



Monthly Cost: \$2.90*
No Copay or Consultation Fee

*Teladoc is included at no additional cost for those enrolled in a major medical plan.

So many reasons to use Teladoc®



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care.

<p>1</p>  <p>Talk to a doctor anytime, anywhere you happen to be</p>	<p>2</p>  <p>Receive quality care via phone, video or mobile app</p>	<p>3</p>  <p>Prompt treatment, median call back in 10 min</p>
<p>4</p>  <p>A network of doctors that can treat every member of the family</p>	<p>5</p>  <p>Prescriptions sent to pharmacy of choice if medically necessary</p>	<p>6</p>  <p>Teladoc is less expensive than the ER or urgent care</p>

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician

Talk to a doctor anytime!

 Teladoc.com

 1-800-Teladoc (835-2362)



ELEVANTA HEALTH SUPPLEMENTAL LIFE INSURANCE

ELIGIBILITY	All Salaried Full-time employees may purchase up to \$100,000 All Hourly Full-time employees may purchase up to \$50,000 Guaranteed Issue: \$50,000 Not offered to part-time employees Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70
Dependent Eligibility	Employees must participate in voluntary plan for dependents to participate
Benefit Amount	Increments of \$10,000 Up to a maximum of \$100,000
Maximum Benefit Amount	Salaried Full-time - \$100,000 Hourly Full-time - \$50,000
Spouse Life Benefit	50% of employee-only coverage Increments of \$5,000 Up to a maximum of \$50,000
Child Life Benefit	Coverage begins at age 14 days to six months at \$500 Six months to 25 years in increments of \$5,000 Up to a maximum of \$10,000
Guaranteed Issue	Salaried Full-time - \$50,000 Hourly Full-time - \$50,000
Dependent Guaranteed Issue	Spouse: \$10,000 Child: all guaranteed issue
Medical Underwriting Requirement	At initial eligibility no medical underwriting is required. If you choose to waive coverage at this time, but at a later date decide to enroll, medical underwriting will be required for any amount of supplemental term life insurance and insurer must approve coverage.
Suicide Exclusion	No death benefits will be paid if insured commits suicide during the first two years of coverage. This two-year suicide exclusion also applies to all later increases in coverage.

ELEVANTA HEALTH SUPPLEMENTAL AD&D INSURANCE

ELIGIBILITY	Class 1: All salaried and full-time hourly employees may purchase up to \$100,000 Class 2: All hourly employees working an average of 30 hours or more per week may purchase up to \$50,000 Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70
Employee Maximum Benefit Amount	Class 1: Increments of \$10,000 up to \$100,000 Class 2: Increments of \$10,000 up to \$50,000
Spouse Maximum Benefit Amount	Class 1: Increments of \$5,000 up to \$50,000 Class 2: Increments of \$2,000 up to \$10,000
Child Maximum Benefit Amount	Class 1: Increments of \$5,000 up to \$25,000 Class 2: Increments of \$2,000 up to \$10,000
Loss Of Life	100% of the principal sum in the event of accidental loss of life occurring within 365 days of a covered accident
Living	Up to 100% of the principal sum for paralysis, dismemberment, loss of eyesight and speech and hearing in both ears
Coma	1% per month for 11 months, then 100% of principal sum after 12th month
Dismemberment	One member: 50% of principal sum Two members: 100% of principal sum Thumb and Index: 25% of principal sum All four fingers/same: 25% of principal sum All toes: 20% of principal sum One hand or one foot and sight in one eye: 100% of principal sum
Paralysis	Total paralysis of upper and lower limbs (quadriplegia): 100% Total paralysis of both lower limbs (paraplegia): 75% Total paralysis of upper and lower limbs on one side of body (hemiplegia): 50% Total paralysis of one upper or one lower limb (uniplegia): 25%
Sight In One Eye	50%
Speech AND Hearing	100%
Speech OR Hearing	50%



MONTHLY SUPPLEMENTAL TERM LIFE INSURANCE

May 1, 2021 - April 30, 2022

PRIMARY	\$10K	\$20K	\$30K	\$40K	\$50K	\$60K	\$70K	\$80K	\$90K	\$100K
	Under 30	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20
30-34	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
35-39	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
40-44	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	\$13.30	\$15.20	\$17.10	\$19.00
45-49	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40	\$20.30	\$23.20	\$26.10	\$29.00
50-54	\$4.20	\$8.40	\$12.60	\$16.80	\$21.00	\$25.20	\$29.40	\$33.60	\$37.80	\$42.00
55-59	\$8.30	\$16.60	\$24.90	\$33.20	\$41.50	\$49.80	\$58.10	\$66.40	\$74.70	\$83.00
60-64	\$12.70	\$25.40	\$38.10	\$50.80	\$63.50	\$76.20	\$88.90	\$101.60	\$114.30	\$127.00
Coverage reduces to 65% of original elected benefit amount at age 65.										
65-69	\$24.00	\$48.00	\$72.00	\$96.00	\$120.00	\$144.00	\$168.00	\$192.00	\$216.00	\$240.00
Coverage reduces to 50% of original elected benefit amount at age 70.										
70+	\$39.70	\$79.40	\$119.10	\$158.80	\$198.50	\$238.20	\$277.90	\$317.60	\$357.30	\$397.00

SPOUSE	\$5K	\$10K	\$15K	\$20K	\$25K	\$30K	\$35K	\$40K	\$45K	\$50K
	Under 30	\$0.44	\$0.88	\$1.32	\$1.76	\$2.20	\$2.64	\$3.08	\$3.52	\$3.96
30-34	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
35-39	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
40-44	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
45-49	\$1.75	\$3.50	\$5.25	\$7.00	\$8.75	\$10.50	\$12.25	\$14.00	\$15.75	\$17.50
50-54	\$2.55	\$5.10	\$7.65	\$10.20	\$12.75	\$15.30	\$17.85	\$20.40	\$22.95	\$25.50
55-59	\$4.95	\$9.90	\$14.85	\$19.80	\$24.75	\$29.70	\$34.65	\$39.60	\$44.55	\$49.50
60-64	\$7.55	\$15.10	\$22.65	\$30.20	\$37.75	\$45.30	\$52.85	\$60.40	\$67.95	\$75.50
Coverage reduces to 65% of original elected benefit amount at age 65.										
65-69	\$14.55	\$29.10	\$43.65	\$58.20	\$72.75	\$87.30	\$101.85	\$116.40	\$130.95	\$145.50
Coverage reduces to 50% of original elected benefit amount at age 70.										
70+	\$23.55	\$47.10	\$70.65	\$94.20	\$117.75	\$141.30	\$164.85	\$188.40	\$211.95	\$235.50

CHILDREN	\$5K	\$10K
		\$1.10

Note: Employees are eligible to purchase the following amount(s) of supplemental life and AD&D insurance based on the employment class: Salaried Full-time employees may purchase up to \$100,000 of supplemental life. Hourly Full-time up to \$50,000. Guaranteed Issue: \$50,000. Not offered to Part-time employees.

AD&D Class 1 employees: All Salaried and Full-time hourly employees may purchase up to \$100,000. Guaranteed Issue: \$50,000

AD&D Class 2 employees: All Hourly employees that work an average of 30 hours or more per week may purchase up to \$50,000. Guaranteed Issue: \$50,000



MONTHLY SUPPLEMENTAL AD&D

May 1, 2021 - April 30, 2022

EMPLOYEE RATES	COVERAGE AMOUNT	TOTAL MONTHLY PREMIUM	COVERAGE AMOUNT	TOTAL MONTHLY PREMIUM
	Class 1: Salaried Employees and Full Time Hourly		Class 2: Part-Time Employees Working an Avg. of 20 hrs+ per Week	
	\$10,000	\$0.30	\$10,000	\$0.30
	\$20,000	\$0.60	\$20,000	\$0.60
	\$30,000	\$0.90	\$30,000	\$0.90
	\$40,000	\$1.20	\$40,000	\$1.20
	\$50,000	\$1.50	\$50,000	\$1.50
	\$60,000	\$1.80		
	\$70,000	\$2.10		
	\$80,000	\$2.40		
	\$90,000	\$2.70		
	\$100,000	\$3.00		

SPOUSE RATES	COVERAGE AMOUNT	TOTAL MONTHLY PREMIUM	COVERAGE AMOUNT	TOTAL MONTHLY PREMIUM
	Class 1: Salaried Employees and Full Time Hourly		Class 2: Part-Time Employees Working an Avg. of 20 hrs+ per Week	
	\$5,000	\$0.15	\$2,000	\$0.06
	\$10,000	\$0.30	\$4,000	\$0.12
	\$15,000	\$0.45	\$6,000	\$0.18
	\$20,000	\$0.60	\$8,000	\$0.24
	\$25,000	\$0.75	\$10,000	\$0.30
	\$30,000	\$0.90		
	\$35,000	\$1.05		
	\$40,000	\$1.20		
	\$45,000	\$1.35		
	\$50,000	\$1.50		

CHILD RATES	COVERAGE AMOUNT	TOTAL MONTHLY PREMIUM	COVERAGE AMOUNT	TOTAL MONTHLY PREMIUM
	Class 1: Salaried Employees and Full Time Hourly		Class 2: Part-Time Employees Working an Avg. of 20 hrs+ per Week	
	\$5,000	\$0.15	\$2,000	\$0.06
	\$10,000	\$0.30	\$4,000	\$0.12
	\$15,000	\$0.45	\$6,000	\$0.18
	\$20,000	\$0.60	\$8,000	\$0.24
	\$25,000	\$0.75	\$10,000	\$0.30

ELEVANTA HEALTH - SHORT-TERM AND LONG-TERM DISABILITY, MEDICARE

SHORT TERM DISABILITY	If you are unable to work due to an illness, injury or accident, Short Term Disability coverage could provide a temporary source of income until you can return to work. Most common uses of STD insurance include maternity leave and injuries, excluding back.	
Elimination Period	Injury = 14 days; sickness = 14 days	
Exclusions	Occupational sickness or injury, intentionally self-inflicted injuries, active participation in a riot, loss of professional license, occupational license or certification, commission of a crime for which the employee has been convicted, incarceration, war, declared or undeclared, or any act of war	
Weekly Benefit	60% of salary with a \$1,200 per week max	
Maternity	FULL maternity benefits	
Rehabilitation and Return to Work Program	No cost	
Plan Limits	No limits on pre-existing conditions	
Additional Benefits	1st day hospital coverage, additional services offered at no charge: including, but not limited to, employee assistance and travel assistance	
LONG TERM DISABILITY	Long term disability coverage picks up where short term disability insurance leaves off. Once short term disability expires, long term disability continues to pay a percentage of your salary, typically up to 50-60%, until you can work or the policy's stated time frame.	
Elimination Period	180 days with a 30-day accumulation period	
Monthly Benefit	60% of monthly earnings with a max of \$6,000	
Maternity	FULL maternity benefits	
Monetary Protection	Extended earnings protection and no earnings loss requirement	
Dependent Care Benefits	\$350 per child or \$1,000 per family	
Return to Work Incentive	\$1,000 incentive program	
Additional Services	Offered at no charge; including, but not limited to: employee assistance and travel assistance	
MEDICARE	Medicare is available for people age 65 or older, younger people with disabilities and people with End Stage Renal Disease (permanent kidney failure requiring dialysis or transplant). Medicare has two parts: Part A (Hospital Insurance) and Part B (Medicare Insurance).	
Medicare Advantage	PPO and HMO options	
	Retirees can enroll three months before or after their 65th birthday	
Medicare Part D & Prescription Drug Plan	Multiple prescription options	
	Added convenience of mail-order delivery pharmacy options	
SUPPLEMENTAL CARRIERS	UnitedHealthcare The Hartford	MetLife Unum