2026
BENEFITS GUIDE

TABLE OF CONTENTS

Our Commitment	3
Important Contacts	4
Eligibility	5
Changing Your Benefits	6
Dental Insurance	7
Vision Insurance	8
Life and AD&D Insurance	9-10
Voluntary Benefits	11-16
Employee Assistance Program	17
How to Enroll in Benefits	18

OUR COMMITMENT

At Hillsborough County Firefighters Association Local 2294, we know how important it is to offer meaningful benefits to our members. We are committed to providing a range of plan and coverage options that support our employees and their families—because we understand that every family's needs are unique.

This guide is designed to provide an overview of the coverages available. Local 2294 reserves the right to amend or change benefits offerings at any time. This guide is not a Summary Plan Description (SPD) nor a contract or guarantee of benefits coverage. Official plan and insurance documents that govern your rights and benefits, including covered benefits, exclusions and limitations, will be posted on Employee Navigator. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

EMPLOYEE CARE CENTER

At The Baldwin Group, we believe employees are truly the greatest assets of any organization. That's why we have established our Employee Care Center (ECC)—a dedicated resource to help you understand your benefits and make informed healthcare decisions.

What the ECC offers:

- **Healthcare Navigation:** We'll guide you through the healthcare system, help you find cost-saving options, and show you how to use helpful self-service tools.
- **Clinical & Claims Support:** Need help understanding a bill or your coverage? Our team is here for you—including bilingual support in Spanish.
- **Confidential & Compliant:** Your privacy is our priority. All support is HIPAA-compliant and completely confidential.

Let us support you on your health and wellness journey, every step of the way.

ECC Hours: Monday–Friday, 8 am–5 pm EST

Call: 866-784-2242 | Email: mybenefits@baldwin.com

Scan the QR code to add us to your contacts!

IMPORTANT CONTACTS

COVERAGE & CARRIER	PHONE NUMBER	WEBSITE / EMAIL
Employee Care Center	866-784-2242	mybenefits@baldwin.com
Local 2294: Brandon Yates	813-842-5057	b.yates1311@gmail.com
Dental | Life and AD&D: Guardian	800-541-7846	www.guardianlife.com
Vision: Guardian	877-814-8970	www.guardianlife.com
Whole Life | Accident | Cancer | Critical Illness | Hospital Indemnity: Allstate	800-521-3535	www.allstatebenefits.com
Legal: US Legal Services	800-356-5297	uslegalservices.net/family-defender
ID Theft: US Legal Services	800-356-5297	uslegalservices.net/identity-defender
Pet Insurance: Nationwide	877-738-7874	https://partnersolutions.nationwide.com/pet/hcfflocal2294/
EAP: Uprise Health (through Guardian)	800-386-7055	worklife.uprisehealth.com Access code: worklife

HOW TO ENROLL IN BENEFITS

To enroll in your benefits visit Employee Navigator's website at employeenavigator.com/benefits/Account/Login. Step-by-step instructions can be found on page 18.

BENEFITS ENROLLMENT CHECKLIST

There are a number of things you can do to best prepare yourself for enrolling in your health benefits. Here are a few things to keep in mind:

- Review the Local 2294 Employee Benefits Guide which highlights all of our benefit options for the 2026 plan year.
- You can make all of your benefit elections online. Log into Employee Navigator to verify your personal information, elect, decline, make changes, or terminate benefits.
- Update or identify a beneficiary designation for your life insurance. You may log into Employee Navigator to update your beneficiary as needed.
- If you are enrolling dependents in benefits, be sure to gather any documents or information needed to enroll them. (Example: social security number, contact information, etc.)
- Before submitting your final benefit decisions, review and finalize all of your elections.

ELIGIBILITY

MEMBERS

Members with full-time status, who work at least 30 hours a week, are eligible for insurance benefits effective on the first of month coinciding with the date of hire.

DEPENDENTS

You may also elect coverage for your dependents in some circumstances. Eligible dependents may include your spouse, domestic partner and dependent children.

The term child includes:

- A natural or legally adopted child.
- A foster child, if placed in your home with state statutes prior to their 18th birthday.
- A spouse's child(ren) residing with you and dependent upon you for support; or a child whom you or your spouse have a legal obligation to support, even though not living with you.

COVERAGE	MAX AGE	END DATE
Dental	26	The day the child reaches the maximum age
Vision	26	The day the child reaches the maximum age
Voluntary Life and AD&D	26	The day the child reaches the maximum age
Accident | Cancer | Critical Illness | Hospital Indemnity	26	The day the child reaches the maximum age
Legal | ID Theft	26	The day the child reaches the maximum age

CHANGING YOUR BENEFITS

SECTION 125 | PRE-TAX BENEFITS

Some of the benefits offered by Local 2294 are covered under the IRS Section 125 plan. This plan allows your premium contributions to be taken out of your paycheck before taxes are applied. This results in a greater take home pay for you. Because your share of the cost of the plan is taken from your paycheck on a pre-tax basis, the IRS requires that you only change your elections during Open Enrollment or when you experience a Qualifying Life Event.

EXAMPLES OF QUALIFYING LIFE EVENTS INCLUDE:

Marriage, divorce, legal separation or annulment

Birth, adoption, or death of a child or spouse

Qualified Medical Child Support Order (QMCSO)

Change in your dependent's eligibility status

Loss of coverage from another health plan

Change in your residence or workplace (if your benefit options change)

Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)

Eligibility for a state's employer plan premium assistance program

If you would like to make a benefit change due to a status change, you must notify HR within 30 days of the life event. Otherwise, no changes will be allowed until the next annual Open Enrollment. Remember, if you change your benefit elections, your premium contributions will change.

HEALTHCARE TERMS TO KNOW

Copay

A fixed dollar amount that you pay for certain covered services. Typically, your copay is due up front at the time of service.

Deductible

The amount that you must pay each year for certain covered health services before the insurance plan will begin to pay.

Coinsurance

After you meet your deductible, you may pay a coinsurance, which is your share of the costs of a covered service.

Out-of-Pocket Maximum

Includes copays, deductibles, and coinsurance. Once you meet this amount, the plan will pay 100% of covered services the rest of the year.

Guardian

DENTAL BENEFITS

A printed ID card is not needed to receive benefits from dental providers. Members can give their name, carrier, and group policy number to verify coverage. Should you need an ID card, you can access it online.

	DHMO	Low Plan	High Plan
Network Name	Managed Dental Care	DentalGuard Preferred	DentalGuard Preferred
Individual / Family Deductible	N/A	$0	$50 / $150
Calendar Year Maximum	Unlimited	$2,000	$2,500
Preventive Care	Copay Schedule	0%	0%
Basic Services	Copay Schedule	20% after Deductible	0% after Deductible
Major Services	Copay Schedule	50% after Deductible	40% after Deductible
Endodontic Oral Surgery Covered Under	Copay Schedule	Basic Services	Basic Services
Periodontic Oral Surgery Covered Under	Copay Schedule	Basic Services	Basic Services
Orthodontia Benefit Percentage	Copay Schedule	Not Covered	50%
Orthodontia Lifetime Maximum	Copay Schedule (Adult & Children)	N/A	$1,000 Child(ren) Only
OUT-OF-NETWORK BENEFITS			
Individual / Family Deductible	N/A	$50 / $150	$50 / $150
Preventive Services	Not Covered	0%	0%
Basic Services	Not Covered	50% after Deductible	20% after Deductible
Major Services	Not Covered	75% after Deductible	50% after Deductible

BI-WEEKLY DEDUCTIONS

	DHMO	Low Plan	High Plan
Member Only	$6.12	$10.42	$16.62
Member + Spouse	$12.24	$23.74	$36.37
Member + Child(ren)	$12.73	$26.59	$45.35
Member + Family	$19.90	$37.14	$62.82

Guardian

VISION BENEFITS

A printed ID card is not needed to receive benefits from vision providers. Members can give their name, carrier, and group policy number to verify coverage. Should you need an ID card, you can access it online.

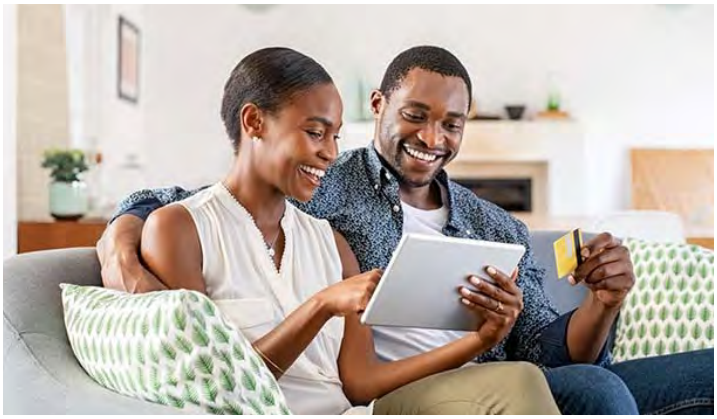
Network Name	VSP
EXAM	
Exam Copay	$10
Exam Frequency	Once Every Calendar Year
LENSES	
Lenses Copay	$10
Lenses Frequency	Once Every Calendar Year
FRAMES	
Frames Allowance	$130 + 20% off the balance
Frames Frequency	Once Every Other Calendar Year
CONTACT LENSES	
Contact Lenses Allowance	$130
Contact Lenses Frequency	Once Every Calendar Year
OUT-OF-NETWORK BENEFITS	
Exam Allowance	Up to $39
Lenses Allowance	Up to $23
Frames Allowance	Up to $46
Contact Lenses Allowance	Up to $100

BI-WEEKLY DEDUCTIONS

Member Only	$3.66
Member + Spouse	$5.94
Member + Child(ren)	$6.85
Member + Family	$9.25

LIFE AND AD&D INSURANCE

Guardian



VOLUNTARY LIFE AND AD&D

Voluntary Life insurance gives you the opportunity to purchase additional life insurance for you and your family. Your cost per pay period is determined by your election.

To determine your cost per pay period please log into Employee Navigator.

Carrier: Guardian	Benefits
MEMBER	
Increments	$25,000
Maximum Benefit	$200,000
Age Reduction Schedule	By 35% at 65, by 60% at 70, by 75% at 75, by 85% at 80
Guarantee Issue	$100,000
SPOUSE	
Increments	$12,500
Maximum	$100,000, not to exceed 50% of Employee Amount
Guarantee Issue	$25,000
DEPENDENT CHILD(REN)	
Increments	$10,000
Maximum	Birth to 2 weeks: Not Covered 2 weeks to 6 months or over: $10,000, not to exceed 100% of Employee Amount
Guarantee Issue	$10,000

What Does Guarantee Issue Mean?

The Guarantee Issue amount means that if you apply for insurance during your initial eligibility period, you're not required to answer health questions to qualify for coverage up to a certain amount.

You and your covered dependents are responsible for completing an Evidence of Insurability (EOI) form if:

- You are electing an amount of coverage greater than the GI amount.
- You waived coverage in the past and now are electing the benefit.
- You are increasing your current election amount.

Electing a Beneficiary

It is your responsibility to identify whom should be listed as your beneficiary(ies) in Employee Navigator. You may change your designated beneficiary at any time. Please speak with your financial or legal advisor prior to listing minor children as beneficiaries since children under the age of 18 cannot access life insurance benefits without the proper Trust, UTMA designation, or financial guardian arrangement in effect.

Life Portability / Conversion Insurance Policy

You may be able to port/convert the above policies to individual policies, within 31 days of your employment termination with Local 2294. Please contact HR for details. Any benefit over $50,000 may be subject to imputed income.

WHOLE LIFE INSURANCE

Life is unpredictable. Let Allstate help you prepare for the unexpected.

With Whole Life insurance you can provide your family with financial peace of mind for the future and the journey to get there. Not only do you get protection for your lifetime, but you also have the ability to build cash value as you go.

Some questions you may ask yourself when considering coverage:

- Am I the primary wage earner in my family? If so, will they be able to cover the cost of a funeral or memorial service?
- Will my family have money for day-to-day living expenses such as food, gas, and electricity?
- If you have children, will there be childcare or education expenses?
- Will I need long-term care or have disability expenses?

HERE'S HOW IT WORKS

With Whole Life Insurance from Allstate, you get simplified and straightforward coverage. You decide how much coverage and who to cover. You get guaranteed rates for the life of the policy and a guaranteed death benefit to be paid to your beneficiaries. As the policy builds cash value, you can achieve your financial goals or borrow against it should you need to.

Employees can elect up to $250,000, in $5,000 increments. The most you may elect without having to provide evidence of good health is $75,000. This is commonly referred to as the Guarantee Issue Amount. If you elect more than that amount, Allstate may require you to complete certain requirements to prove good health before coverage will become effective. You may also elect coverage for your Spouse.

To learn more about coverage options, log in to Employee Navigator.

VOLUNTARY BENEFITS

ACCIDENT

Accident Insurance is a voluntary benefit offered through Allstate that pays a lump sum benefit for injuries you or your family may sustain in an accident. To determine your per-pay period cost, log into Employee Navigator for customized rates.

Carrier: Allstate	Plan 1	Plan 2
Wellness Benefit	$25 Twice per year per insured and up to 4 times if dependents are covered.	$25 Twice per year per insured and up to 4 times if dependents are covered.
Death Benefit	Member: $60,000 Spouse: $60,000 Child: $60,000	Member: $80,000 Spouse: $80,000 Child: $80,000
INITIAL CARE		
Initial Visit	$200	$200
Diagnostic Exam	Up to $400	Up to $400
Urgent Care Visit / Emergency Room Visit	$200 / $350	$200 / $400
EMERGENCY TRANSPORTATION		
Ambulance Ground / Ambulance Air	$400 / $1,200	$400 / $1,200
HOSPITAL SERVICES		
Hospital Admission / Hospital Confinement	$1,750 / $350	$2,000 / $400
ICU Admission / ICU Confinement	$1,750 / $700	$2,000 / $800

CANCER

Cancer Insurance is a voluntary benefit offered through Allstate that pays benefits based on the treatments you receive related to a covered cancer diagnosis. Detailed rates and a benefit summary can be found in Employee Navigator.

Carrier: Allstate	Plan 1	Plan 2
Initial Diagnosis	$2,000	$5,000
Screening	$100	$100
Radiation	Up to $10,000 per 12 months	Up to $10,000 per 12 months
Surgical Procedure	Up to $3,000	Up to $4,500
Pre-Existing Limitation*	6 / 12	6 / 12

*Pre-Existing Condition: if you are treated for a condition 6 months prior to the effective date that results in a disability in first 12 months of coverage, you will not receive benefits. Once you have been covered for 12 months the pre-existing clause no longer applies.

VOLUNTARY BENEFITS

CRITICAL ILLNESS

Critical Illness insurance is a voluntary benefit offered through Allstate that pays out for expenses incurred due to a covered critical illness. To determine your per-pay period cost, log into Employee Navigator for customized rates.

Carrier: Allstate	Benefits
Wellness Benefit	$75
Cancer Benefit	Invasive - 100% / Non-Invasive - 25%
Pre-Existing Limitation	None
EMPLOYEE	
Coverage Increments	$10,000 / $15,000 / $20,000 / $30,000 options
Maximum Benefit Amount & Guarantee Issue Amount	$30,000
SPOUSE	
Coverage Increments	50% of Employee Benefit
Maximum Benefit Amount & Guarantee Issue Amount	$15,000
DEPENDENT CHILD(REN)	
Coverage Increments	50% of Employee Benefit
Maximum Benefit Amount & Guarantee Issue Amount	$15,000

VOLUNTARY BENEFITS

HOSPITAL INDEMNITY

Hospital Indemnity coverage can help you manage out-of-pocket costs that come from being hospitalized if the unexpected should happen. Coverage is also available for your spouse and children. Limitations (including pre-existing conditions) and exclusions apply. For a list of covered services and premium rates, log into Employee Navigator.

Carrier: Allstate	Option 1	Option 2	Option 3	Option 4
Wellness Benefit	N/A	N/A	$50	$50
SERVICES				
Hospital Admission	$1,000 One Benefit Once Per Year	$2,000 One Benefit Once Per Year	$1,000 One Benefit Once Per Year	$2,000 One Benefit Once Per Year
Hospital Confinement & Stay Duration	$100, up to 10 Days	$200, up to 10 Days	$100, up to 10 Days	$200, up to 10 Days
ICU Admission	See Initial Hospital Admission	See Initial Hospital Admission	See Initial Hospital Admission	See Initial Hospital Admission
ICU Confinement & Stay Duration	$100 Paid in Addition To Daily Hospital Confinement, up to 10 Days	$200 Paid in Addition To Daily Hospital Confinement, up to 10 Days	$100 Paid in Addition To Daily Hospital Confinement, up to 10 Days	$200 Paid in Addition To Daily Hospital Confinement, up to 10 Days
Pre-Existing Limitation	None	None	None	None

QUICK TIPS FOR BETTER STRESS MANAGEMENT

1. **Prioritize and Organize:** Break down tasks into manageable components, set priorities, and create a realistic schedule. Organizing your workload helps prevent feeling overwhelmed and allows for more effective stress management.
2. **Establish Boundaries:** Set clear boundaries between work and personal life. Avoid over-committing and designate specific times for work-related tasks. Disconnecting during non-work hours contributes to a healthier work-life balance.
3. **Effective Communication:** Clearly expressing concerns or seeking support fosters a collaborative and understanding work environment.
4. **Take Regular Breaks:** Incorporate short breaks throughout the day. Stepping away from your desk for a few minutes, practicing deep breathing, or going for a short walk can refresh your mind and reduce stress levels.
5. **Develop Coping Strategies:** Identify and implement effective coping strategies for stress, such as mindfulness, deep breathing exercises, or quick physical activities. Having a repertoire of coping mechanisms helps you navigate stressful situations more calmly.

VOLUNTARY BENEFITS

LEGAL INSURANCE

Family Defender® At a Glance

Coverage for employee, spouse, and eligible unmarried dependent children up to age 26.

Civil Law
- Plaintiff or Defendant
- Administrative Hearings
- Small Claims
- Name Change
- Civil Injunctions
- Landlord/Tenant Matters as Tenant

Consumer-Seller Protection
- Consumer Protection
- Personal Property Protection

Contingency Matters**
- Personal Injury
- Auto Accidents
- Slip and Fall
- Medical Malpractice

Criminal Law
- Misdemeanor Defense
- Juvenile Defense
- Habeas Corpus

Document Preparation & Review
- Demand Letters
- Quit Claim Deeds
- Personal Affidavit
- Promissory Note
- Bill of Sale
- Personal Contract
- Lease Agreement

Estate Planning
- Living Will & Codicils
- Powers of Attorney
- Wills & Testamentary Trusts for Minors
- Estate Administration
- Uncontested Guardianship or Conservatorship

Family Law*+
- Uncontested Divorce
- Contested Divorce
- Annulments
- Spousal Support
- Paternity Action
- Child Support/Custody
- Post-Decree Enforcement
- Post-Decree Modification
- Equitable Distribution of Marital Assets

Family Law (Other)
- Pre/Postnuptial Agreements
- Domestic Adoption
- Domestic Violence

Financial Matters
- Debt Collection
- Garnishment Defense
- IRS Audit Protection
- Foreclosure+
- Ch. 7 & 13 Bankruptcy+

Immigration Matters
- Visa Extension
- Naturalization
- Deportation (Removal)

Real Estate Transactions
- Review/Preparation of Purchase Agreement, Mortgage, and Deed
- Purchase/Sale of Primary Residence
- Refinancing of Primary Residence
- Attorney Attendance at Closing
- Real Estate Disputes
- Neighbor Disputes

Traffic Violations
- Moving Traffic Violations
- First Offense DUI
- License Revocation & Suspension

Other Legal Matters
- Elder Law Matters
- Insurance Law
- Standard Business Incorporation

33.3% Discounted Rate
- Pre-existing & Non-covered (except Excluded Matters)

No Co-Pays **No Claim Forms** **No Deductibles**

*Contested: subject to 12-hour limitation. **First $1,000 exempt from fee. +Subject to 120-day waiting period.
Out-of-Network Reimbursement options available.

For more information visit uslegalservices.net/family-defender.

VOLUNTARY BENEFITS

ID THEFT

Identity Defender® At a Glance

For additional identity theft protection, U.S. Legal offers a standalone identity theft benefit. Coverage includes employee, an additional adult, and unlimited dependent children up to age 26, living in the employee's residence.

Monitoring (Dark Web)
- Compromised Credentials
- Account Takeover
- Address
- Bank Account Number
- Credit Card Account
- Debit Card Account
- Driver's License
- eMail
- Medical Insurance ID
- Passport Number
- Phone Number
- Social Security Number

Social Media
- Inappropriate Activity
- Hacked Account
- Impersonation Accounts
- Scams, Malware and Phishing

Fraud
- Fraud Alert Reminders
- Identity Threat Alerts
- Medical ID Fraud Protection
- Change of Address Monitoring
- Court Records Monitoring
- Smart SSN Tracker

Credit
- Instant Credit Inquiry Alerts
- 1 Bureau Credit Report Monitoring
- 1 Bureau Quarterly Credit Report & Score
- Credit Score Simulator
- Monthly Credit Score Tracker

Recover
- Lost Wallet Protection
- Fully Managed Identity Restoration
- Restoration for Pre-Existing ID Theft
- Manage Credit Freeze
- Ransomware Resolution & $25K Reimbursement
- $1M Identity Theft Insurance

Support
- 24/7 U.S. Customer Support
- Online Resources (Forms, Calculators, and Other Tools)
- Junk Mail and Call Opt Out

Mobile App
- Two-Factor Authentication
- Apple and Android
- Mobile Attack Control
- Mobile VPN

In collaboration with
IdentityForce.
A TransUnion® Brand

For more information visit uslegalservices.net/identity-defender.

VOLUNTARY BENEFITS

Nationwide®

PET INSURANCE

Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection Choice℠, available only through workplace benefit programs.

Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.[1]

Pet protection when it matters most

Nationwide's pet insurance plans cover:

- Accidents and injuries
- Common illnesses
- Serious illnesses
- Chronic illnesses
- Hereditary conditions
- Testing and diagnostics
- Procedures
- Holistic and alternative care
- And more!

Coverage includes emergency care and specialists. No networks, no pre-approval, no problem.

What's the difference between accident, illness and wellness coverage?

Accident coverage

Support for unexpected injuries

Illness coverage

Support for when pets get sick

Wellness coverage

Support for proactive care

Easy to use, easy to understand

Using a Nationwide pet insurance plan is easy:

- Visit any vet, anywhere
- Submit a claim from any device
- Get reimbursed for eligible expenses once the deductible is met

Did you know? Nationwide is the industry's first provider of coverage for birds and exotic pets.

https://partnersolutions.nationwide.com/pet/hcfflocal2294/Call 877-738-7874

EMPLOYEE ASSISTANCE PROGRAM

uprisehealth

A helping hand when you need it—rely on the support, guidance and resources of your Employee Assistance Program (EAP) from Uprise Health (through Guardian).

The EAP provides confidential counseling, expert guidance and valuable resources to help you and your household members handle any of life's challenges, big or small.

Your program includes up to 3 counseling sessions – for free! You and your dependents are eligible for counseling services.

Consultations are 100% confidential.

THE EAP CAN HELP WITH SUCH ISSUES AS:

- Stress and Anxiety
- Relationship Issues
- Grief and Loss
- Legal Assistance
- Financial Services
- Childcare Resources
- Senior Care
- Will Prep
- Identity Theft
- and More!

Visit the EAP website at worklife.uprisehealth.com to explore all available services.

CONNECT TO A COUNSELOR FOR FREE SUPPORT SERVICES

Tel: 800-386-7055

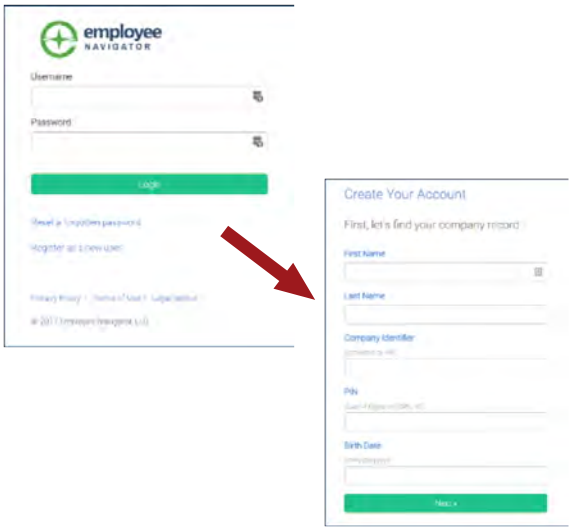
Web: worklife.uprisehealth.com | **Access code:** worklife

HOW TO ENROLL IN YOUR BENEFITS

All benefits-eligible members are required to register elections and waivers. To do so, Local 2294 will use Employee Navigator. Employee Navigator allows you to access your account, manage your benefits online, view your plan descriptions, make changes to your benefit plans, and view and understand your total compensation statement and the value of your benefits.

LET'S GET STARTED!

- Go to employeenavigator.com/benefits/Account/Login on your web browser.
- As a new user, click "New User Registration" and that will take you to the Account Registration page and enter in the requested personal information for login access, along with the company identifier **HCFAL 2294**.
- On your home page, click on the "Start Benefits" to begin making your enrollment elections.
- After you have completed your enrollment elections, you will have until the enrollment deadline to make changes to your elections. Do this by logging back into Employee Navigator.



ENROLLMENT PROCESS

The **Start Enrollments** screen will walk you through confirming your account details and help you navigate through the list of benefits offered.

For each benefit, make your selection and then click **Save & Continue** at the bottom of the screen. To view your progress, click **View Steps**.

Once you've made your election, a check mark will appear next to the benefit. You will automatically move forward to the next benefit screen. To CHANGE A BENEFIT, click on the benefit you'd like to modify, make the change and click **Save & Continue**.

Once all sections have been completed and show a check mark, you are ready to review and submit your elections.

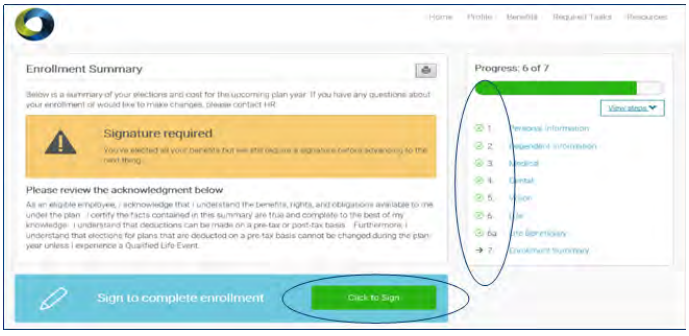
Sample List of Benefits

ENROLLMENT SUBMISSION

You MUST click on the green Click to Sign button in order to electronically sign your elections.

If this button is not green and you cannot click on it, it is because you have failed to make at least one of the benefit elections on your list.

Review your list to see which benefit does not have a green check mark next to it, and complete the election(s).



SUMMARY PLAN DESCRIPTION

Please note this guide is designed to provide an overview of the coverages available. Your employer reserves the right to amend or change benefit offerings at any time. This guide is not a Summary Plan Description (SPD) nor a contract or guarantee of benefits coverage. Official plan and insurance documents govern your rights and benefits, including covered benefits, exclusions and limitations. If any discrepancy exists between this guide and the official documents, the official documents will prevail. If you would like a printed copy of the materials, please contact your employer or the Employee Care Center (ECC) and one will be provided to you.

SUMMARY OF BENEFIT COVERAGE

The Patient Protection and Affordable Care Act (Affordable Care Act or ACA) requires health plans and health insurance issuers to provide a Summary of Benefits and Coverage (SBC) to applicants and enrollees. The SBC is provided by your medical carrier. Its purpose is to help health plan consumers better understand the coverage they have and to help them make easy comparisons of different options when shopping for new coverage. This information is available when you apply for coverage, by the first day of coverage (if there are any changes), when your dependents are enrolled off your annual Open Enrollment period, upon plan renewal and upon request at no charge to you.

VIEW YOUR BENEFITS ON THE GO

The Baldwin Group