



2024 BENEFITS GUIDE



LIFEFLIGHT OF MAINE

Benefits for 2024

Overview of Benefits Programs

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

BENEFITS AT-A-GLANCE	
Coverage	Carrier
Medical	Anthem BlueCross BlueShield of Maine
Health Reimbursement Arrangement (HRA)	Group Dynamic
Flexible Spending Account FSA	Group Dynamic
Dental	Delta Dental
Vision	Delta Vision
Basic Life & AD&D	Hartford
Voluntary Life & AD&D	Hartford
Short-Term Disability	Hartford
Long-Term Disability	Hartford
EAP	
Worksite Benefits	Aflac

Benefits for 2024

Overview of Benefits Programs

Overview

When Coverage Begins

Eligible 1st day of the month following Date of Hire

- Medical – Anthem BCBS
- HRA – Group Dynamic (Health Reimbursement Account)
- Dental – Delta Dental
- Vision – Delta Dental
- Flexible Spending Account – Group Dynamic
- Life & AD&D – Hartford
- Short-Term Disability – Hartford
- Long-Term Disability – Hartford
- STD – Buy-Up – Aflac
- Worksite Benefits – Aflac

Benefits for 2024

Overview of Benefits Programs

CHANGES AND QUALIFYING EVENTS

Qualifying Events

- › Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:
 - Changes in employment status
 - Changes in legal marital status
 - Changes in number of dependents
 - Taking an unpaid leave of absence
 - Dependent satisfies or ceases to satisfy eligibility requirement
 - Family Medical Leave Act (FMLA) leave.
 - A COBRA-qualifying event
 - Entitlement to Medicare or Medicaid
 - A change in the place of residence of the employee, resulting in the current carrier not being available

Benefits for 2024

Medical - Anthem

SUMMARY OF COVERAGE

Plan Features	HMO Tiered Options HSA 4500 Plan	PPO 1500 Plan
	Tier 1	IN NETWORK
Calendar Year Deductibles (Indiv / Family)	\$4,500 / \$9,000	\$1,500 / \$3,000
Preventive Care	No charge	No charge
Primary Care Visit	20% After Ded	\$25 Copay, No Charge 1 st visit
Specialist Visit	20% After Ded	\$50 Copay
Diagnostic Exam	20% After Ded	Lab/Freestanding Lab \$25 Copay/Out-patient Hospital 30% After Ded
X-Rays	20% After Ded	30% After Ded
Complex Images	20% After Ded	30% After Ded
Outpatient Procedure	20% After Ded	30% After Ded
Inpatient Visit	20% After Ded	30% After Ded
Emergency Room	20% After Ded	30% After Ded
Urgent Care	20% After Ded	\$40 Copay
Pharmacy / RX (30 Day Supply)	20% After Ded	Tier 1a\$5/1b\$25/\$50/\$100/\$250 Tier 2a\$15/1b\$35/\$60/\$150/\$300
Pharmacy / RX (90 Day Supply)	20% After Ded	90-day supply 3 times cost of 30-day supply cost
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$7,000 / \$14,000	\$5,000 / \$10,000
	Tier 2	OUT OF NETWORK
Calendar Year Deductibles (Indiv / Family)	\$6,000 / \$12,000	\$2,250 / \$4,500
Preventive Care	No charge	40% After Ded
Primary Care Visit	40% After Ded	40% After Ded
Specialist Visit	40% After Ded	40% After Ded
Diagnostic Exam	40% After Ded	40% After Ded
X-Rays	40% After Ded	40% After Ded
Complex Images	40% After Ded	40% After Ded
Outpatient Procedure	40% After Ded	40% After Ded
Inpatient Visit	40% After Ded	40% After Ded
Emergency Room	20% After Ded	30% After Ded – Same as In-Network
Urgent Care	20% After Ded	40% After Ded
Pharmacy / RX (30 Day Supply) Retail Only	Same as In-Network Tier 1 - Retail Only	50% After ded
Pharmacy / RX (90 Day Supply) Retail Only	Same as In-Network Tier 1 - Retail Only	Not covered
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$7,450 / \$14,900	\$7,500 / \$15,000
BI-WEEKLY PRICING		
Employee	\$43.06	\$76.19
Employee + Spouse	\$129.17	\$171.43
Employee + Child(ren)	\$106.20	\$140.95
Employee + Family	\$200.21	\$265.71

Benefits for 2024

Health Reimbursement Account (HRA)

For 2024 LifeFlight of Maine will continue to offer a Health Reimbursement Account (HRA). This is how an HRA works:

- LifeFlight of Maine sets up an HRA for each participant.
- You don't contribute any money to your HRA account; the HRA account is funded entirely by LifeFlight of Maine.

How do I benefit from an HRA?

HRAs benefit everyone – single individuals, families.

What expenses are covered under an HRA?

Only eligible expenses can be reimbursed under your HRA. These expenses are defined by IRS rules and by the LifeFlight of Maine plan. Learn more about eligible HRA expenses by reading the Summary Plan Description (SPD).

Anthem Clear Choice Gold Blue Choice PPO \$1500/30%/5000		
PPO Out-of-Pocket Limit:	HRA Pays the First:	You Pay the Last:
Single: \$ 5,000	\$750	\$4,250
Family: \$10,000*	\$1,500*	\$8,500*

Anthem Clear Choice Gold Blue Choice HMO Tiered \$4500/20%/\$7000 HSA:		
Health Plan Out-of-Pocket Limit:	HRA Pays 80% of each eligible expense up to:	You Pay the Balance up to:
Single: \$ 7,000	\$3,600	\$3,400
Family: \$14,000*	\$5,000	\$9,000

*Health Plan Deductible and HRA benefits are capped at the Single Plan level for individuals who are part of a Family Plan

Benefits for 2024

Medical

KEY TERMS TO REMEMBER



ANNUAL DEDUCTIBLE

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



OUT-OF-POCKET MAXIMUM

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance.

*Except for Grandfathered medical plans



COPAYS AND COINSURANCE

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.



PLAN TYPES

- › EPO/PPO – A network of doctors, hospitals and other health care providers
- › HMO – A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care
- › POS – Combines aspects of a PPO and HMO
- › HDHP – A plan that has higher annual deductibles in exchange for lower premiums.

Benefits for 2024

Medical

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by LifeFlight of Maine, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- › Routine Physical Exam
- › Well Baby and Child Care
- › Well Woman Visits
- › Immunizations
- › Routine Bone Density Test
- › Routine Breast Exam
- › Routine Gynecological Exam
- › Screening for Gestational Diabetes
- › Obesity Screening and Counseling
- › Routine Digital Rectal Exam
- › Routine Colonoscopy
- › Routine Colorectal Cancer Screening
- › Routine Prostate Test
- › Routine Lab Procedures
- › Routine Mammograms
- › Routine Pap Smear
- › Smoking Cessation
- › Health Education/Counseling Services
- › Health Counseling for STDs and HIV
- › Testing for HPV and HIV
- › Screening and Counseling for Domestic Violence

Benefits for 2024

Dental Coverage – Delta Dental

Life Flight Aviation
Group Number: TBD

Outline of Coverage – Basic Plan Delta Dental PPOSM



*Read Your Policy Carefully—This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR POLICY CAREFULLY!** Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.*

Office Visit Co-payment: None			
Diagnostic / Preventive (Coverage A)	Basic (Coverage B)	Major (Coverage C)	Orthodontics (Coverage D)
No Deductible	\$50/\$150 One-time Deductible per Person/Family		No Deductible
<p>DIAGNOSTIC: Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations</p> <p>Bitewing X-Rays once in a 12-month period</p> <p>X-Rays of individual teeth as necessary</p> <p>Brush biopsy once in a 12-month period</p> <p>PREVENTIVE: Cleanings twice in a 12-month period</p> <p>Fluoride twice in a 12-month period to age 15</p> <p>Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</p>	<p>RESTORATIVE: Amalgam (silver) fillings; Composite (white) fillings</p> <p>ORAL SURGERY: Routine extractions</p> <p>PERIODONTICS: Periodontal Cleaning (Maintenance procedures)</p> <p><i>Note: Only two cleanings are covered in a 12-month period. These may be any combination of routine (Coverage A) or periodontal (Coverage B).</i></p> <p>Space maintainers to age 15</p> <p>Full-mouth/panoramic X-rays once in a 5-year period</p> <p>EMERGENCY PALLIATIVE TREATMENT</p>	<p>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p> <p>DENTURE REPAIR: Repair of removable denture to its original condition</p> <p>ORAL SURGERY: Complex extractions and other surgical procedures</p> <p>CROWN LENGTHENING: Clinical crown lengthening once in a lifetime per site</p> <p>ENDODONTICS: Root canal therapy</p> <p>PERIODONTICS: Treatment of gum disease</p>	<p>ORTHODONTICS: Correction of malposed (crooked) teeth for adults and dependent children</p>
Delta Dental Pays 100% No Waiting Period	Delta Dental Pays 60% No Waiting Period	Delta Dental Pays 50% After a 6-Month Waiting Period*	Delta Dental Pays 50% After a 6-Month Waiting Period*
Calendar Year Maximum: \$1,000 up to \$2,000 per Person with Double-Up Max SM Health through Oral Wellness [®] program included (please see reverse)			Lifetime Maximum: \$1,000 per Person

*If this Northeast Delta Dental plan is replacing an existing group dental plan that covers the services to which the waiting periods apply, the waiting periods will be waived for enrollees whose effective date of coverage coincides with the original effective date of this plan. New enrollees, effective after the group's original effective date, are subject to waiting periods unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.



Delta Dental PPO Basic Plan Option	Bi-Weekly Rates
Employee Only	\$7.44
Employee + 1	\$13.59
Employee + 2 or more	\$23.33

*Rates - Per Pay Period, 26 Pay Periods per year

Benefits for 2024

Dental Coverage – Delta Dental

Life Flight Aviation
Group Number: TBD

Outline of Coverage – Preferred Plan Delta Dental PPOSM



Read Your Policy Carefully—This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR POLICY CAREFULLY! Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.

Office Visit Copayment: None			
Diagnostic / Preventive (Coverage A)	Basic (Coverage B)	Major (Coverage C)	Orthodontics (Coverage D)
No Deductible	\$75/\$225 One-time Deductible per Person/Family		No Deductible
DIAGNOSTIC: Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations Bitewing X-Rays once in a 12-month period X-Rays of individual teeth as necessary Brush biopsy once in a 12-month period PREVENTIVE: Cleanings twice in a 12-month period Fluoride twice in a 12-month period to age 15 Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15	RESTORATIVE: Amalgam (silver) fillings; Composite (white) fillings ORAL SURGERY: Routine extractions PERIODONTICS: Periodontal Cleaning (Maintenance procedures) <i>Note: Only two cleanings are covered in a 12-month period. These may be any combination of routine (Coverage A) or periodontal (Coverage B).</i> Space maintainers to age 15 Full-mouth/panoramic X-rays once in a 5-year period EMERGENCY PALLIATIVE TREATMENT	PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants DENTURE REPAIR: Repair of removable denture to its original condition ORAL SURGERY: Complex extractions and other surgical procedures CROWN LENGTHENING: Clinical crown lengthening once in a lifetime per site ENDODONTICS: Root canal therapy PERIODONTICS: Treatment of gum disease	ORTHODONTICS: Correction of malposed (crooked) teeth for adults and dependent children
Delta Dental Pays 100% No Waiting Period	Delta Dental Pays 70% No Waiting Period	Delta Dental Pays 50% After a 6-Month Waiting Period*	Delta Dental Pays 50% After a 6-Month Waiting Period*
Calendar Year Maximum: \$1,500 up to \$3,000 per Person with Double-Up Max SM Health through Oral Wellness [®] program included (please see reverse)			Lifetime Maximum: \$1,250 per Person

*If this Northeast Delta Dental plan is replacing an existing group dental plan that covers the services to which the waiting periods apply, the waiting periods will be waived for enrollees whose effective date of coverage coincides with the original effective date of this plan. New enrollees, effective after the group's original effective date, are subject to waiting periods unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.

Form No. OOCFF2020



Delta Dental PPO Preferred Plan Option	Bi-Weekly Rates
Employee Only	\$8.56
Employee + 1	\$15.63
Employee + 2 or more	\$26.63

*Rates - Per Pay Period, 26 Pay Periods per year

Benefits for 2024

Vision Coverage – Delta Vision



DeltaVision®



Life Flight Aviation

150 150 Contributory

Effective Date:

DeltaVision® is supported by the nationwide EyeMed Vision Care Access Network, including private practitioners and the most popular retail and online retail locations.

DeltaVision Plan Summary

DeltaVision Plan Summary	Network Benefit	Non-Network Reimbursement
Exam every <u>12 months</u> : Comprehensive with dilation as necessary	Member co-pay \$20; plan pays balance	Up to \$35
Contact Lens Fit and Follow-up: Standard Lenses <i>Spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)</i>	Member pays up to \$55.00	None
Contact Lens Fit and Follow-up: Premium Lenses <i>Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)</i>	10% discount off retail	None
*Frames every <u>24 months</u> : Any available frame at provider location	\$150 allowance, then 20% off balance	Up to \$75
Standard Plastic Lenses every <u>12 months</u>		
Single vision / Bifocal / Trifocal	Member co-pay \$20, plan pays balance	Up to \$25 / \$40 / \$55
Lens Options		
UV coating / Tint / Standard scratch resistance	Member co-pay \$15 each	None
Standard polycarbonate	Member co-pay \$40	None
Standard anti-reflective coating	Member co-pay \$45	None
Standard progressive	Member co-pay \$85	None
Premium progressive	\$85 co-pay, 80% of charge less \$120 allowance	None
Other add-ons and services	20% off retail price	None
*Contact Lenses every <u>12 months</u> : <i>In lieu of spectacle lenses; allowance covers materials only.</i>		
Conventional	\$150 allowance, then 15% off balance	Up to \$120
Disposable	\$150 allowance, member pays balance	Up to \$120
Medically necessary	Paid in full	Up to \$200
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None

*Frame and Contact allowance are one-time-use benefits during the frequencies shown.

Benefits for 2024

Vision Coverage – Delta Vision



DeltaVision®



Life Flight Aviation

150 150 Contributory

Effective Date:

DeltaVision® is supported by the nationwide EyeMed Vision Care Access Network, including private practitioners and the most popular retail and online retail locations.

Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location.
- Members also receive a 40% discount off complete prescription eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
- ContactsDirect.com and Glasses.com give members access to on-line retailers where benefits can be used. Visit these websites for additional information.
- Discounts do not apply for benefits provided by other group benefit plans.

To locate a participating EyeMed Access Network provider, log on to member.eyemedvisioncare.com/nedd or call 1-866-723-0513.

This document is intended to be only a summary description of the program benefits. It is not intended to describe all terms, conditions and limitations of the coverage. Please refer to the Vision Plan Description (VPD) for the actual terms, conditions and limitations of the coverage summarized in this document.

Delta Vision	Bi-Weekly Rates
Employee Only	\$.30
Employee + 1	\$.51
Employee + 2 or more	\$.92

*Rates - Per Pay Period, 26 Pay Periods per year

Benefits for 2024

Basic Life & AD&D Insurance – ER Paid

BASIC GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans (53%) expressed a heightened need for life insurance because of COVID-19.¹

LifeFlight of Maine, LLC LifeFlight Aviation Services, LLC

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer gives extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : 2 times earnings Maximum: \$300,000	AD&D: Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT	
Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.	
LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

PREMIUMS

Your employer pays 100% of the premium for your coverage.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.

Benefits for 2024

Basic Life & AD&D Insurance – ER paid

BASIC GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage - it is available without having to provide information about your health.

AD&D is available without having to provide information about your health.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Your employer pays 100% of the premium for your (employee) coverage.

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage. If you have not already done so, you must designate a beneficiary.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective for you on the date you become eligible.

You must be actively at work with your employer on the day your coverage takes effect.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you under a group portability certificate or an individual conversion life certificate. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

¹LIMRA, Facts About Life 2020: <https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf>, as viewed on October 14, 2020.

³Rates and/or benefits may be changed on a class basis.

The Buck's Got Your Back[®]

The Hartford[®] is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

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Benefits for 2024

Voluntary Life & AD&D Insurance

VOLUNTARY GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans
(53%) expressed a
heightened need for life
insurance because of
COVID-19.¹

LifeFlight of Maine, LLC

LifeFlight Aviation Services, LLC

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit
thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : Increments of \$10,000 Maximum: the lesser of 5x earnings or \$500,000	AD&D: Included
Spouse	Benefit: Increments of \$5,000. Maximum: the lesser of 50% of your supplemental coverage or \$250,000	AD&D: Included
Child(ren)	Benefit: \$10,000	AD&D: Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

²Your benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.

Benefits for 2024

Voluntary Life & AD&D Insurance

VOLUNTARY GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



PREMIUMS

See the Life Premium Worksheet.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 25.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$100,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$30,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your spouse's current coverage, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

This insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

AD&D is available without having to provide information about your or your family's health.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Life Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s).

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

Benefits for 2024

Voluntary Life & AD&D Insurance

LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your basic life benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- Your supplemental/voluntary life benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- A supplemental or voluntary life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

5962a NS 05/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your basic AD&D benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- Your supplemental/voluntary AD&D benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- Exclusions: (Applicable to all benefits except the Life Insurance Benefit and the Accelerated Benefit) What is not covered under The Policy?
- The Policy does not cover any loss caused or contributed to by:
 - anaphylactic shock;
 - any form of auto-erotic asphyxiation;
 - failure to wear a Seat Belt while driving or riding as a passenger in a Motor Vehicle;
 - intentionally self-inflicted Injury;
 - stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis or aneurysm;
 - suicide or attempted suicide, whether sane or insane;
 - war or act of war, whether declared or not;
 - injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve or National Guard Service;
 - injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
 - injury sustained while On any aircraft:
 - as a pilot, crewmember or student pilot;
 - as a flight instructor or examiner;
 - if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization whose eligible persons are covered under The Policy; or
 - being used for tests, experimental purposes, stunt flying, racing or endurance tests;
 - injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician
 - injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
 - injury sustained while committing or attempting to commit a felony;
 - injury sustained while Intoxicated;
 - injury sustained while driving while Intoxicated;
 - injury sustained by illegal fireworks or the use of any legal fireworks when not following the manufacturer's lighting instructions;
 - driving and violating any applicable cellular device use or distracted driving laws; or
 - failure to wear a helmet while On or riding as a passenger On a motorcycle, bicycle, all-terrain vehicle (ATV) or any other type of motor bike.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Child(ren) may only be covered as a dependent of one employee.

DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you or your dependent(s) have coverage.

5962c NS 05/21 Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.

Benefits for 2024

Voluntary Life & AD&D Premiums

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.78	\$0.60	\$0.67	\$0.85	\$1.18	\$1.80	\$2.69	\$3.73	\$4.56	\$6.44	\$10.87	\$28.77
\$20,000	\$1.55	\$1.20	\$1.34	\$1.71	\$2.36	\$3.61	\$5.37	\$7.46	\$9.12	\$12.88	\$21.75	\$57.54
\$30,000	\$2.33	\$1.80	\$2.01	\$2.56	\$3.54	\$5.41	\$8.06	\$11.19	\$13.68	\$19.32	\$32.62	\$86.32
\$40,000	\$3.10	\$2.40	\$2.68	\$3.42	\$4.73	\$7.22	\$10.74	\$14.92	\$18.24	\$25.75	\$43.50	\$115.09
\$50,000	\$3.88	\$3.00	\$3.35	\$4.27	\$5.91	\$9.02	\$13.43	\$18.65	\$22.80	\$32.19	\$54.37	\$143.86
\$60,000	\$4.65	\$3.60	\$4.02	\$5.12	\$7.09	\$10.83	\$16.12	\$22.38	\$27.36	\$38.63	\$65.24	\$172.63
\$70,000	\$5.43	\$4.20	\$4.68	\$5.98	\$8.27	\$12.63	\$18.80	\$26.10	\$31.92	\$45.07	\$76.12	\$201.41
\$80,000	\$6.20	\$4.80	\$5.35	\$6.83	\$9.45	\$14.44	\$21.49	\$29.83	\$36.48	\$51.51	\$86.99	\$230.18
\$90,000	\$6.98	\$5.40	\$6.02	\$7.68	\$10.63	\$16.24	\$24.18	\$33.56	\$41.04	\$57.95	\$97.86	\$258.95
\$100,000	\$7.75	\$6.00	\$6.69	\$8.54	\$11.82	\$18.05	\$26.86	\$37.29	\$45.60	\$64.38	\$108.74	\$287.72
\$110,000	\$8.53	\$6.60	\$7.36	\$9.39	\$13.00	\$19.85	\$29.55	\$41.02	\$50.16	\$70.82	\$119.61	\$316.50
\$120,000	\$9.30	\$7.20	\$8.03	\$10.25	\$14.18	\$21.66	\$32.23	\$44.75	\$54.72	\$77.26	\$130.49	\$345.27
\$130,000	\$10.08	\$7.80	\$8.70	\$11.10	\$15.36	\$23.46	\$34.92	\$48.48	\$59.28	\$83.70	\$141.36	\$374.04
\$140,000	\$10.86	\$8.40	\$9.37	\$11.95	\$16.54	\$25.26	\$37.61	\$52.21	\$63.84	\$90.14	\$152.23	\$402.81
\$150,000	\$11.63	\$9.00	\$10.04	\$12.81	\$17.72	\$27.07	\$40.29	\$55.94	\$68.40	\$96.58	\$163.11	\$431.58
\$160,000	\$12.41	\$9.60	\$10.71	\$13.66	\$18.90	\$28.87	\$42.98	\$59.67	\$72.96	\$103.02	\$173.98	\$460.36
\$170,000	\$13.18	\$10.20	\$11.38	\$14.52	\$20.09	\$30.68	\$45.66	\$63.40	\$77.52	\$109.45	\$184.86	\$489.13
\$180,000	\$13.96	\$10.80	\$12.05	\$15.37	\$21.27	\$32.48	\$48.35	\$67.13	\$82.08	\$115.89	\$195.73	\$517.90
\$190,000	\$14.73	\$11.40	\$12.72	\$16.22	\$22.45	\$34.29	\$51.04	\$70.86	\$86.64	\$122.33	\$206.60	\$546.67
\$200,000	\$15.51	\$12.00	\$13.38	\$17.08	\$23.63	\$36.09	\$53.72	\$74.58	\$91.20	\$128.77	\$217.48	\$575.45
\$210,000	\$16.28	\$12.60	\$14.05	\$17.93	\$24.81	\$37.90	\$56.41	\$78.31	\$95.76	\$135.21	\$228.35	\$604.22
\$220,000	\$17.06	\$13.20	\$14.72	\$18.78	\$25.99	\$39.70	\$59.10	\$82.04	\$100.32	\$141.65	\$239.22	\$632.99
\$230,000	\$17.83	\$13.80	\$15.39	\$19.64	\$27.18	\$41.51	\$61.78	\$85.77	\$104.88	\$148.08	\$250.10	\$661.76
\$240,000	\$18.61	\$14.40	\$16.06	\$20.49	\$28.36	\$43.31	\$64.47	\$89.50	\$109.44	\$154.52	\$260.97	\$690.54
\$250,000	\$19.38	\$15.00	\$16.73	\$21.35	\$29.54	\$45.12	\$67.15	\$93.23	\$114.00	\$160.96	\$271.85	\$719.31
\$260,000	\$20.16	\$15.60	\$17.40	\$22.20	\$30.72	\$46.92	\$69.84	\$96.96	\$118.56	\$167.40	\$282.72	\$748.08
\$270,000	\$20.94	\$16.20	\$18.07	\$23.05	\$31.90	\$48.72	\$72.53	\$100.69	\$123.12	\$173.84	\$293.59	\$776.85
\$280,000	\$21.71	\$16.80	\$18.74	\$23.91	\$33.08	\$50.53	\$75.21	\$104.42	\$127.68	\$180.28	\$304.47	\$805.62
\$290,000	\$22.49	\$17.40	\$19.41	\$24.76	\$34.26	\$52.33	\$77.90	\$108.15	\$132.24	\$186.72	\$315.34	\$834.40
\$300,000	\$23.26	\$18.00	\$20.08	\$25.62	\$35.45	\$54.14	\$80.58	\$111.88	\$136.80	\$193.15	\$326.22	\$863.17
\$310,000	\$24.04	\$18.60	\$20.75	\$26.47	\$36.63	\$55.94	\$83.27	\$115.61	\$141.36	\$199.59	\$337.09	\$891.94
\$320,000	\$24.81	\$19.20	\$21.42	\$27.32	\$37.81	\$57.75	\$85.96	\$119.34	\$145.92	\$206.03	\$347.96	\$920.71
\$330,000	\$25.59	\$19.80	\$22.08	\$28.18	\$38.99	\$59.55	\$88.64	\$123.06	\$150.48	\$212.47	\$358.84	\$949.49
\$340,000	\$26.36	\$20.40	\$22.75	\$29.03	\$40.17	\$61.36	\$91.33	\$126.79	\$155.04	\$218.91	\$369.71	\$978.26
\$350,000	\$27.14	\$21.00	\$23.42	\$29.88	\$41.35	\$63.16	\$94.02	\$130.52	\$159.60	\$225.35	\$380.58	\$1,007.03
\$360,000	\$27.91	\$21.60	\$24.09	\$30.74	\$42.54	\$64.97	\$96.70	\$134.25	\$164.16	\$231.78	\$391.46	\$1,035.80
\$370,000	\$28.69	\$22.20	\$24.76	\$31.59	\$43.72	\$66.77	\$99.39	\$137.98	\$168.72	\$238.22	\$402.33	\$1,064.58
\$380,000	\$29.46	\$22.80	\$25.43	\$32.45	\$44.90	\$68.58	\$102.07	\$141.71	\$173.28	\$244.66	\$413.21	\$1,093.35
\$390,000	\$30.24	\$23.40	\$26.10	\$33.30	\$46.08	\$70.38	\$104.76	\$145.44	\$177.84	\$251.10	\$424.08	\$1,122.12
\$400,000	\$31.02	\$24.00	\$26.77	\$34.15	\$47.26	\$72.18	\$107.45	\$149.17	\$182.40	\$257.54	\$434.95	\$1,150.89
\$410,000	\$31.79	\$24.60	\$27.44	\$35.01	\$48.44	\$73.99	\$110.13	\$152.90	\$186.96	\$263.98	\$445.83	\$1,179.66
\$420,000	\$32.57	\$25.20	\$28.11	\$35.86	\$49.62	\$75.79	\$112.82	\$156.63	\$191.52	\$270.42	\$456.70	\$1,208.44
\$430,000	\$33.34	\$25.80	\$28.78	\$36.72	\$50.81	\$77.60	\$115.50	\$160.36	\$196.08	\$276.85	\$467.58	\$1,237.21
\$440,000	\$34.12	\$26.40	\$29.45	\$37.57	\$51.99	\$79.40	\$118.19	\$164.09	\$200.64	\$283.29	\$478.45	\$1,265.98
\$450,000	\$34.89	\$27.00	\$30.12	\$38.42	\$53.17	\$81.21	\$120.88	\$167.82	\$205.20	\$289.73	\$489.32	\$1,294.75
\$460,000	\$35.67	\$27.60	\$30.78	\$39.28	\$54.35	\$83.01	\$123.56	\$171.54	\$209.76	\$296.17	\$500.20	\$1,323.53
\$470,000	\$36.44	\$28.20	\$31.45	\$40.13	\$55.53	\$84.82	\$126.25	\$175.27	\$214.32	\$302.61	\$511.07	\$1,352.30
\$480,000	\$37.22	\$28.80	\$32.12	\$40.98	\$56.71	\$86.62	\$128.94	\$179.00	\$218.88	\$309.05	\$521.94	\$1,381.07
\$490,000	\$37.99	\$29.40	\$32.79	\$41.84	\$57.90	\$88.43	\$131.62	\$182.73	\$223.44	\$315.48	\$532.82	\$1,409.84
\$500,000	\$38.77	\$30.00	\$33.46	\$42.69	\$59.08	\$90.23	\$134.31	\$186.46	\$228.00	\$321.92	\$543.69	\$1,438.62

Benefits for 2024

Voluntary Life & AD&D Premiums

SPOUSE/PARTNER SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.39	\$0.30	\$0.33	\$0.43	\$0.59	\$0.90	\$1.34	\$1.86	\$2.28	\$3.22	\$5.44	\$14.39
\$10,000	\$0.78	\$0.60	\$0.67	\$0.85	\$1.18	\$1.80	\$2.69	\$3.73	\$4.56	\$6.44	\$10.87	\$28.77
\$15,000	\$1.16	\$0.90	\$1.00	\$1.28	\$1.77	\$2.71	\$4.03	\$5.59	\$6.84	\$9.66	\$16.31	\$43.16
\$20,000	\$1.55	\$1.20	\$1.34	\$1.71	\$2.36	\$3.61	\$5.37	\$7.46	\$9.12	\$12.88	\$21.75	\$57.54
\$25,000	\$1.94	\$1.50	\$1.67	\$2.13	\$2.95	\$4.51	\$6.72	\$9.32	\$11.40	\$16.10	\$27.18	\$71.93
\$30,000	\$2.33	\$1.80	\$2.01	\$2.56	\$3.54	\$5.41	\$8.06	\$11.19	\$13.68	\$19.32	\$32.62	\$86.32
\$35,000	\$2.71	\$2.10	\$2.34	\$2.99	\$4.14	\$6.32	\$9.40	\$13.05	\$15.96	\$22.53	\$38.06	\$100.70
\$40,000	\$3.10	\$2.40	\$2.68	\$3.42	\$4.73	\$7.22	\$10.74	\$14.92	\$18.24	\$25.75	\$43.50	\$115.09
\$45,000	\$3.49	\$2.70	\$3.01	\$3.84	\$5.32	\$8.12	\$12.09	\$16.78	\$20.52	\$28.97	\$48.93	\$129.48
\$50,000	\$3.88	\$3.00	\$3.35	\$4.27	\$5.91	\$9.02	\$13.43	\$18.65	\$22.80	\$32.19	\$54.37	\$143.86
\$55,000	\$4.26	\$3.30	\$3.68	\$4.70	\$6.50	\$9.93	\$14.77	\$20.51	\$25.08	\$35.41	\$59.81	\$158.25
\$60,000	\$4.65	\$3.60	\$4.02	\$5.12	\$7.09	\$10.83	\$16.12	\$22.38	\$27.36	\$38.63	\$65.24	\$172.63
\$65,000	\$5.04	\$3.90	\$4.35	\$5.55	\$7.68	\$11.73	\$17.46	\$24.24	\$29.64	\$41.85	\$70.68	\$187.02
\$70,000	\$5.43	\$4.20	\$4.68	\$5.98	\$8.27	\$12.63	\$18.80	\$26.10	\$31.92	\$45.07	\$76.12	\$201.41
\$75,000	\$5.82	\$4.50	\$5.02	\$6.40	\$8.86	\$13.53	\$20.15	\$27.97	\$34.20	\$48.29	\$81.55	\$215.79
\$80,000	\$6.20	\$4.80	\$5.35	\$6.83	\$9.45	\$14.44	\$21.49	\$29.83	\$36.48	\$51.51	\$86.99	\$230.18
\$85,000	\$6.59	\$5.10	\$5.69	\$7.26	\$10.04	\$15.34	\$22.83	\$31.70	\$38.76	\$54.73	\$92.43	\$244.56
\$90,000	\$6.98	\$5.40	\$6.02	\$7.68	\$10.63	\$16.24	\$24.18	\$33.56	\$41.04	\$57.95	\$97.86	\$258.95
\$95,000	\$7.37	\$5.70	\$6.36	\$8.11	\$11.22	\$17.14	\$25.52	\$35.43	\$43.32	\$61.17	\$103.30	\$273.34
\$100,000	\$7.75	\$6.00	\$6.69	\$8.54	\$11.82	\$18.05	\$26.86	\$37.29	\$45.60	\$64.38	\$108.74	\$287.72
\$105,000	\$8.14	\$6.30	\$7.03	\$8.97	\$12.41	\$18.95	\$28.20	\$39.16	\$47.88	\$67.60	\$114.18	\$302.11
\$110,000	\$8.53	\$6.60	\$7.36	\$9.39	\$13.00	\$19.85	\$29.55	\$41.02	\$50.16	\$70.82	\$119.61	\$316.50
\$115,000	\$8.92	\$6.90	\$7.70	\$9.82	\$13.59	\$20.75	\$30.89	\$42.89	\$52.44	\$74.04	\$125.05	\$330.88
\$120,000	\$9.30	\$7.20	\$8.03	\$10.25	\$14.18	\$21.66	\$32.23	\$44.75	\$54.72	\$77.26	\$130.49	\$345.27
\$125,000	\$9.69	\$7.50	\$8.37	\$10.67	\$14.77	\$22.56	\$33.58	\$46.62	\$57.00	\$80.48	\$135.92	\$359.65
\$130,000	\$10.08	\$7.80	\$8.70	\$11.10	\$15.36	\$23.46	\$34.92	\$48.48	\$59.28	\$83.70	\$141.36	\$374.04
\$135,000	\$10.47	\$8.10	\$9.03	\$11.53	\$15.95	\$24.36	\$36.26	\$50.34	\$61.56	\$86.92	\$146.80	\$388.43
\$140,000	\$10.86	\$8.40	\$9.37	\$11.95	\$16.54	\$25.26	\$37.61	\$52.21	\$63.84	\$90.14	\$152.23	\$402.81
\$145,000	\$11.24	\$8.70	\$9.70	\$12.38	\$17.13	\$26.17	\$38.95	\$54.07	\$66.12	\$93.36	\$157.67	\$417.20
\$150,000	\$11.63	\$9.00	\$10.04	\$12.81	\$17.72	\$27.07	\$40.29	\$55.94	\$68.40	\$96.58	\$163.11	\$431.58
\$155,000	\$12.02	\$9.30	\$10.37	\$13.23	\$18.31	\$27.97	\$41.64	\$57.80	\$70.68	\$99.80	\$168.54	\$445.97
\$160,000	\$12.41	\$9.60	\$10.71	\$13.66	\$18.90	\$28.87	\$42.98	\$59.67	\$72.96	\$103.02	\$173.98	\$460.36
\$165,000	\$12.79	\$9.90	\$11.04	\$14.09	\$19.50	\$29.78	\$44.32	\$61.53	\$75.24	\$106.23	\$179.42	\$474.74
\$170,000	\$13.18	\$10.20	\$11.38	\$14.52	\$20.09	\$30.68	\$45.66	\$63.40	\$77.52	\$109.45	\$184.86	\$489.13
\$175,000	\$13.57	\$10.50	\$11.71	\$14.94	\$20.68	\$31.58	\$47.01	\$65.26	\$79.80	\$112.67	\$190.29	\$503.52
\$180,000	\$13.96	\$10.80	\$12.05	\$15.37	\$21.27	\$32.48	\$48.35	\$67.13	\$82.08	\$115.89	\$195.73	\$517.90
\$185,000	\$14.34	\$11.10	\$12.38	\$15.80	\$21.86	\$33.39	\$49.69	\$68.99	\$84.36	\$119.11	\$201.17	\$532.29
\$190,000	\$14.73	\$11.40	\$12.72	\$16.22	\$22.45	\$34.29	\$51.04	\$70.86	\$86.64	\$122.33	\$206.60	\$546.67
\$195,000	\$15.12	\$11.70	\$13.05	\$16.65	\$23.04	\$35.19	\$52.38	\$72.72	\$88.92	\$125.55	\$212.04	\$561.06
\$200,000	\$15.51	\$12.00	\$13.38	\$17.08	\$23.63	\$36.09	\$53.72	\$74.58	\$91.20	\$128.77	\$217.48	\$575.45
\$205,000	\$15.90	\$12.30	\$13.72	\$17.50	\$24.22	\$36.99	\$55.07	\$76.45	\$93.48	\$131.99	\$222.91	\$589.83
\$210,000	\$16.28	\$12.60	\$14.05	\$17.93	\$24.81	\$37.90	\$56.41	\$78.31	\$95.76	\$135.21	\$228.35	\$604.22
\$215,000	\$16.67	\$12.90	\$14.39	\$18.36	\$25.40	\$38.80	\$57.75	\$80.18	\$98.04	\$138.43	\$233.79	\$618.60
\$220,000	\$17.06	\$13.20	\$14.72	\$18.78	\$25.99	\$39.70	\$59.10	\$82.04	\$100.32	\$141.65	\$239.22	\$632.99
\$225,000	\$17.45	\$13.50	\$15.06	\$19.21	\$26.58	\$40.60	\$60.44	\$83.91	\$102.60	\$144.87	\$244.66	\$647.38
\$230,000	\$17.83	\$13.80	\$15.39	\$19.64	\$27.18	\$41.51	\$61.78	\$85.77	\$104.88	\$148.08	\$250.10	\$661.76
\$235,000	\$18.22	\$14.10	\$15.73	\$20.07	\$27.77	\$42.41	\$63.12	\$87.64	\$107.16	\$151.30	\$255.54	\$676.15
\$240,000	\$18.61	\$14.40	\$16.06	\$20.49	\$28.36	\$43.31	\$64.47	\$89.50	\$109.44	\$154.52	\$260.97	\$690.54
\$245,000	\$19.00	\$14.70	\$16.40	\$20.92	\$28.95	\$44.21	\$65.81	\$91.37	\$111.72	\$157.74	\$266.41	\$704.92
\$250,000	\$19.38	\$15.00	\$16.73	\$21.35	\$29.54	\$45.12	\$67.15	\$93.23	\$114.00	\$160.96	\$271.85	\$719.31

CHILD(REN) SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE	
Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)	
Benefit Amount	Cost For All Children
\$10,000	\$1.14

Benefits for 2024

Short Term Disability – ER Paid

GROUP SHORT-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire (age 67).¹

LifeFlight of Maine, LLC LifeFlight Aviation Services, LLC

A disability can happen to anyone. A back injury, pregnancy, or serious illness can lead to months without a regular paycheck. If you're unable to work for a short period of time due to a non-work-related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.



To learn more about Short-Term Disability insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
60%	\$1,500	On the 15 th day	On the 15 th day	24 weeks

PREMIUMS

Your employer pays 100% of the premium for your coverage.²

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage - it is available without having to provide information about your health.

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer.

Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% of your pre-disability weekly earnings.

Pre-disability earnings are defined in your policy.

Benefits for 2024

Short Term Disability – ER Paid

LIMITATIONS & EXCLUSIONS



GROUP SHORT TERM DISABILITY INSURANCE

LIMITATIONS AND EXCLUSIONS

GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Your being engaged in an illegal occupation
 - Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
 - Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment
 - You have already satisfied the pre-existing condition requirement of your previous insurer

OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
 - Social Security disability insurance (please see next section for exceptions)
 - Other employer-based insurance coverage you may have
 - Unemployment benefits
 - Settlements or judgments for income loss
 - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
 - Retirement benefits if you were already receiving them before you became disabled
 - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
 - Most personal disability policies
 - Social Security cost-of-living increases

Benefits for 2024

Long Term Disability

GROUP LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



More than 1 in 4 adults in the U.S. has some type of disability.¹

LifeFlight of Maine, LLC LifeFlight Aviation Services, LLC

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.



To learn more about Long-Term Disability insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
60%	\$6,000	The greater of \$100 or 10% of the benefit	After 180 days disabled	Disabled before: Age 63 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 3.5 years

PREMIUMS

Your employer pays 100% of the premium for your coverage.²

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your health.

This coverage is subject to a pre-existing condition exclusion. Please refer to the Limitations & Exclusions sheet provided with this benefit highlights sheet for more information on limitations and exclusions, such as pre-existing conditions.

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 2 years following the elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your

Benefits for 2024

Long Term Disability

LIMITATIONS & EXCLUSIONS



GROUP LONG TERM DISABILITY INSURANCE

LIMITATIONS AND EXCLUSIONS

GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Your being engaged in an illegal occupation

PRE-EXISTING CONDITIONS

- Your insurance excludes the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
 - You have not received treatment for your condition for 3 months before the effective date of your insurance, or
 - You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
 - You have already satisfied the pre-existing condition requirement of your previous insurer

LIMITATIONS

- **Mental Illness and Substance Abuse Limitation.** If you are disabled because of Mental Illness or because of alcoholism or the use of narcotics, sedatives, stimulants, hallucinogens or other similar substance, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.

OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
 - Social Security disability insurance (please see next section for exceptions)
 - Workers' compensation
 - Other employer-based insurance coverage you may have
 - Unemployment benefits
 - Settlements or judgments for income loss
 - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
 - Retirement benefits if you were already receiving them before you became disabled
 - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
 - Most personal disability policies
 - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

Insured's monthly [Pre-Disability Earnings/Basic Monthly Pay] \$3,000

Long term disability benefits percentage x 60%

Unreduced maximum benefit \$1,800

Less Social Security disability benefit per month - \$900

Less state disability income benefit per month - \$300

Total amount of long term disability benefit per month \$600

THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This Disability policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

5962d NS 05/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

Benefits for 2024

Flexible Spending Account FSA

LifeFlight of Maine is offering a Flexible Spending Account (FSA) for 2023. This is how an FSA works:

- › You set aside money for your FSA from your paycheck before taxes are taken out.
- › Then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- › You save money on expenses you're already paying for.

HEALTH FSA ELIGIBLE EXPENSES

- › **Maximum of \$3,050 per plan year**
- › Medical expenses: co-pays, co-insurance, and deductibles
- › Dental expenses: exams, cleanings, X-rays, and braces
- › Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- › Professional services: physical therapy, chiropractor, and acupuncture
- › Prescription drugs and insulin
- › Over-the-counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.

DEPENDENT CARE FSA ELIGIBLE EXPENSES

- › **Maximum of \$5,000 per plan year if Single, or Married, filing jointly**
- › **Maximum of \$2,500 per plan year if Married, filing separately**
- › Care for your child who is under age 13
- › Before and after-school care
- › Baby sitting and nanny expenses
- › Day care, nursery school, and preschool
- › Summer day camp
- › Care for a relative who is physically or mentally incapable of self-care and lives in your home

[Refer to your FSA documentation for more information.](#)



Benefits for 2024

Voluntary Worksite Benefits



Life Flight of Maine & Life Flight Aviation Services

Life Flight of Maine provides voluntary benefits available to you through payroll deductions such as Accident, Critical Illness and Hospital coverage. These additional policies can be used to cover spouses or dependent children under the age of 26.

**ACCIDENT – CANCER – HOSPITAL – SHORT-TERM
DISABILITY**

Aflac is different from health insurance; it is insurance for daily living.

Major medical pays for doctors, hospitals, and prescriptions. Aflac is insurance for daily living and provides an extra measure of financial protection. It pays cash benefits directly to you, to help pay for unexpected expenses, groceries, childcare, or rent. It's totally up to you where your money is best spent!

Aflac policies are portable! The policy belongs to you, not your company.

When you have an Aflac policy—it's yours. You own it. Even if you change jobs or retire, you can take your Aflac policy with you.

Aflac processes claims quickly— **SmartClaim online pays in 2-4 days!**

Aflac provides prompt service and fast payment of qualifying claims to help you pay your bills. While you're focusing on your health, we focus on getting you cash as quickly as possible.

Aflac pays you benefits even when you're healthy.

We want you to be healthy—that's why we promote preventive care with our wellness benefits. Get a routine physical, a mammogram, or an eye exam and we'll pay you. It's that simple!

Scott Huntley - District Sales Coordinator

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LifeFlight of Maine, LLC.

2024 Employee Benefit Guide



LIFEFLIGHT OF MAINE