totally disabled for 6 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 65. This provision may vary by state. Refer to the plan booklet for details.
 - Coverage will be reduced as you age - to 65% at age 65 and 50% at age 70 and 30% at age 75 and 20% at age 80.
 - Upon termination of employment, you (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts will be subject to maximum of five times your annual earnings or \$1 million, whichever is less.





Voluntary Life/AD&D Plan Summary – Prudential continued

Spouse / Domestic Partner* - Optional Dependent Term Life

- 100% Employee Paid
- Purchase coverage for your spouse/domestic partner* in increments of \$2,500 up to a maximum of 100% of your Optional Term Life coverage amount.
 - **New Hires:** Get up to \$55,000 for your spouse/domestic partner* - no medical questions asked - when enrolling when first eligible in Optional Dependent Group Term Life.
 - **Current Spouse/Domestic Partner* Participants:** Your spouse/domestic partner's* current coverage amount will be continued. Evidence of insurability satisfactory to the Prudential Insurance Company of America is required for all increases in coverage amounts.
 - **Current Employees whose spouse/domestic partner* has been denied coverage in the past, Current Employees who waived spouse/domestic partner* coverage in the past or Late Entrants (did not enroll when first eligible):** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
 - Coverage will be reduced as you age - to 65% at age 65 and 50% at age 70 and 30% at age 75 and 20% at age 80.
 - Upon termination of employment, your spouse/domestic partner* (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts for you and your spouse/domestic partner* will be subject to a maximum of five times your annual earnings or \$1 million, whichever is less.

*Please see your HR Department to determine if Non-State Registered Domestic Partners may be covered under this plan.

Child - Optional Dependent Term Life

- 100% Employee Paid
- Purchase coverage for \$10,000, not to exceed 100% of your Optional Term Life coverage amount. There are no health requirements for this coverage.
 - Coverage begins from live birth, and continues to age 26.
 - The death benefit for babies from live birth to 6 months old is \$500.
 - Upon termination of employment, you (if eligible to port) may choose to continue a dependent child coverage amount equal to or lower than your current benefit amount.



Voluntary Life/AD&D Plan Summary – Prudential continued

Optional Accidental Death & Dismemberment

100% Employee Paid

- **Employee Coverage:** Purchase Increments of \$50,000 up to a maximum of \$500,000 not to exceed 10.0 times your covered annual earnings.
- **Spouse/Domestic Partner* Coverage:** Purchase a coverage amount equal to 100% of your Optional AD&D Insurance coverage amount, not to exceed \$500,000.
- **Children Coverage:** Purchase a coverage amount of \$10,000.
- **Family:** Purchase a coverage amount for your spouse/domestic* partner equal to 100% of your Optional AD&D Insurance coverage amount, not to exceed \$500,000. Purchase a coverage amount of \$10,000 for your child.
- Coverage will be reduced as you age - to 65% at age 65 and 50% at age 70 and 30% at age 75 and 20% at age 80.

*Please see your HR Department to determine if Non-State Registered Domestic Partners may be covered under this plan.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" or "chronically ill." You may wish to seek professional tax advice before exercising this option.

All benefit features may not be available in all states.

Group Term Life and Disability coverages are issued by The Prudential Insurance Company of America, a **New Jersey Company**, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support: 1-800-842-1718. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500. California COA #1179 NAIC # 6824.

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Please note that Voluntary AD&D is offered on a stand-alone basis and can be elected independently of whether you enroll/are enrolled in Voluntary Life.



Voluntary Life/AD&D Rate Summary – Prudential



Rate Sheet

LUTHERAN SERVICES IN THE NORTHWEST, LLC

Issued by The Prudential Insurance Company of America

Effective: 07/01/2017

Employee - Optional Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$5,000 to a maximum of \$500,000, not to exceed 5.0 times your covered annual earnings. You must elect a minimum of \$10,000 to be eligible for Optional Dependent Term Life Insurance for your child(ren). Refer to the Optional Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

| | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 | \$55,000 | \$60,000 | \$65,000 |
|--------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$0.30 | \$0.60 | \$0.90 | \$1.20 | \$1.50 | \$1.80 | \$2.10 | \$2.40 | \$2.70 | \$3.00 | \$3.30 | \$3.60 | \$3.90 |
| 35-39 | \$0.50 | \$1.00 | \$1.50 | \$2.00 | \$2.50 | \$3.00 | \$3.50 | \$4.00 | \$4.50 | \$5.00 | \$5.50 | \$6.00 | \$6.50 |
| 40-44 | \$0.75 | \$1.50 | \$2.25 | \$3.00 | \$3.75 | \$4.50 | \$5.25 | \$6.00 | \$6.75 | \$7.50 | \$8.25 | \$9.00 | \$9.75 |
| 45-49 | \$1.20 | \$2.40 | \$3.60 | \$4.80 | \$6.00 | \$7.20 | \$8.40 | \$9.60 | \$10.80 | \$12.00 | \$13.20 | \$14.40 | \$15.60 |
| 50-54 | \$2.10 | \$4.20 | \$6.30 | \$8.40 | \$10.50 | \$12.60 | \$14.70 | \$16.80 | \$18.90 | \$21.00 | \$23.10 | \$25.20 | \$27.30 |
| 55-59 | \$3.55 | \$7.10 | \$10.65 | \$14.20 | \$17.75 | \$21.30 | \$24.85 | \$28.40 | \$31.95 | \$35.50 | \$39.05 | \$42.60 | \$46.15 |
| 60-64 | \$4.85 | \$9.70 | \$14.55 | \$19.40 | \$24.25 | \$29.10 | \$33.95 | \$38.80 | \$43.65 | \$48.50 | \$53.35 | \$58.20 | \$63.05 |
| 65-69 | \$8.05 | \$16.10 | \$24.15 | \$32.20 | \$40.25 | \$48.30 | \$56.35 | \$64.40 | \$72.45 | \$80.50 | \$88.55 | \$96.60 | \$104.65 |
| 70-74 | \$14.25 | \$28.50 | \$42.75 | \$57.00 | \$71.25 | \$85.50 | \$99.75 | \$114.00 | \$128.25 | \$142.50 | \$156.75 | \$171.00 | \$185.25 |
| 75-100 | \$24.00 | \$48.00 | \$72.00 | \$96.00 | \$120.00 | \$144.00 | \$168.00 | \$192.00 | \$216.00 | \$240.00 | \$264.00 | \$288.00 | \$312.00 |

| | \$70,000 | \$75,000 | \$80,000 | \$85,000 | \$90,000 | \$95,000 | \$100,000 | \$105,000 | \$110,000 | \$115,000 | \$120,000 | \$125,000 | \$130,000 |
|--------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$4.20 | \$4.50 | \$4.80 | \$5.10 | \$5.40 | \$5.70 | \$6.00 | \$6.30 | \$6.60 | \$6.90 | \$7.20 | \$7.50 | \$7.80 |
| 35-39 | \$7.00 | \$7.50 | \$8.00 | \$8.50 | \$9.00 | \$9.50 | \$10.00 | \$10.50 | \$11.00 | \$11.50 | \$12.00 | \$12.50 | \$13.00 |
| 40-44 | \$10.50 | \$11.25 | \$12.00 | \$12.75 | \$13.50 | \$14.25 | \$15.00 | \$15.75 | \$16.50 | \$17.25 | \$18.00 | \$18.75 | \$19.50 |
| 45-49 | \$16.80 | \$18.00 | \$19.20 | \$20.40 | \$21.60 | \$22.80 | \$24.00 | \$25.20 | \$26.40 | \$27.60 | \$28.80 | \$30.00 | \$31.20 |
| 50-54 | \$29.40 | \$31.50 | \$33.60 | \$35.70 | \$37.80 | \$39.90 | \$42.00 | \$44.10 | \$46.20 | \$48.30 | \$50.40 | \$52.50 | \$54.60 |
| 55-59 | \$49.70 | \$53.25 | \$56.80 | \$60.35 | \$63.90 | \$67.45 | \$71.00 | \$74.55 | \$78.10 | \$81.65 | \$85.20 | \$88.75 | \$92.30 |
| 60-64 | \$67.90 | \$72.75 | \$77.60 | \$82.45 | \$87.30 | \$92.15 | \$97.00 | \$101.85 | \$106.70 | \$111.55 | \$116.40 | \$121.25 | \$126.10 |
| 65-69 | \$112.70 | \$120.75 | \$128.80 | \$136.85 | \$144.90 | \$152.95 | \$161.00 | \$169.05 | \$177.10 | \$185.15 | \$193.20 | \$201.25 | \$209.30 |
| 70-74 | \$199.50 | \$213.75 | \$228.00 | \$242.25 | \$256.50 | \$270.75 | \$285.00 | \$299.25 | \$313.50 | \$327.75 | \$342.00 | \$356.25 | \$370.50 |
| 75-100 | \$336.00 | \$360.00 | \$384.00 | \$408.00 | \$432.00 | \$456.00 | \$480.00 | \$504.00 | \$528.00 | \$552.00 | \$576.00 | \$600.00 | \$624.00 |

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.
0246534-00001-00



Voluntary Life/AD&D Rate Summary – Prudential continued

Employee - Optional Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$5,000 to a maximum of \$500,000, not to exceed 5.0 times your covered annual earnings. You must elect a minimum of \$10,000 to be eligible for Optional Dependent Term Life Insurance for your child(ren). Refer to the Optional Term Life section for evidence of insurability details.
Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

| | \$135,000 | \$140,000 | \$145,000 | \$150,000 | \$155,000 | \$160,000 | \$165,000 | \$170,000 | \$175,000 | \$180,000 | \$185,000 | \$190,000 | \$195,000 |
|--------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$8.10 | \$8.40 | \$8.70 | \$9.00 | \$9.30 | \$9.60 | \$9.90 | \$10.20 | \$10.50 | \$10.80 | \$11.10 | \$11.40 | \$11.70 |
| 35-39 | \$13.50 | \$14.00 | \$14.50 | \$15.00 | \$15.50 | \$16.00 | \$16.50 | \$17.00 | \$17.50 | \$18.00 | \$18.50 | \$19.00 | \$19.50 |
| 40-44 | \$20.25 | \$21.00 | \$21.75 | \$22.50 | \$23.25 | \$24.00 | \$24.75 | \$25.50 | \$26.25 | \$27.00 | \$27.75 | \$28.50 | \$29.25 |
| 45-49 | \$32.40 | \$33.60 | \$34.80 | \$36.00 | \$37.20 | \$38.40 | \$39.60 | \$40.80 | \$42.00 | \$43.20 | \$44.40 | \$45.60 | \$46.80 |
| 50-54 | \$56.70 | \$58.80 | \$60.90 | \$63.00 | \$65.10 | \$67.20 | \$69.30 | \$71.40 | \$73.50 | \$75.60 | \$77.70 | \$79.80 | \$81.90 |
| 55-59 | \$95.85 | \$99.40 | \$102.95 | \$106.50 | \$110.05 | \$113.60 | \$117.15 | \$120.70 | \$124.25 | \$127.80 | \$131.35 | \$134.90 | \$138.45 |
| 60-64 | \$130.95 | \$135.80 | \$140.65 | \$145.50 | \$150.35 | \$155.20 | \$160.05 | \$164.90 | \$169.75 | \$174.60 | \$179.45 | \$184.30 | \$189.15 |
| 65-69 | \$217.35 | \$225.40 | \$233.45 | \$241.50 | \$249.55 | \$257.60 | \$265.65 | \$273.70 | \$281.75 | \$289.80 | \$297.85 | \$305.90 | \$313.95 |
| 70-74 | \$384.75 | \$399.00 | \$413.25 | \$427.50 | \$441.75 | \$456.00 | \$470.25 | \$484.50 | \$498.75 | \$513.00 | \$527.25 | \$541.50 | \$555.75 |
| 75-100 | \$648.00 | \$672.00 | \$696.00 | \$720.00 | \$744.00 | \$768.00 | \$792.00 | \$816.00 | \$840.00 | \$864.00 | \$888.00 | \$912.00 | \$936.00 |

| | \$200,000 | \$205,000 | \$210,000 | \$215,000 | \$220,000 | \$225,000 | \$230,000 | \$235,000 | \$240,000 | \$245,000 | \$250,000 | \$255,000 | \$260,000 |
|--------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$12.00 | \$12.30 | \$12.60 | \$12.90 | \$13.20 | \$13.50 | \$13.80 | \$14.10 | \$14.40 | \$14.70 | \$15.00 | \$15.30 | \$15.60 |
| 35-39 | \$20.00 | \$20.50 | \$21.00 | \$21.50 | \$22.00 | \$22.50 | \$23.00 | \$23.50 | \$24.00 | \$24.50 | \$25.00 | \$25.50 | \$26.00 |
| 40-44 | \$30.00 | \$30.75 | \$31.50 | \$32.25 | \$33.00 | \$33.75 | \$34.50 | \$35.25 | \$36.00 | \$36.75 | \$37.50 | \$38.25 | \$39.00 |
| 45-49 | \$48.00 | \$49.20 | \$50.40 | \$51.60 | \$52.80 | \$54.00 | \$55.20 | \$56.40 | \$57.60 | \$58.80 | \$60.00 | \$61.20 | \$62.40 |
| 50-54 | \$84.00 | \$86.10 | \$88.20 | \$90.30 | \$92.40 | \$94.50 | \$96.60 | \$98.70 | \$100.80 | \$102.90 | \$105.00 | \$107.10 | \$109.20 |
| 55-59 | \$142.00 | \$145.55 | \$149.10 | \$152.65 | \$156.20 | \$159.75 | \$163.30 | \$166.85 | \$170.40 | \$173.95 | \$177.50 | \$181.05 | \$184.60 |
| 60-64 | \$194.00 | \$198.85 | \$203.70 | \$208.55 | \$213.40 | \$218.25 | \$223.10 | \$227.95 | \$232.80 | \$237.65 | \$242.50 | \$247.35 | \$252.20 |
| 65-69 | \$322.00 | \$330.05 | \$338.10 | \$346.15 | \$354.20 | \$362.25 | \$370.30 | \$378.35 | \$386.40 | \$394.45 | \$402.50 | \$410.55 | \$418.60 |
| 70-74 | \$570.00 | \$584.25 | \$598.50 | \$612.75 | \$627.00 | \$641.25 | \$655.50 | \$669.75 | \$684.00 | \$698.25 | \$712.50 | \$726.75 | \$741.00 |
| 75-100 | \$960.00 | \$984.00 | \$1,008.00 | \$1,032.00 | \$1,056.00 | \$1,080.00 | \$1,104.00 | \$1,128.00 | \$1,152.00 | \$1,176.00 | \$1,200.00 | \$1,224.00 | \$1,248.00 |

| | \$265,000 | \$270,000 | \$275,000 | \$280,000 | \$285,000 | \$290,000 | \$295,000 | \$300,000 | \$305,000 | \$310,000 | \$315,000 | \$320,000 | |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|
| Age | | | | | | | | | | | | | |
| 0-34 | \$15.90 | \$16.20 | \$16.50 | \$16.80 | \$17.10 | \$17.40 | \$17.70 | \$18.00 | \$18.30 | \$18.60 | \$18.90 | \$19.20 | |
| 35-39 | \$26.50 | \$27.00 | \$27.50 | \$28.00 | \$28.50 | \$29.00 | \$29.50 | \$30.00 | \$30.50 | \$31.00 | \$31.50 | \$32.00 | |
| 40-44 | \$39.75 | \$40.50 | \$41.25 | \$42.00 | \$42.75 | \$43.50 | \$44.25 | \$45.00 | \$45.75 | \$46.50 | \$47.25 | \$48.00 | |
| 45-49 | \$63.60 | \$64.80 | \$66.00 | \$67.20 | \$68.40 | \$69.60 | \$70.80 | \$72.00 | \$73.20 | \$74.40 | \$75.60 | \$76.80 | |
| 50-54 | \$111.30 | \$113.40 | \$115.50 | \$117.60 | \$119.70 | \$121.80 | \$123.90 | \$126.00 | \$128.10 | \$130.20 | \$132.30 | \$134.40 | |
| 55-59 | \$188.15 | \$191.70 | \$195.25 | \$198.80 | \$202.35 | \$205.90 | \$209.45 | \$213.00 | \$216.55 | \$220.10 | \$223.65 | \$227.20 | |
| 60-64 | \$257.05 | \$261.90 | \$266.75 | \$271.60 | \$276.45 | \$281.30 | \$286.15 | \$291.00 | \$295.85 | \$300.70 | \$305.55 | \$310.40 | |
| 65-69 | \$426.65 | \$434.70 | \$442.75 | \$450.80 | \$458.85 | \$466.90 | \$474.95 | \$483.00 | \$491.05 | \$499.10 | \$507.15 | \$515.20 | |
| 70-74 | \$755.25 | \$769.50 | \$783.75 | \$798.00 | \$812.25 | \$826.50 | \$840.75 | \$855.00 | \$869.25 | \$883.50 | \$897.75 | \$912.00 | |
| 75-100 | \$1,272.00 | \$1,296.00 | \$1,320.00 | \$1,344.00 | \$1,368.00 | \$1,392.00 | \$1,416.00 | \$1,440.00 | \$1,464.00 | \$1,488.00 | \$1,512.00 | \$1,536.00 | |

| | \$325,000 | \$330,000 | \$335,000 | \$340,000 | \$345,000 | \$350,000 | \$355,000 | \$360,000 | \$365,000 | \$370,000 | \$375,000 | \$380,000 | |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|
| Age | | | | | | | | | | | | | |
| 0-34 | \$19.50 | \$19.80 | \$20.10 | \$20.40 | \$20.70 | \$21.00 | \$21.30 | \$21.60 | \$21.90 | \$22.20 | \$22.50 | \$22.80 | |
| 35-39 | \$32.50 | \$33.00 | \$33.50 | \$34.00 | \$34.50 | \$35.00 | \$35.50 | \$36.00 | \$36.50 | \$37.00 | \$37.50 | \$38.00 | |
| 40-44 | \$48.75 | \$49.50 | \$50.25 | \$51.00 | \$51.75 | \$52.50 | \$53.25 | \$54.00 | \$54.75 | \$55.50 | \$56.25 | \$57.00 | |
| 45-49 | \$78.00 | \$79.20 | \$80.40 | \$81.60 | \$82.80 | \$84.00 | \$85.20 | \$86.40 | \$87.60 | \$88.80 | \$90.00 | \$91.20 | |
| 50-54 | \$136.50 | \$138.60 | \$140.70 | \$142.80 | \$144.90 | \$147.00 | \$149.10 | \$151.20 | \$153.30 | \$155.40 | \$157.50 | \$159.60 | |
| 55-59 | \$230.75 | \$234.30 | \$237.85 | \$241.40 | \$244.95 | \$248.50 | \$252.05 | \$255.60 | \$259.15 | \$262.70 | \$266.25 | \$269.80 | |
| 60-64 | \$315.25 | \$320.10 | \$324.95 | \$329.80 | \$334.65 | \$339.50 | \$344.35 | \$349.20 | \$354.05 | \$358.90 | \$363.75 | \$368.60 | |
| 65-69 | \$523.25 | \$531.30 | \$539.35 | \$547.40 | \$555.45 | \$563.50 | \$571.55 | \$579.60 | \$587.65 | \$595.70 | \$603.75 | \$611.80 | |
| 70-74 | \$926.25 | \$940.50 | \$954.75 | \$969.00 | \$983.25 | \$997.50 | \$1,011.75 | \$1,026.00 | \$1,040.25 | \$1,054.50 | \$1,068.75 | \$1,083.00 | |
| 75-100 | \$1,560.00 | \$1,584.00 | \$1,608.00 | \$1,632.00 | \$1,656.00 | \$1,680.00 | \$1,704.00 | \$1,728.00 | \$1,752.00 | \$1,776.00 | \$1,800.00 | \$1,824.00 | |

Voluntary Life/AD&D Rate Summary – Prudential continued

Employee - Optional Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$5,000 to a maximum of \$500,000, not to exceed 5.0 times your covered annual earnings. You must elect a minimum of \$10,000 to be eligible for Optional Dependent Term Life Insurance for your child(ren). Refer to the Optional Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

| | \$385,000 | \$390,000 | \$395,000 | \$400,000 | \$405,000 | \$410,000 | \$415,000 | \$420,000 | \$425,000 | \$430,000 | \$435,000 | \$440,000 |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | |
| 0-34 | \$23.10 | \$23.40 | \$23.70 | \$24.00 | \$24.30 | \$24.60 | \$24.90 | \$25.20 | \$25.50 | \$25.80 | \$26.10 | \$26.40 |
| 35-39 | \$38.50 | \$39.00 | \$39.50 | \$40.00 | \$40.50 | \$41.00 | \$41.50 | \$42.00 | \$42.50 | \$43.00 | \$43.50 | \$44.00 |
| 40-44 | \$57.75 | \$58.50 | \$59.25 | \$60.00 | \$60.75 | \$61.50 | \$62.25 | \$63.00 | \$63.75 | \$64.50 | \$65.25 | \$66.00 |
| 45-49 | \$92.40 | \$93.60 | \$94.80 | \$96.00 | \$97.20 | \$98.40 | \$99.60 | \$100.80 | \$102.00 | \$103.20 | \$104.40 | \$105.60 |
| 50-54 | \$161.70 | \$163.80 | \$165.90 | \$168.00 | \$170.10 | \$172.20 | \$174.30 | \$176.40 | \$178.50 | \$180.60 | \$182.70 | \$184.80 |
| 55-59 | \$273.35 | \$276.90 | \$280.45 | \$284.00 | \$287.55 | \$291.10 | \$294.65 | \$298.20 | \$301.75 | \$305.30 | \$308.85 | \$312.40 |
| 60-64 | \$373.45 | \$378.30 | \$383.15 | \$388.00 | \$392.85 | \$397.70 | \$402.55 | \$407.40 | \$412.25 | \$417.10 | \$421.95 | \$426.80 |
| 65-69 | \$619.85 | \$627.90 | \$635.95 | \$644.00 | \$652.05 | \$660.10 | \$668.15 | \$676.20 | \$684.25 | \$692.30 | \$700.35 | \$708.40 |
| 70-74 | \$1,097.25 | \$1,111.50 | \$1,125.75 | \$1,140.00 | \$1,154.25 | \$1,168.50 | \$1,182.75 | \$1,197.00 | \$1,211.25 | \$1,225.50 | \$1,239.75 | \$1,254.00 |
| 75-100 | \$1,848.00 | \$1,872.00 | \$1,896.00 | \$1,920.00 | \$1,944.00 | \$1,968.00 | \$1,992.00 | \$2,016.00 | \$2,040.00 | \$2,064.00 | \$2,088.00 | \$2,112.00 |

| | \$445,000 | \$450,000 | \$455,000 | \$460,000 | \$465,000 | \$470,000 | \$475,000 | \$480,000 | \$485,000 | \$490,000 | \$495,000 | \$500,000 |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | |
| 0-34 | \$26.70 | \$27.00 | \$27.30 | \$27.60 | \$27.90 | \$28.20 | \$28.50 | \$28.80 | \$29.10 | \$29.40 | \$29.70 | \$30.00 |
| 35-39 | \$44.50 | \$45.00 | \$45.50 | \$46.00 | \$46.50 | \$47.00 | \$47.50 | \$48.00 | \$48.50 | \$49.00 | \$49.50 | \$50.00 |
| 40-44 | \$66.75 | \$67.50 | \$68.25 | \$69.00 | \$69.75 | \$70.50 | \$71.25 | \$72.00 | \$72.75 | \$73.50 | \$74.25 | \$75.00 |
| 45-49 | \$106.80 | \$108.00 | \$109.20 | \$110.40 | \$111.60 | \$112.80 | \$114.00 | \$115.20 | \$116.40 | \$117.60 | \$118.80 | \$120.00 |
| 50-54 | \$186.90 | \$189.00 | \$191.10 | \$193.20 | \$195.30 | \$197.40 | \$199.50 | \$201.60 | \$203.70 | \$205.80 | \$207.90 | \$210.00 |
| 55-59 | \$315.95 | \$319.50 | \$323.05 | \$326.60 | \$330.15 | \$333.70 | \$337.25 | \$340.80 | \$344.35 | \$347.90 | \$351.45 | \$355.00 |
| 60-64 | \$431.65 | \$436.50 | \$441.35 | \$446.20 | \$451.05 | \$455.90 | \$460.75 | \$465.60 | \$470.45 | \$475.30 | \$480.15 | \$485.00 |
| 65-69 | \$716.45 | \$724.50 | \$732.55 | \$740.60 | \$748.65 | \$756.70 | \$764.75 | \$772.80 | \$780.85 | \$788.90 | \$796.95 | \$805.00 |
| 70-74 | \$1,268.25 | \$1,282.50 | \$1,296.75 | \$1,311.00 | \$1,325.25 | \$1,339.50 | \$1,353.75 | \$1,368.00 | \$1,382.25 | \$1,396.50 | \$1,410.75 | \$1,425.00 |
| 75-100 | \$2,136.00 | \$2,160.00 | \$2,184.00 | \$2,208.00 | \$2,232.00 | \$2,256.00 | \$2,280.00 | \$2,304.00 | \$2,328.00 | \$2,352.00 | \$2,376.00 | \$2,400.00 |

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Spouse / Domestic Partner* - Optional Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$2,500 to a maximum of 100% of your Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

| | \$2,500 | \$5,000 | \$7,500 | \$10,000 | \$12,500 | \$15,000 | \$17,500 | \$20,000 | \$22,500 | \$25,000 | \$27,500 | \$30,000 | \$32,500 |
|--------|---------|---------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$0.15 | \$0.30 | \$0.45 | \$0.60 | \$0.75 | \$0.90 | \$1.05 | \$1.20 | \$1.35 | \$1.50 | \$1.65 | \$1.80 | \$1.95 |
| 35-39 | \$0.25 | \$0.50 | \$0.75 | \$1.00 | \$1.25 | \$1.50 | \$1.75 | \$2.00 | \$2.25 | \$2.50 | \$2.75 | \$3.00 | \$3.25 |
| 40-44 | \$0.38 | \$0.75 | \$1.13 | \$1.50 | \$1.88 | \$2.25 | \$2.63 | \$3.00 | \$3.38 | \$3.75 | \$4.13 | \$4.50 | \$4.88 |
| 45-49 | \$0.60 | \$1.20 | \$1.80 | \$2.40 | \$3.00 | \$3.60 | \$4.20 | \$4.80 | \$5.40 | \$6.00 | \$6.60 | \$7.20 | \$7.80 |
| 50-54 | \$1.05 | \$2.10 | \$3.15 | \$4.20 | \$5.25 | \$6.30 | \$7.35 | \$8.40 | \$9.45 | \$10.50 | \$11.55 | \$12.60 | \$13.65 |
| 55-59 | \$1.78 | \$3.55 | \$5.33 | \$7.10 | \$8.88 | \$10.65 | \$12.43 | \$14.20 | \$15.98 | \$17.75 | \$19.53 | \$21.30 | \$23.08 |
| 60-64 | \$2.43 | \$4.85 | \$7.28 | \$9.70 | \$12.13 | \$14.55 | \$16.98 | \$19.40 | \$21.83 | \$24.25 | \$26.68 | \$29.10 | \$31.53 |
| 65-69 | \$4.03 | \$8.05 | \$12.08 | \$16.10 | \$20.13 | \$24.15 | \$28.18 | \$32.20 | \$36.23 | \$40.25 | \$44.28 | \$48.30 | \$52.33 |
| 70-74 | \$7.13 | \$14.25 | \$21.38 | \$28.50 | \$35.63 | \$42.75 | \$49.88 | \$57.00 | \$64.13 | \$71.25 | \$78.38 | \$85.50 | \$92.63 |
| 75-100 | \$12.00 | \$24.00 | \$36.00 | \$48.00 | \$60.00 | \$72.00 | \$84.00 | \$96.00 | \$108.00 | \$120.00 | \$132.00 | \$144.00 | \$156.00 |

Voluntary Life/AD&D Rate Summary – Prudential continued

Spouse / Domestic Partner* - Optional Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$2,500 to a maximum of 100% of your Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

| | \$35,000 | \$37,500 | \$40,000 | \$42,500 | \$45,000 | \$47,500 | \$50,000 | \$52,500 | \$55,000 | \$57,500 | \$60,000 | \$62,500 | \$65,000 |
|--------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$2.10 | \$2.25 | \$2.40 | \$2.55 | \$2.70 | \$2.85 | \$3.00 | \$3.15 | \$3.30 | \$3.45 | \$3.60 | \$3.75 | \$3.90 |
| 35-39 | \$3.50 | \$3.75 | \$4.00 | \$4.25 | \$4.50 | \$4.75 | \$5.00 | \$5.25 | \$5.50 | \$5.75 | \$6.00 | \$6.25 | \$6.50 |
| 40-44 | \$5.25 | \$5.63 | \$6.00 | \$6.38 | \$6.75 | \$7.13 | \$7.50 | \$7.88 | \$8.25 | \$8.63 | \$9.00 | \$9.38 | \$9.75 |
| 45-49 | \$8.40 | \$9.00 | \$9.60 | \$10.20 | \$10.80 | \$11.40 | \$12.00 | \$12.60 | \$13.20 | \$13.80 | \$14.40 | \$15.00 | \$15.60 |
| 50-54 | \$14.70 | \$15.75 | \$16.80 | \$17.85 | \$18.90 | \$19.95 | \$21.00 | \$22.05 | \$23.10 | \$24.15 | \$25.20 | \$26.25 | \$27.30 |
| 55-59 | \$24.85 | \$26.63 | \$28.40 | \$30.18 | \$31.95 | \$33.73 | \$35.50 | \$37.28 | \$39.05 | \$40.83 | \$42.60 | \$44.38 | \$46.15 |
| 60-64 | \$33.95 | \$36.38 | \$38.80 | \$41.23 | \$43.65 | \$46.08 | \$48.50 | \$50.93 | \$53.35 | \$55.78 | \$58.20 | \$60.63 | \$63.05 |
| 65-69 | \$56.35 | \$60.38 | \$64.40 | \$68.43 | \$72.45 | \$76.48 | \$80.50 | \$84.53 | \$88.55 | \$92.58 | \$96.60 | \$100.63 | \$104.65 |
| 70-74 | \$99.75 | \$106.88 | \$114.00 | \$121.13 | \$128.25 | \$135.38 | \$142.50 | \$149.63 | \$156.75 | \$163.88 | \$171.00 | \$178.13 | \$185.25 |
| 75-100 | \$168.00 | \$180.00 | \$192.00 | \$204.00 | \$216.00 | \$228.00 | \$240.00 | \$252.00 | \$264.00 | \$276.00 | \$288.00 | \$300.00 | \$312.00 |

| | \$67,500 | \$70,000 | \$72,500 | \$75,000 | \$77,500 | \$80,000 | \$82,500 | \$85,000 | \$87,500 | \$90,000 | \$92,500 | \$95,000 | \$97,500 |
|--------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$4.05 | \$4.20 | \$4.35 | \$4.50 | \$4.65 | \$4.80 | \$4.95 | \$5.10 | \$5.25 | \$5.40 | \$5.55 | \$5.70 | \$5.85 |
| 35-39 | \$6.75 | \$7.00 | \$7.25 | \$7.50 | \$7.75 | \$8.00 | \$8.25 | \$8.50 | \$8.75 | \$9.00 | \$9.25 | \$9.50 | \$9.75 |
| 40-44 | \$10.13 | \$10.50 | \$10.88 | \$11.25 | \$11.63 | \$12.00 | \$12.38 | \$12.75 | \$13.13 | \$13.50 | \$13.88 | \$14.25 | \$14.63 |
| 45-49 | \$16.20 | \$16.80 | \$17.40 | \$18.00 | \$18.60 | \$19.20 | \$19.80 | \$20.40 | \$21.00 | \$21.60 | \$22.20 | \$22.80 | \$23.40 |
| 50-54 | \$28.35 | \$29.40 | \$30.45 | \$31.50 | \$32.55 | \$33.60 | \$34.65 | \$35.70 | \$36.75 | \$37.80 | \$38.85 | \$39.90 | \$40.95 |
| 55-59 | \$47.93 | \$49.70 | \$51.48 | \$53.25 | \$55.03 | \$56.80 | \$58.58 | \$60.35 | \$62.13 | \$63.90 | \$65.68 | \$67.45 | \$69.23 |
| 60-64 | \$65.48 | \$67.90 | \$70.33 | \$72.75 | \$75.18 | \$77.60 | \$80.03 | \$82.45 | \$84.88 | \$87.30 | \$89.73 | \$92.15 | \$94.58 |
| 65-69 | \$108.68 | \$112.70 | \$116.73 | \$120.75 | \$124.78 | \$128.80 | \$132.83 | \$136.85 | \$140.88 | \$144.90 | \$148.93 | \$152.95 | \$156.98 |
| 70-74 | \$192.38 | \$199.50 | \$206.63 | \$213.75 | \$220.88 | \$228.00 | \$235.13 | \$242.25 | \$249.38 | \$256.50 | \$263.63 | \$270.75 | \$277.88 |
| 75-100 | \$324.00 | \$336.00 | \$348.00 | \$360.00 | \$372.00 | \$384.00 | \$396.00 | \$408.00 | \$420.00 | \$432.00 | \$444.00 | \$456.00 | \$468.00 |

| | \$100,000 | \$102,500 | \$105,000 | \$107,500 | \$110,000 | \$112,500 | \$115,000 | \$117,500 | \$120,000 | \$122,500 | \$125,000 | \$127,500 | \$130,000 |
|--------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$6.00 | \$6.15 | \$6.30 | \$6.45 | \$6.60 | \$6.75 | \$6.90 | \$7.05 | \$7.20 | \$7.35 | \$7.50 | \$7.65 | \$7.80 |
| 35-39 | \$10.00 | \$10.25 | \$10.50 | \$10.75 | \$11.00 | \$11.25 | \$11.50 | \$11.75 | \$12.00 | \$12.25 | \$12.50 | \$12.75 | \$13.00 |
| 40-44 | \$15.00 | \$15.38 | \$15.75 | \$16.13 | \$16.50 | \$16.88 | \$17.25 | \$17.63 | \$18.00 | \$18.38 | \$18.75 | \$19.13 | \$19.50 |
| 45-49 | \$24.00 | \$24.60 | \$25.20 | \$25.80 | \$26.40 | \$27.00 | \$27.60 | \$28.20 | \$28.80 | \$29.40 | \$30.00 | \$30.60 | \$31.20 |
| 50-54 | \$42.00 | \$43.05 | \$44.10 | \$45.15 | \$46.20 | \$47.25 | \$48.30 | \$49.35 | \$50.40 | \$51.45 | \$52.50 | \$53.55 | \$54.60 |
| 55-59 | \$71.00 | \$72.78 | \$74.55 | \$76.33 | \$78.10 | \$79.88 | \$81.65 | \$83.43 | \$85.20 | \$86.98 | \$88.75 | \$90.53 | \$92.30 |
| 60-64 | \$97.00 | \$99.43 | \$101.85 | \$104.28 | \$106.70 | \$109.13 | \$111.55 | \$113.98 | \$116.40 | \$118.83 | \$121.25 | \$123.68 | \$126.10 |
| 65-69 | \$161.00 | \$165.03 | \$169.05 | \$173.08 | \$177.10 | \$181.13 | \$185.15 | \$189.18 | \$193.20 | \$197.23 | \$201.25 | \$205.28 | \$209.30 |
| 70-74 | \$285.00 | \$292.13 | \$299.25 | \$306.38 | \$313.50 | \$320.63 | \$327.75 | \$334.88 | \$342.00 | \$349.13 | \$356.25 | \$363.38 | \$370.50 |
| 75-100 | \$480.00 | \$492.00 | \$504.00 | \$516.00 | \$528.00 | \$540.00 | \$552.00 | \$564.00 | \$576.00 | \$588.00 | \$600.00 | \$612.00 | \$624.00 |

| | \$132,500 | \$135,000 | \$137,500 | \$140,000 | \$142,500 | \$145,000 | \$147,500 | \$150,000 | \$152,500 | \$155,000 | \$157,500 | \$160,000 | \$162,500 |
|--------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$7.95 | \$8.10 | \$8.25 | \$8.40 | \$8.55 | \$8.70 | \$8.85 | \$9.00 | \$9.15 | \$9.30 | \$9.45 | \$9.60 | \$9.75 |
| 35-39 | \$13.25 | \$13.50 | \$13.75 | \$14.00 | \$14.25 | \$14.50 | \$14.75 | \$15.00 | \$15.25 | \$15.50 | \$15.75 | \$16.00 | \$16.25 |
| 40-44 | \$19.88 | \$20.25 | \$20.63 | \$21.00 | \$21.38 | \$21.75 | \$22.13 | \$22.50 | \$22.88 | \$23.25 | \$23.63 | \$24.00 | \$24.38 |
| 45-49 | \$31.80 | \$32.40 | \$33.00 | \$33.60 | \$34.20 | \$34.80 | \$35.40 | \$36.00 | \$36.60 | \$37.20 | \$37.80 | \$38.40 | \$39.00 |
| 50-54 | \$55.65 | \$56.70 | \$57.75 | \$58.80 | \$59.85 | \$60.90 | \$61.95 | \$63.00 | \$64.05 | \$65.10 | \$66.15 | \$67.20 | \$68.25 |
| 55-59 | \$94.08 | \$95.85 | \$97.63 | \$99.40 | \$101.18 | \$102.95 | \$104.73 | \$106.50 | \$108.28 | \$110.05 | \$111.83 | \$113.60 | \$115.38 |
| 60-64 | \$128.53 | \$130.95 | \$133.38 | \$135.80 | \$138.23 | \$140.65 | \$143.08 | \$145.50 | \$147.93 | \$150.35 | \$152.78 | \$155.20 | \$157.63 |
| 65-69 | \$213.33 | \$217.35 | \$221.38 | \$225.40 | \$229.43 | \$233.45 | \$237.48 | \$241.50 | \$245.53 | \$249.55 | \$253.58 | \$257.60 | \$261.63 |
| 70-74 | \$377.63 | \$384.75 | \$391.88 | \$399.00 | \$406.13 | \$413.25 | \$420.38 | \$427.50 | \$434.63 | \$441.75 | \$448.88 | \$456.00 | \$463.13 |
| 75-100 | \$636.00 | \$648.00 | \$660.00 | \$672.00 | \$684.00 | \$696.00 | \$708.00 | \$720.00 | \$732.00 | \$744.00 | \$756.00 | \$768.00 | \$780.00 |

Voluntary Life/AD&D Rate Summary – Prudential continued

Spouse / Domestic Partner* - Optional Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$2,500 to a maximum of 100% of your Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

| | \$165,000 | \$167,500 | \$170,000 | \$172,500 | \$175,000 | \$177,500 | \$180,000 | \$182,500 | \$185,000 | \$187,500 | \$190,000 | \$192,500 | \$195,000 |
|--------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$9.90 | \$10.05 | \$10.20 | \$10.35 | \$10.50 | \$10.65 | \$10.80 | \$10.95 | \$11.10 | \$11.25 | \$11.40 | \$11.55 | \$11.70 |
| 35-39 | \$16.50 | \$16.75 | \$17.00 | \$17.25 | \$17.50 | \$17.75 | \$18.00 | \$18.25 | \$18.50 | \$18.75 | \$19.00 | \$19.25 | \$19.50 |
| 40-44 | \$24.75 | \$25.13 | \$25.50 | \$25.88 | \$26.25 | \$26.63 | \$27.00 | \$27.38 | \$27.75 | \$28.13 | \$28.50 | \$28.88 | \$29.25 |
| 45-49 | \$39.60 | \$40.20 | \$40.80 | \$41.40 | \$42.00 | \$42.60 | \$43.20 | \$43.80 | \$44.40 | \$45.00 | \$45.60 | \$46.20 | \$46.80 |
| 50-54 | \$69.30 | \$70.35 | \$71.40 | \$72.45 | \$73.50 | \$74.55 | \$75.60 | \$76.65 | \$77.70 | \$78.75 | \$79.80 | \$80.85 | \$81.90 |
| 55-59 | \$117.15 | \$118.93 | \$120.70 | \$122.48 | \$124.25 | \$126.03 | \$127.80 | \$129.58 | \$131.35 | \$133.13 | \$134.90 | \$136.68 | \$138.45 |
| 60-64 | \$160.05 | \$162.48 | \$164.90 | \$167.33 | \$169.75 | \$172.18 | \$174.60 | \$177.03 | \$179.45 | \$181.88 | \$184.30 | \$186.73 | \$189.15 |
| 65-69 | \$265.65 | \$269.68 | \$273.70 | \$277.73 | \$281.75 | \$285.78 | \$289.80 | \$293.83 | \$297.85 | \$301.88 | \$305.90 | \$309.93 | \$313.95 |
| 70-74 | \$470.25 | \$477.38 | \$484.50 | \$491.63 | \$498.75 | \$505.88 | \$513.00 | \$520.13 | \$527.25 | \$534.38 | \$541.50 | \$548.63 | \$555.75 |
| 75-100 | \$792.00 | \$804.00 | \$816.00 | \$828.00 | \$840.00 | \$852.00 | \$864.00 | \$876.00 | \$888.00 | \$900.00 | \$912.00 | \$924.00 | \$936.00 |

| | \$197,500 | \$200,000 | \$202,500 | \$205,000 | \$207,500 | \$210,000 | \$212,500 | \$215,000 | \$217,500 | \$220,000 | \$222,500 | \$225,000 | \$227,500 |
|--------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$11.85 | \$12.00 | \$12.15 | \$12.30 | \$12.45 | \$12.60 | \$12.75 | \$12.90 | \$13.05 | \$13.20 | \$13.35 | \$13.50 | \$13.65 |
| 35-39 | \$19.75 | \$20.00 | \$20.25 | \$20.50 | \$20.75 | \$21.00 | \$21.25 | \$21.50 | \$21.75 | \$22.00 | \$22.25 | \$22.50 | \$22.75 |
| 40-44 | \$29.63 | \$30.00 | \$30.38 | \$30.75 | \$31.13 | \$31.50 | \$31.88 | \$32.25 | \$32.63 | \$33.00 | \$33.38 | \$33.75 | \$34.13 |
| 45-49 | \$47.40 | \$48.00 | \$48.60 | \$49.20 | \$49.80 | \$50.40 | \$51.00 | \$51.60 | \$52.20 | \$52.80 | \$53.40 | \$54.00 | \$54.60 |
| 50-54 | \$82.95 | \$84.00 | \$85.05 | \$86.10 | \$87.15 | \$88.20 | \$89.25 | \$90.30 | \$91.35 | \$92.40 | \$93.45 | \$94.50 | \$95.55 |
| 55-59 | \$140.23 | \$142.00 | \$143.78 | \$145.55 | \$147.33 | \$149.10 | \$150.88 | \$152.65 | \$154.43 | \$156.20 | \$157.98 | \$159.75 | \$161.53 |
| 60-64 | \$191.58 | \$194.00 | \$196.43 | \$198.85 | \$201.28 | \$203.70 | \$206.13 | \$208.55 | \$210.98 | \$213.40 | \$215.83 | \$218.25 | \$220.68 |
| 65-69 | \$317.98 | \$322.00 | \$326.03 | \$330.05 | \$334.08 | \$338.10 | \$342.13 | \$346.15 | \$350.18 | \$354.20 | \$358.23 | \$362.25 | \$366.28 |
| 70-74 | \$562.88 | \$570.00 | \$577.13 | \$584.25 | \$591.38 | \$598.50 | \$605.63 | \$612.75 | \$619.88 | \$627.00 | \$634.13 | \$641.25 | \$648.38 |
| 75-100 | \$948.00 | \$960.00 | \$972.00 | \$984.00 | \$996.00 | \$1,008.00 | \$1,020.00 | \$1,032.00 | \$1,044.00 | \$1,056.00 | \$1,068.00 | \$1,080.00 | \$1,092.00 |

| | \$230,000 | \$232,500 | \$235,000 | \$237,500 | \$240,000 | \$242,500 | \$245,000 | \$247,500 | \$250,000 | \$252,500 | \$255,000 | \$257,500 | \$260,000 |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | | |
| 0-34 | \$13.80 | \$13.95 | \$14.10 | \$14.25 | \$14.40 | \$14.55 | \$14.70 | \$14.85 | \$15.00 | \$15.15 | \$15.30 | \$15.45 | \$15.60 |
| 35-39 | \$23.00 | \$23.25 | \$23.50 | \$23.75 | \$24.00 | \$24.25 | \$24.50 | \$24.75 | \$25.00 | \$25.25 | \$25.50 | \$25.75 | \$26.00 |
| 40-44 | \$34.50 | \$34.88 | \$35.25 | \$35.63 | \$36.00 | \$36.38 | \$36.75 | \$37.13 | \$37.50 | \$37.88 | \$38.25 | \$38.63 | \$39.00 |
| 45-49 | \$55.20 | \$55.80 | \$56.40 | \$57.00 | \$57.60 | \$58.20 | \$58.80 | \$59.40 | \$60.00 | \$60.60 | \$61.20 | \$61.80 | \$62.40 |
| 50-54 | \$96.60 | \$97.65 | \$98.70 | \$99.75 | \$100.80 | \$101.85 | \$102.90 | \$103.95 | \$105.00 | \$106.05 | \$107.10 | \$108.15 | \$109.20 |
| 55-59 | \$163.30 | \$165.08 | \$166.85 | \$168.63 | \$170.40 | \$172.18 | \$173.95 | \$175.73 | \$177.50 | \$179.28 | \$181.05 | \$182.83 | \$184.60 |
| 60-64 | \$223.10 | \$225.53 | \$227.95 | \$230.38 | \$232.80 | \$235.23 | \$237.65 | \$240.08 | \$242.50 | \$244.93 | \$247.35 | \$249.78 | \$252.20 |
| 65-69 | \$370.30 | \$374.33 | \$378.35 | \$382.38 | \$386.40 | \$390.43 | \$394.45 | \$398.48 | \$402.50 | \$406.53 | \$410.55 | \$414.58 | \$418.60 |
| 70-74 | \$655.50 | \$662.63 | \$669.75 | \$676.88 | \$684.00 | \$691.13 | \$698.25 | \$705.38 | \$712.50 | \$719.63 | \$726.75 | \$733.88 | \$741.00 |
| 75-100 | \$1,104.00 | \$1,116.00 | \$1,128.00 | \$1,140.00 | \$1,152.00 | \$1,164.00 | \$1,176.00 | \$1,188.00 | \$1,200.00 | \$1,212.00 | \$1,224.00 | \$1,236.00 | \$1,248.00 |

| | \$262,500 | \$265,000 | \$267,500 | \$270,000 | \$272,500 | \$275,000 | \$277,500 | \$280,000 | \$282,500 | \$285,000 | \$287,500 | \$290,000 |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | |
| 0-34 | \$15.75 | \$15.90 | \$16.05 | \$16.20 | \$16.35 | \$16.50 | \$16.65 | \$16.80 | \$16.95 | \$17.10 | \$17.25 | \$17.40 |
| 35-39 | \$26.25 | \$26.50 | \$26.75 | \$27.00 | \$27.25 | \$27.50 | \$27.75 | \$28.00 | \$28.25 | \$28.50 | \$28.75 | \$29.00 |
| 40-44 | \$39.38 | \$39.75 | \$40.13 | \$40.50 | \$40.88 | \$41.25 | \$41.63 | \$42.00 | \$42.38 | \$42.75 | \$43.13 | \$43.50 |
| 45-49 | \$63.00 | \$63.60 | \$64.20 | \$64.80 | \$65.40 | \$66.00 | \$66.60 | \$67.20 | \$67.80 | \$68.40 | \$69.00 | \$69.60 |
| 50-54 | \$110.25 | \$111.30 | \$112.35 | \$113.40 | \$114.45 | \$115.50 | \$116.55 | \$117.60 | \$118.65 | \$119.70 | \$120.75 | \$121.80 |
| 55-59 | \$186.38 | \$188.15 | \$189.93 | \$191.70 | \$193.48 | \$195.25 | \$197.03 | \$198.80 | \$200.58 | \$202.35 | \$204.13 | \$205.90 |
| 60-64 | \$254.63 | \$257.05 | \$259.48 | \$261.90 | \$264.33 | \$266.75 | \$269.18 | \$271.60 | \$274.03 | \$276.45 | \$278.88 | \$281.30 |
| 65-69 | \$422.63 | \$426.65 | \$430.68 | \$434.70 | \$438.73 | \$442.75 | \$446.78 | \$450.80 | \$454.83 | \$458.85 | \$462.88 | \$466.90 |
| 70-74 | \$748.13 | \$755.25 | \$762.38 | \$769.50 | \$776.63 | \$783.75 | \$790.88 | \$798.00 | \$805.13 | \$812.25 | \$819.38 | \$826.50 |
| 75-100 | \$1,260.00 | \$1,272.00 | \$1,284.00 | \$1,296.00 | \$1,308.00 | \$1,320.00 | \$1,332.00 | \$1,344.00 | \$1,356.00 | \$1,368.00 | \$1,380.00 | \$1,392.00 |

Voluntary Life/AD&D Rate Summary – Prudential continued

Spouse / Domestic Partner* - Optional Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$2,500 to a maximum of 100% of your Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

| | \$292,500 | \$295,000 | \$297,500 | \$300,000 | \$302,500 | \$305,000 | \$307,500 | \$310,000 | \$312,500 | \$315,000 | \$317,500 | \$320,000 |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | |
| 0-34 | \$17.55 | \$17.70 | \$17.85 | \$18.00 | \$18.15 | \$18.30 | \$18.45 | \$18.60 | \$18.75 | \$18.90 | \$19.05 | \$19.20 |
| 35-39 | \$29.25 | \$29.50 | \$29.75 | \$30.00 | \$30.25 | \$30.50 | \$30.75 | \$31.00 | \$31.25 | \$31.50 | \$31.75 | \$32.00 |
| 40-44 | \$43.88 | \$44.25 | \$44.63 | \$45.00 | \$45.38 | \$45.75 | \$46.13 | \$46.50 | \$46.88 | \$47.25 | \$47.63 | \$48.00 |
| 45-49 | \$70.20 | \$70.80 | \$71.40 | \$72.00 | \$72.60 | \$73.20 | \$73.80 | \$74.40 | \$75.00 | \$75.60 | \$76.20 | \$76.80 |
| 50-54 | \$122.85 | \$123.90 | \$124.95 | \$126.00 | \$127.05 | \$128.10 | \$129.15 | \$130.20 | \$131.25 | \$132.30 | \$133.35 | \$134.40 |
| 55-59 | \$207.68 | \$209.45 | \$211.23 | \$213.00 | \$214.78 | \$216.55 | \$218.33 | \$220.10 | \$221.88 | \$223.65 | \$225.43 | \$227.20 |
| 60-64 | \$283.73 | \$286.15 | \$288.58 | \$291.00 | \$293.43 | \$295.85 | \$298.28 | \$300.70 | \$303.13 | \$305.55 | \$307.98 | \$310.40 |
| 65-69 | \$470.93 | \$474.95 | \$478.98 | \$483.00 | \$487.03 | \$491.05 | \$495.08 | \$499.10 | \$503.13 | \$507.15 | \$511.18 | \$515.20 |
| 70-74 | \$833.63 | \$840.75 | \$847.88 | \$855.00 | \$862.13 | \$869.25 | \$876.38 | \$883.50 | \$890.63 | \$897.75 | \$904.88 | \$912.00 |
| 75-100 | \$1,404.00 | \$1,416.00 | \$1,428.00 | \$1,440.00 | \$1,452.00 | \$1,464.00 | \$1,476.00 | \$1,488.00 | \$1,500.00 | \$1,512.00 | \$1,524.00 | \$1,536.00 |

| | \$322,500 | \$325,000 | \$327,500 | \$330,000 | \$332,500 | \$335,000 | \$337,500 | \$340,000 | \$342,500 | \$345,000 | \$347,500 | \$350,000 |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | |
| 0-34 | \$19.35 | \$19.50 | \$19.65 | \$19.80 | \$19.95 | \$20.10 | \$20.25 | \$20.40 | \$20.55 | \$20.70 | \$20.85 | \$21.00 |
| 35-39 | \$32.25 | \$32.50 | \$32.75 | \$33.00 | \$33.25 | \$33.50 | \$33.75 | \$34.00 | \$34.25 | \$34.50 | \$34.75 | \$35.00 |
| 40-44 | \$48.38 | \$48.75 | \$49.13 | \$49.50 | \$49.88 | \$50.25 | \$50.63 | \$51.00 | \$51.38 | \$51.75 | \$52.13 | \$52.50 |
| 45-49 | \$77.40 | \$78.00 | \$78.60 | \$79.20 | \$79.80 | \$80.40 | \$81.00 | \$81.60 | \$82.20 | \$82.80 | \$83.40 | \$84.00 |
| 50-54 | \$135.45 | \$136.50 | \$137.55 | \$138.60 | \$139.65 | \$140.70 | \$141.75 | \$142.80 | \$143.85 | \$144.90 | \$145.95 | \$147.00 |
| 55-59 | \$228.98 | \$230.75 | \$232.53 | \$234.30 | \$236.08 | \$237.85 | \$239.63 | \$241.40 | \$243.18 | \$244.95 | \$246.73 | \$248.50 |
| 60-64 | \$312.83 | \$315.25 | \$317.68 | \$320.10 | \$322.53 | \$324.95 | \$327.38 | \$329.80 | \$332.23 | \$334.65 | \$337.08 | \$339.50 |
| 65-69 | \$519.23 | \$523.25 | \$527.28 | \$531.30 | \$535.33 | \$539.35 | \$543.38 | \$547.40 | \$551.43 | \$555.45 | \$559.48 | \$563.50 |
| 70-74 | \$919.13 | \$926.25 | \$933.38 | \$940.50 | \$947.63 | \$954.75 | \$961.88 | \$969.00 | \$976.13 | \$983.25 | \$990.38 | \$997.50 |
| 75-100 | \$1,548.00 | \$1,560.00 | \$1,572.00 | \$1,584.00 | \$1,596.00 | \$1,608.00 | \$1,620.00 | \$1,632.00 | \$1,644.00 | \$1,656.00 | \$1,668.00 | \$1,680.00 |

| | \$352,500 | \$355,000 | \$357,500 | \$360,000 | \$362,500 | \$365,000 | \$367,500 | \$370,000 | \$372,500 | \$375,000 | \$377,500 | \$380,000 |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | |
| 0-34 | \$21.15 | \$21.30 | \$21.45 | \$21.60 | \$21.75 | \$21.90 | \$22.05 | \$22.20 | \$22.35 | \$22.50 | \$22.65 | \$22.80 |
| 35-39 | \$35.25 | \$35.50 | \$35.75 | \$36.00 | \$36.25 | \$36.50 | \$36.75 | \$37.00 | \$37.25 | \$37.50 | \$37.75 | \$38.00 |
| 40-44 | \$52.88 | \$53.25 | \$53.63 | \$54.00 | \$54.38 | \$54.75 | \$55.13 | \$55.50 | \$55.88 | \$56.25 | \$56.63 | \$57.00 |
| 45-49 | \$84.60 | \$85.20 | \$85.80 | \$86.40 | \$87.00 | \$87.60 | \$88.20 | \$88.80 | \$89.40 | \$90.00 | \$90.60 | \$91.20 |
| 50-54 | \$148.05 | \$149.10 | \$150.15 | \$151.20 | \$152.25 | \$153.30 | \$154.35 | \$155.40 | \$156.45 | \$157.50 | \$158.55 | \$159.60 |
| 55-59 | \$250.28 | \$252.05 | \$253.83 | \$255.60 | \$257.38 | \$259.15 | \$260.93 | \$262.70 | \$264.48 | \$266.25 | \$268.03 | \$269.80 |
| 60-64 | \$341.93 | \$344.35 | \$346.78 | \$349.20 | \$351.63 | \$354.05 | \$356.48 | \$358.90 | \$361.33 | \$363.75 | \$366.18 | \$368.60 |
| 65-69 | \$567.53 | \$571.55 | \$575.58 | \$579.60 | \$583.63 | \$587.65 | \$591.68 | \$595.70 | \$599.73 | \$603.75 | \$607.78 | \$611.80 |
| 70-74 | \$1,004.63 | \$1,011.75 | \$1,018.88 | \$1,026.00 | \$1,033.13 | \$1,040.25 | \$1,047.38 | \$1,054.50 | \$1,061.63 | \$1,068.75 | \$1,075.88 | \$1,083.00 |
| 75-100 | \$1,692.00 | \$1,704.00 | \$1,716.00 | \$1,728.00 | \$1,740.00 | \$1,752.00 | \$1,764.00 | \$1,776.00 | \$1,788.00 | \$1,800.00 | \$1,812.00 | \$1,824.00 |

| | \$382,500 | \$385,000 | \$387,500 | \$390,000 | \$392,500 | \$395,000 | \$397,500 | \$400,000 | \$402,500 | \$405,000 | \$407,500 | \$410,000 |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | |
| 0-34 | \$22.95 | \$23.10 | \$23.25 | \$23.40 | \$23.55 | \$23.70 | \$23.85 | \$24.00 | \$24.15 | \$24.30 | \$24.45 | \$24.60 |
| 35-39 | \$38.25 | \$38.50 | \$38.75 | \$39.00 | \$39.25 | \$39.50 | \$39.75 | \$40.00 | \$40.25 | \$40.50 | \$40.75 | \$41.00 |
| 40-44 | \$57.38 | \$57.75 | \$58.13 | \$58.50 | \$58.88 | \$59.25 | \$59.63 | \$60.00 | \$60.38 | \$60.75 | \$61.13 | \$61.50 |
| 45-49 | \$91.80 | \$92.40 | \$93.00 | \$93.60 | \$94.20 | \$94.80 | \$95.40 | \$96.00 | \$96.60 | \$97.20 | \$97.80 | \$98.40 |
| 50-54 | \$160.65 | \$161.70 | \$162.75 | \$163.80 | \$164.85 | \$165.90 | \$166.95 | \$168.00 | \$169.05 | \$170.10 | \$171.15 | \$172.20 |
| 55-59 | \$271.58 | \$273.35 | \$275.13 | \$276.90 | \$278.68 | \$280.45 | \$282.23 | \$284.00 | \$285.78 | \$287.55 | \$289.33 | \$291.10 |
| 60-64 | \$371.03 | \$373.45 | \$375.88 | \$378.30 | \$380.73 | \$383.15 | \$385.58 | \$388.00 | \$390.43 | \$392.85 | \$395.28 | \$397.70 |
| 65-69 | \$615.83 | \$619.85 | \$623.88 | \$627.90 | \$631.93 | \$635.95 | \$639.98 | \$644.00 | \$648.03 | \$652.05 | \$656.08 | \$660.10 |
| 70-74 | \$1,090.13 | \$1,097.25 | \$1,104.38 | \$1,111.50 | \$1,118.63 | \$1,125.75 | \$1,132.88 | \$1,140.00 | \$1,147.13 | \$1,154.25 | \$1,161.38 | \$1,168.50 |
| 75-100 | \$1,836.00 | \$1,848.00 | \$1,860.00 | \$1,872.00 | \$1,884.00 | \$1,896.00 | \$1,908.00 | \$1,920.00 | \$1,932.00 | \$1,944.00 | \$1,956.00 | \$1,968.00 |

Voluntary Life/AD&D Rate Summary – Prudential continued

Spouse / Domestic Partner* - Optional Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$2,500 to a maximum of 100% of your Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

| | \$412,500 | \$415,000 | \$417,500 | \$420,000 | \$422,500 | \$425,000 | \$427,500 | \$430,000 | \$432,500 | \$435,000 | \$437,500 | \$440,000 |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | |
| 0-34 | \$24.75 | \$24.90 | \$25.05 | \$25.20 | \$25.35 | \$25.50 | \$25.65 | \$25.80 | \$25.95 | \$26.10 | \$26.25 | \$26.40 |
| 35-39 | \$41.25 | \$41.50 | \$41.75 | \$42.00 | \$42.25 | \$42.50 | \$42.75 | \$43.00 | \$43.25 | \$43.50 | \$43.75 | \$44.00 |
| 40-44 | \$61.88 | \$62.25 | \$62.63 | \$63.00 | \$63.38 | \$63.75 | \$64.13 | \$64.50 | \$64.88 | \$65.25 | \$65.63 | \$66.00 |
| 45-49 | \$99.00 | \$99.60 | \$100.20 | \$100.80 | \$101.40 | \$102.00 | \$102.60 | \$103.20 | \$103.80 | \$104.40 | \$105.00 | \$105.60 |
| 50-54 | \$173.25 | \$174.30 | \$175.35 | \$176.40 | \$177.45 | \$178.50 | \$179.55 | \$180.60 | \$181.65 | \$182.70 | \$183.75 | \$184.80 |
| 55-59 | \$292.88 | \$294.65 | \$296.43 | \$298.20 | \$299.98 | \$301.75 | \$303.53 | \$305.30 | \$307.08 | \$308.85 | \$310.63 | \$312.40 |
| 60-64 | \$400.13 | \$402.55 | \$404.98 | \$407.40 | \$409.83 | \$412.25 | \$414.68 | \$417.10 | \$419.53 | \$421.95 | \$424.38 | \$426.80 |
| 65-69 | \$664.13 | \$668.15 | \$672.18 | \$676.20 | \$680.23 | \$684.25 | \$688.28 | \$692.30 | \$696.33 | \$700.35 | \$704.38 | \$708.40 |
| 70-74 | \$1,175.63 | \$1,182.75 | \$1,189.88 | \$1,197.00 | \$1,204.13 | \$1,211.25 | \$1,218.38 | \$1,225.50 | \$1,232.63 | \$1,239.75 | \$1,246.88 | \$1,254.00 |
| 75-100 | \$1,980.00 | \$1,992.00 | \$2,004.00 | \$2,016.00 | \$2,028.00 | \$2,040.00 | \$2,052.00 | \$2,064.00 | \$2,076.00 | \$2,088.00 | \$2,100.00 | \$2,112.00 |

| | \$442,500 | \$445,000 | \$447,500 | \$450,000 | \$452,500 | \$455,000 | \$457,500 | \$460,000 | \$462,500 | \$465,000 | \$467,500 | \$470,000 |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | |
| 0-34 | \$26.55 | \$26.70 | \$26.85 | \$27.00 | \$27.15 | \$27.30 | \$27.45 | \$27.60 | \$27.75 | \$27.90 | \$28.05 | \$28.20 |
| 35-39 | \$44.25 | \$44.50 | \$44.75 | \$45.00 | \$45.25 | \$45.50 | \$45.75 | \$46.00 | \$46.25 | \$46.50 | \$46.75 | \$47.00 |
| 40-44 | \$66.38 | \$66.75 | \$67.13 | \$67.50 | \$67.88 | \$68.25 | \$68.63 | \$69.00 | \$69.38 | \$69.75 | \$70.13 | \$70.50 |
| 45-49 | \$106.20 | \$106.80 | \$107.40 | \$108.00 | \$108.60 | \$109.20 | \$109.80 | \$110.40 | \$111.00 | \$111.60 | \$112.20 | \$112.80 |
| 50-54 | \$185.85 | \$186.90 | \$187.95 | \$189.00 | \$190.05 | \$191.10 | \$192.15 | \$193.20 | \$194.25 | \$195.30 | \$196.35 | \$197.40 |
| 55-59 | \$314.18 | \$315.95 | \$317.73 | \$319.50 | \$321.28 | \$323.05 | \$324.83 | \$326.60 | \$328.38 | \$330.15 | \$331.93 | \$333.70 |
| 60-64 | \$429.23 | \$431.65 | \$434.08 | \$436.50 | \$438.93 | \$441.35 | \$443.78 | \$446.20 | \$448.63 | \$451.05 | \$453.48 | \$455.90 |
| 65-69 | \$712.43 | \$716.45 | \$720.48 | \$724.50 | \$728.53 | \$732.55 | \$736.58 | \$740.60 | \$744.63 | \$748.65 | \$752.68 | \$756.70 |
| 70-74 | \$1,261.13 | \$1,268.25 | \$1,275.38 | \$1,282.50 | \$1,289.63 | \$1,296.75 | \$1,303.88 | \$1,311.00 | \$1,318.13 | \$1,325.25 | \$1,332.38 | \$1,339.50 |
| 75-100 | \$2,124.00 | \$2,136.00 | \$2,148.00 | \$2,160.00 | \$2,172.00 | \$2,184.00 | \$2,196.00 | \$2,208.00 | \$2,220.00 | \$2,232.00 | \$2,244.00 | \$2,256.00 |

| | \$472,500 | \$475,000 | \$477,500 | \$480,000 | \$482,500 | \$485,000 | \$487,500 | \$490,000 | \$492,500 | \$495,000 | \$497,500 | \$500,000 |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Age | | | | | | | | | | | | |
| 0-34 | \$28.35 | \$28.50 | \$28.65 | \$28.80 | \$28.95 | \$29.10 | \$29.25 | \$29.40 | \$29.55 | \$29.70 | \$29.85 | \$30.00 |
| 35-39 | \$47.25 | \$47.50 | \$47.75 | \$48.00 | \$48.25 | \$48.50 | \$48.75 | \$49.00 | \$49.25 | \$49.50 | \$49.75 | \$50.00 |
| 40-44 | \$70.88 | \$71.25 | \$71.63 | \$72.00 | \$72.38 | \$72.75 | \$73.13 | \$73.50 | \$73.88 | \$74.25 | \$74.63 | \$75.00 |
| 45-49 | \$113.40 | \$114.00 | \$114.60 | \$115.20 | \$115.80 | \$116.40 | \$117.00 | \$117.60 | \$118.20 | \$118.80 | \$119.40 | \$120.00 |
| 50-54 | \$198.45 | \$199.50 | \$200.55 | \$201.60 | \$202.65 | \$203.70 | \$204.75 | \$205.80 | \$206.85 | \$207.90 | \$208.95 | \$210.00 |
| 55-59 | \$335.48 | \$337.25 | \$339.03 | \$340.80 | \$342.58 | \$344.35 | \$346.13 | \$347.90 | \$349.68 | \$351.45 | \$353.23 | \$355.00 |
| 60-64 | \$458.33 | \$460.75 | \$463.18 | \$465.60 | \$468.03 | \$470.45 | \$472.88 | \$475.30 | \$477.73 | \$480.15 | \$482.58 | \$485.00 |
| 65-69 | \$760.73 | \$764.75 | \$768.78 | \$772.80 | \$776.83 | \$780.85 | \$784.88 | \$788.90 | \$792.93 | \$796.95 | \$800.98 | \$805.00 |
| 70-74 | \$1,346.63 | \$1,353.75 | \$1,360.88 | \$1,368.00 | \$1,375.13 | \$1,382.25 | \$1,389.38 | \$1,396.50 | \$1,403.63 | \$1,410.75 | \$1,417.88 | \$1,425.00 |
| 75-100 | \$2,268.00 | \$2,280.00 | \$2,292.00 | \$2,304.00 | \$2,316.00 | \$2,328.00 | \$2,340.00 | \$2,352.00 | \$2,364.00 | \$2,376.00 | \$2,388.00 | \$2,400.00 |

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Spouse / Domestic Partner rate is based on employee's age.

*Please see your HR Department to determine if Non-State Registered Domestic Partners may be covered under this plan.

Children - Optional Dependent Term Life Monthly Cost per Coverage Amount

One premium rate covers all eligible children

\$10,000
\$1.20

Rates may change if plan experience requires a change for all insureds.



Voluntary Life/AD&D Rate Summary – Prudential continued

Family - Optional Accidental Death & Dismemberment Monthly Cost per Coverage Amount

Employee: Coverage is available in increments of \$50,000 to a maximum of \$500,000, not to exceed 10.0 times your covered annual earnings.

Spouse/Domestic Partner*: Purchase a coverage amount for your spouse/domestic partner* equal to 100% of your Optional AD&D Insurance coverage amount, not to exceed \$500,000.

Child(ren): Purchase a coverage amount of \$10,000 for your child.

Family: Purchase a coverage amount for your spouse/domestic partner* equal to 100% of your Optional AD&D Insurance coverage amount, not to exceed \$500,000.

Purchase a coverage amount of \$10,000 for your child.

Refer to the Optional AD&D section for evidence of insurability details.

| | \$50,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000 | \$300,000 | \$350,000 | \$400,000 | \$450,000 | \$500,000 |
|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Employee | \$1.05 | \$2.10 | \$3.15 | \$4.20 | \$5.25 | \$6.30 | \$7.35 | \$8.40 | \$9.45 | \$10.50 |
| Family | \$1.70 | \$3.40 | \$5.10 | \$6.80 | \$8.50 | \$10.20 | \$11.90 | \$13.60 | \$15.30 | \$17.00 |

*Please see your HR Department to determine if Non-State Registered Domestic Partners may be covered under this plan.

Group Insurance coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102.

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.

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Voluntary Short Term Disability Plan Summary – Prudential



Summary of Benefits

LUTHERAN SERVICES IN THE NORTHWEST, LLC

Issued by The Prudential Insurance Company of America

Effective: 07/01/2017

Short Term Disability

- 100% Employee Paid
- Your weekly Short Term Disability benefits will be 60% of your weekly pre-disability earnings, up to a maximum of \$1,000, less deductible sources of income. No medical questions asked - if enrolling when first eligible. The minimum weekly benefit is \$25. Deductible sources of income may include benefits from statutory plans, unemployment income, and salary continuation.
 - If you meet the definition of disability, your benefits will begin on the 15th day following a non-occupational injury or the 15th day following a non-occupational sickness. The benefit duration is 11 weeks. You are considered disabled when, because of injury or sickness, you are under the regular care of the doctor, are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of weekly income of at least 20%.
 - STD benefits will not be paid for a disability that begins within 12 months of your coverage effective date and due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage. Your plan does not cover a disability due to a pre-existing condition. However, this exclusion does not apply until after you receive [4] weekly payments.
 - You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

Optional Term Life, Dependent Term Life, Long Term Disability, Short Term Disability, Accidental Death & Dismemberment Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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Voluntary Short Term Disability Rate Summary – Prudential



Rate Sheet

LUTHERAN SERVICES IN THE NORTHWEST, LLC

Issued by The Prudential Insurance Company of America

Effective: 07/01/2017

"How much does STD insurance cost?"

Use the chart below to find the cost of STD insurance. If your salary is not noted, follow the steps below. Your maximum weekly benefit amount is up to \$1,000. All salaries of \$86,667 and above have a monthly cost of \$64.00.

Employee - Short Term Disability Monthly Cost per Coverage Amount

Coverage is available for STD benefits of 60% of your weekly earnings, up to the maximum of \$1,000, less deductible sources of income. Refer to the Short Term Disability section for evidence of insurability details.

| Annual Income | Weekly Benefit | STD Cost | Annual Income | Weekly Benefit | STD Cost |
|---------------|----------------|----------|---------------|----------------|----------|
| \$12,000 | \$138.46 | \$8.86 | \$50,000 | \$576.92 | \$36.92 |
| \$13,000 | \$150.00 | \$9.60 | \$55,000 | \$634.62 | \$40.62 |
| \$14,000 | \$161.54 | \$10.34 | \$60,000 | \$692.31 | \$44.31 |
| \$15,000 | \$173.08 | \$11.08 | \$65,000 | \$750.00 | \$48.00 |
| \$20,000 | \$230.77 | \$14.77 | \$70,000 | \$807.69 | \$51.69 |
| \$25,000 | \$288.46 | \$18.46 | \$75,000 | \$865.38 | \$55.38 |
| \$30,000 | \$346.15 | \$22.15 | \$80,000 | \$923.08 | \$59.08 |
| \$35,000 | \$403.85 | \$25.85 | \$85,000 | \$980.77 | \$62.77 |
| \$40,000 | \$461.54 | \$29.54 | \$86,667 | \$1,000.00 | \$64.00 |
| \$45,000 | \$519.23 | \$33.23 | | | |

Implementation of the insurance plan(s) will depend on having a specific percentage of all eligible employees enrolling in the plan(s). If this percentage of enrollment level is not met, these coverage(s) may not be effective.
0270257





Voluntary Short Term Disability Rate Summary – Prudential continued

How to Calculate Your Total STD monthly Cost

| | | |
|--------|--|------|
| Step 1 | Indicate your weekly earnings. | = \$ |
| Step 2 | Multiply your weekly earnings by 60%. | = \$ |
| Step 3 | If the amount in Step 2 is greater than \$1,000, indicate \$1,000. Otherwise, indicate the amount from Step 2. | = \$ |
| Step 4 | Multiply the amount in Step 3 by the rate of \$0.064 to obtain your total STD monthly cost. | = \$ |

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

Optional Term Life, Dependent Term Life, Long Term Disability, Short Term Disability, Accidental Death & Dismemberment Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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Voluntary Long Term Disability Plan Summary – Prudential



Summary of Benefits

LUTHERAN SERVICES IN THE NORTHWEST, LLC

Issued by The Prudential Insurance Company of America

Effective: 07/01/2017

Long Term Disability

100% Employee Paid

- If you are currently covered, your coverage will continue unless you elect the No Coverage Chosen option. Your monthly Long Term Disability benefit will be 60% of your monthly pre-disability earnings, up to the maximum of \$5,000, less deductible sources of income. No medical questions asked - if enrolling when first eligible. The minimum monthly benefit is the greater of \$100 or 10% of your gross monthly benefit. Deductible sources of income may include benefits from statutory plans, Social Security to you and your dependents, workers' compensation, unemployment income and other income.
- If you meet the definition of disability, your benefits will begin 90 days following an accidental injury or sickness. The benefit duration is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65 benefits are payable according to an age-based schedule. Refer to the Booklet-Certificate for details.
- You are considered disabled when, because of injury or sickness, you are under the regular care of a doctor, you are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of income of at least 20%. After receiving benefits for 24 months, you are considered disabled when, due to the same sickness or injury, you are unable to perform the material and substantial duties of any gainful occupation for which you are reasonably fitted by education, training or experience, and disability results in a loss of income of a specified percentage determined by your plan.
- Disabilities due to mental illness are limited to 24 months of benefits during your lifetime. Examples of mental illness include schizophrenia, depression, manic depressive or bipolar illness, anxiety, somatization, substance related disorders (including drug and alcohol abuse), and/or adjustment disorders. Disabilities due to mental illness have a combined limited pay period during your lifetime.
- LTD benefits will not be paid for a disability that begins during the first 12 months of coverage and due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage.
- During the first 12 months of part-time work while disabled, you can receive full benefits as long as your combined income and disability benefits do not exceed your monthly pre-disability earnings.
- If you die while collecting disability benefits, a lump sum payment may be paid to your eligible survivors.
- You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.





Voluntary Long Term Disability Plan Summary – Prudential continued

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

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Voluntary Long Term Disability Rate Summary – Prudential



Rate Sheet

LUTHERAN SERVICES IN THE NORTHWEST, LLC

Issued by The Prudential Insurance Company of America

Effective: 07/01/2017

| Cost of Long Term Disability | |
|------------------------------|-----------------|
| Employee's Age | Employee's Rate |
| 0 - 24 | \$0.130 |
| 25 - 29 | \$0.180 |
| 30 - 34 | \$0.310 |
| 35 - 39 | \$0.490 |
| 40 - 44 | \$0.760 |
| 45 - 49 | \$1.080 |
| 50 - 54 | \$1.490 |
| 55 - 59 | \$1.670 |
| 60 - 64 | \$1.420 |
| 65 - 69 | \$1.000 |
| 70 - 100 | \$0.730 |

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

How to Calculate Your Total LTD monthly Cost

| | | |
|--------|---|------|
| Step 1 | Indicate your monthly earnings. | = \$ |
| Step 2 | If the amount in Step 1 is greater than \$8,333, indicate \$8,333. Otherwise, indicate the amount from Step 1. | = \$ |
| Step 3 | Multiply the amount in Step 2 by the rate for your age and divide by 100 to obtain your total LTD monthly cost. | = \$ |

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

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Flexible Spending Account (FSA) – PacificSource



THE HEARTHSTONE
Flexible Spending Account
January 1, 2017 – December 31, 2017

What is it?

- A Flexible Spending Account (FSA) is a tax-free employee funded account administered by PacificSource Administrators.
 - Used for Unreimbursed Health Care or Dependent Care Expenses
 - Employer-Sponsored Health Insurance premiums are deducted automatically pre-tax.
- You may request reimbursement for expenses incurred for yourself and any qualified family members.
- **Unreimbursed Health Expenses:**
 - Use Pre-tax dollars to pay for medically necessary out-of-pocket health care expenses
 - Doctor visit co-pays and Prescription expenses
 - Alternative Care
 - Dental and Vision expenses
 - See a detailed list of example eligible expenses on our website, www.pacificsource.com/psa
- **Dependent Care Expenses:**
 - Use Pre-tax dollars to pay for daycare expenses for a child up to age 13 or a disabled tax dependent unable to care for themselves.
 - *Changes in contribution will be allowed with a qualified status change*

How much can I contribute?

| Annual Maximum | |
|---|---|
| Account | Amount will be pro-rated if enrolling after the start of the plan year. |
| Unreimbursed Health-Related Expense | \$2,600 |
| Dependent Care Expense | \$5,000* |
| *This is an annual maximum per family per tax year. | |

What if I don't use it?

- Any unused balance up to \$500 will be carried into the next plan year (Amounts over \$500.01 will be forfeited)
- Applies only to the Health Related Expense Account
- Funds are carried over approximately 15 days after the 90-day claim submission period ends; at that time, they will be added to your current plan year's available balance
- You can elect the Health Related Expenses maximum contribution, and have up to \$500 carry over from the prior plan year
- You do not have to enroll in the FSA for the new plan year to have your remaining funds (up to \$500) carry over into the new plan year

How do I collect?

- Any eligible claims for services between **January 1, 2017 and December 31, 2017**, which are submitted prior to **March 31, 2018**, are reimbursable.

- Use your Benny Card
 - Physician offices, including medical, dental and vision care
 - Pharmacy
 - See our Benny Card flier available at www.pacificsource.com/psa for more details

Note: You must save all expense documentation per IRS rules.

- Three Methods to submit for reimbursement:
 - Online Claim Submission through MyFlex
 - Fax reimbursement form and receipts to (866) 446-6090
 - Mail reimbursement form and copies of receipts to: PO Box 2797, Portland, OR 97208
- Request for Reimbursement forms are available on the PacificSource Administrators website.

| | |
|--|--|
| PacificSource Administrators Claims Fax: | 1-866-446-6090 |
| Customer Service Phone: | 1-800-422-7038 |
| Customer Service Email: | psacustomerservice@pacificsource.com |
| Web Address: | www.pacificsource.com/psa |



Flexible Spending Account (FSA) – PacificSource continued



MyFlex: Online Account Access for Participants

It's Easy!

Manage your FSA account from the convenience of your home or office!

- File a claim online
- Access information on the most recent reimbursement payments
- View payment details
- Check your account balances, annual election, and year-to-date deposits
- Change your address and other personal information online
- View FAQs and helpful fliers
- Download claim forms, direct deposit forms, and more.
- Get the latest regulatory and industry news on FSAs

If you're already shopping or banking online, then using MyFlex will be a breeze. Even if you're an internet rookie, we're sure you'll find the system easy to use, and our Customer Service Representatives are happy to help if you get stuck. The next time you're online, give MyFlex a try – then tell us what you think!

A Guide to Your Benny Card

Information to help you understand how you can use your Benny prepaid benefits card



When you incur a qualified healthcare expense, swipe your Benny Card as you would a credit card. The amount of your qualified purchases will be deducted automatically and the pre-tax dollars are electronically transferred to the provider for immediate payment. It's that easy! Where can I use my Benny Card?

- Physician offices, including medical, dental and vision care
- Medical facilities, such as hospitals and urgent care clinics
- Participating retail stores, supermarkets and pharmacies.

Swipe your card as you would a credit card whenever you need to pay. Select credit rather than debit. **Save your receipts.** You'll need them for documentation later.

Pay attention to dates. Only use your card if the service date is within your current plan year.

Keep your card. Don't toss your card after your plan year ends. It can be reused for up to five consecutive plan years. *Replacing the card prior to the expiration date, for anything other than an error on the part of the vendor, will result in a \$10 charge to your account.*



Important Compliance Notices

These next pages contain mandatory annual notices regarding your health and welfare benefit plans through The Hearthstone for the plan year July 1, 2017 to June 30, 2018. Please review these notices carefully and contact us if you have any questions.

Human Resources Department
The Hearthstone
John Paulson
6720 East Green Lake Way N
Seattle, WA 98103
206.517.2238
jpaulson@hearthstone.org

Summary of Benefits and Coverage (SBC)

The SBC is a document that uses the standard format mandated by the Affordable Care Act and will be used by all health care providers and insurers to enable a side-by-side analysis of benefits from one provider or plan to the next.

If you would like a copy of the SBC for any or all of the medical plans offered by The Hearthstone, please see your HR Department.

Summary of Benefits and Coverage – Kaiser Permanente HMO \$200
Summary of Benefits and Coverage – Kaiser Permanente Access PPO





Important Disclosure – Kaiser Permanente



Important disclosure information

Kaiser Foundation Health Plan of Washington | Kaiser Foundation Health Plan of Washington Options, Inc.

Understanding your health plan

RCW.48.43.510 and WAC 284-43-5130

Your health plan is designed to help you live your healthiest life. To achieve that, it's important that you understand your plan's benefits, coverage, and policies. Upon request, Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. (collectively referred to as "Kaiser Permanente" within this document) will provide you with the following information:

- A list of covered benefits, including prescription drug benefits, if any; exclusions, reductions, and limitations to covered benefits, and any definition of medical necessity on which they may be based.
- Information on how members may be involved in decisions about benefits.
- A list of coverage policies for pharmacy benefits, including how drugs are added or removed from the drug formulary.
- Information on policies for protecting the confidentiality of health information.
- Information on premiums and enrollee cost-sharing requirements.
- A summary explanation of the complaints and appeals processes.
- Point-of-service plan availability and how the plan operates.
- A copy of the plan's current drug formulary for prescription drug coverage.
- A list of participating primary care and specialty care providers, including network arrangements that restrict access to providers within the plan network.
- A list of all available disclosure items, in addition to the above, as required by law.

How we protect your personal information

Your health is our number one priority, and part of caring for you well is keeping your personal information safe. Our policies and procedures are designed to protect your personal information in written, verbal, and electronic forms. Specifically:

- We'll protect your right to access, review, amend, and receive copies of your medical records.

- We'll protect the confidentiality of your health care information by instituting physical, technical, and administrative controls throughout the organization to protect the use and disclosure of oral, hard copy, and electronic personal health information. We train our employees on these policies and procedures. Employees who violate our confidentiality and security policies are subject to disciplinary action.
- We use and share your personal information to provide treatment, receive and provide payment for health care services, and conduct health care operations.
- We won't release patient-identifiable health information to third parties without your written permission or authorization except as permitted or required by law.
- We may use health information to support utilization review, quality assessment and measurement, billing, claims management, audits, accreditation, and other health care operations.
- We won't release detailed utilization information to employers when it might identify individual patients unless permitted or required by law.

For information regarding our privacy practices, you can view our *Notice of Privacy Practices* at kp.org/wa or call Member Services toll-free at 1-888-901-4636. If you are speech- or hearing-impaired, please call the TTY WA Relay at 1-800-833-6388 or 711.

Understanding your plan coverage

Treatment coverage

Your treatment and service coverage is determined by your specific health plan. If you ever have any concerns or questions regarding your coverage, contact Member Services for assistance.

For a particular treatment or service to be covered, it must be:

- Provided or arranged by a Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. health care provider (depending on your plan), except for emergency care and urgent care outside of the Kaiser Permanente service area. Kaiser Foundation Health Plan of Washington Options, Inc. members may self-refer to care from any licensed health care provider in the U.S. at a lower benefit level.



Important Disclosure – Kaiser Permanente continued

- Covered by the Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. plan in which you are enrolled. To ask about coverage for a specific treatment or service, contact Member Services.

Utilization reviews

At Kaiser Permanente, we provide or authorize your medical care based on what is appropriate and necessary for the condition being treated or diagnosed. We do not use financial incentives to encourage our providers to withhold care from members. Our doctors are free to make their own decisions. However, some treatments and services require a utilization review (or coverage review) by the plan.

A utilization review determines whether a treatment or service is covered under the terms of your coverage agreement. It does not determine whether a provider may render services or whether you may choose to purchase a medical service on your own. Utilization reviews may occur at different times relative to the services you receive. It may occur before you receive the services, at the same time you receive services, or after you receive services.

During a utilization review, we will:

- Evaluate whether a specific health care service, procedure, or setting is necessary, appropriate, effective, and efficient for the condition in question; or
- Monitor the use of a specific health care service, procedure, or setting.

Some treatments and services are subject to utilization reviews based on criteria developed by Kaiser Permanente or another organization. In some cases, a service for which we have conducted a utilization review may not be deemed medically necessary, as defined in the plan's clinical review criteria.

If you believe you need a specific type of care, talk to your health care provider. He or she will discuss it with you and recommend the most appropriate care. For more information about utilization reviews, or for a written explanation of our criteria for a specific service, contact Member Services.

A pre-service review (or preauthorization) is a specific type of utilization review that occurs prior to your receiving services.

Some care requires a referral from your personal physician but does not require preauthorization. However, certain services do require pre-service review to be covered. In addition, the service must be covered by your health plan for you to receive the coverage benefit.

Usually, your provider will arrange for pre-service review when necessary. If a treatment or service is not authorized, you'll receive a written explanation of the reason for the denial, your right to appeal the decision, and the appeal process.

Kaiser Permanente will not deny coverage retroactively for preauthorized services that have already been provided to the member. Exceptions are if there has been an intentional misrepresentation of a material fact by the patient, member, or provider of services; if coverage was obtained based on inaccurate, false, or misleading information on the enrollment application; or if premiums have not been paid.

Grievances and appeals processes

If you ever have a concern, request, complaint, or compliment, we encourage you to let us know. Kaiser Permanente offers grievance, coverage decision (including exceptions), and appeals processes. Generally, grievances are complaints regarding the quality of care you receive, or the quality of service we provide, including problems getting appointments and disrespectful or rude behavior of staff.

Coverage decisions are decisions about what your plan will and won't cover. These types of decisions could include an exception for a prescription drug that isn't on our list of covered drugs or a request for a drug at a lower out-of-pocket cost.

An appeal is a formal way of asking us to review and change a coverage decision we've made. You have the right to appeal any coverage decision. The type of appeal, and timeframe for resolution, depends on what is being denied. We'll tell you how to appeal in the letter we send you explaining our denial decision. We quickly review appeals involving urgently needed care and act as fast as necessary, given the clinical urgency of the condition. Reviews that are clinically urgent will take no longer than 72 hours.



Important Notices

Women's Health and Cancer Rights

The Women's Health and Cancer Rights Act of 1998 (WHCRA) requires that a group health plan, which provides coverage for a mastectomy, must also include coverage for reconstructive surgery and prostheses following the mastectomy. The law mandates that a participant or eligible beneficiary who is receiving benefits for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy, will also receive coverage for:

- all stages of reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedemas.

Coverage will be provided in a manner determined in consultation with the patient and the patient's attending physician. Benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you have any questions about coverage for mastectomies and post-operative reconstructive surgery, please contact your medical plan insurance company.

As required under the law, this notice is to be provided upon enrollment and annually thereafter.

Newborns' and Mothers' Health Protection

Under the Newborns' and Mothers' Health Protection Act of 1996, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician (e.g., your physician, nurse, or midwife, or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and insurers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour or (96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain pre-certification. For information on pre-certification, please contact your medical plan insurance company.





Important Notices

HIPAA Special Enrollment Rights

Below outlines important information for individuals who are eligible to participate in The Hearthstone medical plan (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires that you be notified about two very important provisions in the The Hearthstone medical plan. The first is your right to enroll in the medical plan under the “special enrollment provision” if you acquire a new dependent, or you or an eligible dependent decline coverage under the plan because of alternative coverage and later lose such coverage due to certain qualifying reasons. Second, this notice advises you of the plan’s preexisting condition exclusion rules that may temporarily exclude coverage for certain preexisting conditions that you or your family may have.

I. SPECIAL ENROLLMENT RIGHTS

Rule #1 – Loss of Coverage. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage for such individuals, and that coverage terminates due to certain qualifying reasons (i.e., exhaustion of COBRA or state law continuation rights; loss of eligibility for other coverage due to legal separation, divorce, death, termination of employment or reduction in hours; or because employer contributions for other non-COBRA coverage ceases) you “may” in the future be able to enroll yourself or your dependents (whose coverage terminates for a qualifying reason) in the plan, provided that you request enrollment within 30 days after your other coverage ends, and that you meet certain other important conditions described in the plan SPD (Summary Plan Description).

Rule #2 – Marriage, Birth or Adoption. In addition, if you acquire a new dependent as a result of marriage, birth, adoption, or placement for adoption, you “may” be able to enroll yourself, your spouse, and your newly acquired dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, and that you meet certain other important conditions described in the plan SPD.

Rule #3 – Marriage Equality Act: The Marriage Equality Act revised the rules regarding domestic partnerships in Washington effective June 30, 2014. Under the revised rules, domestic partnerships (same-sex or opposite-sex partners) may register only if at least one of the partners is age 62 or older and the other eligibility conditions outlined in the State Employment Laws are met. Also, under the Marriage Equality Act, same-sex domestic partnerships that were entered into before June 30, 2014, and have not been dissolved or converted into marriages automatically converted into marriages as of June 30, 2014, unless one of the partners is age 62 or older.



Important Notices

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

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 January 31, 2017. Contact your State for more information on eligibility –

| | |
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| ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447 | FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268 |
| ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | GEORGIA – Medicaid Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507 |
| ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864 |
| COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 | IOWA – Medicaid Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562 |



Important Notices

Children's Health Insurance Program (CHIP) continued

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| KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512 | NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218 |
| KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570 | NEW JERSEY – Medicaid and CHIP 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 |
| LOUISIANA – Medicaid Website: http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447 | NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711 | NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100 |
| MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120 | NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 |
| MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739 | OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 |
| MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 | OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 |
| MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 | PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462 |
| NEBRASKA – Medicaid Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633 | RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300 |
| NEVADA – Medicaid Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 | SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820 |



Important Notices

Children's Health Insurance Program (CHIP) continued

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|---|--|
| SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059 | WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473 |
| TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | WEST VIRGINIA – Medicaid Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability |
| UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 | WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002 |
| VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 | WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531 |
| VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282 | |

To see if any other states have added a premium assistance program since January 31, 2017, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)



Important Notices

Your Prescription Drug Coverage & Medicare Part D

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Hearthstone and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

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. Coverage may be purchased from insurance carriers that offer Medicare prescription drug plans and Medicare Advantage Plans that include prescription drug coverage. All Medicare prescription 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. The Hearthstone has determined that the prescription drug coverage offered by the both Kaiser Permanente and Kaiser Permanente Options Benefit Plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is 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 through 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.

Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescriptions drug benefits.

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 Hearthstone coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Hearthstone coverage, be aware that you and your dependents will be able to get this coverage back. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Hearthstone coverage, be aware that you and your dependents will be able to get this coverage back.





Important Notices

Your Prescription Drug Coverage & Medicare Part D continued

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 coverage with The Hearthstone 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 November to join.

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

Contact the person listed below for further information or call the customer service number on the back of your medical insurance ID card. **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 The Hearthstone changes. You also may request a copy of this notice from us 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. If you are Medicare eligible, 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 plans:

Visit 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 drug coverage is available. For information about this extra help visit Social Security on the web at 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: August 24, 2017

Name of Entity/Sender: The Hearthstone

Contact – Position/Office: John Paulson

Address: 6720 East Green Lake Way N, Seattle, WA 98103

Phone Number: 206.517.2238



Important Notices

Reminder of Continuation of Coverage Under COBRA

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

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

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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 are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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 any of the following qualifying events happens:

- 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."



Important Notices

Reminder of Continuation of Coverage Under COBRA continued

When is COBRA 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. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's is becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the 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:

Benefit Solutions, Inc. COBRA Department
12121 Harbour Reach Dr., Suite 105
Mukilteo, WA 98275
206.859.2697

How is COBRA 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. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.



Important Notices

Reminder of Continuation of Coverage Under COBRA continued

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage. Requests for disability extension must be made in writing to the plan administrator.

Benefit Solutions, Inc. COBRA Department
12121 Harbour Reach Dr., Suite 105
Mukilteo, WA 98275
206.859.2697

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

If your family experiences another qualifying event while receiving 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

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 ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), 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 the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of 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 Administrator Contact Information

You may obtain information about the Plan and COBRA coverage on request from:

Benefit Solutions, Inc. COBRA Department
12121 Harbour Reach Dr., Suite 105
Mukilteo, WA 98275
206.859.2697



Important Notices

Exchange Model Notice



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

PART A: General Information

Beginning in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The 2017 open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1, 2016, through Jan. 31, 2017. After Jan. 31, 2017, you can get coverage through the Marketplace for 2017 only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year (adjusted to 9.69% for 2017), or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

John Paulson, 206.517.2238

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



Important Notices

Exchange Model Notice continued

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | | |
|---|-----------------------|--|--|
| 3. Employer name The Hearthstone | | 4. Employer Identification Number (EIN) 91-0743702 | |
| 5. Employer address 6720 East Green Lake Way N | | 6. Employer phone number 206.525.9666 | |
| 7. City Seattle | 8. State WA | 9. ZIP code 98103 | |
| 10. Who can we contact about employee health coverage at this job? John Paulson | | | |
| 11. Phone number (if different from above) 206.517.2238 | | 12. Email address jpaulson@hearthstone.org | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

All Full-time employees working a minimum of 30 hours per week

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Lawful Spouses, Domestic Partners and Dependent Children to age 26

☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



Important Phone Numbers

Medical

Kaiser Permanente

Customer Service: 888.901.4636

www.kp.org/WA

Dental

Delta Dental of Washington

Customer Service: 800.554.1907

www.deltadentalwa.com

Dental

Willamette Dental Group

855.433.6825

Appointments: Option 1

Customer Service: Option 3

www.willamettedental.com

Employee Assistance Plan

First Choice Health EAP

Appointments: 800.777.4114

www.firstchoicееap.com

Access Code: hearthstone

Voluntary Vision Hardware

Ameritas

Customer Service: 800.487.5553

www.ameritasgroup.com

Life & Disability

Prudential

Life Insurance Claims: 800.524.0542

Disability Claims: 800.842.1718

www.prudential.com

If you were unable to get your customer service issue handled directly with the vendor above, please contact:

**the
Hearthstone**

Retirement Living at Green Lake

Human Resources Department

John Paulson

206.517.2238

OR



Brown & Brown Insurance:

253.396.5500

Toll Free: 800.562.8171





