

Auxiant®

VISIT US ON THE WEB
auxiant.com


With AuxiantHealth you can:

- Link to network providers
- Contact customer service through Auxiant Live Chat
- View enrollment and claim information, print EOB's, and track claims
- View deductibles and out-of-pocket amounts
- Access plan documents and amendments
- Link to Prescription Benefit Manager
- Get information on the go via our mobile app



At Auxiant.com you have 24/7 access to your personal health care account information

Questions? Contact Auxiant at **1.800.279.6772**

 Live chat with Auxiant customer service, click Online Chat to begin

Auxiant®

Auxiant Mobile App

AUXIANT MOBILE APPLICATION

Features and Benefits:

- Claim tracking with real time notification
- Electronic or printable ID cards
- Live Chat with Customer Service
- Access to enrollment, claims, benefits and benefit accumulators
- Links to PPO networks, PBM and other plan vendors
- Flexible spending and/or Health Reimbursement balances if administered through Auxiant



Please visit the app store and download our mobile app today!



Getting More Out of Your HPS Benefits

You've been with HPS for some time now, and we want to make sure you're getting the most out of your HPS benefits. Learn more with this resource.

The Numbers Behind the Network



There are **96** hospitals,
120 facilities and **23,800+**
physicians in the HPS network



HPS has served
400+ employer groups
in Wisconsin



300,000+ individuals have
received care through the
HPS network

Finding a provider

To access our provider directory, simply click on the 'Find a Provider' icon from the homepage of our member portal. You can search for a specific doctor or facility name. You may also search by a specialty coupled with the city, zip and mile radius.

It's important to remember that provider networks occasionally change. New providers are added and some may no longer be available. It is extremely important to make sure your provider is in-network before you visit. If you have any questions, contact us.

HPS Online Access

The recently upgraded online member portal allows you to save time when making payments, accessing statements and searching for providers. Access the portal anytime at: <https://onlineaccess.hps.md/>

Benefits of registering for Online Access

- ✓ Make easy payments securely via your credit card, bank account or PayPal (other payment methods coming soon!)
- ✓ Quickly access bank information in the optional online wallet
- ✓ View current and historical statements as well as additional claim-level details
- ✓ Easily search for in-network providers
- ✓ Access the Help Center 24/7 for self-help with FAQs and step-by-step instructions

Register for Online Access

If you haven't already, setting up an Online Access account is easy. You will need:

- ✓ Group Number (from your HPS insurance card you received by mail)
- ✓ Member's Date of Birth
- ✓ Last four digits of the member's Social Security Number
- ✓ Statement Number (in the upper-right hand corner of the SuperEOB)

Customer Care

Phone tree and security questions

When you contact Customer Care, you will first be routed through a brief phone tree and asked to press certain numbers—we aren't trying to waste your time, this is simply to ensure you reach the proper department so we can provide efficient and effective service.

Upon reaching our Customer Care team, you will be asked 3 demographic questions such as date of birth or address to verify your identity. This is for your own protection and the security of your account and information.

Call summary

Anytime you call HPS and provide us with an email address, we will email you a summary of the phone call.



We want to know how we're doing!

When you contact us and provide us with an email, we will follow up with a short survey to help us continually improve.

Plus, we do random gift card drawings to show our appreciation for your participation.

Payments

Many ways to pay

- ✓ Online payments are extremely easy and save you time.
- ✓ Automatic payments save you the hassle – call us to get started!
- ✓ If you wish to send a check, *be sure to include the coupon from the bottom of your SuperEOB* for automated processing. This will apply your payment to your account more quickly.

Payment plans



If you're unable to make payment in full by the due date, call 888.477.7968 to set up an interest-free payment plan.

*Don't hesitate to contact HPS to set up a payment plan.
We work with people every day on this, and are happy to help!*

If you're on a payment plan, remember to remain in contact with us to roll new charges into your payment plan. *We cannot do this without hearing from you first.*

Negative balance (account credit)

If you see a negative balance on your SuperEOB, **this is a credit, not an amount due** to HPS. We keep credits on your account for 60 days before sending out a refund. We do this in case you incur additional claims that require payment to us.

| | | |
|---|---|--|
|  the clear solution to healthcare confusion | Health Payment Systems, Inc. PO Box 1450 Milwaukee, WI 53201-1450 Address Service Requested | Account Number 1234 Statement Number 12919652 Statement Period 09/12/2019-10/11/2019 Payment Due Date 11/10/2019 |
| | BILL WRIGHT 1234 SAMPLE STREET TEST WI 53202  | ACCOUNT SUMMARY Previous Balance -19.80 Less Payment (-) 0.00 Less Adjustments (-) 0.00 Subtotal (=) -19.80 New Charges (+) 0.00 Total Amount Due \$-19.80 |

Updating Your Information

Coordination of Benefits (COB)

If you or a family member have additional (secondary) insurance that will cover medical expenses, we need to know about this right away. HPS pays the patient portion of your claims and bills you on the back end. If secondary medical insurance is involved, that secondary insurance may cover the remaining amount you might otherwise owe.

Contact us as quickly as possible to inform us of any changes related to your secondary insurance so we can make the changes on our side.

Alternative accounts

If your dependents are responsible for paying their own medical bills, we can create an Alternative Account to bill your dependent directly. Contact HPS to learn more.

Change of address

Anytime your address changes, notify your HR team as soon as possible. This is the best way to ensure that HPS and your TPA will also receive this information.

We're here for you!

888.477.7968

onlineaccess.hps.md

HPS BUNDLED PRICING

Quality Care at a Predictable Price

HPS is dedicated to providing you with a simple healthcare billing and payment experience.

As part of our effort to simplify healthcare while lowering costs, we've partnered with several healthcare providers to offer bundled pricing on a variety of common procedures.



What is bundled pricing?

A bundled price is a single, fixed price, for all of the care required to treat a specific illness, condition or medical event. The bundle includes not only the procedure but also any other related care, such as anesthesia and other ancillary services.

Bundled pricing offers you greater price transparency so you can see your costs upfront, providing you with a better healthcare experience. When services are bundled, you and your provider can focus solely on your care, rather than worrying about billing and payment.

NOVO Health

- **Bundled services offered:**
More than 100 common procedures
- **How patients access care:**
Speak to a NOVO Health Care Navigator at 833.361.6686 for enrollment and scheduling.

GI Associates

- **Bundled services offered:**
Colonoscopy and upper GI endoscopy care
- **How patients access care:**
Automatically enrolled, simply make an appointment

Holista

- **Bundled services offered:**
Orthopedic and other surgical services
- **How patients access care:**
Contact Holista Concierge Care at 855.240.9430 for enrollment and scheduling.
 - Member will receive an ID card with the “Holista Powered by HPS” logo to use for each episode of care.

Ovation Hand Institute

- **Bundled services offered:**
Carpal tunnel treatment
- **How patients access care:**
Automatically enrolled, simply make an appointment



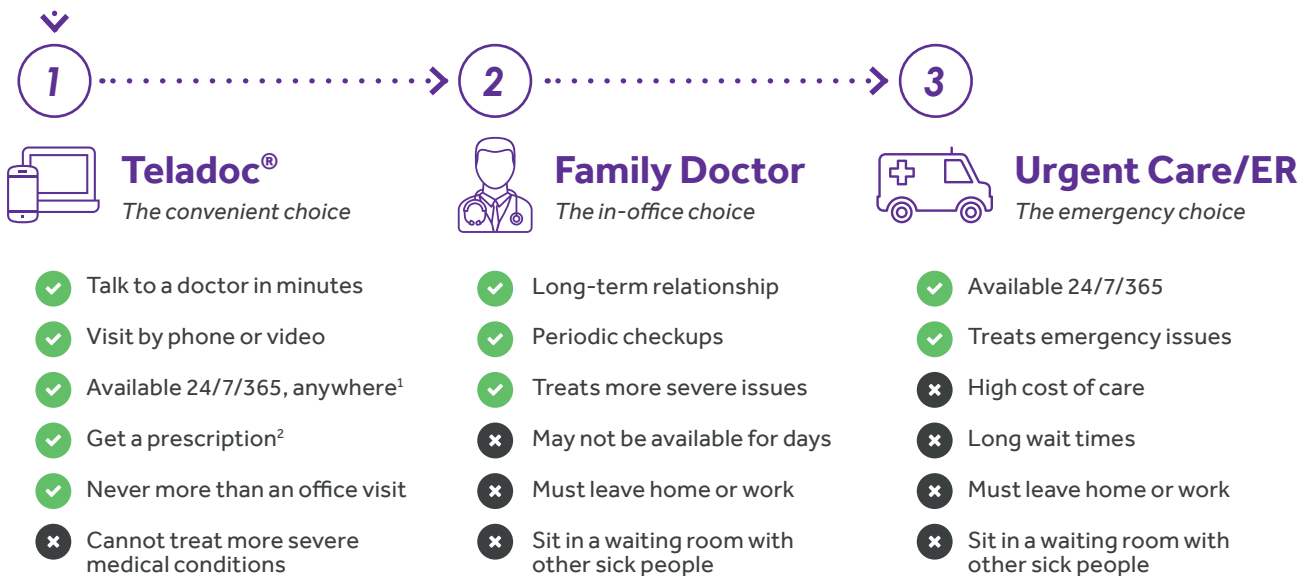
Bundled Pricing with HPS

All providers who offer bundled pricing are part of HPS' broad network. If you receive a service that falls outside of the bundle, the claims will be processed at an in-network benefit level—which means no surprise or balance bills.

To learn more about the bundled pricing options available through HPS, contact HPS Customer Care at 888.477.7968 or visit onlineaccess.hps.md.



When you need a doctor, make a smart choice.



Need a doctor? Think of Teladoc first.

MyDrConsult.com | 1-800-DOC-CONSULT (362-2667) |  | 



Made available by
American Health Holding

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Getting started with Teladoc



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.



1

Online:

Go to MyDrConsult.com and click "**set up account**".

Mobile app:

Download the app and click "**Activate account**". Visit teladoc.com/mobile to download the app.

Call Teladoc:

Teladoc can help you register your account over the phone.

SET UP YOUR ACCOUNT

Set up your account by phone, web or mobile app.



2

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.



3

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.

Talk to a doctor anytime!

 MyDrConsult.com

 1-800-DOC-CONSULT (362-2667)





Anxiety: when worry becomes worrisome

Anxiety affects approximately 40 million Americans. That's 18% of the population.¹

If you think you might have anxiety, Teladoc's Behavioral Health service can help. Our licensed therapists can diagnose and treat anxiety seven days a week. Simply choose your therapist, pick a time that's convenient for you, and then talk to the therapist from wherever you feel most comfortable. **Connect with Teladoc for care today.**

In addition to anxiety, Teladoc therapists can treat:

- Depression
- Stress/PTSD
- Panic disorder
- Family and marriage issues
- And more

¹ Anxiety and Depression Association of America <https://adaa.org/about-adaa/press-room/facts-statistics>

Get confidential therapy quickly and conveniently
Schedule a session today

MyDrConsult.com | Download the app |  | 



A **calm mind** is a tap away

How is your emotional well-being?

If something is weighing you down, talking to someone can help. Teladoc's® licensed therapists are available 7 days a week. Choose your therapist, pick a time that is convenient for you and then talk to the therapist from the privacy of home or anywhere you feel comfortable.

Teladoc therapists can treat:

- Anxiety
- Depression
- Stress/PTSD
- Panic disorder
- Family & marriage issues
- And more

Get confidential therapy quickly and conveniently.

Schedule a session today.

[MyDrConsult.com](https://mydrconsult.com) | [Download the app](#) |  | 



Available to members and eligible dependents 18 and older.

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Depression: more than a bad day

1 in 6 Americans will experience depression at least once in their lifetime¹

If you think you might have depression, Teladoc's Behavioral Health service can help. Our licensed therapists can diagnose and treat depression seven days a week. Simply choose your therapist, pick a time that's convenient for you, and then talk to the therapist from wherever you feel most comfortable.

In addition to depression, Teladoc therapists can treat:

- Anxiety
- Stress/PTSD
- Panic disorder
- Family and marriage issues
- And more

1 <https://www.psychiatry.org/patients-families/depression/what-is-depression>

Get confidential therapy quickly and conveniently
Schedule a session today

[MyDrConsult.com](https://www.teladoc.com) | Download the app |  | 



Stress less while at work

Did you know that 65% of Americans cite work as a major source of stress?¹ Here are a few tips for managing work-related worries:²

1 Look inward

Recharging is important. Be sure to eat right, exercise, get plenty of sleep and take your vacations.

2 Look outward

Identify the stressors at work and focus on the things you can control. Learn to say "no" in order to maintain a healthy work/life balance.

3 Look for support

Consider professional help by scheduling a session with a licensed Teladoc® therapist.

Teladoc's licensed therapists are available 7 days a week. Choose your therapist, pick a time that is convenient for you and then talk to the therapist from the privacy of home or anywhere you feel comfortable.

Get confidential therapy quickly and conveniently.

Schedule a session today.

[MyDrConsult.com](https://mydrconsult.com) | [Download the app](#) |  | 



Available to members and eligible dependents 18 and older.

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Stress less: 3 helpful tips¹

1 Put yourself first

Get plenty of sleep, maintain a healthy diet, and exercise frequently. Meditation can give you peace of mind and a healthy perspective.

2 Assess your stress

Identify stressors and how you react to them. If anything is out of your control, alter your response to it. Take periodic breaks from the daily grind to recharge your mind.

3 Rely on relationships

Family and friends can be invaluable in difficult times, whether offering advice or just listening.

And remember, you've got Teladoc. Choose your therapist, pick a time that is convenient for you and then talk to the therapist from the privacy of home or anywhere you feel comfortable.

Get confidential therapy quickly and conveniently.

Schedule a session today.

[MyDrConsult.com](https://www.mydrconsult.com) | [Download the app](#) |  | 



Available to members and eligible dependents 18 and older.

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Prescription benefits

Convenient and affordable medication options.

Welcome to CVS Caremark® – we manage your new prescription benefit plan. We're here to help you get the medication you need and learn how to keep costs low.

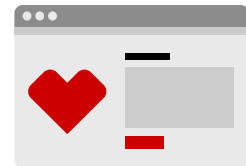
Make sure you know how to get your medication.

You can pick up your medication at any pharmacy in your network. Some prescription benefits offer delivery by mail, too. Be sure to review your prescription benefit plan to see your options.

Tap into savings with digital tools.

Save time, keep costs down and stay on top of your prescriptions. Do it all at [Caremark.com](https://www.caremark.com) and the CVS Caremark mobile app.

- Find a network pharmacy to keep medication costs as low as possible
- See if a medication is covered to get the most affordable option
- Compare drug costs to see where you can save
- Sign up to get email or text messages about your prescriptions and more
- Request refills and keep track of prescriptions for your family



Ready to get the most from your benefits?

Visit [Caremark.com/HelpCenter](https://www.caremark.com/HelpCenter) for answers to commonly asked questions.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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Generic medication

Same quality, better price.

We offer many generic options to help keep your medication as affordable as possible.

Generic medications work just like brand-name equals.

A generic has the same active ingredients, strength and dosage as its brand-name equal. It provides the same quality and performance. Generics don't have high development costs.¹ That's why they cost you less.

Generics are safe.

The U.S. Food and Drug Administration (FDA) requires generics to be as safe and effective as brand-name equals. Both types of medication must meet the same FDA standards.¹

Here's how to save with generics.

Current prescriptions: Ask your provider or pharmacist if you can replace your brand-name medication with a generic.

New prescriptions: Ask your provider if there's a generic option.



Nearly 9 out of 10
CVS Caremark®
prescriptions are
for generics²

For savings opportunities and personalized support,
visit **Caremark.com** (after your benefits begin).

¹ <https://www.fda.gov/drugs/buying-using-medicine-safely/generic-drugs>.

² CVS Health Book of Business, Funded Clients, January – June 2019. Provided by Enterprise Analytics, November 2019.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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Logo



CVS Specialty®

More than medication.

CVS Specialty provides specialized care and support along with your medication for complex conditions (such as rheumatoid arthritis, multiple sclerosis, HIV and cancer).

A team of pharmacists and nurses specially trained in your condition.

We give you a CVS Specialty CareTeam led by pharmacists and nurses to support you 365 days a year. We'll show you how to take your medication correctly, help you manage side effects and stay on track. We also provide helpful resources at CVSspecialty.com/EducationCenter.

A choice of pick up at CVS Pharmacy® or home delivery at no extra cost.

We make it as easy as possible to get the medication you need, where you need it. You can have your medication delivered anywhere nationwide, even if you're on vacation. Or you can pick it up at any CVS Pharmacy location.*

Digital tools let you manage your prescriptions on your own time.

We make it easy to manage your medications and stay on track at CVSspecialty.com/go or with our mobile app.



What's a specialty pharmacy?

It's a pharmacy that provides specialized medication for complex conditions or medication requiring injections or infusions.

*Where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.





Rx Delivery by Mail

Convenience, savings and safety.

Why get your Rx delivered by mail? Not only is delivery by mail a safe and secure way to get the medications you take regularly (like medication for asthma or high blood pressure) — you'll probably save money, too.

Want more convenience?

With delivery, you have one less thing to worry about. Your 90-day supplies will arrive at your door from CVS Caremark® Mail Service Pharmacy.

Like to save?

Filling your Rx in 90-day supplies usually comes with savings. Plus, there's no extra cost for shipping.

Looking to stay safe?

Contactless delivery keeps you and your loved ones safe. And our secure, nondescript packaging protects your privacy.



90-day supplies typically cost less than 30-day supplies.

Start Rx Delivery by Mail at [Caremark.com/RxDelivery](https://www.caremark.com/RxDelivery)
(after your benefits begin).

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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Mobile app

Manage your Rx on your own time.

We make it easy to keep track of your Rx, check for savings and more from your mobile device.

Our mobile app gives you a secure, simple way to manage your prescription benefits and member information. You'll find easy-to-use tools that help you save time, get organized and stay on your path to better health. Find a nearby pharmacy no matter where you are. Learn about your medication and get information you can trust day or night. Do all this – and much more – at your convenience.

Keep an eye on drug costs and check for lower-cost alternatives that may save you money.

Order and track refills – even get timely refill reminders – so you never miss a dose.

Stay on top of order status so you know when to pick up your medication or watch for delivery by mail.

Access your Rx list, member ID cards and Rx history at your doctor's office or anytime you need them.

For savings opportunities and personalized support, visit **Caremark.com** (after your benefits begin).

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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Hello team members,

We would like to share information with you about NOVO Health’s Bundled Payment Program for Health Services. All employees/dependents enrolled in our health plans have access to this program. There is no need to sign up and no extra fees.

NOVO Health is a leader in health care bundles, which makes it easier for you to access specialized care such as orthopedics, spine, cardiology, women’s health, pain management and medically necessary plastic surgery. Savings when using NOVO Health for health care services is typically 25% or more when compared to more expensive hospital sites. In addition to such considerable cost savings, employees can take advantage of a number of benefits:

- Care Navigation (833-361-6686) to answer questions and schedule appointments
- Priority access to top providers, usually within 48 hours
- 100+ bundles of care, each with a known price provided in a single bill
- 90-day limited warranty on bundled care
- For each completed bundle, employers share the savings. Depending on plan design, your employer may offer you a bonus or pay the full cost of your bundled care

Common procedures comparing typical costs to NOVO Health’s bundled pricing:

| PROCEDURE NAME | TYPICAL COST | BUNDLED PRICE | EMPLOYEE BONUS |
|----------------------------------|--------------|---------------|----------------|
| Knee Arthroscopy | \$14,559 | \$6,500 | \$500 |
| Total Knee Replacement | \$46,760 | \$26,000 | \$2,000 |
| Total Hip Replacement | \$43,203 | \$26,000 | \$2,000 |
| Rotator Cuff Repair | \$26,946 | \$15,250 | \$1,000 |
| Discectomy | \$28,315 | \$13,000 | \$1,000 |
| Bunionectomy | \$14,659 | \$6,500 | \$500 |
| Laparoscopic Hysterectomy | \$23,686 | \$17,500 | \$1,000 |
| Meniscus Repair Medial/Lateral | \$19,560 | \$8,500 | \$750 |
| EKG | \$254 | \$100 | \$100 |
| Anterior/Posterior Lumbar Fusion | \$95,234 | \$48,000 | \$2,000 |

The NOVO Health bundled experience delivers on the three pillars of health care: cost, quality and – most importantly – patient experience.

If you have questions or would like to get started, you’re only a click or call away. Connect with Care Navigation by scanning the QR code to download the NOVO Health app or call 833-361-6686.





BUNDLED BENEFITS

NOVO Health and your employer have teamed up to save money on common health issues such as carpal tunnel, knee problems, shoulder issues, back pain, women's care and more.

“I had great results and saved money going to someone who's at the top of his field. Now I'm able to take the vacation that wasn't even an option a year ago.”

~Becky Patt, Patient



BUNDLED PROCEDURES

One bill, one price, known in advance



MONEY IN YOUR POCKET

Depending on plan design, your employer may offer a bonus or pay the full cost of your bundled care



CARE NAVIGATION

One point of contact makes it easy, call **833.361.6686**





BUNDLED PROCEDURES

NOVO Health and your employer have teamed up to offer you priority access to top quality providers. Qualifying procedures are bundled, which means the services of your physician, the surgery center, anesthesia, and sometimes other services (depending on what you need) are presented in a single bill. Bundles are always being added; please visit our website or use our app to find the most recent list.

CARDIOLOGY

Carotid Artery Ultrasound
Echocardiogram
EKG
Event Monitor
Holter Monitor
Mobile Cardiac Telemetry Monitoring
Treadmill (Stress Test)

ORTHOPEDIC, SPINE & PODIATRY

Achilles Repair
ACL Repair
Ankle Fusion
Anterior/Posterior Lumbar Fusion
Bunionectomy
Carpal Tunnel Release
Cervical Fusion
Cheilectomy/Hallux Rigidus
Diagnostic Knee Scope
Disc Arthroplasty
Discectomy
Elbow Biceps Tendon Repair
Elbow Tenotomy (Tennis Elbow)
Epidural Injection
Facet Injection
Hammertoe
Hip Arthroscopy/Shaving
Knee Arthroscopy
Laminotomy/Laminectomy
Lumbar Fusion
Manipulation of Knee Joint

Manipulation of Shoulder Joint
Nerve Root Decompression
Partial Knee Replacement
Partial Shoulder Replacement
PCL Repair
Removal of Knee Cyst
Removal of Kneecap Bursa
Removal of Support Implant
Rotator Cuff Repair
Shoulder Arthroscopy
Shoulder Biceps Tendon Repair
SI Joint Injection
Stimulator Implant
Stimulator Trial
Toe Joint Fusion
Total Ankle Replacement
Total Hip Replacement
Total Knee Replacement
Total Shoulder Replacement
Trigger Finger Release
Ulnar Nerve Transposition

PLASTIC SURGERY

Blepharoplasty- Upper eyelids (Bilateral)
Breast Cancer Reconstruction
Breast Reduction- Bilateral incl. Liposuction

WOMEN'S CARE

Laparoscopic Excision of Endometriosis/
Treatment of Ovary
Laparoscopic Hysterectomy
Laparoscopic Hysterectomy w/Burch





WE'VE DONE WHAT YOU'VE BEEN THINKING

From start to finish, NOVO Health strives to make your experience much more than you have come to expect from health care. We believe, like you, that health care needs to be done better.



SINGLE POINT OF CONTACT

Call NOVO Health Care Navigation:
(833) 361-6686. Or, **tap the app!**



PRIORITY ACCESS

Get priority access to top-level providers, usually within 48 hours.



EASE OF USE

Care Navigation will help find a participating provider for you.



BUNDLED PROCEDURES

We've taken the complexity out so you know the price and get one bill.



SHARED SAVINGS

Depending on plan design, your employer may offer you a bonus or pay the full cost of your bundled care.



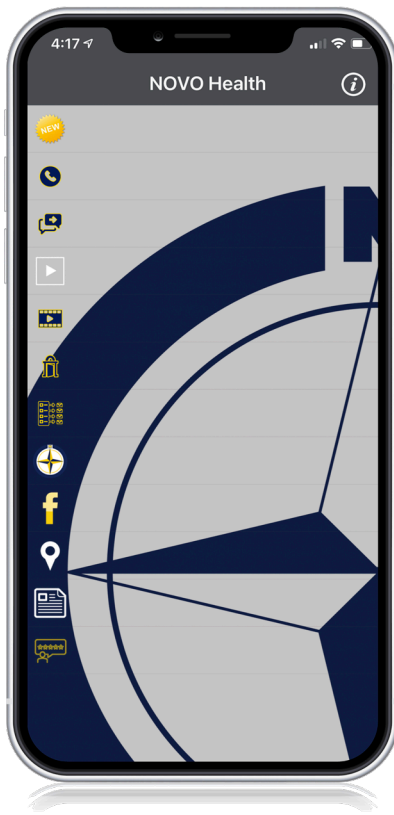


THE NOVO HEALTH APP

NOVO Health connects employers and employees to high quality care providers. Fast access and a seamless patient experience are our hallmarks; this app is the ideal tool to make your journey even easier.

Health Care Made Easy

DOWNLOAD the NOVO HEALTH APP



To install the NOVO Health app: Download from the App Store or Google Play **OR**

Scan the QR code and follow the directions on your device screen



Dear Employee,

Welcome to your **2023** Flexible Spending Plan administered through Auxiant. Your employer has made this benefit available to you as a way to increase your take-home pay and reduce your taxes.

The money that you elect to set aside for your Flexible Spending Plan is automatically deducted from your salary on a pre-tax basis and deposited into your flexible spending account before federal, state and FICA taxes are withheld.

Total Annual Maximum Election amount allowed for Unreimbursed Medical Expenses is \$3,050.

Included with this letter is the following information:

- Frequently Asked Questions
- Eligible Expenses for Reimbursement under Flexible Spending
- Flexible Spending Enrollment Form
- Flexible Spending Claim form
- Dependent Childcare Annual Request Form
- How Flexible Spending Compensation Can Work
- Flexible Spending Employee Worksheet
- Direct Deposit Form

Should you have any questions, please feel free to contact Auxiant at

P.O. Box 75008
Cedar Rapids, IA 52407-5008
Attention: Flex Department
Phone: (319) 398-3283 or (800) 475-2232
Fax (319) 739-1109

Frequently Asked Questions & Answers Regarding Flexible Benefits

Q. What expenses will the flexible reimbursement accounts cover?

A. Each account (dependent care and unreimbursed medical care) has its own list of eligible expenses. A sample list of eligible expenses is included in this packet. The dependent care portion covers expenses that are necessary so you (and your spouse, if you are married) can work. The category of eligible dependents includes children, disabled spouse, and disabled adult dependents. A child must be under age 13 or be disabled to be considered a dependent for tax purposes.

Only expenses incurred during the current flex plan year are eligible for reimbursement. Flexible spending is based on dates of service not dates payment is made. You do not have to pay for services before you can be reimbursed. With the exception of orthodontia services, see below, you only need to incur services and have an out-of-pocket expense to receive reimbursement from your flex account. It is important to remember that any expenses you submit to your flexible spending accounts cannot be itemized on your tax return. You can do one or the other but not both.

Q. Can I be reimbursed for Orthodontia fees all at once if I pay the entire amount to the orthodontist up front?

A. Orthodontia, unlike other FSA expenses are deemed incurred when paid. Therefore, only payments made during the current plan year are reimbursable. Proof of payment to an orthodontic provider is required for reimbursement. Payments made toward orthodontia in a previous plan year or before your eligibility period are not reimbursable. This rule provides for two options for reimbursement. If a participant pays a lump sum up front then that payment can be reimbursed in full (provided the lump sum is paid during the same plan year from which reimbursement is requested and while the participant was covered under the plan). Second, participants that do not pay up front and opt for monthly payments can be reimbursed as those monthly payments are made (provided the monthly payment is paid during the same plan year from which reimbursement is requested and while the participant was covered under the plan). Again, **proof of payment is required.**

Frequently Asked Questions & Answers Regarding Flexible Benefits

Q. How do I submit my expenses for reimbursement?

A. There are several ways to be reimbursed by your flex account. The first is to file a claim online on the Consumer Accounts page of auxiant.com. The second is to use the attached flexible spending account claim form and submit claim information manually. This can be submitted via fax, email (through Auxiat.com), or mail. The third way is to enroll in automatic claims rollover. This option is available if you enrolled in the group health plan administered by Auxiant and no members of your household have additional insurance (City of Fond du Lac coverage plus other insurance coverage). **If any member of your household is holding City of Fond du Lac insurance PLUS additional coverage, you cannot enroll in this option.** This option allows unpaid out of pocket expenses to automatically roll into your flex account for reimbursement. Reimbursements would include expense for deductibles, coinsurance, copays, and certain non-covered expenses. If you are interested in signing up for this option make sure to circle the auto rollover option on your flex enrollment form.

Q. Can checks from the Flexible Spending Account be made payable to the provider of service?

A. Checks/direct deposits for reimbursement are made payable to the individual employee.

Q. How do I know what my Flexible Spending Account balance is?

A. All flex spending information is available on the Auxiant.com website. You must create an account to log into before the information is accessible. Once in your account go under the AuxiantHealth link then to Consumer Accounts. Under Consumer Accounts you will see your flex information. Information in blue can be clicked on for additional information. Each time you manually submit a claim, you will receive an Explanation of Benefits from Auxiant which shows the election (annual pledge), contributions to date, expenses to date, available contributions, unreimbursed expenses and payments to date.

Frequently Asked Questions & Answers Regarding Flexible Benefits

Q. What happens to money left in the account at the end of the year?

A. If you are enrolled in the Health Care and Dependent Care Spending Accounts as of the end of the plan year, you are eligible for a 75-day (two-and-a-half month) grace period. The grace period allows you and your dependents (if applicable) to continue incurring Medical Care and Dependent Care Expenses for up to 75 days (two-and-a-half months) following the end of the plan year and to be reimbursed for those expenses with any remaining account balance from the prior plan year. The Medical Care and Dependent Care Expenses that you and your dependents (if applicable) incur during the grace period (as well as those incurred during the plan year) are subject to your Health Care and Dependent Care Spending Accounts timely filing provision. If, at the end of the timely filing deadline there is a balance left in your account from the previous plan year that amount will be forfeited.

Q. How can I change my salary reduction or benefit levels?

A. You may change your salary reduction on a yearly basis. You may elect new benefit coverages on a yearly basis during the enrollment period. Changes to your salary reduction are not allowed during the year except when one of the following IRS approved status changes occurs:

- Marriage or Divorce
- Birth or Death of a family member
- Loss of employment
- Loss of spouse's employment
- Spouse changes from part-time to full-time employment or from full-time to part-time or takes and unpaid leave of absence
- Significant change in the coverage offered by the spouse's employer that affects the spouse and / or employee

Frequently Asked Questions & Answers Regarding Flexible Benefits

Q. What happens if I terminate employment during the plan year?

A. You will have an additional period of time (a run out period) after termination to submit claims for reimbursement but all claims must be incurred prior to your termination date. Please see your plan document or contact Auxiant with further questions.

Q. Can the money designated for Health Care Reimbursement be transferred to Dependent Care Reimbursement (or vice versa)?

A. No, the dollars you designate for each account are not transferable; they must be spent on expenses for the coverage they were designated for originally.

Q. Are expenses for before-school and/or after-school care eligible under the dependent care account?

A. Yes. If a child under the age of 13 receives before and/or after school care at school, you must separate the cost of the before and/or after school care from the cost of the school.

Q. Are Insurance Premiums eligible for reimbursement under my unreimbursed medical flex account?

A. No. While your premium/employee contributions for your employer sponsored health plan may be available on a pre-tax basis through your employer's cafeteria plan, insurance premiums (including Medicare premiums) are NOT an eligible expense for you to submit against your unreimbursed medical flex election.

Flexible Spending-Unreimbursed Medical Plan Eligible Qualified Medical Expenses

“Qualified Medical Expenses” under your Flexible Spending Unreimbursed Medical plan are the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body. These expenses include payments for legal medical services rendered by physicians, surgeons, dentists, and other medical practitioners; they include the costs of equipment, supplies, and diagnostic devices needed for these purposes; they also include the amounts you pay for transportation to get medical care. They do not include expenses that are merely beneficial to general health, such as vitamins, gym memberships or a vacation. The complete detail can be found at: <http://www.irs.gov/pub/irs-pdf/p502.pdf> and <http://www.irs.gov/pub/irs-pdf/p969.pdf>. *Expenses for you, your spouse, or any tax dependent (claimed on your tax return) are eligible for reimbursement.*

Below is a list of examples of **Eligible Expenses** to provide some general guidance:

- Acupuncture (if medically necessary)
- Alcoholism Treatment
- Ambulance Hire
- Artificial Limbs
- Artificial Teeth
- Birth Control Pills
- Braces – can be reimbursed on a monthly basis or as payment amount made***
- Braille - Books & Magazines
- Car Controls for the Handicapped
- Care for Mentally Handicapped Child
- Chiropractors
- Christian Science Practitioners’ Fees
- Co-Insurance amounts you pay
- Contact Lenses
- Cost of Operations & Related Treatments
- Crutches
- Deductible Medical Coverage Amounts You Pay
- Dental Fees
- Dentures
- Diagnostic Fees
- Drug and Medical Supplies
- Eyeglasses, Including Examination Fee
- Fee of Practical Nurse
- Fees for Healing Services
- Handicapped Person’s Special Schools
- Hearing Devices & Batteries
- Home Improvements Motivated by Medical Considerations
- Hospital Bills
- Hypnosis for Treatment of an Illness
- Insulin
- Laboratory Fees
- Laetrile by Prescription
- Lasik Eye Surgery
- Life Fee to Retirement Home for Medical Care
- Medical Information Plan
- Medically Necessary Expenses that are not covered under your medical plan
- Membership Fees in Association with furnishing Medical Services, Hospitalization & Clinical Care
- Nurses’ Fees (Including Nurses’ Board & Social Security Tax Where Paid by Taxpayer)
- Obstetrical Expenses
- Operations
- Orthodontic Services (on a monthly basis or actual amount paid) ***
- Orthopedic Shoes by Prescription
- Oxygen and Oxygen Equipment
- Physician Fees
- Physician-Recommended Swimming Pool or Spa Equipment Costs & Maintenance
- Psychiatric Care
- Psychologist Fees
- Mentally Handicapped Persons’ Cost for Special Home
- Routine Physicals & Other Non-Diagnostic Services or Treatments
- Seeing-Eye Dog & Its Upkeep
- Special Diets
- Special Education for the Blind
- Special Plumbing for the Handicapped
- Sterilization Fees
- Surgical Fees
- Telephone, Special for Deaf
- Television Audio Display Equipment for the Deaf
- Therapeutic Care for Drug and Alcohol Addiction
- Therapy Treatments
- Transportation Expenses Primarily in the Rendering of Medical Service, *i.e.* Mileage to Hospital or Cab fare in Obstetrical Cases
- Vitamins by Prescription
- Wheelchair
- Wigs
- X-ray

Examples of over-the-counter (OTC) items that continue to be eligible for unreimbursed medical reimbursement as part of a flexible benefit cafeteria plan:

- Bandages
- Contact lens solution
- Incontinence Supplies
- First Aid Supplies
- Medications
- Menstrual Supplies
- Physical Contraception (i.e. condoms)

Examples of over-the-counter items that **are not eligible** for reimbursement as part of a flexible benefit cafeteria plan without a physician's prescription to treat a specific medical condition include:

- Chapstick or Lip Balm
- Cosmetics
- Cotton Balls
- Deodorant
- Dietary Supplements
- Face Cream or Moisturizers
- Fiber Supplements
- Food Items (Slim fast)
- Hair Removal Treatment and Waxes
- Herbs
- Shaving Creams and Razors
- Teeth Whitening Kits and Powders
- Toothpaste
- Vitamins (taken to improve overall-health)
- Weight Loss drugs for general well being

****ORTHODONTIC EXPENSES:**

Orthodontia - Unlike other HCFSAs expenses which are deemed incurred when the services are rendered, orthodontia expenses are deemed incurred when paid. Therefore, only payments made during your eligibility period and plan year may be reimbursed. Proof of payment to an orthodontic provider is required for reimbursement. Payments made toward orthodontia in a previous plan year or before your eligibility period are not reimbursable. This rule provides for two options for reimbursement. If a participant pays a lump sum up front then that payment can be reimbursed in full (provided the lump sum is paid during the same plan year from which reimbursement is requested and while the participant was covered under the plan). Second, participants that do not pay up front and opt for monthly payments can be reimbursed as those monthly payments are made (provided the monthly payment is paid during the same plan year from which reimbursement is requested and while the participant was covered under the plan). Again, **proof of payment is required.**

FLEXIBLE SPENDING ADMINISTRATION

How Flexible Spending Works - Sample Cases

The Working Couple Raising Children

Pat, 30 and his wife, Nancy, 28, both have jobs outside the home. They have two small children. Pat and Nancy have an annual income of \$48,000. This couple chose to use flexible spending to help pay both their unreimbursed medical/Dental expenses and their child care expenses. The couple saves \$2536.05 annually with flexible spending.

The Couple with Grown Children

Steve, 45 and Laura, 42, have two children in college. The couple earns \$54,000 per year. Steve and Laura chose to use flexible spending to pay for both of their unreimbursed medical and dental expenses. With Flexible spending, their take-home pay increased by \$1136.85.

The Single Parent

Sarah, 27, is divorced and has two children. She earns \$24000 per year. Her children attend a certified day-care center. Sarah uses Flexible Spending to pay for unreimbursed medical/dental expenses and childcare. Flexible spending increased her take-home pay by \$1958.88.

| | Working Couple Raising Children | | Working Couple Grown Children | | Single Parent | |
|--------------------------|------------------------------------|------------------------------|----------------------------------|------------------------------|---------------------------------|------------------------------|
| | Without Flexible Spending | With Flexible Spending | Without Flexible Spending | With Flexible Spending | Without Flexible Spending | With Flexible Spending |
| | Monthly Pay | \$4,000.00 | | \$4,500.00 | | \$2,000.00 |
| Salary Reductions | | | | | | |
| Medical/Dental Prem. | \$0.00 | \$125.00 | \$0.00 | \$125.00 | \$0.00 | \$60.00 |
| Medical/Dental OOP Exp. | \$0.00 | \$200.00 | \$0.00 | \$200.00 | \$0.00 | \$100.00 |
| Child Care Expenses | \$0.00 | \$400.00 | \$0.00 | \$0.00 | \$0.00 | \$400.00 |
| Adjusted Gross Pay | \$4,000.00 | \$3,275.00 | \$4,500.00 | \$4,175.00 | \$2,000.00 | \$1,440.00 |
| Payroll Taxes | | | | | | |
| Federal & State | \$860.00 | \$704.13 | \$967.50 | \$897.63 | \$430.00 | \$309.60 |
| Social Security | \$306.00 | \$250.54 | \$344.25 | \$319.39 | \$153.00 | \$110.16 |
| Total Taxes | \$1,166.00 | \$954.66 | \$1,311.75 | \$1,217.01 | \$583.00 | \$419.76 |
| After Tax Pay | \$2,834.00 | \$2,320.34 | \$3,188.25 | \$2,957.99 | \$1,417.00 | \$1,020.24 |
| After Tax Expenses | | | | | | |
| Medical/Dental Prem. | \$125.00 | \$0.00 | \$125.00 | \$0.00 | \$60.00 | \$0.00 |
| Medical/Dental OOP Exp. | \$200.00 | \$0.00 | \$200.00 | \$0.00 | \$100.00 | \$0.00 |
| Child Care Expenses | \$400.00 | \$0.00 | \$0.00 | \$0.00 | \$400.00 | \$0.00 |
| Total Post-Tax Expenses | \$725.00 | \$0.00 | \$325.00 | \$0.00 | \$560.00 | \$0.00 |
| Net Spendable Income | \$2,109.00 | \$2,320.34 | \$2,863.25 | \$2,957.99 | \$857.00 | \$1,020.24 |
| ANNUAL DIFFERENCE | \$2,536.05 | | \$1,136.85 | | \$1,958.88 | |

Note: The above is for illustrative purposes only. Projections are based on current laws, using assumed wage amounts and benefit costs. Actual amounts will vary. Costs reimbursed may not be applied toward federal income tax credits or deductions.

If legal or accounting advice is required, consult your personal tax advisor.

REMEMBER: BE CONSERVATIVE

Auxiant.com Consumer Account Page Instructions

When you access your flex and/or HRA information on Auxiant.com, that information will open on a new window/tab in your browser. You will see a page that shows the status of the flex/HRA plan(s) you are enrolled in.

Home Accounts Tools & Support Message Center 18

I Want To:

Reimburse Myself

Accounts

2022

| | AVAILABLE |
|------------|------------|
| 2022 FSA ? | \$2,622.97 |

You can click on the blue plan name to see additional details or navigate to your account(s) using the Accounts menu at the top of the page.

Accounts / Claims

Filter By Reset Filters

2019 FSA x

| DATE OF SERVICE | ACCOUNT | MERCHANT/PROVIDER | CLAIM STATUS | AMOUNT |
|-----------------|----------|-------------------|-------------------------|---------|
| + 07/01/2019 | 2019 FSA | Dr Ortho | Scheduled Reimbursement | \$50.00 |
| + 03/18/2019 | 2019 FSA | - | Scheduled Reimbursement | \$5.00 |
| + 03/15/2019 | 2019 FSA | Dr John Smith | Scheduled Reimbursement | \$15.00 |
| + 02/15/2019 | 2019 FSA | - | Scheduled Reimbursement | \$40.00 |

File A Claim:


To file a claim online, click the "Reimburse Myself" button. You will be required to upload a receipt or EOB using this method. **Each claim must be added individually by date of service, member and/or flex account type. Claims that are not entered separately will be denied. If you do not want to enter each claim separately, please use the flex claim form available under the Forms and Guidance page of Auxiant.com and submit the claim form and supporting documentation via secure message, fax, or mail using the contact information on the form.**

Accounts / File A Claim

Create Reimbursement * Required

Online claims filing is a fast and easy way to file claims. Just click the "File Claim" button next to the account you wish to use and start filing!


Pay From *


Pay To * 

Based on your selection, you will be requesting a Claim Reimbursement.

Accounts / File A Claim


Claim Details * Required

Start Date of Service * 

End Date of Service 

Amount * \$

Provider *

Category * 

Type *

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Upload a Receipt:

If we need a receipt to verify a claim, it will show under the “Tasks” section of the home page.

Tasks 2

! 1 receipt(s) needed to approve your claims ?

To get your money faster, set up a bank account for direct deposit

Click on the task to see the list of claim(s) that need receipts.

Accounts / Receipts Needed

! Receipts Needed

| DATE OF SERVICE | ACCOUNT | MERCHANT / PROVIDER | RECIPIENT | CLAIM AMOUNT | RECEIPT STATUS | ACTIONS |
|-----------------|----------|---------------------|------------|--------------|----------------|-----------------------------|
| 6/18/2020 | 2020 FSA | Walgreens | Holly Bahr | \$17.00 | New Needed | Details Upload |

Click the blue Upload button to upload a receipt.

Upload Receipt(s) ×

Upload options

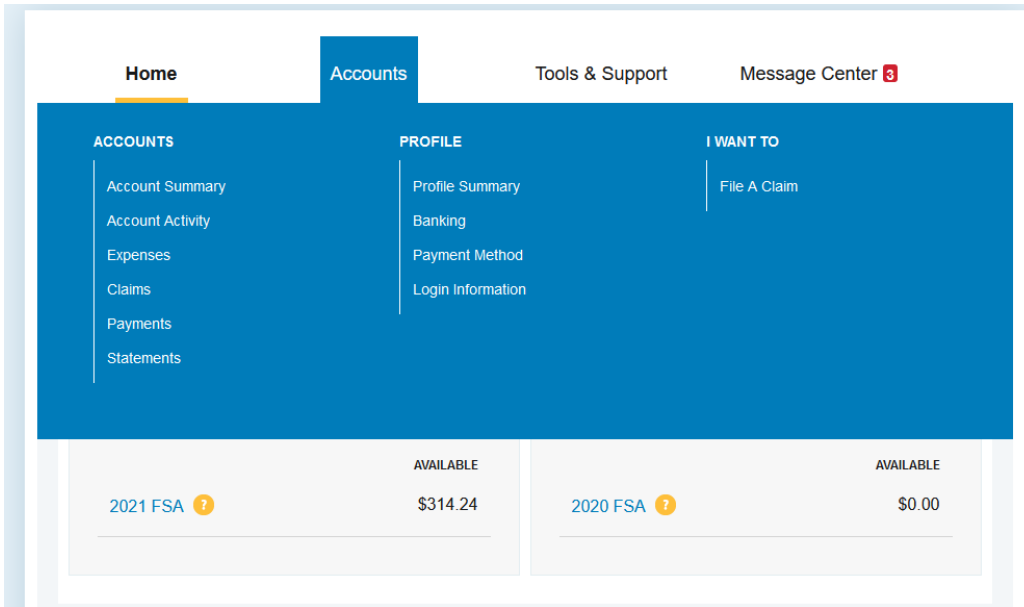
[Browse for a file](#) on your computer.

Receipts must be in a JPG, JPEG, GIF, PNG or PDF format and cannot exceed 8 MB. The maximum number of uploaded receipts is 4.

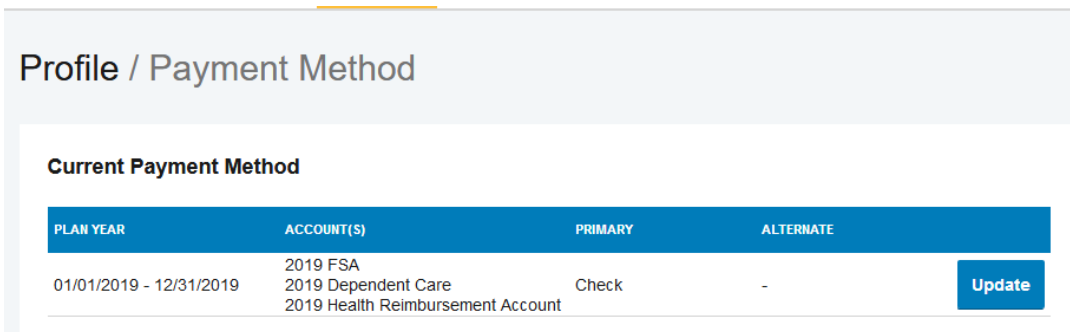
Cancel Submit

Change Reimbursement Method:

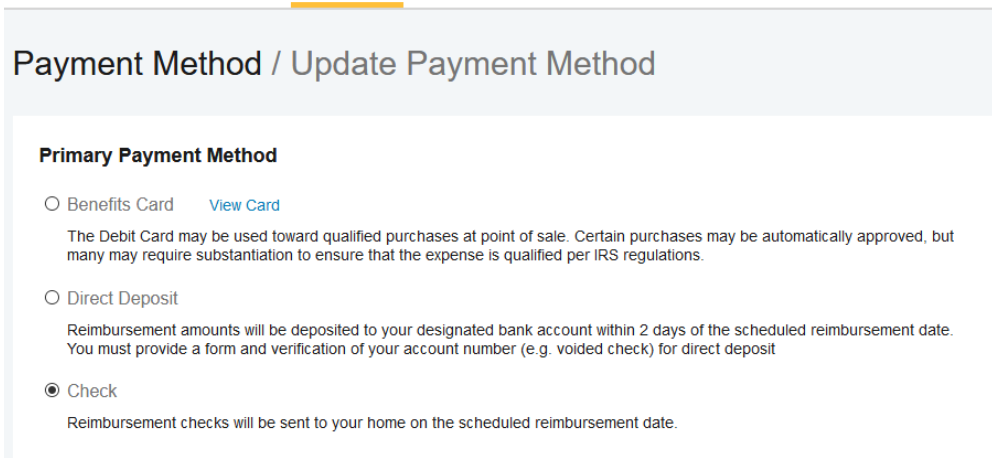
By selecting Accounts/Payment Method you can change your preferred reimbursement method.



Your current payment method will show on the screen.

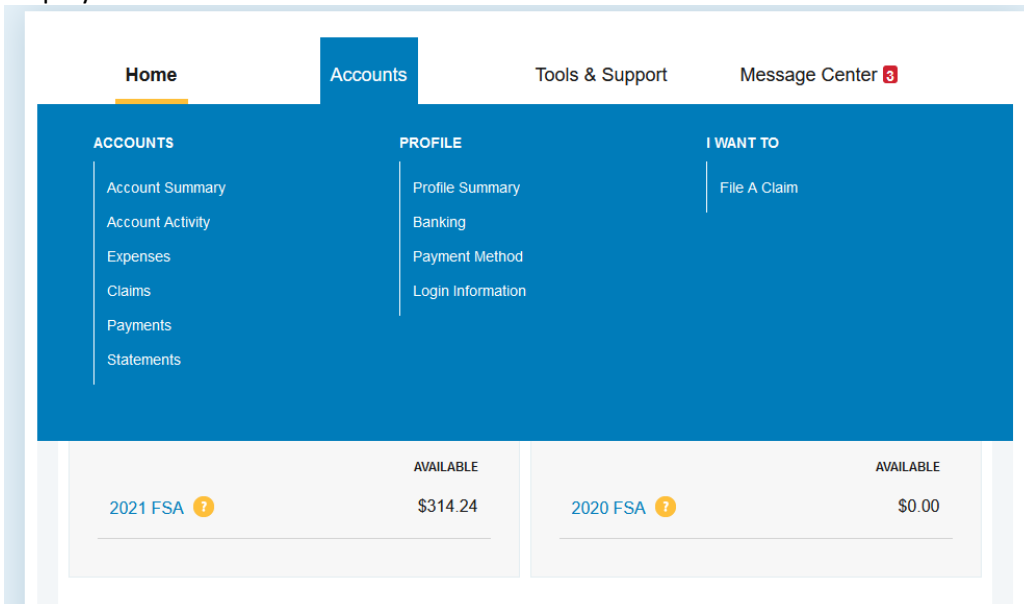


Clicking the "Update" button will allow you to change payment methods as allowed by your employer.



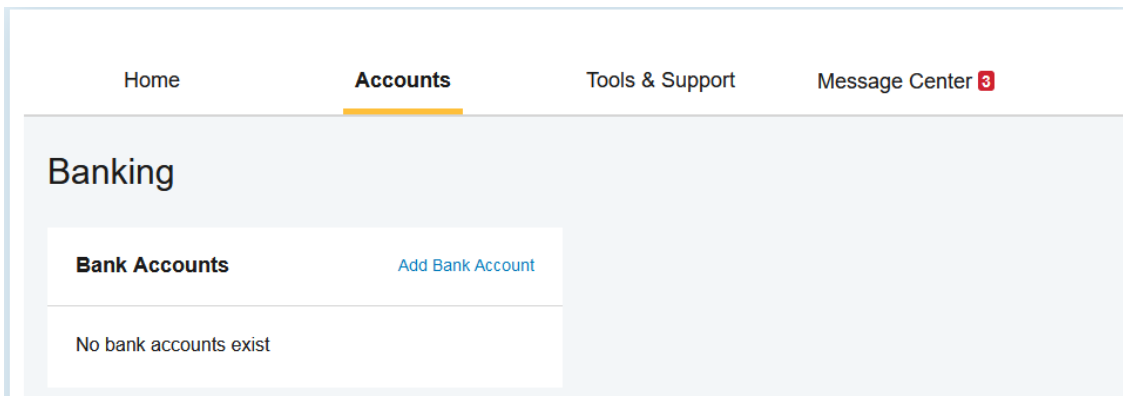
Add Banking Information:

By selecting Accounts/Banking you can add a bank account for direct deposit reimbursement if allowed by your employer.



The screenshot shows the 'Accounts' page of a web application. The navigation bar includes 'Home', 'Accounts' (selected), 'Tools & Support', and 'Message Center 3'. The main content area is divided into three columns: 'ACCOUNTS', 'PROFILE', and 'I WANT TO'. The 'ACCOUNTS' column lists 'Account Summary', 'Account Activity', 'Expenses', 'Claims', 'Payments', and 'Statements'. The 'PROFILE' column lists 'Profile Summary', 'Banking', 'Payment Method', and 'Login Information'. The 'I WANT TO' column lists 'File A Claim'. Below the navigation bar, there are two FSA account cards. The first card is for '2021 FSA' with a balance of '\$314.24' and is labeled 'AVAILABLE'. The second card is for '2020 FSA' with a balance of '\$0.00' and is also labeled 'AVAILABLE'.

The click Add Bank Account



The screenshot shows the 'Banking' page of a web application. The navigation bar includes 'Home', 'Accounts' (selected), 'Tools & Support', and 'Message Center 3'. The main content area is titled 'Banking' and contains a section for 'Bank Accounts'. There is a button labeled 'Add Bank Account' next to the 'Bank Accounts' heading. Below this, a message states 'No bank accounts exist'.

If you need to make a change to an existing bank account, please contact the Auxiant Flex Department at 1-800-475-2232.

City of Fond du Lac



Independent Solutions > Real Results

FLEXIBLE BENEFIT CAFETERIA PLAN (SECTION 125)

Enrollment Agreement/Affidavit

ENROLLMENT INFORMATION: Expense Period – January 1, 2023 through December 31, 2023

Name _____ SSN _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Date of Hire _____ Date of Eligibility _____ Pay Cycle: **B**

Bi-weekly

By enrolling, I understand that:

- 1. If at the end of the expense period, the total declared reduction in compensation exceeds the substantiated expenses, the IRS requires that any unused amount become the property of the employer and may not be paid to me in cash or used to provide benefits in a later plan year
2. I can no longer deduct these expenses from my individual State and Federal income tax returns since they will be paid with non-taxed income.
3. I cannot change or revoke this compensation redirection agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse or such other events as the Plan Administrator determines will permit a change or revocation of an election).
4. The Plan Administrator will deduct any additional premium during the plan year if my fixed premium amounts increase.
5. The Plan Administrator may reduce or cancel my compensation redirection or otherwise modify this agreement in the event it is believed advisable in order to satisfy certain provisions of the Internal Revenue Service Code.
6. This reduction in my taxable wage base will reduce my wages for Social Security purposes and may reduce Social Security benefits to be paid at death, retirement, or disability. I agree to hold harmless the Administrator and its representatives for any loss of Social Security Benefits, which is a result of participation in the Section 125 Plan.

Yes, I want to enroll. This agreement is subject to the terms of the Plan Document for the above-named Flexible Benefit Cafeteria Plan, in effect and as amended from time to time, shall be governed by and construed in accordance with applicable laws, shall take effect as a sealed instrument under applicable laws, and revokes any prior election and compensation redirection agreement relating to such plan(s). Under penalties or perjury, I certify that I have examined this affidavit and to the best of my knowledge and belief, it is true, correct and complete.

Employee's Signature: _____ Date: _____

PARTICIPATION/REDUCTION AMOUNTS: I hereby authorize City of Fond du Lac, hereinafter referred to as the Plan Administrator, to reduce my gross monthly wages on a pre-tax basis by the amounts stated below for the above expense period. Each of the amounts indicated are reimbursable and satisfy the requirements of the Section 125 Flexible Benefit Plan.

Annual Election Amounts

A. Unreimbursed Medical \$ _____ (Annual Max \$3050)

B. Dependent Care \$ _____ (Annual Max \$5000)

Annual amounts will be broken down by pay period and may be rounded, if necessary.

Automatic Rollover Election

This option may be elected if City of Fond du Lac is also providing administration for your medical plan. If you elect Automatic Rollover, eligible out of pocket amounts from claims processed under the medical plan will be "rolled over" as an automatic claim under your flex plan. If anyone in your family has ADDITIONAL insurance, (City of Fond du Lac coverage plus other insurance coverage) automatic rollover cannot be elected. Please note: Claims for dependents over 18 years of age will not automatically rollover and will need to be manually submitted.

If no one has other insurance, and you have City of Fond du Lac as a Medical Administrator, you have the option to mark "Yes" to Automatic Rollover.

Do I want Automatic Rollover (circle one, left blank it is an automatic "No"): Yes No

No, I don't want to enroll in Flex. I acknowledge that I have been informed of the above referenced plan. I hereby elect not to participate. I understand that this waiver will remain in effect for the remainder of this plan year, but that I may decide to participate in later plan years by making an election to participate during the election period prior to each plan year.

Employee's Signature: _____ Date: _____

FLEXIBLE SPENDING ADMINISTRATION

Dependent Childcare Annual Request Form 2023 For "Standing Request Reimbursement"

Employee Information:

Employer _____

Employee _____ SSN _____
Last First Middle

Address: _____
Street City State Zip Code

Phone Number _____

Eligible Dependents: _____

Daycare Provider Information:

Name _____ Tax ID _____

Address _____
Street City State Zip Code

Phone Number _____

Standard Fee \$ _____ per Week Month
 Other* _____
*(may require additional information)

Service Effective Date: _____ thru _____

(Only service dates between **01/01/2023 and 03/15/2024** are eligible for reimbursement during the **2023** plan year.
This form must be filled out every year in order to receive standing reimbursement.)

Daycare Provider's Signature _____ Date _____

I certify that the above information is correct. In the event that there are any changes and/or reductions in the above fees, I will notify Auxiant immediately to discontinue automatic reimbursement until such time that I deliver new documentation for my amended Annual Request.

Employee's Signature _____ Date _____

Note: The total amount claimed under the Plan for any coverage period must not exceed the lesser of your earned income for the plan year or the earned income of your spouse. If your spouse is either a full-time student or is incapable of taking care of themselves, then they are deemed to have monthly earnings of \$200 if there is one (1) child or dependent, and \$400 if there are two (2) or more.) No payment may be made under the Plan if the service provider is your dependent for federal income tax purposes or is your child or stepchild and is under age 19.

Flex Spending Account Claim Form

This request is for reimbursement of:

MARK IF CHANGE OF ADDRESS

Medical Care Expenses (Complete parts A, B, and D)

Dependent Care Expenses (Complete C and D)

| | | | |
|----------|--|------------------|--|
| Name | | Member ID | |
| Address | | City , State Zip | |
| Employer | | Date Submitted | |
| E-mail | | Phone | |

A. MEDICAL EXPENSE INFORMATION

1. EXPENSES (attach bills, statements, or other evidence of these expenses) *

| DATE OF SERVICE | VENDOR NAME: | PATIENT NAME: | TYPE OF SERVICE PROVIDED | AMOUNT |
|---|--------------|---------------|--------------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| * Canceled check is not sufficient evidence | | | Total expenses | |

2. TOTAL EXPENSES = _____

B. SPOUSE AND DEPENDENT INFORMATION * (If expenses were for your spouse or dependent)

| Name | Date of Birth | Relationship |
|------|---------------|--------------|
| | | |
| | | |

* Your spouse is the person to whom you were married at the end of the Calendar year. Your dependents are your child, Step child, parent, other close relative, or a person who lives in your home, if you provide over half of his/her support, and they are claimed as a dependent on your Federal Tax Return.

C. DEPENDENT CARE (CHILD CARE) INFORMATION (Required unless provider is non-profit organization)

| DEPENDENT NAME** | AGE | DATES OF SERVICE | PROVIDER NAME and ADDRESS | PROVIDER'S TIN or SSN | REQUESTED AMOUNT |
|------------------|-----|------------------|---------------------------|-----------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Signature of Daycare Provider _____

**Care for Dependent Children under the age of 13 are eligible for Dependent Care reimbursement, unless Special Rules apply.

D. MEMBER SIGNATURE REQUIRED

I certify that the expenses listed above qualify for reimbursement and have been incurred by eligible members of my family. These expenses have not been reimbursed by my health care plan or any other health care plan such as my spouse's. Bills, statements or other evidence of these expenses are attached. In claiming reimbursement for dependent care expense, I understand the reimbursements may not exceed the lesser of: (a) \$5,000 if married filing joint return or head of household or \$2,500 if single or married filing separate returns; or (b) your taxable compensation; or (c) your spouse's actual or deemed earned income. I certify that if single or married, (my spouse and I) will not receive reimbursements in excess of allowable limit.

Signature _____ Date _____

**Send Claims to: ATTN: Flex Department
AUXIANT, P.O. Box 75008, Cedar Rapids, IA 52407-5008
PHONE: (319) 398-3283 or (800) 475-2232 Fax (319) 739-1109**

FLEXIBLE SPENDING ADMINISTRATION

Expense Planning Worksheet

This worksheet will help in determining how much money to put into your Flex Account each pay period.

1. Estimate your un-reimbursed medical costs for:

| | | |
|--|----------|-----------|
| Health insurance deductibles | \$ _____ | Per _____ |
| Co-insurance | \$ _____ | per _____ |
| Vision care (eye exams, contacts, glasses) | \$ _____ | per _____ |
| Routine exams (OB-GYN, physicals, etc.) | \$ _____ | per _____ |
| Travel costs related to medical care | \$ _____ | per _____ |
| Prescription drugs (including birth control) | \$ _____ | per _____ |
| Wheelchair, crutches, medical appliances | \$ _____ | per _____ |
| Other | \$ _____ | per _____ |

2. Estimate your un-reimbursed dental costs for:

| | | |
|----------------------------------|----------|-----------|
| Examinations and cleanings | \$ _____ | per _____ |
| Braces and retainers* | \$ _____ | per _____ |
| Fillings, crowns, and bridges | \$ _____ | per _____ |
| Dentures, including replacements | \$ _____ | per _____ |
| Implants, inlays, S-rays | \$ _____ | per _____ |
| Fluoride treatments | \$ _____ | per _____ |
| Other | \$ _____ | per _____ |

*Ortho in a calendar year=Initial down pymt + monthly adjustments in that year.

3. Estimate your Dependent Care Expenses:

If you are a single parent, or your spouse also works outside the home, how much do you pay for childcare? (Including before and after school care for school-age children). This amount cannot be more than the smallest of:

\$ _____ per _____

1. Your earned income*
2. Your spouse's earned income*
3. \$5,000 (\$2,500 if married filing separately)

Earned income includes wages, salaries tips, other employee compensation and net earnings from self-employment. Earned income also includes strike benefits and any disability pay you report as wages. Earned income does not include pensions or annuities, social security payments, workers' compensation, interest, dividends, or unemployment compensation.

FLEXIBLE SPENDING ADMINISTRATION

Direct Deposit Form:

Employer: _____

Employee: _____

Social Security#: _____

Address: _____

City: _____

State: _____ Zip: _____

I wish to receive my flexible spending reimbursements by Direct Deposit. I hereby authorize Auxiant to originate electronic credit transactions to my bank, credit union, or savings and loan account indicated below and to credit the same to such account. If necessary, Auxiant may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until Auxiant has received written notification from me of its termination in such time as to afford Auxiant and my bank a reasonable opportunity to act on it.

Bank: _____

Routing #: _____

Account #: _____

Type: Checking Savings

Signature: _____ Date: _____

Is this a change to a current authorization? Yes No

Please attach a voided check to this form for verification of routing and account numbers.

Send completed forms to:

Auxiant

Attn: Flexible Spending Department

P.O. Box 75008

Cedar Rapids, IA 52407-5008

Dental

CarePlus
(920) 924-9090 | careplusedentalplans.com

Delta Dental
(800) 682-0795 | deltadentalwi.com | mobile app for
Android and Apple

Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

| Monthly Payroll Deduction | Care Plus | | Delta Dental | |
|----------------------------|--------------------------------|----------------|--------------------------------|---------------------------|
| Employee | \$39.98 | | \$51.96 | |
| Employee & Spouse | \$79.96 | | \$105.84 | |
| Employee & Child(ren) | \$89.20 | | \$115.72 | |
| Family | \$147.80 | | \$192.06 | |
| Deductible | Dental Associates | Out of Network | PPO Dentist | Premier or Out of Network |
| Employee | \$0 | N/A | \$25 | \$25 |
| Family | \$0 | N/A | \$75 | \$75 |
| Annual Maximum | \$1,250 | | \$1,000 | |
| Preventive Services | | | | |
| Oral Exam | Covered at 100% | N/A | Covered at 100% | |
| Bitewing X-Ray | Covered at 100% | N/A | Covered at 100% | |
| Cleaning/Scaling | Covered at 100% | N/A | Covered at 100% | |
| Fluoride | Covered at 100% through age 15 | N/A | Covered at 100% through age 18 | |
| Sealants | Covered at 100% through age 15 | N/A | Covered at 100% through age 13 | |
| Basic & Major Services | Dental Associates | Out of Network | PPO Dentist | Premier or Out of Network |
| Fillings | Covered at 100% | N/A | Deductible then 20% | |
| Endodontics & Periodontics | 10% | N/A | Deductible then 20% | |
| Extractions | 10% | N/A | Deductible then 20% | |
| Crowns, inlays, onlays | 10% | N/A | Deductible then 50% | |
| Bridges and dentures | 10% | N/A | Deductible then 50% | |
| Implants | 25% | N/A | Deductible then 50% | |
| Orthodontia | | | | |
| Child Coverage | To age 19 | | N/A | |
| Adult | N/A | | N/A | |
| Coinsurance | 50% | | N/A | |
| Lifetime Maximum | \$1,500 | | N/A | |

Restore the sounds of your life



Did you know?

1 in 9 Americans have hearing loss
 And by 2030, that number is expected to **DOUBLE**

Source: asha.org

What causes hearing loss?

Common causes of hearing loss include exposure to noise, aging, other health conditions, and certain medications.

When should I get my hearing checked?

Get your hearing checked if you are 55 or older, or are experiencing any of the following:

- **Consistent exposure** to loud noises
- **Difficulty understanding** in noisy environments or in groups
- **Hearing mumbling** or feeling as though people are not speaking clearly
- **Ringling** in your ears

Your hearing is covered

Delta Dental of Wisconsin has teamed up with Amplifon to offer you quality hearing health care.

| | LEVEL 1 | LEVEL 2 | LEVEL 3 | LEVEL 4 | LEVEL 5 |
|---------------------------------|---|-----------------------------------|----------------------------|--------------------------------|--|
| Hearing Aid Features | Standard features | Additional, easy-to-use functions | Designed for work and play | Enhanced to keep you on the go | Leading technology keeps you connected |
| One Simple Price | \$995 | \$1,495 | \$1,795 | \$2,195 | \$2,645 |
| Complimentary Aftercare* | Risk-free trial – find your right fit by trying your hearing aids for 60 days Follow-up care – ensures a smooth transition to your new hearing aids Battery support – battery supply or charging station to keep you powered Warranty – 3 year coverage for loss, repairs, or damage | | | | |

To learn more, visit www.amplifonusa.com/deltadentalwi or call 1-888-901-0132.



***Risk-free trial** - 100% money back guarantee if not completely satisfied, no return or restocking fees. **Follow-up care** - for one year following purchase. **Batteries** - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - Exclusions and limitations may apply. Contact Client Services (1-844-267-5436) for details.

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Wisconsin and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.



GUIDE TO YOUR VISION BENEFITS

What you need to know about choosing and using your DeltaVision® benefits.

Why You Need Vision Insurance

Healthy vision couldn't be more important, but unfortunately vision disorders are one of the top ten disabilities in the U.S.¹ That's why Delta Dental of Wisconsin is happy to bring you DeltaVision benefits that offer more flexibility, choice, and savings—so that it's easy for you to access the vision care and services you need. DeltaVision's coverage for contact lenses and glasses, and discounts for services like laser vision correction, help you take care of your eyesight for less.



For Your Budget

You can save more than 70% off retail pricing when using your vision benefits.



For Your Health

More than 46 million U.S. adults are at risk for serious vision loss.¹



For Your Family

Up to 25% of school-age children may have vision problems. Children need to see well to learn well.²

Immediate Savings

See how much you'd pay without vision insurance for an exam and eyeglasses**...and how much you can save (based on a plan with a \$150 frame allowance with 20% off balance of frames, and \$0 exam/copayment).

| Service/Material | Average Retail Cost | DeltaVision Covers | Member Out-of-Pocket Costs |
|--|---------------------|--------------------|----------------------------|
| Exams* | \$122 | \$122 | \$0 |
| Frames (\$150 allowance with 20% off balance of frames) | \$188 | \$150 + \$7.60 | \$30.40 |
| Eyeglass Lenses Single-Vision** | \$87 | \$87 | \$0 |
| Lens Options - UV Coating | \$22 | \$15 | \$7 |
| Standard Scratch Resistance | \$27 | \$15 | \$12 |
| Anti-Reflective Coating | \$73 | \$45 | \$28 |
| TOTAL | \$519 | \$441.60 | \$77.40 |

*Not all plans include exam coverage. Refer to Your Vision Benefits to see if your plan includes exam coverage. Other plan designs or options may produce different out-of-pocket amounts.

**Contact lenses may be selected in lieu of eyeglass lenses.

<https://www.cdc.gov/visionhealth/basics/ced/fastfacts.htm>

<https://www.eyesiteonwellness.com/8-back-school-rules-help-protect-kids-eyes/>

Additional Benefits

Diabetic Benefits

Regular eye exams assist with the early detection of diabetes and can help treat or prevent glaucoma, diabetic retinopathy, and macular degeneration. DeltaVision allows for an office visit and diagnostic testing twice per year for those with diabetes to monitor signs of diabetic ocular changes. Medical follow-up exams, retinal imaging, scanning laser procedures, and more are also covered benefits.

Blue Light Lenses

Blue light-filtering lenses or anti-reflective coatings can help with the blurry vision, difficulty focusing, dry and irritated eyes, and headaches that come from using digital devices. DeltaVision members have the option to choose lenses and lens coatings with blue light-filtering technology.



More ways to save

Exclusive savings, discounts, and rebates on vision care and services above and beyond your vision benefit are available for members at deltavisionwi.com under "Special Offers." New and updated offers are added quarterly and annually, so there's always more ways to benefit from your DeltaVision coverage.

Networks and Providers

Delta Dental of Wisconsin is proud to work with EyeMed® Vision Care as the network provider for members enrolled in a DeltaVision plan. EyeMed networks are among the nation's largest provider networks, featuring popular retail chains and many small independent doctors.

Find a Provider

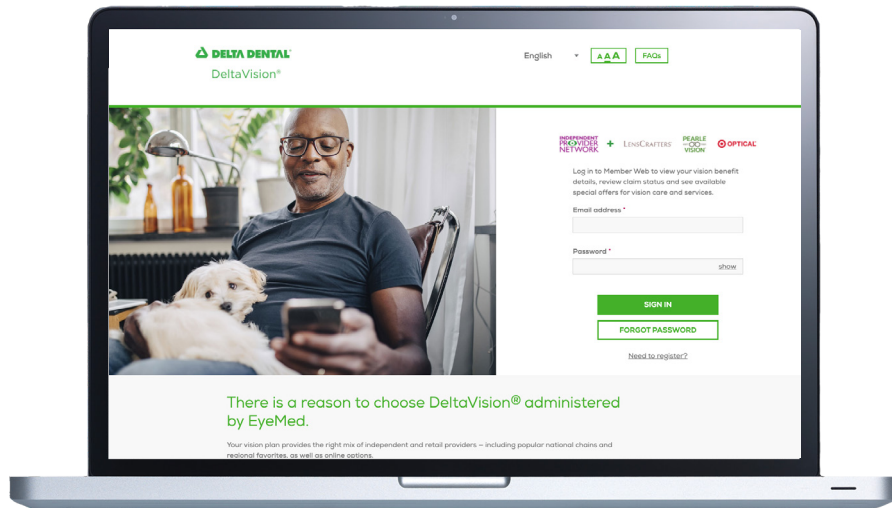
- Go to deltadentalwi.com and select "Find A DeltaVision Provider."
- Select your Network (found on your ID card or benefit summary).
- Enter your ZIP code on the "Find an eye doctor" screen, then click the "Search by ZIP" button.
- Providers in your network will appear sorted by distance from your ZIP code. You can further narrow your search by using the "Filter" options button.



You can also find provider information by calling EyeMed's dedicated DeltaVision line at **844-848-7090**.

Online Tools and Services

Many self-serve tools and resources are available to you through EyeMed's online DeltaVision portal at deltavisionwi.com. You can register or log in any time after your plan effective date.



Secure Services for Members:

- Print replacement ID cards*
- View your benefit details
- See recent claim information
- Access exclusive offers

New to Online Vision Services?

Click on "Need to register?" Fill in the requested information, including the last four digits of your social security number. You'll then receive a registration email in your inbox to confirm your account.

Order Eyewear Online

You can purchase glasses or contacts online through online retailers like Glasses.com, ContactsDirect.com, and more. Your available benefits will be applied right in your shopping cart. And orders are shipped free.



**Vision ID cards are not required to receive care. Your name and date of birth are all that are needed for an EyeMed vision provider to access your eligibility and benefits.*



Any Questions?

Here are some answers. And if you have a question that's not listed here, contact us. You can call EyeMed's dedicated line for DeltaVision members at **844-848-7090**.

But see if these help...



Q: Who is EyeMed?

A: Your vision benefits are through a DeltaVision plan (a product of Delta Dental of Wisconsin). EyeMed is the vision network provider and handles customer service for the plan.



Q: When will I get my ID card?

A: You will receive an ID card from EyeMed if you are a new subscriber to the DeltaVision plan. However you do not need an ID card to receive services.* You can also view your ID card online through the online portal at deltavisionwi.com after your effective date.



Q: Are there waiting periods?

A: Unless otherwise specified, there are no waiting periods before you can start using your benefits.

*Vision ID cards are not required to receive care. Your name and date of birth are all that are needed for an EyeMed vision provider to access your eligibility and benefits.

YOUR VISION BENEFITS

Prepared for the employees of City of Fond du Lac

The summary below does not cover all plan details. Further information can be found in the vision benefit handbook, which provides a thorough explanation of your vision plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

DeltaVision® Full Plan

| | |
|--|-------------------------------|
| Network | Insight |
| Frame/Contact Allowance | \$150/\$150 |
| Copay (exams/standard plastic lenses) | \$10/\$10 |
| Frequency (exams/lenses or contacts/frames) Based on calendar year | 12 months/12 months/24 months |
| Dependent Age Limit | To age 26 |

| Benefit Details | Network Benefit | Out-of-Network Reimbursement |
|--|--|------------------------------|
| Comprehensive Glasses Exam | Member pays \$10, plan pays balance | \$35 |
| Retinal Imaging | Member pays up to \$39 | None |
| Standard Contact Lens* Fit and Follow-Up | Member pays up to \$40 | None |
| Premium Contact Lens** Fit and Follow-Up | 10% discount off retail | None |
| Frames (any available frame at provider location) | \$150 allowance, then 20% off balance | \$75 |
| Laser Vision Correction (Lasik or PRK) | 15% off retail price or 5% off promotional price | None |

Includes Diabetic Eye Care Benefits that provide an additional office visit and diagnostic testing for those who have diabetes.

Standard Plastic Lenses

| | | |
|----------------------|-------------------------------------|------|
| Single Vision | Member pays \$10, plan pays balance | \$25 |
| Bifocal | Member pays \$10, plan pays balance | \$40 |
| Trifocal | Member pays \$10, plan pays balance | \$55 |
| Standard Progressive | Member pays \$75 | \$40 |
| Premium Progressive | See next page for benefit details | |

Lens Options

| | | |
|----------------------------------|-----------------------------------|------|
| UV Coating | Member pays \$15 | None |
| Tint (solid and gradient) | Member pays \$15 | None |
| Standard Scratch Resistance | Member pays \$15 | None |
| Standard Polycarbonate | Member pays \$40 | None |
| Standard Anti-Reflective Coating | Member pays \$45 | None |
| Premium Anti-Reflective Coating | See next page for benefit details | |
| Other Add-Ons and Services | 20% off retail | None |

*Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear (removed prior to sleep) mode only.

**Includes all lens powers and designs other than spherical powers (i.e. toric, multifocal, etc.), modes of wear that are extended or overnight schedules, and rigid or gas-permeable materials.

| Benefit Details (continued) | Network Benefit | Out-of-Network Reimbursement |
|---|--|------------------------------|
| Contact Lenses – In lieu of glasses (Contact lens allowance covers materials only) | | |
| Conventional | \$150 allowance, then 15% off balance | \$120 |
| Disposable | \$150 allowance | \$120 |
| Medically Necessary*** | Paid in full | \$200 |
| Premium Progressive Lens | | |
| Tier 1 | \$95 copay | \$60 |
| Tier 2 | \$105 copay | \$60 |
| Tier 3 | \$120 copay | \$60 |
| Tier 4 | \$75 copay, 80% of charge less \$120 allowance | \$60 |
| Premium Anti-Reflective Coating | | |
| Tier 1 | \$57 | None |
| Tier 2 | \$68 | None |
| Tier 3 | 80% of charge | None |

Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to an EyeMed® provider's professional services (i.e. exams) or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).
- 15% discount on conventional contact lenses after your plan benefits have been fully used.
- Members can purchase eyeglasses online and apply their in-network eyeglass benefits at www.glasses.com, lenscrafters.com, targetoptical.com, or rayban.com.
- Members can purchase contact lenses online and apply their in-network contact lenses benefits at www.contactsdirect.com.
- Discounts do not apply for benefits provided by other group benefit plans.

How to Maximize Your DeltaVision Plan

- Use providers participating in your vision plan network; your benefit dollars will go farther at participating providers. For an up-to-date listing of EyeMed providers in your area, visit our website at <https://www.deltadentalwi.com/vision> or call EyeMed's Customer Care Center at 844-848-7090.
- Use your full benefit allowance. Frames and lenses (plastic or contact) each have an annual benefit allowance. **The benefit allowance must be used on a single day purchase; there is no remaining balance if entire allowance is not used after initial purchase.**
- Frequency of benefits: your benefit frequency is based on calendar year. For example, you'll be covered for another pair of glasses as of January 1 of the next calendar year.
- Participating providers may offer promotional pricing on vision materials. You can partake in either the DeltaVision Network Benefit or the promotional price available, but not both. Your provider can help you to determine which is best for you. If you select the promotional pricing you can submit your expenses for Out-of-Network Reimbursement.
- Prescription sunglasses can be purchased with your benefit allowance for frames and plastic lenses.
- A 20% discount may be available on selected brands of non-prescription sunglasses from participating providers — ask your vision provider.
- Premium progressive lenses are more costly than standard progressive lenses. Please discuss your costs for progressive lenses with your vision provider.

***Medically necessary contacts require authorization from a vision doctor when some conditions are present. Please contact the plan for more information.

Plan Limitations/Exclusions

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan.
- Services provided as a result of any worker's compensation law.
- Plano nonprescription lenses and nonprescription sunglasses (except for 20% discount).
- Aniseikonic lenses.
- Services or materials provided by any other group benefit providing vision care.
- Two pairs of glasses in lieu of bifocals.
- Lost or broken materials are not covered.

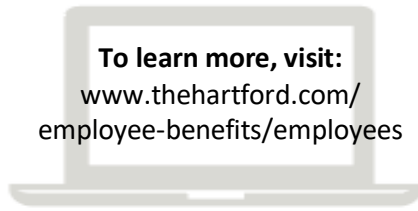
DeltaVision is offered through Wyssta Insurance Company, a wholly-owned subsidiary of Delta Dental of Wisconsin, in conjunction with EyeMed Vision Care.

GROUP CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS

Underwritten by Hartford Life and Accident Insurance Company

For Employees of:

City of Fond du Lac (Policyholder)



Facing a serious illness at any age can be challenging – physically, emotionally and financially. Primary health insurance may pick up some or most of the tab, but can still leave medical and other recovery expenses that add up quickly. **Critical Illness insurance can provide a lump-sum cash benefit upon diagnosis of a covered illness that can be used however you choose.**

CLASS & POLICY INFORMATION

Eligible Class(es): active full-time employees who work at least 20 hours per week on a regularly scheduled basis.

Policy Situs/Issue State: Wisconsin

Policy Number: VCI-879554

Policy Effective Date: January 1, 2023

Policy Anniversary: January 1

ELIGIBILITY & ENROLLMENT INFORMATION (Additional conditions may apply as described in the Certificate.)

| | |
|----------------------------|--|
| Employee | To be eligible for coverage, an Employee must be performing the normal duties of their regular job for the policyholder for 20 or more hours each week and be receiving compensation from the policyholder for work performed. |
| Dependent(s) | Dependent(s) must be able to perform normal and customary activities and not be confined (at home or in any medical facility) to be eligible for coverage. In addition, Dependent Child(ren) must be under age 26 unless otherwise allowed by the policy. |
| New Hire Enrollment | An Employee may enroll for coverage for the Employee and any Dependent(s) within 31 days following the day the Employee or Dependent(s) first become(s) eligible for coverage under the Policy. If an Employee does not elect coverage during the Employee's or Dependent's initial enrollment period, future enrollment may only occur as provided in the Changes in Coverage provision of the Certificate. |
| Ongoing Enrollment | You may enroll during any scheduled enrollment period. |

COVERAGE ELECTION & AMOUNT(S)

In order to be insured under the Policy an Employee must elect coverage for themselves and any Dependent(s). The Employee is required to pay premium for the coverage elected. Payment of premium does not guarantee eligibility for coverage.

Any amount of insurance for a Spouse/Partner or Dependent Child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. All Coverage Amount(s) are Guaranteed Issue.

| | |
|-----------------------------|---|
| Employee | Choice of \$10,000 to \$30,000 in increments of \$10,000 (\$10,000; \$20,000 or \$30,000) |
| Spouse/Partner | 100% of the Employee's elected Coverage Amount |
| Dependent Child(ren) | 100% of the Employee's elected Coverage Amount (per child) |

CRITICAL ILLNESS BENEFITS

All Critical Illness Benefits are subject to all of the applicable Definitions, Additional Requirements, maximums, limitations, Exclusions and other provisions of the Policy. The amounts shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy.

All **Initial Occurrence Benefit Amounts** are a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Critical Illness, unless otherwise stated as a specific dollar amount. All **Reoccurrence Benefit Amounts** are a percentage of the Initial Occurrence Benefit Amount for the applicable Critical Illness that is payable or was previously paid under the Policy for a Covered Person.

| CANCER & BENIGN TUMOR CATEGORY | Initial Occurrence Benefit Amount: | Reoccurrence Benefit Amount: |
|----------------------------------|------------------------------------|------------------------------|
| Cancer (Invasive) | 100% | 100% |
| Carcinoma in Situ (Non-Invasive) | 25% | 100% |
| Skin Cancer | \$250 | None |

| | | |
|--|-----|------|
| Bone Marrow Failure | 25% | None |
| Benign Brain or Spinal Cord (Intradural) Tumor | | |
| • Early Diagnosis | 10% | None |
| • Advanced Diagnosis | 50% | None |

| HEART & VASCULAR CATEGORY | Initial Occurrence Benefit Amount: | Reoccurrence Benefit Amount: |
|---|---|-------------------------------------|
| Heart Attack | | |
| • ST-Segment Elevation Myocardial Infarction (STEMI) | 100% | 100% |
| • Non-ST Segment Elevation Myocardial Infarction (NSTEMI) | 25% | 100% |
| Coronary Artery Disease | | |
| • Minor Diagnosis | 10% | 100% |
| • Major Diagnosis | 100% | 100% |
| Stroke | | |
| • Mild Stroke | 10% | 100% |
| • Moderate Stroke | 25% | 100% |
| • Severe Stroke | 100% | 100% |
| Abdominal Aortic Aneurysm or Thoracic Aortic Aneurysm – Major Diagnosis | 100% | 100% |

| MAJOR ORGAN CATEGORY | Initial Occurrence Benefit Amount: | Reoccurrence Benefit Amount: |
|--------------------------------|---|-------------------------------------|
| Major Organ Failure | 100% | 100% |
| End Stage Renal Disease (ESRD) | 100% | None |

| NEUROLOGICAL CONDITIONS CATEGORY | Initial Occurrence Benefit Amount: | Reoccurrence Benefit Amount: |
|--|---|-------------------------------------|
| Dementia – Advanced Diagnosis | 100% | None |
| Parkinson’s Disease – Advanced Diagnosis | 100% | None |
| Amyotrophic Lateral Sclerosis (ALS) – Advanced Diagnosis | 100% | None |
| Multiple Sclerosis (MS) – Advanced Diagnosis | 100% | None |

| INFECTIOUS CONDITIONS CATEGORY | Initial Occurrence Benefit Amount: | Reoccurrence Benefit Amount: |
|---|---|-------------------------------------|
| Severe Infectious Disease – Major Diagnosis | 25% | None |

| FUNCTIONAL LOSS & CATASTROPHIC CONDITIONS CATEGORY | Initial Occurrence Benefit Amount: | Reoccurrence Benefit Amount: |
|---|---|-------------------------------------|
| Coma | 100% | 100% |
| Loss of Hearing | 50% | None |
| Loss of Sight | 100% | None |
| Loss of Speech | 50% | None |
| Permanent Paralysis | 100% | None |

| CHILD CONDITIONS CATEGORY | Initial Occurrence Benefit Amount: | Reoccurrence Benefit Amount: |
|--|---|-------------------------------------|
| Cerebral Palsy | | |
| • Early Diagnosis | 10% | None |
| • Advanced Diagnosis | 100% | None |
| Congenital Heart Defect | 100% | None |
| Congenital Metabolic Disorder | 100% | None |
| Genetic Disorder | 100% | None |
| Structural Congenital Defect | 100% | None |
| Critical Illnesses included in the Child Conditions Category must be Diagnosed during Childhood. | | |

ADDITIONAL BENEFITS

All Additional Benefits are subject to the applicable Definitions, Exclusions and other provisions of the Policy. The amounts and maximums shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Additional Benefit(s) and General Limitations & Exclusions sections of this Certificate.

| Benefit: | Benefit Amount: | Benefit Maximum: |
|------------------|------------------------|-------------------------|
| Health Screening | \$50 | Once per Policy Year |

GENERAL LIMITATIONS & EXCLUSIONS

The limitations and exclusions included below apply to all benefits included in the Certificate unless otherwise noted below. Please note that certain Critical Illness Benefits may have additional limitations or requirements presented in the benefit provisions and definitions of the Certificate. All limitations and exclusions are fully described in the Certificate.

Unless otherwise stated in the Certificate, We will not pay benefits for any Critical Illness included in the Policy if a Covered Person was Diagnosed with such illness or condition prior to the Covered Person's effective date under the Policy.

| | |
|---|---|
| Initial Occurrence Benefit Separation Period | Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for an Initial Occurrence Benefit to be payable for any other Critical Illness, an Initial Occurrence Benefit Separation Period of 30 days must be satisfied. This limitation is fully described in the Certificate. |
| Reoccurrence Benefit Separation Period | Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for a Reoccurrence Benefit to be payable for that same Critical Illness, a Reoccurrence Benefit Separation Period of 180 days must be satisfied. |
| Policy Benefit Maximum | Each Covered Person may receive multiple payments for Critical Illness Benefits under this Certificate until the Policy Benefit Maximum of 500% is reached. Any payments received by a Covered Person for any Additional Benefit(s) do not count toward this maximum. This limitation is fully described in the Certificate. |
| Exclusions | <p>No benefits are payable under the Policy for any Critical Illness that results from, is caused by or that takes place during a Covered Person's:</p> <ul style="list-style-type: none">• intentional self-inflicted illness or Injury• voluntarily taking or using any drug, narcotic, medication or sedative, unless it is:<ul style="list-style-type: none">- taken or used as prescribed by a Physician, or- taken according to package directions, for any over-the-counter drug, medication or sedative• voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), or voluntary engagement in an illegal occupation• incarceration or imprisonment in any type of penal or detention facility• active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of this Certificate• involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer <p>In addition, no benefits are payable under the Policy for any Critical Illness that results from or is caused by a Covered Person's Substance Use Disorder.</p> <p>In addition, no benefits are payable under the Policy for any Critical Illness for which Diagnosis is made outside the United States or Canada, unless the Diagnosis is confirmed in the United States. The date of Diagnosis in such circumstances is the date the Diagnosis was originally made outside the United States or Canada.</p> |

FEATURES

| | |
|---|---|
| Continuation of Coverage | You may be able to continue insurance for You and Your Dependent(s) in certain circumstances when You are no longer Actively at Work, with payment of premium and subject to certain conditions. The available continuation option(s) are described in the Certificate. |
| Extended Continuation | You or an insured Spouse/Partner, in certain circumstances, may continue coverage under the Policy when insurance would otherwise end under the Termination of Coverage provision, with payment of premium and subject to certain conditions. This provision is fully described in the Certificate. |
| Ability Assist[®] EAP¹ | 24/7/365 access to help for financial, legal or emotional issues |
| HealthChampion^{SM1} | Administrative and clinical support following serious illness or injury |

COVERAGE EFFECTIVE DATE (WHEN COVERAGE BEGINS)

In no event will Dependent insurance become effective before an Employee becomes insured. The Coverage Effective Date for any Employee or Dependent is subject to the Deferred Coverage Effective Date provision of the Certificate. Additional eligibility conditions may apply as described in the Certificate.

| | |
|---|--|
| New Hires | <p>Coverage will start on the later to occur of:</p> <ul style="list-style-type: none"> • the first day of the month following the date an Employee or Dependent becomes eligible, if enrolled for coverage on or before that date, or • the first day of the month following the date an Employee or Dependent is enrolled for coverage |
| Annual Enrollment or Additional Enrollment Event | <p>Coverage will start on the later to occur of:</p> <ul style="list-style-type: none"> • the Policy Anniversary on or next following the last day of an Annual Enrollment Period, if an Employee or Dependent is enrolled during an Annual Enrollment Period, or • the first day of the month following the last day of an Additional Enrollment Event, if an Employee or Dependent is enrolled during an Additional Enrollment Event |

TERMINATION OF COVERAGE (WHEN COVERAGE ENDS)

Coverage for an Employee and any Dependent(s) will end on the last day of the month during which an Employee is no longer eligible for insurance under any provision of the Policy. Coverage for a Dependent will also end on the last day of the month during which a Dependent no longer satisfies the definition of Spouse/Partner or Dependent Child(ren). Additional circumstances under which coverage will end are described in the Certificate. Termination of coverage has no effect on benefits payable for a Critical Illness that is Diagnosed or Treatment that is received while a Covered Person was insured under the Policy.

HOW TO OBTAIN A COPY OF THE CERTIFICATE

The Certificate will become available after the enrollment period is complete and the terms of insurance under the Policy are finalized between the Policyholder and Us. The Policyholder should provide you with access to (or a copy of) the Certificate at that time. If You do not receive what you need from the Policyholder at that time, you may then contact Us at 800-523-2233 (toll-free).

PREMIUMS

The premium rate structure for this insurance is comprised of attained age rates per \$1,000 dollars of insurance for the Employee and Spouse/Partner, with specified age bands. You are responsible for the payment of premiums for insurance under the Policy if you elect coverage. Payment of premium does not guarantee eligibility for insurance.

Please see the Critical Illness Insurance Premium Worksheet to calculate/determine the premium for the coverage you elect. Premiums will be automatically deducted from your paychecks by the Policyholder, then remitted to Us as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your paycheck deductions.

Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Premiums for this coverage are subject to change in accordance with the provisions of the Policy. Contact the Policyholder or your benefits administrator for additional information on the current premium structure for the Policy.

NOTICES

NOTICE TO BUYER: This is a Critical Illness insurance policy. The policy provides limited benefits payable ONLY when certain losses occur as a result of diagnosis of covered specified diseases. Benefits are supplemental and are not intended to cover all medical expenses. The policy does not constitute comprehensive health insurance coverage and does not satisfy the minimum coverage requirements of the Affordable Care Act. You should not enroll for this insurance unless you are already covered by comprehensive health insurance coverage. Persons covered under Medicaid or an equivalent state or Title XIX program should not enroll for this insurance.

This benefit summary provides a very brief summary of the terms and conditions of the Policy. For a complete description refer to the appropriate section of the Certificate or Policy (available as noted above). In the event of a discrepancy between this document and the Policy, the terms of the Policy apply. The capitalization of a term not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in the Certificate or refers to a specific provision contained within the Certificate or Policy. A person is not entitled to insurance because they received this benefit summary. A person is only entitled to insurance if they are eligible and insured in accordance with the terms of the Policy.

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. Benefits are subject to state availability. © 2022 The Hartford.

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY. 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 policy provides limited benefits health 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.

Critical Illness Form Series includes GBD-3600, GBD-3700 or state equivalent.

¹Ability Assist® and HealthChampion™ are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

GROUP CRITICAL ILLNESS INSURANCE PREMIUM WORKSHEET



For Employees of:

City of Fond du Lac (Policyholder)

This worksheet will assist you in determining the premium for the coverage you elect for yourself and any dependent(s). The amounts presented below may vary from amount(s) provided to you when you enroll or from amount(s) you actually pay for the coverage due to rounding or changes in your age/how your age is calculated for purposes of this coverage.

A few important things to know:

- Employee and Spouse premiums are determined/calculated using the Employee's age as of the Policy Effective Date or as of the most recent Policy Anniversary (whichever is later).
- Premiums for Employee and Spouse coverage will increase over time as the Employee reaches the starting age of each subsequent age band.
- Coverage for any Dependent Child(ren) is automatic with Employee enrollment/participation. A separate premium is not required for child coverage.
- Please contact the Policyholder or your benefits administrator if questions or for additional information on premiums for this coverage.

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Employees

Policy Situs/Issue State: Wisconsin

Policy Number: VCI-879554

Policy Effective Date: January 1, 2023

Policy Anniversary: January 1

EMPLOYEE PREMIUMS (12 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Age

| Coverage Amount | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
|-----------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|
| \$10,000 | \$4.90 | \$5.90 | \$7.00 | \$8.40 | \$10.80 | \$15.40 | \$20.10 | \$25.80 | \$34.60 | \$46.20 | \$60.10 | \$76.10 | \$91.90 |
| \$20,000 | \$9.80 | \$11.80 | \$14.00 | \$16.80 | \$21.60 | \$30.80 | \$40.20 | \$51.60 | \$69.20 | \$92.40 | \$120.20 | \$152.20 | \$183.80 |
| \$30,000 | \$14.70 | \$17.70 | \$21.00 | \$25.20 | \$32.40 | \$46.20 | \$60.30 | \$77.40 | \$103.80 | \$138.60 | \$180.30 | \$228.30 | \$275.70 |

SPOUSE PREMIUMS (12 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Age

| Coverage Amount | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
|-----------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|
| \$10,000 | \$4.90 | \$5.90 | \$7.00 | \$8.40 | \$10.80 | \$15.40 | \$20.10 | \$25.80 | \$34.60 | \$46.20 | \$60.10 | \$76.10 | \$91.90 |
| \$20,000 | \$9.80 | \$11.80 | \$14.00 | \$16.80 | \$21.60 | \$30.80 | \$40.20 | \$51.60 | \$69.20 | \$92.40 | \$120.20 | \$152.20 | \$183.80 |
| \$30,000 | \$14.70 | \$17.70 | \$21.00 | \$25.20 | \$32.40 | \$46.20 | \$60.30 | \$77.40 | \$103.80 | \$138.60 | \$180.30 | \$228.30 | \$275.70 |

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million emergency department visits every year are caused by youth sports.¹

City of Fond du Lac

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

| PLAN INFORMATION | | |
|--------------------------------------|--|---------------------|
| Coverage Type | | Off-job only |
| BENEFITS | | |
| EMERGENCY, HOSPITAL & TREATMENT CARE | | |
| Accident Follow-Up | Up to 3 visits per accident | \$75 |
| Acupuncture/Chiropractic Care/PT | Up to 10 visits each per accident | Up to \$50 |
| Ambulance – Air | Once per accident | \$1,000 |
| Ambulance – Ground | Once per accident | \$300 |
| Blood/Plasma/Platelets | Once per accident | \$200 |
| Child Care | Up to 30 days per accident while insured is confined | \$25 |
| Daily Hospital Confinement | Up to 365 days per lifetime | \$200 |
| Daily ICU Confinement | Up to 30 days per accident | \$400 |
| Diagnostic Exam | Once per accident | \$200 |
| Emergency Dental | Once per accident | Up to \$300 |
| Emergency Room | Once per accident | \$200 |
| Health Screening Benefit | Once per year for each covered person | \$50 |
| Hospital Admission | Once per accident | \$500 |
| Initial Physician Office Visit | Once per accident | \$75 |
| Lodging | Up to 30 nights per lifetime | \$125 |
| Medical Appliance | Once per accident | \$100 |
| Rehabilitation Facility | Up to 15 days per lifetime | \$150 |
| Transportation | Up to 3 trips per accident | \$400 |
| Urgent Care | Once per accident | \$100 |
| X-ray | Once per accident | \$100 |
| SPECIFIED INJURY & SURGERY | | |
| Abdominal/Thoracic Surgery | Once per accident | \$2,000 |
| Arthroscopic Surgery | Once per accident | \$250 |
| Burn | Once per accident | Up to \$10,000 |
| Burn – Skin Graft | Once per accident for third degree burn(s) | 50% of burn benefit |
| Concussion | Up to 3 per year | \$150 |
| Dislocation | Once per joint per lifetime | Up to \$6,000 |
| Eye Injury | Once per accident | Up to \$500 |

| | | |
|---|--|-----------------------|
| Fracture | Once per bone per accident | Up to \$8,000 |
| Hernia Repair | Once per accident | \$200 |
| Joint Replacement | Once per accident | \$2,000 |
| Knee Cartilage | Once per accident | Up to \$1,000 |
| Laceration | Once per accident | Up to \$400 |
| Ruptured Disc | Once per accident | \$1,000 |
| Tendon/Ligament/Rotator Cuff | Once per accident | Up to \$1,500 |
| CATASTROPHIC | | |
| Accidental Death | Within 90 days; Spouse @ 50% and child @ 25% | \$50,000 |
| Common Carrier Death | Within 90 days | 2 times death benefit |
| Coma | Once per accident | Up to \$10,000 |
| Dismemberment | Once per accident | Up to \$50,000 |
| Home Health Care | Up to 30 days per accident | \$50 |
| Paralysis | Once per accident | Up to \$50,000 |
| Prosthesis | Once per accident | Up to \$2,000 |
| FEATURES | | |
| Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues | | Included |
| HealthChampion ^{SM3} – Administrative & clinical support following serious illness or injury | | Included |

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):⁴

| COVERAGE TIER | |
|-----------------------|---------------------------------|
| Employee Only | \$6.36 (\$0.21 per day) |
| Employee & Spouse | \$10.02 (\$0.33 per day) |
| Employee & Child(ren) | \$10.62 (\$0.35 per day) |
| Employee & Family | \$16.72 (\$0.55 per day) |

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 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 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

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

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

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.

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is 1/1/2023. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, 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).

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents 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 coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020

²AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

³HealthChampion® services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn't provide basic hospital, basic medical, or major medical insurance. HealthChampion specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁴Rates and/or benefits may be changed on a class basis.

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The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. 5962g NS 08/21

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 ACCIDENT INSURANCE LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is 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
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.

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 Accident policy provides ACCIDENT 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. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

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GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



The average cost for a hospital stay is \$2,607 per day¹

City of Fond du Lac

Hospital Indemnity (HI) insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. It also provides additional daily benefits for related services. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up.

The benefits are paid in lump sum amounts to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).



To learn more about Hospital Indemnity insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

| PLAN INFORMATION | | PLAN 1 |
|---|--------------------------------------|--------------------------|
| Coverage Type | | On and off-job (24 hour) |
| Covered Events | | Illness and injury |
| HSA Compatible | | Yes |
| BENEFITS | | PLAN 1 |
| HOSPITAL CARE ² | | PLAN 1 |
| First Day Hospital Confinement | Up to 1 day per year | \$500 |
| Daily Hospital Confinement (Day 2+) | Up to 30 days per year | \$100 |
| First Day ICU Confinement | Up to 1 day per year | \$600 |
| Daily ICU Confinement (Day 2+) | Up to 30 days per year | \$200 |
| FAMILY CARE | | PLAN 1 |
| Health Screening | Once per per year per covered member | \$50 |
| FEATURES | | PLAN 1 |
| Ability Assist® EAP ³ – 24/7/365 access to help for financial, legal or emotional issues | | Included |
| HealthChampion ^{SM4} – Administrative & clinical support following serious illness or injury | | Included |

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year).⁵

| COVERAGE TIER | PLAN 1 |
|-----------------------|--------------------------|
| Employee Only | \$10.10 (\$0.33 per day) |
| Employee & Spouse | \$20.84 (\$0.69 per day) |
| Employee & Child(ren) | \$18.96 (\$0.62 per day) |
| Employee & Family | \$31.04 (\$1.02 per day) |

ASKED & ANSWERED

IS THIS COVERAGE HSA COMPATIBLE?

If you (or any dependent(s)) currently participate in a Health Saving Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have in addition to a HSA, while still maintaining the tax-exempt status of the HSA.

This plan design was designed to be compatible with Health Savings Accounts (HSAs). However, if you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 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 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

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

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

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.

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is 1/1/2023. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, 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).

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents 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 coverage with you. Your spouse/partner may also continue insurance in certain circumstances.

¹Kaiser Family Foundation, November 2019. Adjusted expenses per inpatient day include expenses incurred for both inpatient and outpatient care; inpatient days are adjusted higher to reflect an estimate of the volume of outpatient services: <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day>, viewed as of 4/16/2021.

²For Hospital Care benefits, when an insured is eligible for more than one benefit in a single day, only the highest benefit will be paid.

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⁵Rates and/or benefits may be changed on a class basis.

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Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.
5962h NS 08/21

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 HOSPITAL INDEMNITY INSURANCE LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered event, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

Other Hospital Indemnity Policy Limitation (Over-insurance Limitation): If an employee is insured under any other hospital indemnity policy underwritten by The Hartford, any claim for benefit is only payable under the one policy elected by the employee (or beneficiary or estate, in the event of death). We will return the amount of premium paid for any other policy that is declined by the employee retroactive to the later of:

- the last date any benefit was paid for any covered person under the other policy
- the effective date of insurance for the employee under the other policy

Exclusions. This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentional self-infliction
- Voluntary intoxication (as defined by the law of the jurisdiction in which the illness or injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a physician or medical professional
- Voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption
- Voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary participation in a riot, or voluntary engagement in an illegal occupation
- Incarceration or imprisonment following conviction for a crime
- Travel in or descent from any vehicle or device for aviation or aerial navigation, except as a fare-paying passenger in a commercial aircraft (other than a charter airline) on a regularly scheduled passenger flight or while traveling on business of the policyholder
- Ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing
- Participation in any organized sport in a professional or semi-professional capacity
- Participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, lugging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities
- Travel or activity outside the United States or Canada
- Active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of the certificate
- Involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer

This insurance also does not provide benefits, unless required by law, for:

- Elective abortion or complications thereof
- Artificial insemination, in vitro fertilization, test tube fertilization
- Sterilization, tubal ligation or vasectomy, and reversal thereof
- Aroma therapeutic, herbal therapeutic, or homeopathic services
- Any mental and nervous disorder, unless specifically allowed by a provision of the certificate
- Substance abuse, unless specifically allowed by a provision of the certificate
- Medical mishap or negligence on the part of any physician, medical professional, or therapist, including malpractice;
- Treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a covered person
- Custodial care, unless specifically allowed by a benefit provision in the certificate or any rider attached to the policy (if applicable)
- Elective or cosmetic surgery or procedures, except for reconstructive surgery:
 - Incidental to or following surgery for disease, infection or trauma of the involved body part
 - Due to congenital anomaly or disease of a dependent child which has resulted in a functional defect
- Dental care or treatment, except for:
 - Treatment due to an Injury to sound natural teeth within 12 months of an accident
 - Treatment necessary due to congenital disease or anomaly

Exclusions will vary by the jurisdiction/state in which the policy is issued.

NOTICES

THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE 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 policy provides limited benefits health 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.

The Policy may provide payment of several benefits as a result of claims from a single hospitalization or covered incident. Payment of one benefit under the Policy does not constitute acceptance of liability for all claims made under the Policy nor does it prohibit Us from further investigation of subsequent claims.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

5962h NS 05/21. Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

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.

Premium Worksheet



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

| VOLUNTARY ACCIDENT INSURANCE | |
|---|--------------------------|
| Monthly Premium Amount (Cost per Pay Period – 12/Year) | |
| COVERAGE TIER | Custom Plan |
| Employee Only | \$6.36 (\$0.21 per day) |
| Employee & Spouse | \$10.02 (\$0.33 per day) |
| Employee & Child(ren) | \$10.62 (\$0.35 per day) |
| Employee & Family | \$16.72 (\$0.55 per day) |

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

| VOLUNTARY HOSPITAL INDEMNITY INSURANCE | |
|---|--------------------------|
| Monthly Premium Amount (Cost per Pay Period – 12/Year) | |
| COVERAGE TIER | PLAN 1 |
| Employee Only | \$10.10 (\$0.33 per day) |
| Employee & Spouse | \$20.84 (\$0.69 per day) |
| Employee & Child(ren) | \$18.96 (\$0.62 per day) |
| Employee & Family | \$31.04 (\$1.02 per day) |

5962h NS 07/21 Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

The Buck's Got Your Back[®]

The Hartford[®] is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Fire 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. © 2020 The Hartford.

This 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. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

FILE A HEALTH SCREENING CLAIM WITH CONFIDENCE



HEALTHY LIFESTYLES ARE REWARDED AT THE HARTFORD

City of Fond du Lac offers Accident, Critical Illness and Hospital Indemnity insurance coverage from The Hartford that includes a health screening benefit. You and each of your dependents are eligible to receive a health screening benefit per covered person for each year that you're enrolled in the plan and upon filing a claim.²

And, if you enroll in more than one coverage, one health screening benefit is eligible for each coverage. Check out the list on the next page to determine if your health screening is eligible for the benefit.

THE HARTFORD MAKES IT EASY TO FILE A CLAIM. JUST FOLLOW THESE STEPS:

▶ STEP 1

Review the list on the next page to determine if your health screening may be eligible for the benefit.

▶ STEP 2

Prepare to file your claim.¹ You'll need the following information:

- Name, address and the group policy number;
- Name of the health screening or test performed and the date completed; and
- Details of where the health screening was received and physician contact information (if applicable).

▶ STEP 3 - OVER THE PHONE

- File your claim by calling **866-547-4205**.
- Phones are open Monday through Friday, 8:00am - 6:00pm EST.

▶ STEP 3 - ONLINE

- Visit the Supplemental Insurance Claims Portal at **[TheHartford.com/benefits/myclaim](https://www.thehartford.com/benefits/myclaim)**.
- Register for access if you have not done so already. (Please note: We must have current eligibility from your benefits administrator for you and any dependents to be eligible to register on the portal.)
- Log in to the portal.
- Click on "Complete Your Claim Form Online" under the Quick Links section.
- Follow the prompts to complete and submit a Health Screening Benefit claim.

▶ NEXT STEPS

- Once the claim has been approved, the standard turnaround time for benefits to be paid is between 3-10 business days.³
- Standard mail times will apply (if applicable).



TO FILE YOUR HEALTH SCREENING CLAIM:

CALL THIS NUMBER:

866-547-4205

Monday through Friday,
8:00am - 6:00pm EST

VISIT US ONLINE:

TheHartford.com/benefits/myclaim

(Submit a claim online or download your health screening benefit form here.)

YOU'LL NEED TO PROVIDE:

- Name, address and the group policy number.
- Name of the health screening or test performed and the date completed.
- Details of where the health screening was received and physician contact info (if applicable).

MAIL OR FAX THE DOCUMENTATION TO:

THE HARTFORD
SUPPLEMENTAL INSURANCE
BENEFIT DEPARTMENT

P.O. Box 99906
Grapevine, TX 76099
Fax Number: 469-417-1952

 (Snap a photo with a mobile device to capture information above.)

ELIGIBLE HEALTH SCREENINGS⁴

- Bone Marrow Testing
- CA15-e (cancer antigen 15-3 blood test for breast cancer)
- CA125 (cancer antigen 125 blood test for ovarian cancer)
- CEA (carcinoembryonic antigen blood test for colon cancer)
- Chest X-Ray
- Colonoscopy
- COVID-19 testing when performed by an appropriately licensed medical professional
- Flexible Sigmoidoscopy
- Hemocult Stool Analysis
- Mammography (including breast ultrasound)
- Pap Smear (including ThinPrep Pap Test)
- PSA (prostate specific antigen blood test for prostate cancer) Serum Protein Electrophoresis
- Biopsy for Skin Cancer
- Blood Test for Triglycerides
- HPV (Human Papillomavirus) Vaccination
- Lipid Panel (total cholesterol count)
- Doppler Screening for Carotids
- Doppler Screening for Peripheral Vascular Disease
- Thermography
- Echocardiogram
- Ultrasound Screening of the Abdominal Aorta for Abdominal Aortic Aneurysms
- EKG
- Stress Test on Bike or Treadmill
- Fasting Blood Glucose Test
- Serum Cholesterol to determine level of HDL & LDL

Coverage availability varies by state. Not all tests are available in all states.

For additional information, call **866-547-4205**
Monday through Friday, **8:00am - 6:00pm EST.**



Business Insurance
Employee Benefits
Auto
Home

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. © 2020 The Hartford.

¹ Claims must be submitted within 12 months of screening date.

² Each person must complete an eligible health screening. Benefit payment is once per year, per covered person.

³ Based on average claims turnaround time.

⁴ This document explains the typical Health Screening Benefits covered, but in no way changes or affects the policy as actually issued. For a full list of benefits covered, please refer to your company's policy booklet.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Critical Illness Form Series includes GBD-2600, GBD-2700, GBD-3600, GBD-3700, or state equivalent. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.

The policy number is 879554

442883 09/20

ADDITIONAL SERVICES



City of Fond Du Lac

If you are enrolled in insurance coverage with The Hartford, you may also be eligible to receive additional services. These services help with challenges that come before and after a claim. Be sure to read the information provided below; The Hartford wants to be there when you need us.

SERVICES AVAILABLE

| COVERAGE ENROLLED IN | ADDITIONAL SERVICES AVAILABLE |
|----------------------|---|
| Accident | Ability Assist Counseling Services Health Champion |
| Critical Illness | Ability Assist Counseling Services Health Champion |
| Hospital Indemnity | Ability Assist Counseling Services Health Champion |

ASKED & ANSWERED

WHAT IS ABILITY ASSIST COUNSELING SERVICES?

Ability Assist^{®1} Counseling Services provides access to Master's degree clinicians for 24/7 assistance if you're enrolled in coverage. This includes 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns.

For more information on Ability Assist[®] Counseling Services:

Call 1-800-964-3577

Visit www.guidanceresources.com

Company name: **Abili** Company ID: **HLF902**

WHAT IS HEALTHCHAMPION?

HealthChampion^{SM5} offers unlimited access to benefit specialists and nurses for administrative and clinical support to address medical care and insurance claims concerns if you're enrolled in coverage. Service includes: claims and billing support, explanation of benefits, cost estimates and fee negotiation, information related to conditions and available treatments, and support to help prepare for medical visits.

For more information on HealthChampionSM Services

Call 1-800-964-3577

Visit www.guidanceresources.com

Company name: **Abili** Company ID: **HLF902**

¹AbilityAssist[®] services are offered through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁵HealthChampionSM services are provided through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn't provide basic hospital, basic medical, or major medical insurance. HealthChampion specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states.

Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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. © 2020 The Hartford.

This Benefit Highlights Sheet is an overview of the non-insurance services being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the services as actually provided. Only the Service Provider can fully describe all of the provisions, terms, conditions, limitations and exclusions of your non-insurance service coverage.

5962a NS 05/21

Benefits Enrollment Form for City of Fond Du Lac Hartford Life and Accident Insurance Company

One Hartford Plaza, Hartford, Connecticut 06155 (A stock insurance company)
The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries.



Instructions: 1) Please print clearly with blue or black ink and provide complete information. (Missing information causes delays.) 2) Please review the applicable benefit highlight/summary information for each product prior to electing coverage. You (employee) and your dependent(s) (if applicable) are only eligible for coverage as allowed by the applicable group policy. 3) For each coverage, please check the appropriate box(es) to elect or decline coverage and enter amounts where necessary. 4) Please sign and date the form. 5) Submit the form as instructed by your benefits administrator by the enrollment deadline. (Do not submit or send the form directly to The Hartford.)

| EMPLOYEE INFORMATION | | | |
|---|--|---------------------------------|----------------------------|
| Name (FIRST MI LAST) | | Employee Social Security Number | Date of Birth (MM/DD/YYYY) |
| Gender <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| Street Address | | City | State Zip Code |
| Date of Hire (MM/DD/YYYY) | | Salary/Earnings | |

| DEPENDENT INFORMATION (ADDITIONAL CHILDREN MAY BE LISTED ON SEPARATE PAPER AND ATTACHED TO/SUBMITTED WITH THIS FORM) | | | | | |
|--|---------------|---|---|---------------|---|
| Spouse Name (FIRST MI LAST) <input type="checkbox"/> N/A | | Date of Birth | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Date Married | |
| Child Name (FIRST MI LAST) | Date of Birth | Gender | Child Name (FIRST MI LAST) | Date of Birth | Gender |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> M <input type="checkbox"/> F |

| IMPORTANT CRITICAL ILLNESS INSURANCE ELIGIBILITY INFORMATION |
|---|
| <p>The following notice(s) apply to all Critical Illness and Voluntary Critical Illness coverage presented on this form:</p> <ul style="list-style-type: none"> Any resident of CA, GA, or NJ (you or your dependent(s)) that does not have major medical insurance (or an equivalent) is not eligible for and should not enroll for critical illness coverage. Any resident of CT, ID, ME, NH or WV (you or your dependent(s)) that participates in any Title XIX program (e.g. Medicaid or any similar name) is not eligible for and should not enroll for critical illness coverage. Any resident of NY (you or your dependent(s)) that does not have major medical insurance (or an equivalent) is not eligible for and should not enroll for critical illness or specified disease coverage. Any resident of NY (you or your dependent(s)) that has coverage under any other specified disease policy is not eligible for and should not enroll for this specified disease coverage, unless the existing coverage is to be replaced in full by this coverage. <p>CRITICAL ILLNESS INSURANCE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT QUALIFYING HEALTH COVERAGE (“MINIMUM ESSENTIAL COVERAGE”) THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON’T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.</p> <p>THIS IS A LIMITED BENEFIT HEALTH COVERAGE POLICY AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.</p> |

| VOLUNTARY CRITICAL ILLNESS INSURANCE | | | | | | |
|--|-----------------------------------|-----------------------------------|--|---|----------|----------|
| Employee Benefit Amount –Select One Option | | | Coverage Tier – Select One Option | Monthly Premium Amount (Cost per Pay Period – 12/Year) | | |
| | | | | \$10,000 | \$20,000 | \$30,000 |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$30,000 | <input type="checkbox"/> Employee Only | \$_____ | \$_____ | \$_____ |
| | | | <input type="checkbox"/> Employee & Spouse | \$_____ | \$_____ | \$_____ |
| | | | <input type="checkbox"/> Employee & Child(ren) | \$_____ | \$_____ | \$_____ |
| | | | <input type="checkbox"/> Employee & Family | \$_____ | \$_____ | \$_____ |
| <input type="checkbox"/> Decline Coverage | | | N/A | N/A | | |
| Additional Information: <ul style="list-style-type: none"> Your premium amount is based on your age; therefore, your premium amount will change as you grow older. | | | | | | |

IMPORTANT ACCIDENT INSURANCE ELIGIBILITY INFORMATION

The following notice(s) apply to all Accident and Voluntary Accident coverage presented on this form:

- ACCIDENT INSURANCE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT QUALIFYING HEALTH COVERAGE (“MINIMUM ESSENTIAL COVERAGE”) THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON’T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

| VOLUNTARY ACCIDENT INSURANCE | | |
|---|--|---|
| Coverage for Employee & Dependent(s) | Coverage Tier – Select One Option | Monthly Premium Amount (Cost per Pay Period – 12/Year) |
| Custom Plan – 24 hour coverage (On and off-job) | <input type="checkbox"/> Employee Only | \$6.36 |
| | <input type="checkbox"/> Employee & Spouse | \$10.02 |
| | <input type="checkbox"/> Employee & Child(ren) | \$10.62 |
| | <input type="checkbox"/> Employee & Family | \$16.72 |
| | <input type="checkbox"/> Decline Coverage | N/A |

IMPORTANT HOSPITAL INDEMNITY INSURANCE ELIGIBILITY INFORMATION

The following notice(s) apply to all Hospital Indemnity and Voluntary Hospital Indemnity coverage presented on this form:

- Any resident of CA, GA, NJ or NY (you or your dependent(s)) that does not have major medical insurance (or an equivalent) is not eligible for and should not enroll for hospital indemnity coverage.
- Any resident of CT, ID, ME, NH or WV (you or your dependent(s)) that participates in any Title XIX program (e.g. Medicaid or any similar name) is not eligible for and should not enroll for hospital indemnity coverage.
- **HOSPITAL INDEMNITY INSURANCE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT QUALIFYING HEALTH COVERAGE (“MINIMUM ESSENTIAL COVERAGE”) THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON’T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.**
- **HSA COMPATIBILITY.** If you (or any dependent(s)) currently participate in a Health Saving Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have in addition to a HSA, while still maintaining the tax-exempt status of the HSA. The IRS allows additional insurance that provides benefits for “a fixed amount per day (or other period) of hospitalization.” If you participate in an HSA, you should only enroll for a hospital indemnity (HI) plan that is designated as HSA compatible. In any circumstance, if you participate in an HSA, we encourage you to consult your tax advisor for help with making informed decisions about your supplemental health coverage.
- **THIS IS A LIMITED BENEFIT HEALTH COVERAGE POLICY AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

VOLUNTARY HOSPITAL INDEMNITY INSURANCE

| Coverage for Employee & Dependent(s) | Coverage Tier – Select One Option | Monthly Premium Amount (Cost per Pay Period – 12/Year) |
|--------------------------------------|--|---|
| Coverage for illness and injury | <input type="checkbox"/> Employee Only | \$10.10 |
| | <input type="checkbox"/> Employee & Spouse | \$20.84 |
| | <input type="checkbox"/> Employee & Child(ren) | \$18.96 |
| | <input type="checkbox"/> Employee & Family | \$31.04 |
| | <input type="checkbox"/> Decline Coverage | N/A |

| BENEFICIARY DESIGNATION (PLEASE ENSURE YOUR BENEFICIARY DESIGNATION IS CLEAR SO THERE IS NO QUESTION OF YOUR INTENT) | | | | |
|--|---------------|-----|---------------------|-----------|
| This designation is for all group insurance coverage issued by The Hartford for which benefits are payable to a beneficiary or survivor (as indicated by each specific policy) in the event of your death, unless otherwise requested by you in writing. This designation may be changed upon written request. All information requested is required, per beneficiary. If more than one beneficiary is named, the beneficiaries shall share benefits equally unless percentages are stated below. The percentages must total 100% for all Primary Beneficiaries and 100% for all Contingent Beneficiaries. If you need to designate more beneficiaries than space will allow, please include the additional information on a separate paper and attach it to/submit it with this form, clearly stating your name. Please consult your benefits administrator or legal advisor for assistance or additional information. | | | | |
| Primary Beneficiary(ies) (PRIMARY BENEFICIARIES ARE FIRST IN LINE TO RECEIVE BENEFITS IF LIVING AT THE TIME OF YOUR DEATH) | | | | |
| 1) Name (FIRST MI LAST) | Date of Birth | SSN | Relationship to You | Percent % |
| Address (STREET, CITY, STATE & ZIP) | | | Phone Number | |
| 2) Name (FIRST MI LAST) | Date of Birth | SSN | Relationship to You | Percent % |
| Address (STREET, CITY, STATE & ZIP) | | | Phone Number | |
| Contingent Beneficiary(ies) (CONTINGENT(S) WILL RECEIVE BENEFITS IF NO PRIMARY BENEFICIARY IS ALIVE AT THE TIME OF YOUR DEATH) | | | | |
| 1) Name (FIRST MI LAST) | Date of Birth | SSN | Relationship to You | Percent % |
| Address (STREET, CITY, STATE & ZIP) | | | Phone Number | |
| 2) Name (FIRST MI LAST) | Date of Birth | SSN | Relationship to You | Percent % |
| Address (STREET, CITY, STATE & ZIP) | | | Phone Number | |

| CONFIRMATION & SIGNATURE | |
|--|-------------------|
| By signing below: <ul style="list-style-type: none"> I acknowledge that I have been given the opportunity to enroll in the insurance coverage offered by my employer. I understand and agree that: 1) If I decline coverage now, but later decide to enroll, I may be required to provide evidence of insurability that is satisfactory to The Hartford and be approved for such coverage before it becomes effective; 2) My request for coverage may be denied by The Hartford; 3) Insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy; 4) Only the insurance policy(ies) issued to my employer can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance coverage; 5) In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy; 6) No insurance will be valid or in force if I am not eligible in accordance with the terms of the group policy(ies) as issued to my employer; and 7) If group participation requirements are required and are not met, the policy(ies) may not be implemented and the coverage I have elected may not be in force. I authorize payroll deductions from my wages to cover my cost of coverage where applicable. I understand that any premium amounts indicated on this form are estimates, which are subject to change based on the final terms of the applicable policy, and may be subject to ongoing change based on my age and/or earnings. I also understand that rates and benefits may be changed by the insurer. I have read and understand the "Important Notice – Fraud Warning Statements" that applies to my state of residence. | |
| Employee Signature | Date of Signature |

END OF FORM – PLEASE REVIEW THE “IMPORTANT NOTICE – FRAUD WARNING STATEMENTS” ON THE FOLLOWING PAGE

Benefits Enrollment Form

Important Notice – Fraud Warning Statements

Hartford Life and Accident Insurance Company

One Hartford Plaza, Hartford, Connecticut 06155 (A stock insurance company)
The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries.



Please read the statement that applies to your state of residence prior to signing the enrollment form.

For residents of all states EXCEPT Arizona, California, Colorado, Florida, Kentucky, Maine, Maryland, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California: The falsity of any statement in the application for any policy covered by this chapter shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

For residents of New Mexico and North Carolina: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be submit to civil fines and criminal penalties.

For residents of New York (not applicable to Life Insurance): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

For residents of Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.