



**2026  
2027**



**EMPLOYEE BENEFITS BOOKLET**

# WELCOME

To your employee benefits package

## KEY CONTACT INFORMATION



### Human Resources

Telephone: (772) 871-1702, Ext. 120  
hr@calvarypsl.com



### All Atlantic Benefits

#### Jacqueline Francois

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#### Haydee Millan-Feliz

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Talk/Text: (954) 667-9197

Visit our **Benefits Website** for full plan information and to complete your enrollment:  
[www.calvarypslbenefits.com](http://www.calvarypslbenefits.com)



## OUR CARRIERS

### HEALTH

UnitedHealthcare  
NHP Plans | Telephone: (844) 634-1229  
UHC Plan | Telephone: (800) 782-3740  
www.myuhc.com

### DENTAL

Sun Life  
Telephone: (800) 247-6875, Opt 4  
www.sunlife.com

### VISION

Sun Life  
Telephone: (800) 877-7195  
www.vsp.com

### LEGAL PLAN

Preferred Legal  
Telephone: (888) 577-3476  
www.preferredlegal.com

### GAP

Transamerica / Amwins  
Telephone: (800) 476-4491  
www.webtpa.com

### LIFE | AD&D | DISABILITY

Mutual of Omaha  
Telephone: (800) 769-7159  
www.mutualofomaha.com

### EMPLOYEE ASSISTANCE PROGRAM

Mutual of Omaha  
Telephone: (800) 856-9947  
www.mutualofomaha.com/eap

### ANCILLARY

Mutual of Omaha  
Telephone: (800) 769-7159  
www.mutualofomaha.com

# OPEN ENROLLMENT

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

## PLAN YEAR

June 1, 2026 - May 31, 2027

## NEW HIRE ENROLLMENTS

Effective the first of the month following date of hire

### ELIGIBILITY

Full time employees working 30 or more hours per week are eligible to enroll in the benefits outlined in this guide.

### DEPENDENTS

You may be able to enroll eligible dependents in some of our plans. Eligible dependents include:

- Your spouse
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

### QUALIFYING EVENTS

We are unable to accept changes to benefit elections outside of the annual open enrollment period unless you have a qualifying event. You must notify Human Resources within 30 days of a qualifying event.

Examples of qualifying events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death in a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan


**PLEASE NOTE:** The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.



# ENROLLING IN YOUR BENEFITS

First time logging into Employee Navigator? Register as a New User to get started!

1 Visit <https://www.employeenavigator.com/benefits/Account/Login> and click 'Register as a new user'



Username

Password

Login



[Reset a forgotten password](#)

➔ [Register as a new user](#)

2 Create your Account by completing the information below. Our Company Identifier is **'CalvaryPSL2021'**

Create Your Account

First, let's find your company record

**First Name**

**Last Name**

**Company Identifier**  
(provided by HR)

**PIN**  
(Last 4 Digits of SSN / ID)

**Birth Date**  
(mm/dd/yyyy)

Next »

3 Complete your registration by creating a Username and Password.

Then register a username and password

**Username**

(company email is recommended)

**Password**

(minimum length of 6, number and symbol required)

[show it](#)

You are ready to enroll

# ENROLLING IN YOUR BENEFITS



To begin enrolling visit our benefits website at

<https://www.employeenavigator.com/benefits/Account/Login>

From here, you will need to click login in the top right corner. Use the credentials you created with the registration email to login.

## Step 1

Begin enrolling by click the **Start Enrollment** button on the right side of the home page banner. You are now in the enrollment site. The first step is to confirm the personal data. Once you have reviewed/corrected all the data on this screen. Click **Save & Continue**

## Step 2

Next you will need to confirm your address. Please note: entering and verifying an address is required to complete the enrollment. Once done, click **Save & Continue**

## Step 3

Now you will be asked to enter any dependents you have that you will be enrolling in benefits.

To add, click on **add dependent+** Please note, the SSN is required to enroll in the benefits.

One you have completed entering all of the dependents that will be added to your plans,

Click **Save & Continue**

You will now begin enrolling starting with your medical plan offerings.

Select the dependents that you would like covered by clicking on the radio buttons beside there names. After that, scroll down and select a plan you will be electing, and then click **Save & Continue** .

If you do not wish to elect a particular benefit, select **Don't want this benefits?** then click **Save & Continue** It will then request that you enter a reason for declining that particular benefit.

Once you have moved past this that benefit, you will be taken to the next plan offering. You are required to take a decision on all plans or you will not be able to complete the enrollment.

Once you have completed all of your elections, you will be taken to the Enrollment Summary page. On this page, you can review what you have elected as well as see your total cost per pay period. You will also be able to print the summary.

The complete your enrollment and make you benefits active, click **Click to Sign** to electronically sign your form.

**You have successfully completed your enrollment.**

# MEDICAL INSURANCE



\*Voluntary GAP Benefit

(844) 634-1229 | www.myuhc.com

Plan Name	NHP HMO OA \$3,500 Ded (EKZA)
Network Access	In Network Only
Provider Network	NHP HMO/POS Access
<b>Opportunities For Care</b>	
Preventative Care	Covered 100%
Physician	\$40 Copay   PCP Required
Virtual Visits	Virtual Visits: Covered 100% Telehealth PCP: \$40 Copay   Specialist: \$90 Copay
Specialist	\$90 Copay
Convenience Care Clinic	\$40 Copay
Urgent Care	\$75 Copay*
Emergency Room	30% After Ded*
<b>Diagnostic Services</b>	
Independent Clinical Lab / X-Ray	30% After Ded*
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Designated Network Lab: \$500 Copay* In Network: \$750 Copay
<b>Outpatient &amp; Inpatient Services</b>	
Outpatient Surgery Ambulatory Surgical Center/Hospital	30% After Ded*
Inpatient Hospital	30% After Ded*
Provider Services Inpatient Hospital	30% After Ded*
<b>Pharmacy Benefits</b>	
Prescription	\$10 / \$60 / \$100
<b>Deductible</b>	
Deductible	\$3,500 / \$7,000 (Embedded)
Member Co-Insurance	30%
<b>Maximum Benefits</b>	
Member Out of Pocket Maximum	\$7,500 / \$15,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month of Birth Date

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# MEDICAL INSURANCE



\*Voluntary GAP Benefit

(844) 634-1229 | [www.myuhc.com](http://www.myuhc.com)

Plan Name	NHP Flex HMO OA \$2,500 Ded (EKUF)
Network Access	In Network Only
Provider Network	Florida: NHP HMO/POS Open Access   Out of State: Choice
<b>Opportunities For Care</b>	
Preventative Care	Covered 100%
Physician	\$25 Copay   <b>PCP Required</b>
Telehealth	Virtual Visits: Covered 100% Telehealth PCP: \$25 Copay   Specialist: \$40 Copay
Specialist	\$40 Copay
Convenience Care Clinic	\$25 Copay
Urgent Care	\$50 Copay*
Emergency Room	\$750 Copay*
<b>Diagnostic Services</b>	
Independent Clinical Lab / X-Ray	20% After Ded*
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	<b>Designated Network Lab: \$500 Copay*</b> In Network: \$750 Copay
<b>Outpatient &amp; Inpatient Services</b>	
Outpatient Surgery Ambulatory Surgical Center/Hospital	20% After Ded*
Inpatient Hospital	20% After Ded*
Provider Services Inpatient Hospital	30% After Ded*
<b>Pharmacy Benefits</b>	
Prescription	\$10 / \$60 / \$100
<b>Deductible</b>	
Deductible	\$2,500 / \$5,000 (Embedded)
Member Co-Insurance	20%
<b>Maximum Benefits</b>	
Member Out of Pocket Maximum	\$7,500 / \$15,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month of Birth Date

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# MEDICAL INSURANCE



(800) 782-3740 | [www.myuhc.com](http://www.myuhc.com)

Plan Name	UHC POS HSA \$4,500 Ded Plan (EQ65)	
Network Access	In Network	Out of Network
Provider Network	Choice Plus	
<b>Opportunities For Care</b>		
Preventative Care	Covered 100%	20% After Ded
Physician	0% After Ded	20% After Ded
Telehealth	0% After Ded	20% After Ded
Specialist	0% After Ded	20% After Ded
Convenience Care Clinic	0% After Ded	20% After Ded
Urgent Care	0% After Ded	20% After Ded
Emergency Room	0% After Ded	
<b>Diagnostic Services</b>		
Independent Clinical Lab / X-Ray	0% After Ded	20% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Designated Network: 0% After Ded In Network: 50% After Ded	20% After Ded
<b>Outpatient &amp; Inpatient Services</b>		
Outpatient Surgery Ambulatory Surgical Center/Hospital	0% After Ded	20% After Ded
Inpatient Hospital	0% After Ded	20% After Ded
Provider Services Inpatient Hospital	0% After Ded	20% After Ded
<b>Pharmacy Benefits</b>		
Prescription	0% After Ded	
<b>Deductible</b>		
Deductible	\$4,500 / \$9,000 (Embedded)	\$9,000 / \$18,000 (Embedded)
Member Co-Insurance	0%	20%
<b>Maximum Benefits</b>		
Member Out of Pocket Maximum	\$4,500 / \$9,000 (Embedded)	\$18,000 / \$36,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month of Birth Date	

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# HSA Eligible Expenses



A health savings account (HSA) is a savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses.

## Examples of Eligible Expenses for HSAs:



### Dental Expenses

- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces



### Vision Expenses

- Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK



### Out-of-Pocket Uncovered Medical Care Expenses

- Copays, Coinsurance, Deductible Expenses
- Prescribed Medication (*including insulin and birth control*)
- Prescribed Vitamins



### Lab Exams/Tests

- Blood Tests, Spinal Fluid Tests, Urine/Stool Analyses
- Cardiographs
- Diagnostic Fees, Laboratory Fees
- X-Rays
- At-Home COVID-19 Testing



### Medical Treatments/Procedures

- Acupuncture, Chiropractor
- Hearing Exams, Hearing Aids and Batteries
- Individual Behavioral or Mental Health
- Infertility, In-vitro Fertilization
- Inpatient treatment for addiction to alcohol/drugs
- Physical Therapy, Speech Therapy
- Sterilization, Vasectomy and Vasectomy Reversals
- Vaccinations and Immunizations
- Well Baby Care



### Medical Supplies and Services

- Abdominal/Back Supports, Arch Supports/Orthopedic Insoles (*not for general comfort*) or Diabetic Shoes
- Blood Pressure Monitors
- Breast Pumps and Lactation Supplies
- Compression Hosiery above 30 mmHg
- Contraceptives, Norplant Insertion or Removal
- Counseling (*except for Marriage and Family*)
- Crutches, Wheelchair, Oxygen Equipment, Splints/Casts
- Medic Alert Bracelet or Necklace
- Hospital and Ambulance Services
- Insulin Supplies, Syringes
- Guide Dog (*for visually/hearing impaired person*)
- Mastectomy Bras, Prosthesis
- Medical Miles, Tolls, Parking, or Transportation Expenses (*essential to medical care*)
- Pregnancy Tests, Pre-Natal Vitamins

# MEMBER SERVICES

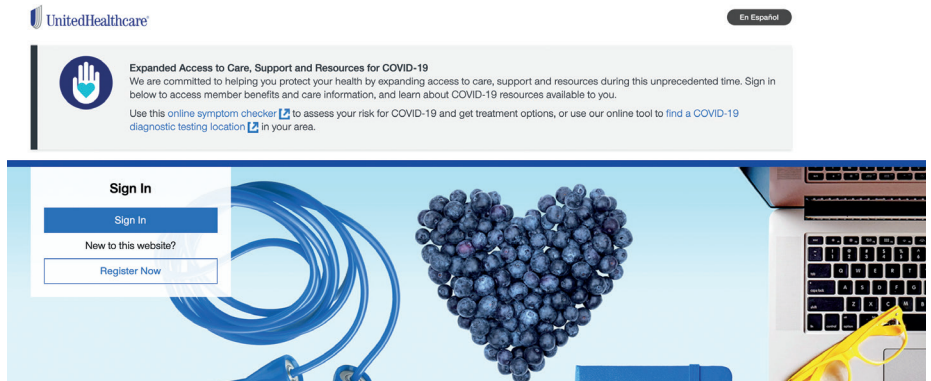


NHP (844) 634-1229 | UHC (800) 782-3740 | [www.myuhc.com](http://www.myuhc.com)

Get answers about your benefits, claims and more by registering at [myuhc.com](http://myuhc.com). Download the UnitedHealthcare App it makes the online pharmacy experience simple and possible. Get access today by following the simple steps listed below.

## Registration is quick and simple at MyUHC.com

1. Go to [myuhc.com](http://myuhc.com)
2. Click the "Register Now" button
3. Enter your name, date of birth and the account numbers from your health plan ID card. Or, enter your Social Security number and your date of birth
4. Create a username and password
5. Enter your email address and optional phone numbers, and choose security questions.
6. Reviewing and agree to the website policies, and be sure to keep the email opt-in checked so you get relevant new and wellness information



Sign in for a personalized view of your benefits.

Find information and tools designed to make it easier to use your benefits. It takes just minutes to [register](#) - and you'll instantly get 24/7 access to manage your plan.

By registering, you will also get Explanation of Benefits, claim letters, regulatory notices and other important information by email. You may choose to get paper communications at any time by changing your Mailing preferences.

### On [myuhc.com](http://myuhc.com), you can:

- Check past and current statements and claim status.
- Review eligibility and look up benefits.
- Find a hospital or doctor, including UnitedHealth Premium® designated physicians.
- Print a temporary health plan ID card or request a replacement card.
- Take a health assessment and participate in online programs designed to help you set goals toward your health objectives.
- Learn about health conditions, symptoms and the latest treatment options.
- Use the Personal Health Record to organize and store your health data in one convenient, confidential place.

## UnitedHealthcare® App

The UnitedHealthCare® App makes the online pharmacy experience as simple as possible. You can easily:

- Search drug prices at multiple pharmacies
- Locate a network pharmacy
- Manage medication reminders
- Access your ID Card if your plan allows

Manage OptumRx® home delivery orders:

- Transfer a prescription to home delivery
- Track your home delivery order
- Refill a home delivery prescription

## The most convenient way to manage your prescriptions

Get the app and log on with Touch ID®



**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# DESIGNATED PROVIDER BENEFIT



NHP | Designated Provider



## Say hello to the Designated Diagnostic Provider benefit

### More value for you, more savings for employees

Designated Diagnostic Providers (DDPs) are imaging services providers that meet certain quality and efficiency requirements. When your employees choose a DDP for their outpatient imaging services, they'll receive the highest level of benefit from their health plan. This means more value for imaging services—and more value for your employees.

### Look for the green check

Participating imaging providers will be designated in the provider search on [myuhc.com](https://myuhc.com).

**XYZ Imaging Center**  
**X-ray and Radiology Facility**  Designated Diagnostic Provider  
1010 Any Highway  
Big City, ST 12345  
(123) 456-7890 PHONE  
4.1 Miles Away | [Get Directions](#)

Imaging services performed by a non-DDP can cost on average 3 to 5 times more than services performed by a DDP. Here's an example.

	Florida	
	DDP	Non-DDP
CT scan	\$315	\$1,257
MRI	\$541	\$1,603

Source: 2019 UnitedHealthcare claims data.





UHC | Designated Diagnostic Provider

### UHC Members

Reminder to search for Designated Diagnostic Providers (DDPs) for both your lab **and** imaging services.

### Look for the green check

Participating labs will be designated in the provider search on [myuhc.com](https://myuhc.com). Look for this icon:

**ABC Laboratory**  
**Laboratory**  Designated Diagnostic Provider  
1234 Any Street  
Any City, State 12345  
(123) 456-7890 PHONE  
5.9 Miles Away | [Get Directions](#)

### What is a DDP?

DDPs are labs committed to improving access, quality and service at a lower cost.

Participating labs include:

- AmeriPath/DermPath
- BioReference
- GeneDx
- Invitae
- LabCorp & Subsidiaries
- Mayo Clinic Laboratories\*
- Millennium Health
- Quest Diagnostics
- Hospital and freestanding labs meeting quality and efficiency requirements

Note: Participating DDP providers are subject to change upon annual review process and contracting work is ongoing and will expand DDP to include additional facilities.

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.



# Visit with a provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a provider by phone or video<sup>1</sup> through **myuhc.com**<sup>®</sup> or the UnitedHealthcare<sup>®</sup> app



## Another way to get care

Providers can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,<sup>2</sup> if permitted needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$0.<sup>3</sup>**

### Consider 24/7 Virtual Visits for these common conditions and more

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes

# \$0 cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000<sup>4</sup> cost down to \$0.

## Get started

Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) | Call the number on your health plan ID card | Download the UnitedHealthcare app

# United Healthcare<sup>®</sup>

<sup>1</sup> Data rates may apply.

<sup>2</sup> Certain prescriptions may not be available, and other restrictions may apply.

<sup>3</sup> The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change.

<sup>4</sup> Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated urgent care savings are based on the difference between an average urgent care visit cost of \$180 and a Virtual Visit cost of \$0; \$2,000 difference between the average emergency room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and are not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare<sup>®</sup> app is available for download for iPhone<sup>®</sup> or Android<sup>®</sup>. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

# MEMBER SERVICES

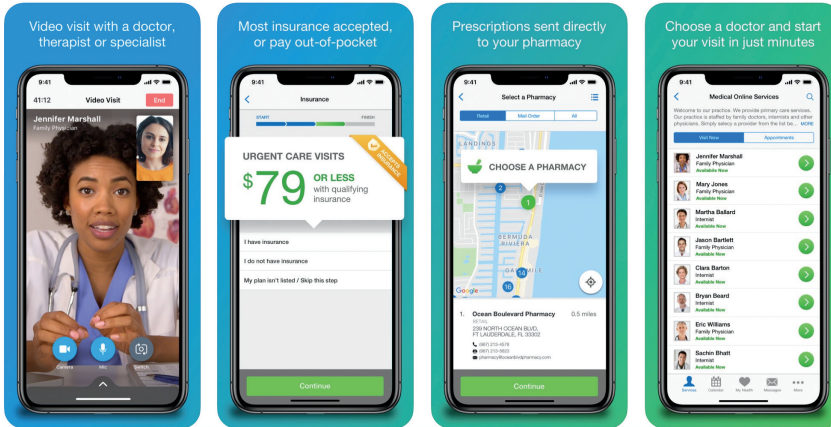


A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription\*, if needed, that you can pick up at your local pharmacy.

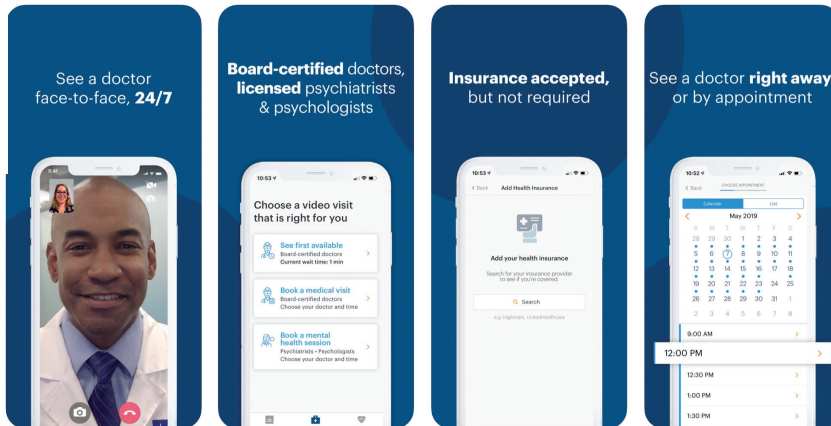
## Get access to care online. Any where. Any time.



**Amwell.com**



**doctorondemand.com**



Note: Doctor on Demand does not support any version of Internet Explorer®

## A Virtual Visit lets you see talk with a doctor from your laptop or mobile device.

You have access to a network of Virtual Visits provider groups. To learn more about Virtual Visits and our network please log into myuhc.com® or the UnitedHealthCare app.

Once you choose a Virtual Visit provider group you'll be directed to their website from myuhc.com or their app from UnitedHealthcare app. You also have the option of going directly to their website or app to access care. You can download their app directly from Google Play or The Apple® App Store®.

Virtual Visits are covered under your health plan benefits either way you decide to access care.



## Tips for registering:



Locate your member ID number on your health plan ID card



Or Look up your number on myuhc.com



Have your primary care provider name and medical history ready



Choose a pharmacy that's open in case you're given a prescription.

## When to use Virtual Visits:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

## Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/broken bones

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# GAP INSURANCE



(800) 476-4491 | [www.webtpa.com](http://www.webtpa.com)



## MORE SOLUTIONS TO MEET EMPLOYEE NEEDS

*TransConnect* covers certain out-of-pocket expenses such as deductibles, co-pays, and co-insurance that are incurred in inpatient and select outpatient settings.

### INPATIENT HOSPITAL BENEFITS

**Option 1: \$1,000 per Covered Person, 3 times per Family**  
**Option 2: \$2,000 per Covered Person, 3 times per Family**

- You determine the *TransConnect* Inpatient Hospital Benefit plan year maximum for your employee
- The benefit amount selected is per insured person (or multiplied by three, for an insured family)
- This policy pays out-of-pocket costs for: inpatient hospital stays, inpatient procedures, inpatient physician charges, inpatient mental health and substance abuse treatment, routine nursery care for dependent children

### OUTPATIENT HOSPITAL BENEFITS

**Option 1: \$1,000 per Covered Person, 3 times per Family**  
**Option 2: \$2,000 per Covered Person, 3 times per Family**

The policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- X-rays, MRIs, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident or sickness in a hospital emergency room (ER) or urgent care center
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center

### AMBULANCE BENEFIT

**Option 1: \$2,000 per Covered Person, 3 times per Family**  
**Option 2: \$2,000 per Covered Person, 3 times per Family**

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

### ADDITIONAL BENEFIT OPTIONS

**Enhanced Outpatient Benefit Rider** includes options for:

Laboratory testing — includes tests performed in an independent laboratory

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# DENTAL INSURANCE



(800) 247-6875, Opt. 4 | [www.sunlife.com](http://www.sunlife.com)

Plan Name	PPO Plan	
	In Network	Out of Network
Network	Sun Life Dental Network	
Individual Deductible	\$50	\$100
Family Deductible	\$150	\$300
Waived for Preventative	Yes	
Deductible Calendar Year or Lifetime	Calendar Year	
Annual Maximum	\$2,500	
Preventative - Type 1	100%	100%
Basic - Type 2	100%	80%
Major - Type 3	50%	50%
Ortho - Type 4	50%	
Ortho Age Limit	Adult & Child(ren) to Age 26	
Ortho Maximum	\$1,000	
Endodontics	Basic	
Periodontics - Non-Surgical	Major	
Periodontics - Surgical	Major	
Oral Surgery (Simple)	Basic	
Oral Surgery (Complex)	Major	
Implants	Major	
Out-of-Network Reimbursement	Fee Schedule	
Dependent Child/Student Age	Up to Age 26, benefits will terminate at end of the month of Birth Date	

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# VISION INSURANCE



(800) 877-7195 | [www.vsp.com](http://www.vsp.com)

Plan Name	Vision
	In Network Copays & Allowances
Network	VSP
Exam Copay	\$10 Copay
Materials Copay	\$10 Copay
Frequency - Exam / Lenses / Frames	12 / 12 / 24
Single Lenses	Covered in full after copay
Bifocal Lenses	
Trifocal Lenses	
Lenticular Lenses	
Frames - After Copay	\$250 Copay
Contacts (Elective)	\$250 Copay
Dependent Child/Student Age	Up to Age 26, benefits will terminate at end of the month of Birth Date

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# LIFE INSURANCE



(800) 769-7159 | [www.mutualofomaha.com](http://www.mutualofomaha.com)

## EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

Calvary Port Saint Lucie provides Employer Paid Life Insurance and AD&D to all **Full-Time Employees** eligible for benefits in the amount of **\$50,000**.

## VOLUNTARY LIFE & AD&D

### Employee Benefits

Benefit Amount:

- Choice of \$10,000 Increments
- Not to exceed 5 times your annual salary
- Maximum Amount \$300,000

### Guarantee Issue:

- Up to \$50,000 for New Hires at Initial Enrollment/Election
- Late Enrollments will require an Evidence of Insurability

### Child Benefits

- \$10,000 Child: 14 days to Age 26
- Employee must elect coverage in order to enroll child(ren)

### Other Benefits Included:

- Living Care/Accelerated Death Benefit
- Waiver of Premium
- Portability
- Conversion

### Your Benefits Will Reduce:

- 50% at Age 70

## DISCLOSURES

Accidental Death and Dismemberment (AD&D) pays the Principal Sum Amount for the loss of life due to an accident or the loss of 2 or more members such as hand, foot, or eye.

Half the Principal Sum is payable for the loss of one member.

Please refer to the certificate of insurance for full policy details, benefits, and restrictions.

Rate information can be found in your enrollment kit or platform.

Exclusions may apply.

### Spousal Benefits

Benefit Amount:

- Choice of \$5,000 Increments
- Not to exceed 100% of Employee's elected amount
- Employee must elect coverage in order to enroll spouse
- Coverage will terminate at Age 70

### Guarantee Issue:

- Up to \$25,000 for New Hires at Initial Enrollment/Election
- Late Enrollments will require an Evidence of Insurability
- Spouse coverage terminates when Employee reaches Age 70

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# DISABILITY INSURANCE



(800) 769-7159 | [www.mutualofomaha.com](http://www.mutualofomaha.com)

## VOLUNTARY SHORT TERM DISABILITY

### All Eligible Full-Time Employees

Elimination Period	7 <sup>th</sup> Day Accident and 7 <sup>th</sup> Day Sickness
Maximum Weekly Benefit	60% Of Your Weekly Salary Up To \$1,000
Benefit Duration	12 Weeks
Pre-Existing Period	3 months / 6 months

## VOLUNTARY LONG TERM DISABILITY

### All Eligible Full-Time Employees

Elimination Period	90 Days
Maximum Monthly Benefit	60% Of Your Monthly Salary Up To \$3,000
Benefits Duration	Later of Age 65 or SSNRA
Own Occupation	24 Months
Pre-Existing Period	3 months / 12 months

## DEFINITIONS AND REQUIREMENTS

**Elimination Period:** The number of days you must be disabled before benefit payments begin.

**Maximum Benefit:** The benefit amount you will receive when you are disabled.

**Benefit Duration:** The maximum period of time that benefits will be paid during a period of disability.

**Definition of Disability:** Disability means you are unable to perform the main duties of your occupation on a full-time basis due to non-work related injury or sickness. Please see the summary of benefits for more detail.

**Eligibility Requirements:** You must be a permanent employee regularly scheduled to work at least 30 hours per week, be actively at work on the coverage effective date.

**Program Effective Date:** The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# SUPPLEMENTAL BENEFITS



(800) 769-7159 | [www.mutualofomaha.com](http://www.mutualofomaha.com)

## Group Accident

Group Voluntary Accident Insurance pays benefits for on- and off-the-job accidents, plus some benefits that correspond with medical care. And, because accident insurance is supplemental, it pays in addition to other coverage you may already have in place. This coverage pays a benefit up to a specified amount for accidental death, dismemberment, dislocation or fracture, initial hospital confinement, hospital confinement, intensive care, ambulance service, medical expenses and Outpatient Physician's Treatment.

<u>Coverage Type</u>	<u>Benefits</u>
❖ Hospital Admission	\$2,000
❖ Hospital Confinement	\$500 per Day
❖ ICU Confinement	\$1,000 per Day

## Group Hospital Indemnity

When admitted or confined to the hospital not only can it be stressful, but expenses can add up quick and can catch you off guard. With a Hospital Indemnity plan, you can be better able to handle the accompanying medical expenses and daily living expenses.

❖ Hospital Admission	\$1,000 per Admission
❖ ICU Admission	\$2,000 per Admission
❖ Daily Hospital Confinement	\$100 per Day
❖ Daily ICU Confinement	\$200 per Day

## Group Critical Illness

**You can't predict the future, but you can plan for it.**

Group Voluntary Critical Illness Insurance can help give you the power to take control of your health when faced with a covered illness. This insurance pays benefits that can be used for non-medical expenses that health insurance might not cover. The cash benefit is in the form of a lump-sum payment, which is paid to the employee after a covered diagnosis.

<b>COVERAGE GUIDELINES</b>	<b>COVERAGE AMOUNT</b>
<b>For You &amp; Spouse</b> Spouse 50% of the employee's benefit amount	Employee: \$10,000   \$20,000   \$30,000 Spouse: \$5,000   \$10,000   \$15,000
<b>Child(ren)</b> Benefit for each Child Benefit begins at Birth and Terminates at Age 26	50% of employee benefit, up to \$15,000 Benefit amounts are guaranteed

**SPECIAL NOTE:** The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

# VALUE ADDED SERVICES

Mutual of Omaha | [www.mutualofomaha.com](http://www.mutualofomaha.com) | (800) 316-2796



Mutual of Omaha

## Employee Assistance (EAP)

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

- Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including: Emotional well being, family and relationships, legal and financial matters.
- Access to EAP professionals 24 hours a day, seven days a week. Three face to face sessions.
- Provides information and referral resources.
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals

## Travel Assistance

**US Inquiries: 800-856-9947**

**Outside the US call collect:  
312-935-3658**

- Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.
- Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.
- Offering Pre Trip Assistance, Medical Assistance, Identity Theft Protection and Emergency Travel Support.
- Enjoy Your Trip - We'll Be There If You Need Us - 24/7

## Will Preparation by Epoq

[www.willprepservices.com](http://www.willprepservices.com) Code: MUTUALWILLS

- Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.
- Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.
- That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).
- Easy, Free and Secure
- Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.
- Provides the following FREE documents: Last Will & Testament, POA, Healthcare Directive, Living Trust

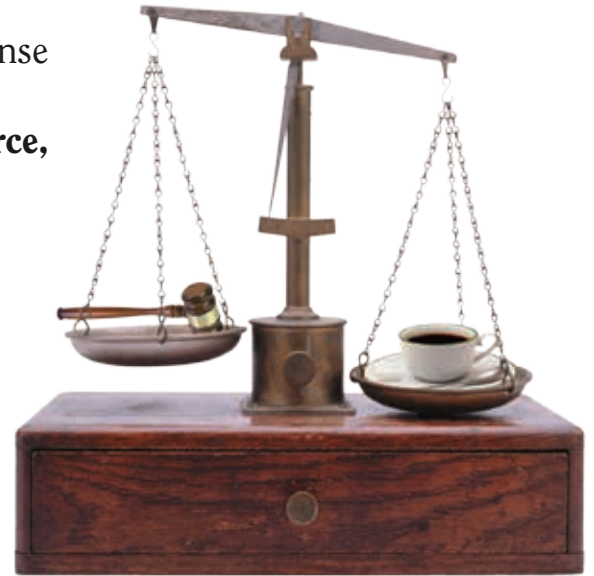
# *PREFERRED LEGAL PLAN™*



A New Wave of Legal Representation™

## **Have Your Own Attorney on Retainer for Less than the Cost of a Cup of Coffee a Day!**

The Preferred Legal Plan™ (“PLP”) is a licensed legal expense organization providing its members with full service and representation on all types of legal services, including **divorce, traffic tickets, buying or selling a home, bankruptcy, wills, probate, DUI, immigration, credit report issues, child support, custody and visitation, garnishments, loan modifications, foreclosures, criminal defense, litigation, small claims court, personal injury, landlord-tenant disputes, domestic violence and more.** PLP provides these services for the affordable price of \$13.95 per month.



- **FREE** unlimited legal advice via phone consultation
- **FREE** face-to-face consultations with attorneys
- **FREE** review of legal documents (real estate contracts, lease agreements, etc.)
- **FREE** letters and phone calls to third parties on your behalf
- **FREE** credit report analysis and repair and settling accounts in collection
- **FREE** Identity Theft information and restoration
- **FREE** simple Wills for member and spouse (or domestic partner)
- **FREE** legal forms available through PLP Form Library
- **FREE** notary services
- **Up to 70% reduced legal fees** for attorney representation on all types of legal services
- **24 hours a day, 7 days a week** access
- **Access to PLP’s statewide panel** of quality attorneys located throughout Florida
- **Spouse, dependent children and entire household are covered** for one low price.
- **All communications** are strictly confidential.
- **Tri-lingual attorneys.** Se habla español. Nou pale Creol.
- **Unlimited, immediate use of membership.** All pre-existing issues covered.
- **No long-term contracts.** You may cancel at any time. Membership is portable.

*Questions? Contact PLP toll-free at 888-577-3476.*

*[www.preferredlegal.com](http://www.preferredlegal.com)*

# DISCLOSURES

## Medicare Part D

**This notice officially confirms** the fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is November 15th to December 31. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about \$32-\$37/Month. If you do decide to enroll, coordination of benefits will be required.

On Medicare Part D, you can read the "Medicare & You" Hand book which will be mailed to you during October. Visit [www.medicare.gov](http://www.medicare.gov) on the web or call 1-800 MEDICARE (633-4227) - TTY users should call 1-877-846-2048

## Section 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

**If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event.** Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

## COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

## Medicaid CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

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

# GLOSSARY OF TERMS

**FLORIDASTATUTE:** Dependent Children—yours and your spouse's. Dependent Children must be: A dependent child from the end of the calendar year in which the child turns age 26 until the end of the calendar year in which the child turns age 30 provided the child is: Unmarried | A resident of Florida or a full-time student | Not eligible for Medicare and is not covered under another group or individual health benefit plan.

**COPAYMENT:** A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

**COINSURANCE:** Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

**DEDUCTIBLE:** A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays do not apply to the deductible. For example, if your plan's deductible is \$2,500, you'll pay 100 percent of eligible healthcare expenses until you have met the \$2,500 deductible. After that, you share the cost with your plan by paying coinsurance.

**FORMULARY:** A list of prescription drugs covered by the plan. Also called a drug list.

**IN-NETWORK:** A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

**IN-NETWORK:** Health care received from your primary care physician or from a specialist within an outlines list of health care practitioners.

**OUT-OF-NETWORK:** Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

**OUT-OF-POCKET MAXIMUM:** This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

**HIGH DEDUCTIBLE HEALTH PLAN (HDHP):** This is a type of medical plan that requires the member to reach a deductible prior to having services covered by coinsurance. All expenses paid by the member count toward the deductible and out-of-pocket maximum.

## PRESCRIPTION DRUGS

**RETAIL PHARMACY:** includes independent, supermarket, and chain pharmacies that dispense prescription medications.

**TIER 1—PREFERRED GENERIC:** are lowest in cost. They are equivalent to a brand-name product in dosage, strength, performance, and intended use. Ask your doctor to authorize generic substitutions when medically appropriate.

**TIER 2—PREFERRED BRAND-NAME DRUGS:** are more costly because they are produced and sold only by one company that holds a patent.

**TIER 3—NON-PREFERRED GENERIC AND BRAND-NAME:** are even more costly under our plans. These drugs are patent-pending and have just recently become available in the market.

**SPECIALTY DRUGS:** are high-cost drugs to treat rare and/or complex conditions. Typically self-injectable drugs are included in this category. Specialty drugs must be obtained through the Aetna Specialty Pharmacy.

**MAIL ORDER:** delivers a 90-day supply conveniently right to your door and helps you save a little bit of money on copays in addition to having fewer refills throughout the year.

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