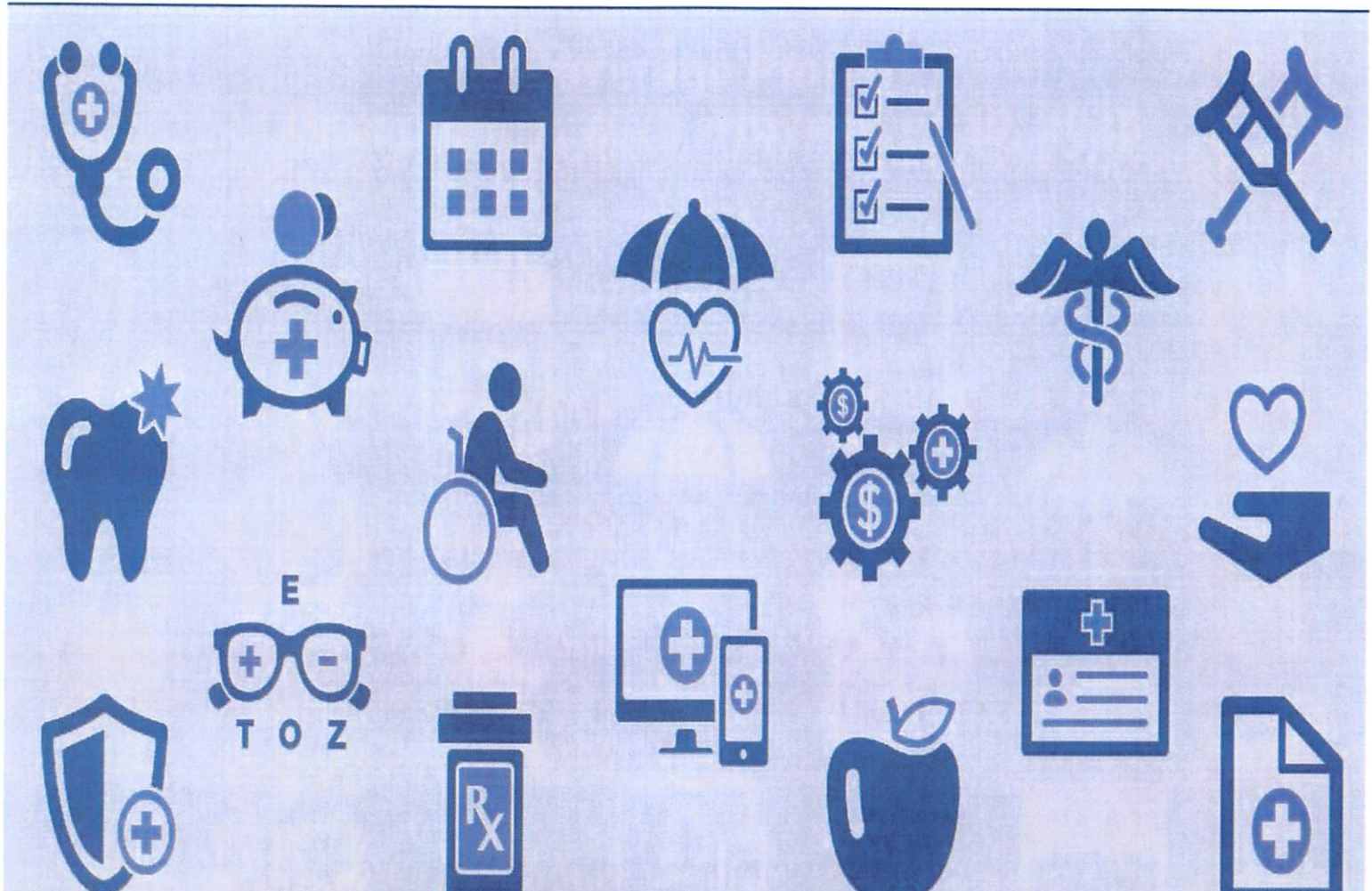


Guardian Angel Staffing Employee Benefits Guide



Coverage Period:
December 1, 2025 -November 30, 2026



Eligibility & How To Enroll



ELIGIBILITY

You are eligible for benefits if you are a regular full-time active employee and are scheduled to work 30 or more hours per week. The waiting/eligibility period for enrollment is first of the month following 60 days from date of hire or change of status from part time to full time.

You may enroll your eligible dependents for coverage once you are eligible.

Your eligible dependents include:

- Your legal spouse
- Your children up to age 26

Once your benefit elections become effective, they remain in effect until the end of the plan year. You may only change coverage within 30 days of a qualified life event. Pre-tax benefits are in effect until the end of the year.

QUALIFIED LIFE EVENT

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits.

You must notify Human Resources within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

HOW TO ENROLL

If you would like to join the plan, add or delete dependents, you must complete the respective insurance carrier's application.

CONTACTS

Anthem Medical Benefits

Group Number: L04976

Customer Service: 1-855-330-1108

www.anthem.com

Delta Dental & Vision Benefits

Dental Client Number: G06100

Vision Client Number: G0610V

Customer Service: 1-800-955-2030

www.deltadentalky.com

Colonial Life Insurance: Group Accident, Short Term Disability & Critical Illness

Suzanne Tucker: 1-859-509-5831

www.coloniallife.com

ANTHEM MEDICAL

	In Network	Out of Network
Deductible- Individual	\$1500	\$4500
Deductible- Family	\$3000	\$9000
Out of Pocket- Individual	\$6500	\$19500
Out of Pocket- Family	\$13000	\$39000
Office Visit	\$20/\$50	50%
Inpatient facility	Ded/20%	50%
Outpatient Facility	Ded/20%	50%
Urgent Care	\$20	50%
ER	\$300/20%	\$300/20%
Lifetime Max	Unlimited	
Rx Retail: \$10/\$35/\$75/25% up to \$350 per script		
Rx Mail Order: \$30/\$105/\$225/25% up to \$350 per script		

WEEKLY RATES

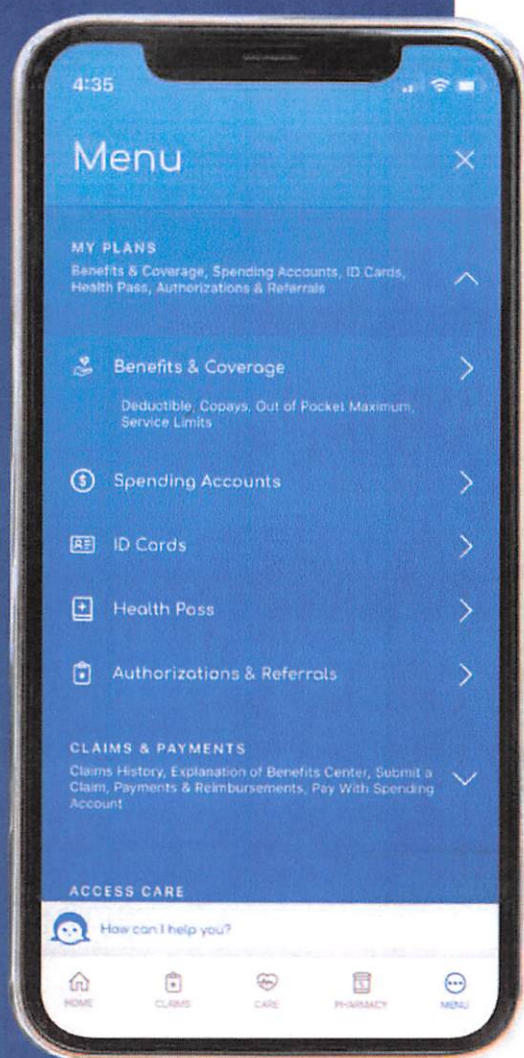
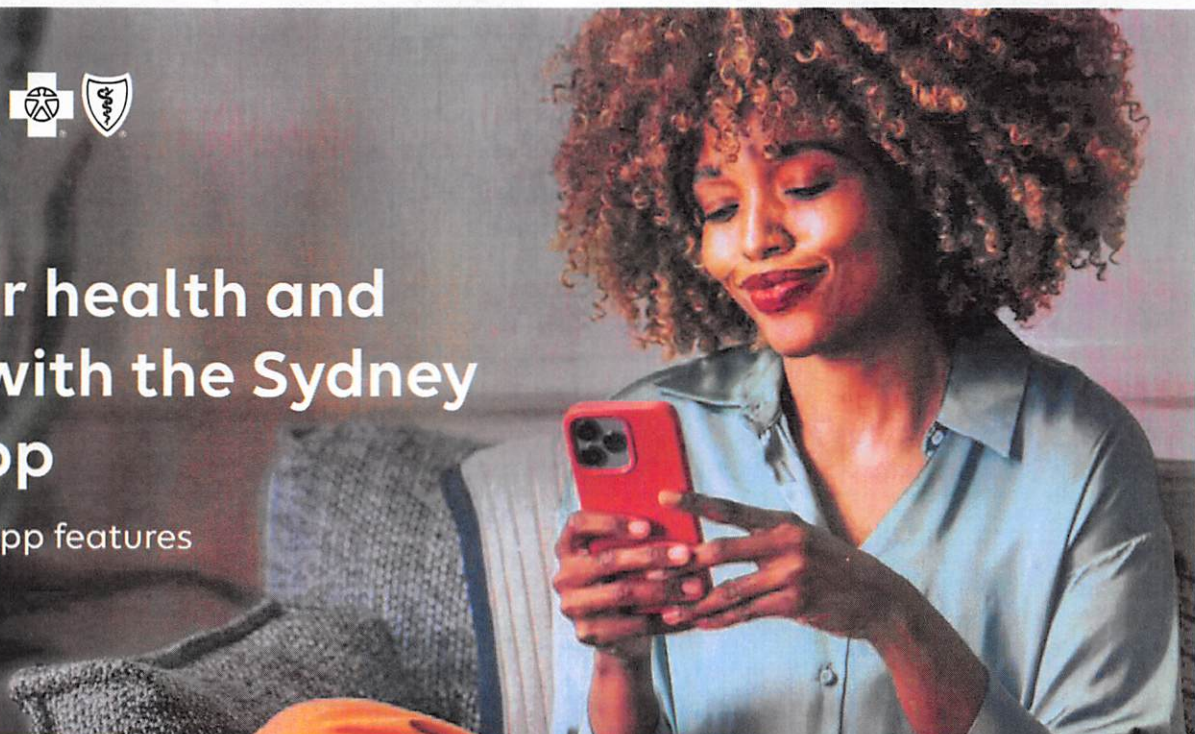
	Employee		Employee/Spouse		Employee/Child(ren)		Employee/Fam	
Demo	Male	Female	Male	Female	Male	Female	Male	Female
18-24	\$19.12	\$46.11	\$105.89	\$105.89	\$87.78	\$114.77	\$197.59	\$197.59
25-29	\$20.16	\$52.93	\$115.96	\$115.96	\$88.82	\$121.58	\$207.66	\$207.66
30-34	\$23.37	\$51.76	\$124.80	\$124.80	\$92.02	\$120.41	\$216.50	\$216.50
35-39	\$29.35	\$50.79	\$142.52	\$142.52	\$98.00	\$119.45	\$234.22	\$234.22
40-44	\$36.70	\$53.18	\$167.90	\$167.90	\$110.57	\$127.05	\$265.92	\$265.92
45-49	\$48.08	\$60.45	\$210.71	\$210.71	\$121.95	\$134.32	\$308.74	\$308.74
50-54	\$63.86	\$63.86	\$263.44	\$263.44	\$137.73	\$137.73	\$361.47	\$361.47
55-59	\$65.03	\$65.03	\$268.27	\$268.27	\$138.90	\$138.90	\$366.30	\$366.30
60-64	\$65.03	\$65.03	\$268.27	\$268.27	\$138.80	\$138.90	\$366.30	\$366.30
65+	\$65.03	\$65.03	\$268.27	\$268.27	\$138.90	\$138.90	\$366.30	\$366.30

This summary of benefits is a brief outline of coverage. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage. If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage, the Certificate of Insurance or Evidence of Coverage will prevail.



Track your health and benefits with the Sydney Health app

Check out these app features



SydneySM Health helps manage your health and benefits anywhere. Scan the QR code on this flyer to download the app. Then from *Menu*, access these highlights:

My Plans



Benefits & Coverage

Select your plan for details like your deductible, out-of-pocket maximum, and coinsurance (your percentage of the costs).



ID Cards

Access your digital member ID card.

Claims & Payments

Visit the Explanation of Benefits Center, submit a claim, and see your claims history.



Access Care

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network. Filter by gender, languages spoken, or location. You can also compare costs.

Virtual Care

Assess your symptoms with the Symptom Checker, or talk to a doctor through chat or video.

Community Resources

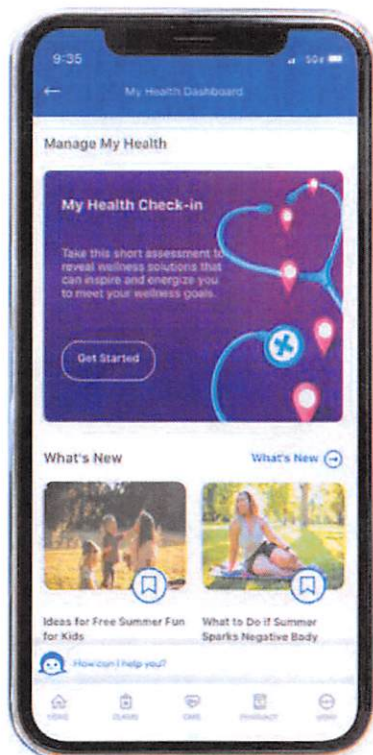
Find organizations that offer no- or low-cost programs to help with food, transportation, and childcare.

My Health Dashboard

Find health news, health and wellness tips, and personalized action plans. You can also sync your fitness tracker.

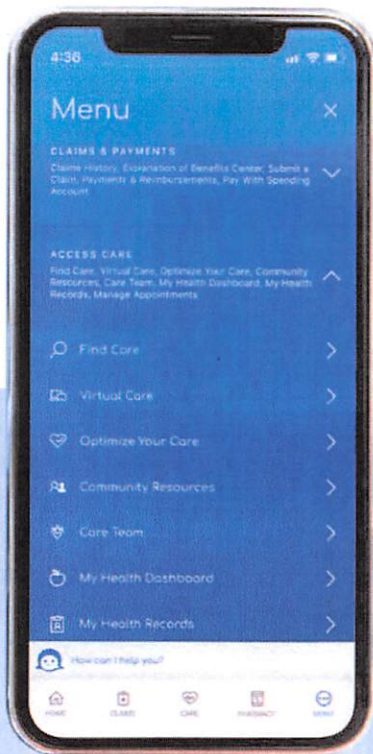
My Health Records

With a single profile, you can view, download, and share your family's health histories and electronic medical records.



Support

Choose **Live Chat** to chat online, **Contact Us** to talk directly to an Anthem Blue Cross and Blue Shield representative, and **Message Center** to send and receive messages. You can also find answers to common questions.



Download the Sydney Health app



Scan the QR code to [download the Sydney Health app](#).

You can also sign up at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.



In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Other virtual care services offered through an arrangement with LiveHealth Online. LiveHealth Online is offered through an arrangement with Amwell, a separate company providing telehealth services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado, Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut, Anthem Health Plans, Inc. In Indiana, Anthem Insurance Companies, Inc. In Georgia, Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and AMGP Georgia Managed Care Company, Inc. In Kentucky, Anthem Health Plans of Kentucky, Inc. In Maine, Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area), Topical Choice® Managed Care, Inc. (RTC), Health Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RT and certain affiliates administer non-HMO benefits underwritten by HALIC, and HMO benefits underwritten by HMO Missouri, Inc. RT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada, Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. via HMO Nevada. In New Hampshire, Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thomson Health Plan, Inc. In 17 southeastern counties of New York, Anthem HealthChoice Association, Inc. and Anthem HealthChoice (ABC), Inc. In these same counties Anthem Blue Cross and Blue Shield ABC is the trade name of Anthem HP, LLC. In Ohio, Community Insurance Company. In Virginia, Anthem Health Plans of Virginia, Inc. (trading as Anthem Blue Cross and Blue Shield), and its affiliate HealthKeepers, Inc. (trading as Anthem HealthKeepers), providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the town of Vienna, and the area east of State Route 123. In Wisconsin, Blue Cross Blue Shield of Wisconsin (BCBSWI) underwrites or administers PPO and indemnity policies and underwrites the self-funded benefits in HMO policies.



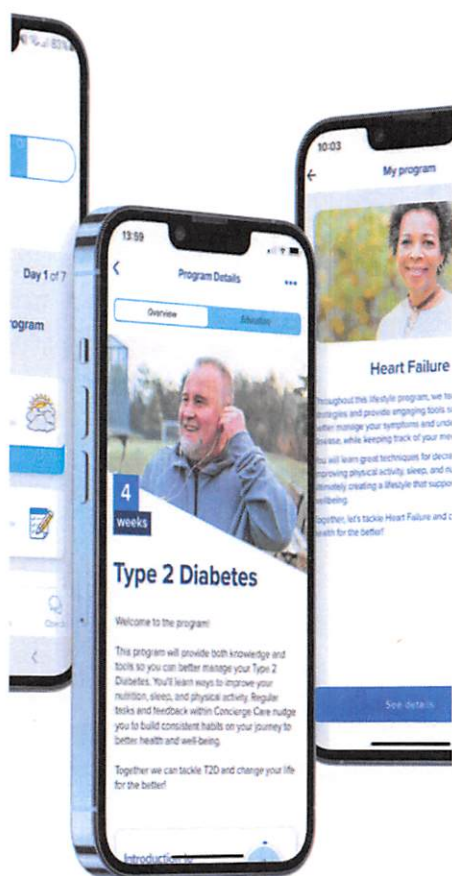
Personal support to manage your health condition at your fingertips

Concierge Care is a digital, app-based program that can pair you with a health advocate to provide personalized coaching on a variety of health conditions, and it is covered by your health plan. You'll receive on-demand access to professional support to help keep you healthy.

You don't have to manage your care alone.

Choose the program that best fits your needs.

1. Scan the QR code and sign up with your details at no cost.
2. Receive a text message on your cell phone with a link to download the app on your device.
3. Create an account and start your personalized program.



Type 2 Diabetes

Navigating diabetes can be challenging, from nutrition, to insulin, to eye care. Your health advocate can provide personalized support to navigate every step of your journey.



Discharge Essentials

Personalized support to help prevent hospital readmission, and keep you healthy after getting discharged from the hospital.



Cancer Care Navigator

A cancer diagnosis can be overwhelming, but a care manager can support you every step of the way. Includes coordination of care with your oncologist and care team, emotional support, and medication management.



Heart Failure

Managing heart failure can be easier with a support system. Together with your health advocate, learn to better monitor your wellbeing and build new, heart-healthy habits.



Crohn's Disease

Personalized support to manage Crohn's disease, including assistance to find the best treatments.

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Wellbeing Solutions



Focus on wellness and earn rewards up to \$200

Complete activities to earn rewards

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the employer-sponsored activities below, you'll earn rewards to put toward electronic gift cards for select retailers. Choose the activities you'd like to complete to receive up to \$200.

Activity Type	Activities	Amount
 Digital & wellness activities Rewards are added to your account as you complete activities on the Sydney Health app or on anthem.com .	Log in to your Anthem account	\$5
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$20
	Complete action plans around eating healthy, weight management, and physical activity	Up to \$25 (\$5 per action plan)
	Track your steps	Up to \$60 (\$2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins ¹	Up to \$20 (\$4 per milestone)
	Update your contact information	\$10

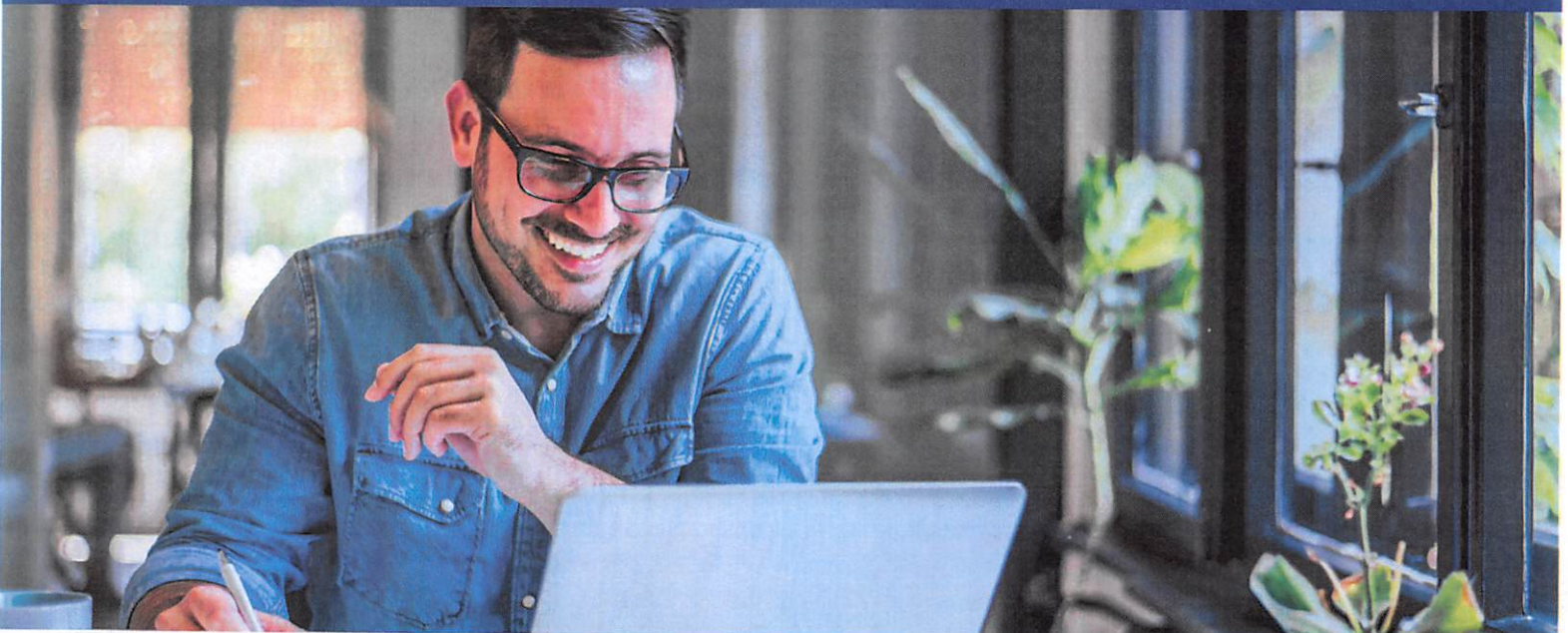


Activity Type	Activities	Amount
 Preventive care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).	Have an annual preventive wellness exam or well-woman exam with your doctor	\$25
	Get an annual cholesterol test ²	\$20
	Have a colorectal cancer screening (ages 45 and older)	\$25
	Have a routine mammogram (women ages 40 to 74)	\$25
	Have an annual eye exam ³	\$25
	Get an annual dental exam ⁸	\$25
	Get an annual flu shot	\$20

Activity Type	Activities	Amount
 Condition management Rewards are added to your account as you meet benchmarks or complete a program.	ConditionCare: Work one on one with your health coach and earn rewards for participating in and completing the program ⁴	Up to \$50 (\$20/\$30)
	Building Healthy Families: Help your family grow and thrive through the Sydney Health app and earn rewards for completing certain activities ⁵	Up to \$40 (\$10/\$10/\$10/\$10)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁶	\$25
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁷	\$25

Achieve your health goals with Well-being Coach

The Well-being Coach digital coaching app can help you maintain a healthy weight or quit tobacco, while improving your nutrition, exercise, mindfulness, and sleep. To access your Well-being Coach for personalized digital and telephonic support, go to the SydneySM Health app or [anthem.com](https://www.anthem.com).

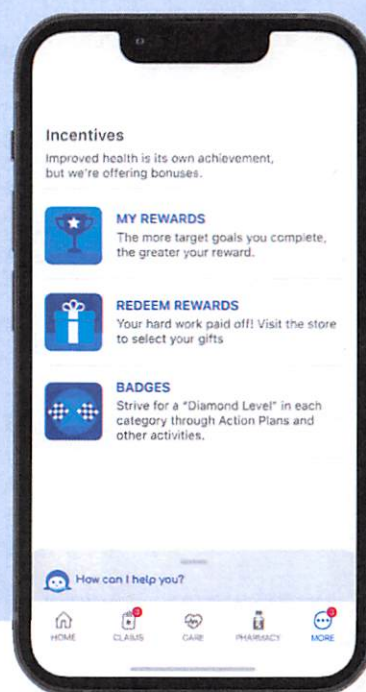


Earn and redeem your rewards

To view your rewards, log in to **Sydney Health**, go to the **Menu**, click **Access Care**, scroll down, and click **Incentives**.

You can select **My Rewards** to see a snapshot of your reward status, as well as ways to earn more rewards.

You can select **Redeem Rewards** to see how much you have earned. Use your rewards toward electronic gift cards for popular retailers, such as Amazon, Apple, all Gap brands, Target, The Home Depot, T.J. Maxx, Uber, and Uber Eats. Minimum gift card amounts are set by each individual retailer.



Scan this QR code to view your rewards on the Sydney Health app. You can also log in to **anthem.com**, click **My Health Dashboard**, and select **My Rewards**.

¹Members may earn rewards for completing quarterly Well-being goals, digital milestones, and completing daily check-in activities on the app. Daily check-in requirements are first check-in 5x, next 5 check-ins during first quarter, 10-25 check-ins during second through fourth quarters. See the Sydney Health app or Sydney Health website for more information. Well-being goals include completing daily check-ins, completing digital milestones, and completing daily check-ins.

²Annual goal reward is available for members who complete coverage in addition to medical benefits through Anthem.

⁴Adult members enrolled in Anthem's digital health program are eligible for \$50 per quarter and may receive a reward for participation in one of five Condition Care programs and completion for one of five Condition Care programs: chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), diabetes, and hypertension. Rewards are \$50 for program participation and \$50 for program completion.

⁵Well-being Coach Well-being assessment program is available for members who are identified as high risk based on a diagnosis, index BMI, or other criteria. Rewards include \$50 for completion of the assessment, \$50 for completion of the assessment, \$50 for completion of the assessment, and \$50 for completion of the assessment.

⁶Well-being Coach Well-being assessment program is available for members who are identified as high risk based on a diagnosis, index BMI, or other criteria.

⁷Well-being Coach Well-being assessment program is available for members who are identified as high risk based on a diagnosis, index BMI, or other criteria.

⁸Annual dental goal reward is available for members who complete dental coverage in addition to medical benefits through Anthem.

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year, unless rewards are forfeited six months after the end of your plan year. Make sure to redeem them before then.

All rewards are earned by completing activities. Rewards earned are subject to change without notice. Medical claims apply to all rewards activities.

Rewards are only available to members who are enrolled in Anthem's digital health program. Members must be active on the plan and not actively enrolled in the plan. Rewards are only available to members who are enrolled in the plan and not actively enrolled in the plan. Rewards are only available to members who are enrolled in the plan and not actively enrolled in the plan. Rewards are only available to members who are enrolled in the plan and not actively enrolled in the plan.

The rewards program is subject to change without notice. Rewards earned are subject to change without notice. Rewards earned are subject to change without notice. Rewards earned are subject to change without notice.

Electronic gift cards are available for redemption. The list of retailers and the electronic gift card rewards program is subject to change. Log in to the Sydney Health app to enable the electronic gift card options available to you.

Sydney Health is a digital health program managed by Anthem Digital Health, a separate company offering digital health services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc., a member of Anthem Insurance Companies, Inc. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Connect with a therapist — anytime, anywhere

Your EAP offers faster access to counseling when you need it



If you or a loved one is struggling with life's challenges, finding a mental health professional to talk to quickly can make a big difference. That's why your Anthem Employee Assistance Program (EAP) is offering Talkspace, a service that provides confidential counseling by text, audio, or video — whatever way feels right for you.

Find support for:

- Anxiety
- Depression
- Grief
- Relationships
- Sleep
- Stress
- Substance use
- Trauma

You'll benefit from:



Personalized match

Talkspace QuickMatch™ pairs you with a therapist who fits your needs and preferences. That helps you feel comfortable from the start.



24/7 access

Message your therapist via text, audio, or video whenever something comes up — or schedule a virtual visit to connect in real time.



Experience you can count on

Talkspace includes a diverse network of professional licensed therapists in every state who treat a variety of needs.



Sign up for Talkspace today

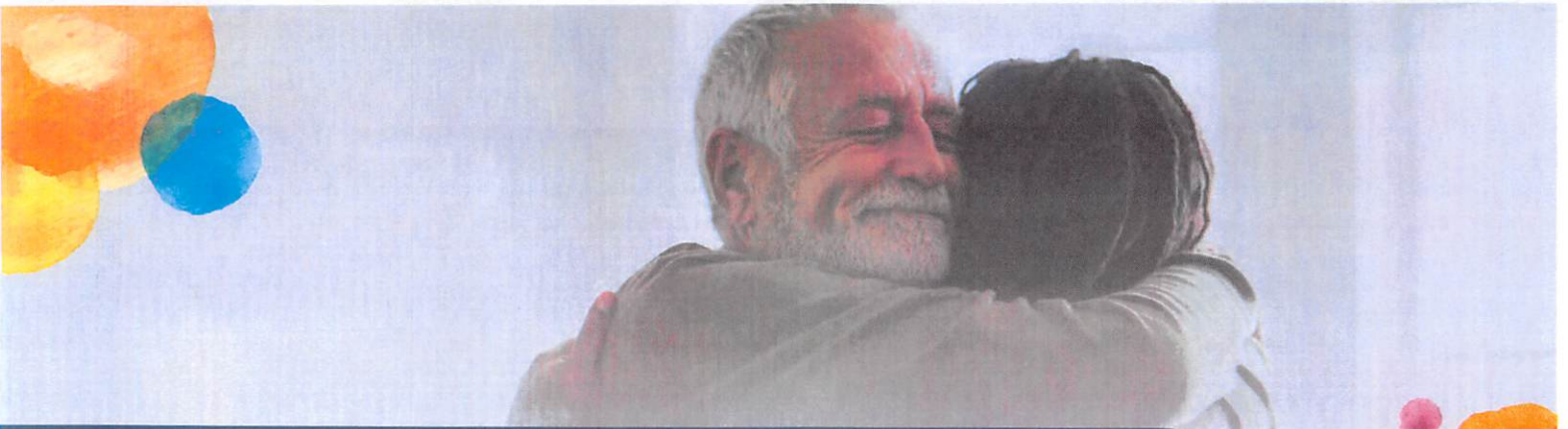
- Use a web browser to register at talkspace.com/associatecare.
- Enter the letters "EAP", a space, and Anthem Kentucky in the "Organization name" field.
- Complete the QuickMatch provider finder questions.
- Await your provider match, then send a message or schedule a virtual session.

Your EAP is here with support, whatever your needs

You and your household members can get confidential support through your Anthem EAP. Connect to helpful tools, resources, and information, as well as to financial and legal advisors. Go to anthemEAP.com and enter Anthem Kentucky.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Talkspace does not offer emergency services.

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Aware Recovery Care In-Home Addiction Treatment

Getting away from real life isn't always possible, that's why Aware starts treatment from home. Aware provides a long-term solution for those suffering from the chronic disease of substance use disorder – in the comfort, privacy, and security of their own home.

Why we are different

- Receive one full year of treatment for a cost that is comparable to a typical 28-day inpatient stay.
- Enjoy the comforts of home.
- Mend and grow relationships with family and friends.
- Have regular touchpoints with your care team.
- Go to work and/or school.
- Be active in your community.

Now you can recover from drug and alcohol addiction without leaving your home, your family, or your career.



Anthem Blue Cross and Blue Shield
13500 Triton Park Blvd Louisville, KY 40223
www.Anthem.com



In-Home
Addiction
Treatment™

To learn more, call 844-292-7372 or visit AwareRecoveryCare.com

Your Employee Assistance Program offers mental health support

Visit with a therapist from the comfort of home

If you are experiencing feelings of stress, anxiety, or depression, help is available. With your Employee Assistance Program (EAP), you can schedule a video visit with a licensed therapist when you need support.¹ Visits are available 24/7 — at no extra cost to you. All you need is a smartphone, tablet, or computer with a camera.

Therapists are available through video visits for these common conditions:²

- Anxiety
- Coping with illness
- Depression
- Family/relationship issues
- Grief
- Panic attacks
- Stress

How to use your EAP visits

You have 3 visits available through your EAP at no additional cost. To use them, start by calling your EAP at **800-865-1044**. A representative will:

- Talk to you about your therapy options.
- Email you a coupon code to access the sessions covered by your EAP.



Once you have your coupon code, you're ready to begin. Go to **anthem.com/EAP** and log in with your company code: anthem-kentucky to access your secure virtual visits.



More options for virtual care

Remember, once you use up your EAP visits, your plan also includes mental and behavioral health benefits and virtual care options. Check your plan details to see how your plan covers visits to a therapist.

Here's how to access virtual counseling through the Sydney Health app or [anthem.com/EAP](https://www.anthem.com/EAP):

Download our **SydneySM Health** app.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and **[anthem.com/EAP](https://www.anthem.com/EAP)**.
3. Select **Care**. Then select **Virtual Care**.

Visit **[anthem.com/EAP](https://www.anthem.com/EAP)**.

1. Register (if you haven't yet) and log in.
2. Select **Care**. Then select **Virtual Care**.

Download our Sydney Health app



Scan the QR code with your phone's camera or visit the App Store® or Google Play™.





* Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room.

2. Appointments subject to availability.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Virtual text and video visits powered by K Health.

Live! Health Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

Sydney Health is offered through an arrangement with Corbin Digital Platforms, a separate company offering mobile application services on behalf of your health plan. The Virtual Primary Care experience is offered through an arrangement with Hydrion Health.

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1062552MLUPBARS-VH10 Rev. 10/25

We're here to help you find mental health care that fits your needs

Whether you know what you need or aren't sure where to start, we'll help you find the right fit



About Headway



Personalized matching

Get matched with the right provider by filtering for your clinical needs and personal preferences.



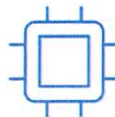
Diverse, high-quality network

40K+ in-network, diverse clinicians nationally, provide high-quality care to members



Immediate availability

Same-day matching with providers who have openings within 48 hours.



Easy-to-use platform

Book and manage appointments and payment directly on our website.



In-person or virtual care

Book a virtual or in-person appointment with our providers.



Affordable & transparent pricing

All Headway providers are in-network with your insurance. You can see your price before you book.

How Headway works

- 1 Scan QR code
OR
Navigate to
[book.headway.co/
anthem-bcbs](https://book.headway.co/anthem-bcbs)
- 2 Filter for your preferences, such as race/ethnicity, gender and language to find the right provider



- 3 Add your insurance details and select an appointment slot - we'll handle the rest

OR

Navigate to Anthem.com or Sydney Health app to search for providers in "Find Care"

Questions?

For scheduling assistance, visit headway.co or contact Headway's live support team at: (646) 941 7645

If you're experiencing emotional distress, the resources below provide free and confidential support 24/7. If this is an emergency, call 911.

Suicide Prevention Lifeline

Call 1-800-273-8255

Crisis Text Line

Text "HOME" to 741741

“ I feel much more hopeful about my future after getting connected to my Headway therapist. I've learned healthy ways to practice self-care and am more empowered to care for my own mental health!”

-Headway member



An in-network healthcare provider group enabled by technology delivering reliable access to high quality mental health services

13,000+ providers nationwide



Ages **5 years old** and above

Rula makes it easy for people to find a therapist who meets their preferences, is in-network with their health plan, and has availability this week.



Rapid Availability

24/7 online scheduling means patients can schedule their first appointment in <5 min

1.5 days

Average time to 1st offered appointment



Curated Matching

Members can select providers based on multiple dimensions (e.g., gender, language, ethnicity, specialty)

92%

Therapeutic Alliance based off >500k potential permutations (gender, specialty)



Clinical Excellence

Clinical support system focused on ensuring therapists meet quality of care expectations

68%

clients complete treatment in less than 16 sessions

30-40%

improvement in PHQ9 (depression) and GAD7 (anxiety) scores after 90 days



Transparent, Affordable Financial Model

In-network FFS model, administrative simplicity, quality management produces superior cost savings

No additional cost

No PEPM, no buy-up, no hidden fees



Get started today at www.rula.com/anthemky

Save money

with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers, which can help you save money while taking care of your health.



Dental, hearing, and vision

Dental

RefreshaDent

Save on premium dentures sent direct to your home. You can receive a 50% discount on a lifetime warranty. This program includes a lifetime digital record of your dentures for easy replacement.

Hearing

NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years, and unlimited visits for one year.

Amplifon

Save on top-quality care and ongoing service and support for your hearing aids.

Eyewear

Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost for similar frames from other retailers. You can also receive additional savings on orders of \$100 or more, plus no-cost shipping and returns.

EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

LASIK

Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

TruVision

Save on LASIK eye surgery at over 1,000 locations.

Health and fitness

Health

BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.

ChooseHealthy®

Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable health trackers, and health products such as vitamins and nutrition bars.

LifeMart®

Receive deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

Fitness

Active&Fit Direct™

Choose from more than 11,900 participating fitness centers nationwide at a discounted rate. This program is offered through American Specialty Health Fitness, Inc.

Fitbit®

Work toward your fitness goals with Fitbit trackers and smartwatches that fit your lifestyle and budget.

Garmin®

Discounts are available on select Garmin wellness devices.

Husk Wellness

Discounts are available for gym memberships, fitness equipment and technology, and fitness and nutrition coaching.

Family and home

Family

23andMe®

Save on health and ancestry kits to learn about your wellness, ancestry, and more.

WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

Home

Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

Medicine and treatment

Medicine

Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

Treatment

The Living Well Course Series

Choose one of the online wellness programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or address alcohol or substance dependence.

▶ Learn more about SpecialOffers

Log in to [anthem.com](https://www.anthem.com), choose Care, and select Discounts.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado, Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/az/benefits](https://www.anthem.com/az/benefits). In Connecticut, Anthem Health Plans, Inc. In Indiana, Anthem Insurance Companies, Inc. In Georgia, Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky, Anthem Health Plans of Kentucky, Inc. In Maine, Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area), RightCHOICE® Managed Care, Inc. (RMC), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RMC and certain affiliates administer non-HMO benefits underwritten by HALIC, and HMO benefits underwritten by HMO Missouri, Inc. RMC and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada, Sierra Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. also HMO Nevada. In New Hampshire, Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York, Anthem HealthChoice Accountant, Inc. and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio, Community Insurance Company. In Virginia, Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin, Blue Cross Blue Shield of Wisconsin (BSRW), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in PDS policies offered by Corporate Health Services Insurance Corporation (Corporate) or Wisconsin Collaborative Insurance Corporation (WCOL). Corporate underwrites or administers HMO or PDS policies. WCOL underwrites or administers Well Priority HMO or PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

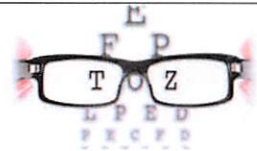
Dental Insurance Delta Dental Insurance



	Employee	Employee + Spouse	Employee + Child(ren)	Family
Dental Weekly Rates	\$5.61	\$11.04	\$13.58	\$19.93

This summary of benefits is a brief outline of coverage. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage. If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage, the Certificate of Insurance or Evidence of Coverage will prevail.

Vision Insurance Delta Vision Insurance



	Employee	Employee + Spouse	Employee + Child(ren)	Family
Vision Weekly Rates	\$1.45	\$2.90	\$3.11	\$4.97

This summary of benefits is a brief outline of coverage. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage. If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage, the Certificate of Insurance or Evidence of Coverage will prevail.

Guardian Angel Staffing Agency, Inc.
G06100 | 2101

Delta Dental PPO utilizes the PPO network. Members who choose a Delta Dental PPO network provider have the lowest out of pocket expenses and cannot be balance billed. Members who choose a Delta Dental Premier or out-of-network provider could be balance billed.

Effective Date			
January 1			
Benefit Period			
Calendar Year			
Dependent Age Limit			
up to age 26			
Provider Network			
	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist
Diagnostic & Preventive Services			
Exams	100%	80%	80%
Cleaning	100%	80%	80%
Fluoride	100%	80%	80%
X-rays	100%	80%	80%
Sealants	100%	80%	80%
Minor Services			
Fillings	80%	60%	60%
Simple Extractions	80%	60%	60%
Oral Surgery/Surgical Extractions	80%	60%	60%
Major Services*			
Endodontics	50%	40%	40%
Periodontal Non-Surgical Services	50%	40%	40%
Periodontal Surgical Services	50%	40%	40%
Dentures	50%	40%	40%
Implants	50%	40%	40%
Bridges	50%	40%	40%
Crowns	50%	40%	40%
Deductible & Annual Maximum			
Deductible (individual/family)	\$50/\$150	\$50/\$150	\$50/\$150
D&P Subject to Deductible	No	No	No
Annual Maximum (per person)	\$1,000	\$1,000	\$1,000

***12-month waiting period for Major Services if listed above as covered services.**

Please note: Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services as these terms are defined in the Certificate of Coverage. Each Covered Person is responsible for the amount of Coinsurance, Deductible and non-covered charges. Dentists who have not signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.

Frequencies & Limitations

- » Oral exams (including evaluations by a specialist) are payable 2 times per benefit period. Limited oral evaluations for a specific problem or complaint are also payable 2 times in the same benefit period.
- » Prophylaxes (cleanings) are payable 2 times per benefit period. 2 additional periodontal maintenance procedures are payable per benefit period for individuals with a documented history of periodontal disease.
- » Full mouth debridement is payable 1 per lifetime.
- » Fluoride treatments are payable 1 time per benefit period for people age 18 and under.
- » Space maintainers are payable 1 time per area per lifetime for people age 13 and under.
- » Bitewing X-rays are payable 1 time per benefit period and full mouth X-rays (which include bitewing X-rays) or panorex are payable 1 time in any 5-year period.
- » Sealants are payable 1 time per tooth per 2-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- » Payment for crowns, inlays, and onlays are payable 1 time per tooth per 5-year period. Stainless steel crowns are payable 1 time per tooth per 2-year period on primary teeth only.
- » Composite resin (white) restorations are payable on posterior teeth.
- » Denture and/or bridge replacement is payable 5-years post initial placement. Replacement is not a Covered Service for lost or stolen dentures and/or bridges. Interim dentures are payable only for people under age 17 to replace extracted anterior permanent teeth.
- » Fixed bridges or removable cast partials are payable only for Eligible Dependents over age 16. Services and appliances that replace missing natural teeth (such as bridges, endosteal implants, implant crowns, partial dentures, and complete dentures) may be subject to an Alternate Benefit.
- » Porcelain and resin facings on bridges are payable on posterior teeth.
- » The initial installation of any prosthodontic service to replace missing teeth, or teeth that were lost before coverage began, including congenitally missing teeth is not payable. Replacements of existing appliances can be considered.
- » Implants are payable 1 time per tooth per 5-year period. Implant related services are Covered Services.
- » Crowns over implants are payable 1 time per tooth per 5-year period. Services related to crowns over implants are Covered Services.

*This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.**

Delta Dental of Kentucky | ky.deltadental.com | 800-955-2030

Delta Dental of Kentucky has provided more than \$20 million to Non-profits across Kentucky since 2003.

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Rev. 03/2023

DeltaVision 130 Plan

Benefit	Description	Copay
WellVision Exam*		\$10
Exams 1 exam every 12 months	Comprehensive eye exam to ensure overall visual wellness	
Prescription Glasses		\$25
Frames 1 pair every 24 months	\$130 Frame Allowance (including Walmart/Sam's Club locations) 20% savings on amount over allowance \$70 Costco frame allowance	Included in Prescription Glasses Copay
Lenses 1 pair every 12 months	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for children	Included in Prescription Glasses Copay
Covered Lens Enhancements	Standard Progressive Lenses	\$0
Optional Lens Enhancements	Standard Anti-Reflective Coating Premium Progressive Lenses Custom Progressive Lenses Average savings of 30% on other lens enhancements	\$41 \$95 - \$105 \$150 - \$175
Contact Lenses - instead of glasses		
Contacts every 12 months	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	up to \$60
Extra Savings		
Featured Frames	\$150 allowance on featured frame brands. Check vsp.com for current offers.	
Glasses and Sunglasses	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam	
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to WellVision Exam	
Laser Vision Correction	Average 15%-20% discount	
Additional Programs		
Included	Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)	
Coverage with Out-of-Network Providers		
Exam - up to \$45 Frame - up to \$70 Single Vision Lenses - up to \$30	Lined Bifocal Lenses - up to \$50 Lined Trifocal Lenses - up to \$65 Lenticular Lenses - up to \$100	Progressive Lenses - up to \$50 Contacts - up to \$105 Necessary Contact Lenses - up to \$210

MEMBER SERVICES

Delta Dental of Kentucky

Customer Service
800-955-2030

Please contact DDKY for eligibility before contacting VSP Member Services

VSP Vision

Member Services
800-877-7195

Hearing impaired customers may call 800-428-4833

VSP Choice Network | 109,000 Access Points | In-network with Costco, Walmart/Sam's Club

Deductions per year: 52

Group Accident for KY

- Off-Job Accident Coverage, Health Screening Benefit (\$50 Benefit)

Preferred

Applicable to policy forms GACC1.0-P & GACC1.0-C

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$3.09	\$5.04	\$5.46	\$7.41

Group Disability for KY *A Risk Class*

- Off-Job Accident and Off-Job Sickness

Applicable to policy forms GD15-P & GD15-C

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,300*	\$1,500*	\$1,700*	\$1,900*	\$2,100*
14 days Accident/14 days Sickness	17-49	\$7.68	\$8.86	\$10.04	\$11.22	\$12.41
	50-64	\$9.72	\$11.22	\$12.71	\$14.21	\$15.70
	65-74	\$12.96	\$14.95	\$16.95	\$18.94	\$20.94

*monthly benefit amount

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,300*	\$1,500*	\$1,700*	\$1,900*	\$2,100*
14 days Accident/14 days Sickness	17-49	\$10.26	\$11.84	\$13.42	\$15.00	\$16.57
	50-64	\$13.62	\$15.72	\$17.81	\$19.91	\$22.00
	65-74	\$21.84	\$25.20	\$28.56	\$31.92	\$35.28

*monthly benefit amount

Group Disability for KY *A Risk Class*

- Off-Job Accident and Off-Job Sickness

Applicable to policy forms GD15-P & GD15-C

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$2,200*	\$2,400*	\$2,600*	\$2,800*	\$3,000*
14 days Accident/14 days Sickness	17-49	\$13.00	\$14.18	\$15.36	\$16.54	\$17.72
	50-64	\$16.45	\$17.94	\$19.44	\$20.94	\$22.43
	65-74	\$21.93	\$23.93	\$25.92	\$27.91	\$29.91

*monthly benefit amount

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$2,200*	\$2,400*	\$2,600*	\$2,800*	\$3,000*
14 days Accident/14 days Sickness	17-49	\$17.36	\$18.94	\$20.52	\$22.10	\$23.68
	50-64	\$23.05	\$25.14	\$27.24	\$29.34	\$31.43
	65-74	\$36.96	\$40.32	\$43.68	\$47.04	\$50.40

*monthly benefit amount

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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Sandy Dougherty | sandy.dougherty@coloniallifesales.com | (502) 238-7255



Group Critical Care for KY

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$0.39	\$0.58	\$0.45	\$0.64
	30-39	\$0.77	\$1.16	\$0.83	\$1.21
	40-49	\$1.61	\$2.41	\$1.67=	\$2.48
	50-59	\$2.95	\$4.50	\$3.01	\$4.55
	60-74	\$4.74	\$7.20	\$4.81	\$7.30
\$10,000	16-29	\$0.78	\$1.17	\$0.90	\$1.29
	30-39	\$1.54	\$2.33	\$1.66	\$2.42
	40-49	\$3.23	\$4.82	\$3.34	\$4.96
	50-59	\$5.90	\$9.00	\$6.02	\$9.11
	60-74	\$9.48	\$14.40	\$9.62	\$14.60
\$15,000	16-29	\$1.71	\$1.75	\$1.35	\$1.93
	30-39	\$2.31	\$3.49	\$2.49	\$3.63
	40-49	\$4.84	\$7.23	\$5.01	\$7.44
	50-59	\$8.85	\$13.50	\$9.03	\$13.66
	60-74	\$14.22	\$21.60	\$14.43	\$21.90

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$0.63	\$0.95	\$0.70	\$1.00
	30-39	\$1.21	\$1.81	\$1.26	\$1.86
	40-49	\$2.53	\$3.81	\$2.60	\$3.87
	50-59	\$4.61	\$7.15	\$4.73	\$7.20
	60-74	\$7.65	\$11.70	\$7.74	\$11.80
\$10,000	16-29	\$1.26	\$1.91	\$1.40	\$2.00
	30-39	\$2.42	\$3.62	\$2.53	\$3.73
	40-49	\$5.07	\$7.63	\$5.21	\$7.75
	50-59	\$9.34	\$14.30	\$9.46	\$14.44
	60-74	\$15.30	\$23.40	\$15.48	\$23.60
\$15,000	16-29	\$1.89	\$2.86	\$2.10	\$3.00
	30-39	\$3.63	\$5.43	\$3.79	\$5.59
	40-49	\$7.60	\$11.44	\$7.81	\$11.62
	50-59	\$14.01	\$21.45	\$14.19	\$21.60
	60-74	\$23.01	\$35.10	\$23.22	\$35.40

Important Notice

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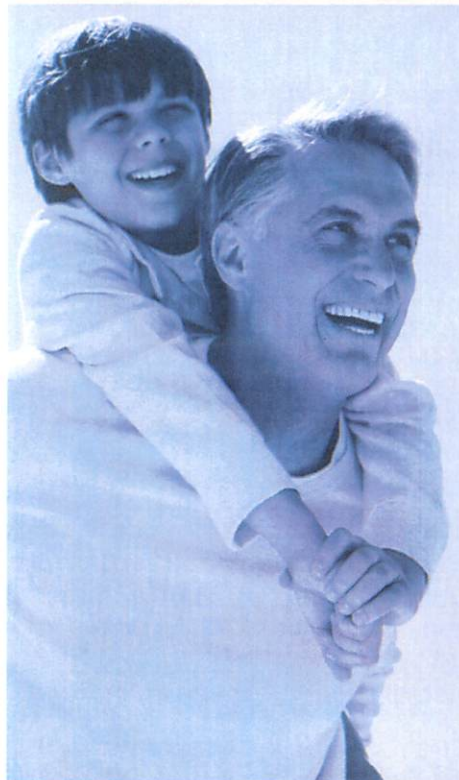
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Sandy Dougherty | sandy.dougherty@coloniallifesales.com | (502) 238-7255





Group Critical Illness Insurance Plan 2 Full



For more information,
talk with your
benefits counselor.

ColonialLife.com

If you're diagnosed with a covered critical illness or cancer, group critical illness insurance* from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

*The policy name is Critical Illness and Cancer Group Specified Disease Insurance.

Face amount: \$_____

Critical illness benefit

For the diagnosis of this covered critical illness condition: ¹	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coma	100%
Permanent paralysis due to a covered accident	100%
Blindness	100%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Coronary artery bypass graft surgery/disease ²	25%

Subsequent diagnosis of a different critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with a different critical illness, the original percentage of the face amount is payable for that particular critical illness.

Subsequent diagnosis of the same critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with the same critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/coronary artery disease² and occupational infectious HIV or occupational infectious hepatitis B, C or D.



ColonialLife.com

Diagnosis of cancer benefit

Covered cancer benefits	
For this condition: ¹	The amount payable is:
Diagnosis of cancer (internal or invasive)	100% of the face amount
Diagnosis of carcinoma in situ	25% of the face amount
Skin cancer	\$500

Cancer vaccine benefit:\$50

This benefit is payable if you or your covered family members incur a charge for any FDA-approved cancer vaccine while your certificate is in force.

1 Please refer to the certificate for complete definitions of covered conditions.

2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.

3 Dates of diagnoses of a covered critical illness must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Diagnosis of Cancer Benefit, Diagnosis of Carcinoma in Situ Benefit, the Cancer Treatment and Care Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having cancer (internal or invasive), carcinoma in situ or skin cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while you are covered under the policy, and who are continuously covered from the date of birth or adoption.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C (including state abbreviations where used, for example: GCC1.0-C-TX). The certificate or its provisions may vary or be unavailable in some states. Please see your Colonial Life benefits counselor for details.



Gallagher

Insurance | Risk Management | Consulting



Annual Enrollment Notices & Disclosures

Guardian Angel Staff
December 01, 2025 – November 30, 2026

Arthur J. Gallagher & Co.
www.ajg.com

Table of Contents

Legal Notices & Disclosures	Page
WOMEN'S HEALTH & CANCER RIGHTS ACT	3
NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT	3
PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)	4
HIPAA NOTICE OF PRIVACY PRACTICES REMINDER	8
HIPAA SPECIAL ENROLLMENT RIGHTS	8
NOTICE OF CREDITABLE COVERAGE	10
NOTICE OF NON-CREDITABLE COVERAGE	13

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 see pages 10 to 15 for more details.

WOMEN'S HEALTH & CANCER RIGHTS ACT

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your group Medical Coverage.

If you would like more information on WHCRA benefits, please call your Plan Administrator at 5024951199.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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 1/31/2026)

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Protecting Your Health Information Privacy Rights

Guardian Angel Staff is committed to the privacy of your health information. The administrators of the Guardian Angel Staff Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Scott Langness at 5024951199 or scott@guardianangelstaffing.com.

HIPAA SPECIAL ENROLLMENT RIGHTS

Guardian Angel Staff Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Guardian Angel Staff Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

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

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).

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

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

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

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

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Scott Langness, 5024951199 and scott@guardianangelstaffing.com.

Important Warning

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

NOTICE OF CREDITABLE COVERAGE

Important Notice from Guardian Angel Staff

About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join a Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Guardian Angel Staff coverage will be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

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

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

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: 12/01/2025
Name of Entity/Sender: Guardian Angel Staff
Contact—Position/Office: Scott Langness
Office Address: 2821 S Hurstbourne Pkwy, Ste 6
Louisville, KY 40220
Phone Number: 5024951199

NOTICE OF NON-CREDITABLE COVERAGE

Important Notice from Guardian Angel Staff

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Guardian Angel Staff and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Guardian Angel Staff has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Guardian Angel Staff Health Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from the Guardian Angel Staff Health Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

When Can You Join a Medicare Drug Plan?

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

However, if you decide to drop your current coverage with Guardian Angel Staff, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Guardian Angel Staff plan.

Since you are losing creditable prescription drug coverage under the Guardian Angel Staff plan, you are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under the Guardian Angel Staff plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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 Guardian Angel Staff coverage will be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

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

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

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

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

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

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

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

Date:	12/01/2025
Name of Entity/Sender:	Guardian Angel Staff
Contact—Position/Office:	Scott Langness
Office Address:	2821 S Hurstbourne Pkwy, Ste 6 Louisville, KY 40220
Phone Number:	5024951199

Disclaimer

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

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

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



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