

# swipejobs Benefit Guide



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# Eligibility

## Welcome to Your Benefits

This Benefits Guide is your resource to compare plans and learn more about the coverages available to you. If you have questions about your benefits, SISCO is available to help. Call (844) 631-6104 or go to [www2.benefitelect.com/home/swipejobs](http://www2.benefitelect.com/home/swipejobs).

## Eligibility & Enrolling

You're eligible for benefits on the first of the month following 59 days of employment.

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include your legal spouse and your children up to age 26 for medical and up to age 19 for dental (age 25 if full-time student).

You can enroll for coverage within 30 days of your eligibility date or during the annual Open Enrollment period.

If you don't enroll for coverage within 30 days of your start date, you won't receive health coverage during the plan year. You will not be able to waive coverage or change plans until the next open enrollment unless you have a qualified change in family status (see Making Changes for details).

## Making Changes

The choices you make when you are first eligible are in effect for the remainder of the plan year which ends on December 31. Once you enroll, you must wait until the next Open Enrollment period to change your benefits or add or remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS.

### The following are a few examples:

- Marriage, divorce, legal separation, annulment or death of spouse
- Birth, adoption or placement for adoption
- Change in your residence or workplace (if your benefit options change)
- Loss of other health coverage
- Change in your dependent's eligibility status because of age, student status or any similar circumstance

You have 30 days to complete enrollment for qualifying event changes. **Keep in mind:** Any changes you make to your coverage must be consistent with the change in status.

# Enrolling

## How to Enroll

To enroll online for you and your dependents, go to [www2.benefitelect.com/home/swipejobs](http://www2.benefitelect.com/home/swipejobs)

### **Returning Users:**

1. Enter your username and password.
2. Follow the prompts to enroll.

### **New Users:**

1. Click "Register" and complete the registration process.
2. Click "Open Enrollment Site".
3. Update your personal information on the "About You" page. Click "Continue".
4. Update dependent information on the "About your Dependents" page. Click "Continue".
5. On the "Enrollment" page, enroll or waive coverage for yourself and your dependents. Make sure to update your beneficiary information!

Review your information on the Enrollment Summary.

A confirmation statement will also be generated.

**To enroll over the phone, call the SISCO Call Center at (844) 631-6104**

# Medical Benefits

## Medical Plan Details

	MEC	MEC Plus	MVP	Major Medical Buy Up
	In-Network Only	In-Network / Out-of-Network	In-Network Only	In-Network Only
Network	Multiplan Free Network	Multiplan Free Network	Cigna Choice Fund PPO	Cigna Choice Fund PPO
<b>Deductible</b>				
Individual	\$0	\$0 / \$500	\$3,000	\$2,200
Family	\$0	\$0 / \$1,000	\$6,000	\$4,400
<b>Coinsurance</b>				
	100%	100% / 60%	60%	70%
<b>Out-of-Pocket Max</b>				
Individual	\$0	\$3,000 / Unlimited	\$6,350	\$6,850
Family	\$0	\$12,700 / Unlimited	\$12,700	\$13,700
<b>Physician Services</b>				
Preventive Care	100%	100% / 60%	100%	100%
Physician Visit	Not Covered	\$15 copay / 40%* after ded	40%* after ded	30%* after ded
Specialist Visit	Not Covered	\$25 copay / 40%* after ded	40%* after ded	30%* after ded
Diagnostic Testing	Not Covered	\$50 copay / 40%* after ded	40%* after ded	30%* after ded
Lab Testing	Preventative Only	\$50 copay / 40%* after ded	40%* after ded	30%* after ded
Inpatient Hospital	Not Covered	Not Covered	40%* after ded	30%* after ded
Emergency Room	Not Covered	\$400 copay after ded	40%* after ded	30%* after ded
Urgent Care	Not Covered	\$50 copay / 40%* after ded	40%* after ded	30%* after ded
<b>Pharmacy (In-Network)-</b> Generic, Brand Formulary, Non-Formulary				
Retail (30 days)	Not Covered	Copays: \$15 / \$25 / \$75	Copays after ded \$10 / \$35 / \$70	Copays: \$10 / \$40 / \$60
Mail Order (90 days)	Not Covered	Copays: \$37.50 / \$62.50 / \$187.50	Copays after ded \$20 / \$70 / \$150	Copays: \$20 / \$80 / \$120

*\*Coinsurance percentage applies after the deductible has been met. See your plan documents for details and exclusions.*

# Understanding Your Plan Options

Employees have access to four medical plan options. See below for a summary of each MEC plan (Minimum Essential Coverage), MVP (Minimum Value Plan) and Major Medical Buy Up Plan.

## **MEC Plan**

The Minimum Essential Coverage (MEC) plan satisfies the requirement set forth by the Affordable Care Act (ACA) and covers a multitude of common screenings and preventive services at 100%. You **MUST** visit a Multiplan/PHCS network provider to services to be covered. Services from out-of-network providers are NOT covered. Please note, there is no hospital coverage with this plan.

## **MEC Plus Plan**

This plan provides immediate coverage with no deductible for covered services. Review coverage carefully because this plan does not cover certain services such as surgery, hospitalization, or coverage for mental health. You may visit any doctor or hospital of your choice; however, you will pay less money if you use an in-network doctor or hospital. For most doctor visits and specialist visits, you will pay a copay at the time of service. Listed preventative care services are generally covered at 100%. PPO plans offer more flexibility and choice, and allow you to manage your out-of-pocket costs by staying in-network. Please note, there is no hospital coverage with this plan.

## **Minimum Value Plan (MVP)**

This is a major medical plan with comprehensive services including surgical benefits and hospitalization. Listed preventive care services are covered at 100%. For other services, including routine office visits, procedures, lab work, prescription drugs, etc., no benefits will be paid until you meet your annual deductible. Please note, services from out-of-network providers are NOT covered.

## **Major Medical Buy Up Plan**

The Major Medical Buy Up is similar to the MVP plan in that this plan also covers preventive care as well as comprehensive services. This Buy Up option utilizes the same network as the MVP. The deductible on the Major Medical Buy Up is lower than the MVP and there are copays for covered prescriptions. Similar to the MVP plan, only in network services are covered.

See your plan documents for details and benefit exclusions.

## **Finding a Provider**

Your health plan benefits include a wide variety of doctors. To access a list of in-network providers, please follow these easy steps:

### **MEC & MEC Plus**

- Go to [www.multiplan.com](http://www.multiplan.com)
- Click "Find a Provider"
- Click "Select Network"
- Click "PHCS"
- Then search

### **MVP & Major Medical Buy Up**

- Go to [ifphcpdir.cigna.com/web/public/ifpproviders](http://ifphcpdir.cigna.com/web/public/ifpproviders)
- Search for a PPO provider under the Choice Fund PPO

# Medical Indemnity Plans\*

Unexpected accidents or illness can happen at any time. For employees and their families interested in supplementing their medical coverage to protect against expenses for covered accidents or illnesses, enroll in one of the medical indemnity plans listed below.

Plan Features	Medical Indemnity Plan 1	Medical Indemnity Plan 2	Medical Indemnity Plan 3
<b>Hospital Admission 1st Day</b>	\$500 per day, 1 day per year	\$1,000 per day, 1 day per year	\$1,500 per day, 1 day per year
<b>Hospital Inpatient &amp; Intensive Care Unit</b>	\$300 per day, 30 days per year	\$500 per day, 30 days per year	\$700 per day, 30 days per year
<b>Emergency Room Visit</b>	\$250 per day, 1 day per year	\$300 per day, 1 day per year	\$500 per day, 1 day per year
<b>Doctor's Office Visits</b>	\$70 per day, 6 days per year	\$80 per day, 6 days per year	\$100 per day, 6 days per year
<b>Outpatient Lab &amp; X-ray</b>	\$50 per day, 1 day per year	\$75 per day, 1 day per year	\$100 per day, 1 day per year
<b>Outpatient Advance Studies</b>	\$150 per day, 3 days per year	\$200 per day, 3 days per year	\$300 per day, 3 days per year
<b>Inpatient Surgical</b>	\$1,000 per day, 1 day per year	\$1,500 per day, 1 day per year	\$2,000 per day, 1 day per year
<b>Inpatient Surgical Anesthesia</b>	\$250 per day, 1 day per year	\$375 per day, 1 day per year	\$500 per day, 1 day per year
<b>Outpatient Surgical</b>	\$500 per day, 1 day per year	\$750 per day, 1 day per year	\$1,000 per day, 1 day per year
<b>Outpatient Minor Surgical</b>	\$75 per day, 1 day per year	\$100 per day, 1 day per year	\$150 per day, 1 day per year
<b>Outpatient Surgical Anesthesia</b>	\$125 per day, 1 day per year	\$188 per day, 1 day per year	\$250 per day, 1 day per year

\*These products are 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. The termination or loss of this policy does not entitle you to a special enrollment period to purchase a health benefit plan that qualifies as minimum essential coverage outside of an open enrollment period. These products may include a pre-existing condition exclusion provision.

Monthly Contributions	Plan 1	Plan 2	Plan 3
<b>Employee Only</b>	\$103.66	\$147.96	\$214.49
<b>Employee &amp; Spouse</b>	\$242.05	\$349.46	\$510.50
<b>Employee &amp; Child(ren)</b>	\$170.52	\$243.67	\$354.99
<b>Family</b>	\$272.62	\$392.45	\$573.46



# Teladoc Services

Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve medical issues through phone or video consults (this service does not replace your primary care physician).

Teladoc is a convenient and affordable option for quality health care. Some conditions Teladoc doctors can treat include, but are not limited to, cold and flu, allergies, bronchitis, urinary tract infection, respiratory infection, sinus problems and more!

After signing up for Teladoc, you will receive a welcome kit with instructions for setting up your account, completing your medical history, and requesting a consult.

	Enrolled in a medical plan	NOT enrolled in a medical plan
<b>How to Enroll</b>	Call (844) 631-6104 to activate or select the coverage when enrolling via BenefitElect	You must be enrolled in at least one voluntary plan: Dental or Critical Illness
<b>Copay per Televisit</b>	<b>MEC Plus:</b> \$0 copay per televisit  <b>MEC:</b> \$57 copay per televisit  <b>MVP:</b> \$57 copay per televisit  <b>Major Medical Buy Up:</b> \$0 copay per televisit	\$0 copay per televisit
<b>Weekly cost per Employee</b>	No charge (Included in your medical deduction)	\$5.00



# Prescription Drug Coverage

## True Rx for a Patient-Focused Approach to Your Medications

True Rx is not a pharmacy; it's a pharmacy insurance provider with Patient Care Representatives who work with you to make sure you're getting your prescriptions with ease and accuracy. You will continue to receive your medications at your local pharmacy.

It's easy and convenient to access your pharmacy benefits from wherever you are. Instantly access your benefits two ways:

1. Register on the membership portal at [www.truerx.com](http://www.truerx.com)
  - Click Create New Account to create a username and password.
2. Download the mobile app by searching True RX Mobile in the App Store (iOS) or Google Play (Android).

The True Rx member portal and mobile app provide the following safe and secure features:

- View your prescription insurance card
- Compare prices at different
- See your coverage and deductible
- Review your claim history
- Check your medication information
- Locate a convenient

## Specialty Medications

If you take a specialty medication, a dedicated case manager will reach out and share information with you about potential savings for your medication.

## Mail-Order Prescriptions

Your pharmacy insurance plan offers the convenience of a 90-day supply of medications delivered right to your door through Postal Prescription Services (PPS), a mail-order pharmacy.

To order your medications by mail:

1. Go to [ppsrx.com](http://ppsrx.com) and select Create an Account.
2. Enter your email address, create a password, and click the blue Create Account button.
3. Connect the account to a patient profile for yourself or someone you wish to manage on the Add a Patient page.

## Next Steps

Once you receive your new insurance card, simply take your card to your local pharmacy. You can also access your card on the mobile app. With the True Rx member portal and mobile app, you'll have all of your pharmacy benefits information as well as cost comparisons and a pharmacy locator right at your fingertips.

For applicable plans with Specialty drug copays, you may be eligible for International sourcing for prescription drugs at a discounted cost.

## Questions?

Reach True Rx:

Email: [hello@truerx.com](mailto:hello@truerx.com)

Phone: 866-921-4047

Website: [www.truerx.com](http://www.truerx.com)

# Preventive Services

The Plan pays 100% for in-network preventive services when the main purpose of the visit is for preventive care. Covered services are determined based on your age, gender, and risk status, and include the following screenings, counseling and appropriate immunizations:

## All Members

- Yearly Preventive Medicine visits (Wellness Visits)
- All standard immunizations recommended by the American Committee on Immunization Practices
- Colorectal cancer, elevated cholesterol and lipids screenings
- Screening for certain sexually transmitted infections and HIV
- Screening and counseling for alcohol, tobacco use, obesity, diet and nutrition
- Blood pressure, diabetes, and depression screenings

## For Men

- Prostate cancer screenings
- Abdominal aortic aneurysm screenings

## For Women

- Breast cancer screening (mammography and evaluation for genetic testing for BRCA breast cancer gene)
- Cervical cancer screening, included Pap smears
- Gonorrhea, chlamydia, and syphilis screening
- Anemia, bacteriuria, hepatitis B virus, and Rh incompatibility screenings for pregnant women
- Instructions to promote and aid with breastfeeding
- Osteoporosis screening

## For Children

- Newborn screenings for hearing, thyroid disease, phenylketonuria, sickle cell anemia
- Standard metabolic screening panel for inherited enzyme deficiency diseases
- Oral health screening and counseling for fluoride for prevention of dental cavities
- Screening for major depressive disorders
- Vision screening (at physical exam)
- Developmental/autism screening
- Lead and tuberculosis screening
- Counseling for obesity

## SISCO CONNECT

To gain access on the Benefit Information Network, you must create a personalized login. It is only through this login that you gain entry to your secure online site. By phone: 844-631-6104 or by email:

[sisco.service@siscobenefits.com](mailto:sisco.service@siscobenefits.com)

1. Begin by going to [www.siscoconnect.com](http://www.siscoconnect.com)
2. Select BIN login.
3. You will be prompted to create a login.

### Go to this site to:

- Verify personal information (address, phone number, dates of birth, dependent information).
- Review claims or access your online copies of Explanation of Benefits for claim payment information.
- Check Plan provisions by reviewing the Plan Document.
- Locate a participating pharmacy.
- Locate participating network providers.

It's all there online! Visit [www.siscoconnect.com](http://www.siscoconnect.com) anytime day or night.

# Tips To Save Money

## Preventive/Wellness Exams Covered at 100%

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual exam
- No deductible expenses apply—the exam is completely no cost to you provided it's coded as preventive

## Prescription Drugs

- Ask your doctor if there's a generic version of the medication they're prescribing or you're already taking
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates

## High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals
- Finding an in-network, free-standing imaging center can save you a substantial amount of money

## Accessing Medical Care

The emergency room is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- **Doctor's office:** for symptoms that aren't extreme, call and let them know your symptoms require immediate attention
- **Convenient Care Clinics:** use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit [www.cvs.com](http://www.cvs.com)
- or [www.walgreens.com](http://www.walgreens.com) to find a clinic near you
- **Urgent Care (UC):** less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.

# Making the Most of Your Medical Benefits

Employees enrolled in a medical plan utilizing the Cigna Medical network (MVP or Major Medical Buy Up) have access to the following services:

## **MyCigna.com**

As a Cigna member, you have access to additional tools and resources through the member login website [www.mycigna.com](http://www.mycigna.com)

## **Cigna One Guide**

One Guide engages customers with a Personal Guide to access support and programs to help them make smart health care choices, achieve better outcomes and get the most value from their Cigna plan.

## **My Health Assistant**

My Health Assistant offers 11 online interactive classes such as; weight management, stress management, tobacco cessations, asthma or any other health concerns.

## **Cigna Health Assessment**

The Health Assessment tool leads you through a series of questions covering height, weight, exercise, diet habits and clinical test results. Your answers provide a snapshot of where your health is today and are a good starting place for measuring progress.

## **Cigna's Drug Price Quote Tool**

The Drug Price Quote Tool allows you to get a personalized estimate for your prescription drug costs and compare costs of brand name and generic drugs.

## **Cigna Healthy Rewards® - (800) 870-3470**

Special discounts on programs and services designed to help your health and wellness. Offers include Jenny Craig®, Pearle Vision®, Curves®, drugstore™ and more.

## **Cigna Diabetes Prevention Program**

The Cigna Diabetes Prevention Program in collaboration with Omada – a CDC-recognized digital lifestyle and behavior change program focused on reducing the risk of diabetes through healthy weight loss.

## **Cigna Healthy Babies Program**

Call 800-615-2906 to register and work with a nurse who can assist with your healthy pregnancy.

# Helpful Benefit Terms & Definitions

To better understand your coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

**Balance Bill** – When a health care provider bills a patient for the difference between what the patient's health insurance reimburses and the provider charges.

**Copay** – A fixed dollar amount you pay the provider at the time of service; for example, a \$20 copay for an office visit or a \$12 copay for a generic prescription.

**Coinsurance** – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

**Deductible** – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible. For example, the deductible does not apply to preventive care services.

**Emergency Room Care** – Care received at a hospital emergency room for life-threatening conditions.

**In-Network Care** – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

**Out-of-Network Care** – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase, and services may be subject to balance billing.

**Out-of-Pocket Maximum** – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

**Premium** – The complete cost of your plans. You share this cost with the company and pay your portion through regular payroll deductions.

**Preventive Care** – Routine health care, including annual physicals and screenings, to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

**Urgent Care** – Visit urgent care for sudden illnesses or injuries that are not life threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

# Dental Coverage

Your voluntary dental insurance uses the Dentemax network of providers. Choose in-network dentist for the best coverage at the lowest rate. Find a DenteMax provider at [www.dentemax.com](http://www.dentemax.com) or by calling 800-753-0404.

	Companion Life (In-Network / Out-of- Network)	Companion Life (In-Network / Out-of- Network)
<b>Type of Plan</b>	PPO Low Plan	PPO High Plan
<b>Network</b>	DenteMax Network	DenteMax Network
<b>Individual Deductible</b>	\$50 / \$50	\$25 / \$25
<b>Family Deductible</b>	\$150 / \$150	\$75 / \$75
<b>Preventive Coinsurance</b>	100% / 100%	100% / 100%
<b>Basic Coinsurance</b>	80% / 80%	80% / 80%
<b>Major Coinsurance</b>	50% / 50%	50% / 50%
<b>Annual Maximum</b>	\$750	\$1500
<b>Orthodontia Coinsurance (Child and Adult)*</b>	Not Covered	50% / 50%
<b>Orthodontia Lifetime Maximum (Child and Adult)*</b>	Not Covered	\$1500

\* 12 month waiting period

Dental		
Monthly Cost	Low Plan	High Plan
Employee	\$23.38	\$33.35
Employee + Spouse	\$45.45	\$66.00
Employee + Child(ren)	\$46.93	\$87.18
Family	\$66.94	\$119.84

**Find A Dental Provider**  
[www.dentemax.com](http://www.dentemax.com)  
**1.800.753.0404**

# Vision Coverage

## Vision Insurance

Vision insurance helps offset the cost of routine eye exams and helps pay for vision correction eyewear like eye-glasses and contacts by an eye-care provider.

You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will only offer you an allowance towards your vision services.

	Frequency	In-Network	Out-of-Network
<b>Network Name</b>	EyeMed		
<b>Eye Exam</b>	Every 12 Months	\$10 Copay	\$35 Allowance
<b>Lenses</b> <ul style="list-style-type: none"><li>- Single vision</li><li>- Bifocal</li><li>- Trifocal</li><li>- Lenticular</li></ul>	Every 12 Months*	\$10 Copay	Allowance Varies
<b>Frames</b>	Every 24 Months*	\$100 Allowance	\$45 Allowance
<b>Elective Contacts</b>	Every 12 Months**	\$80 Allowance	\$64 Allowance

\*Vision benefit frequencies are based on the date of service within the policy year

\*\* You cannot get contacts and glasses in the same calendar year

Vision	
Monthly Cost	You Pay
Employee	\$4.69
Employee + Spouse	\$9.37
Employee + Child(ren)	\$10.90
Family	\$17.41

**Find A Vision Provider**

[www.eyemed.com](http://www.eyemed.com)

1.866.939.3633



# Life & Disability Insurance

## Basic Life Insurance

Basic Life insurance through Companion Life offers peace of mind and protects your family financially in the event of death or serious accident.

**When you choose the MEC Plus, MVP, or Medical Buy Up plan option, you'll receive \$10,000 of employee only Basic Life coverage at no extra cost. This benefit is not included in the MEC coverage.**

## Voluntary Life and AD&D Insurance

In addition to Basic Life and AD&D, you may buy voluntary Life and AD&D coverage at a discounted rate. The chart below describes the amount of coverage you can buy for yourself, your spouse, and your child (ren).

	Employee	Spouse	Child(ren)
<b>Coverage Increments</b>	\$20,000	\$5,000	Age 6 months to 26 years: \$2,500 Ages 10 days to 6 months: \$100
<b>Maximum Benefit Amount</b>	\$20,000	\$5,000	Age 6 months to 26 years: \$2,500 Ages 10 days to 6 months: \$100
<b>Guaranteed Issue Amount</b>	\$20,000	\$5,000	Age 6 months to 26 years: \$2,500 Ages 10 days to 6 months: \$100

## Voluntary Short-Term Disability (STD)

Short-Term Disability coverage provides you with a portion of income replacement if you are unable to work due to a non-occupational illness or injury.

STD benefits may be offset by benefits you receive from the state-mandated disability plans.

Voluntary Short-Term	
<b>Waiting Period</b>	Begins on the 8th day of continuous injury or illness
<b>Benefit Amount</b>	60% of weekly earnings
<b>Maximum Benefit</b>	\$150 per week
<b>Length of Payment Period</b>	26 weeks

# Accident & Critical Illness

Sometimes unexpected occurrences happen and medical insurance isn't enough to cover the unforeseen out-of-pocket expense associated with the incident (s). Voluntary benefits can help.

## Accident Coverage

Wellfleet Workplace Accident insurance helps offset expenses your health insurance may not cover such as deductibles and copays resulting from unexpected accidents. The benefit paid is based on the injury and/or treatment received, including emergency room care and related surgeries. A variety of coverage is available.

**Please request a schedule of benefits for a full list of covered injuries and treatments.**

Base Accident Plan Details	Benefits
Employee / Spouse / Children	\$50,000 / \$25,000 / \$25,000
Accident Treatment & Urgent Care Rider	
Ambulance (Ground/ Air)	Ground: \$250 / Air: \$1,250
Emergency Room / Urgent Care	\$200 / \$100
Diagnostic Exam (CT/MRI)	X-Ray: \$75 / Diagnostic: \$200
Hospital Confinement	\$150 per day up to 365 days per lifetime
Rehab Facility Confinement	\$125 per day up to 90 days per lifetime
Fractures	Up to \$5,000
Lodging	\$200 per night up to 30 nights

## Critical Illness

Companion Life Critical Illness insurance helps protect you from the expense of a serious health issue such as a stroke, heart attack, or cancer. How you choose to use the cash benefit is up to you. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides.

Critical Illness Plan Details	Benefits
Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure (100%)	\$10,000
Coronary Artery Bypass Surgery (25%)	\$2,500
Cancer Critical Illness Benefits	
Invasive Cancer	\$10,000
Carcinoma in Situ (25%)	\$2,500
Supplemental Critical Illness Benefits	
Advanced Parkinson's Disease	\$2,500
Advanced Alzheimer's Disease (25%)	\$2,500
Additional Benefits	
Second Event Initial Critical Illness Benefit	Yes
Second Event Cancer Critical Illness Benefit	Yes

# Your Benefit Contacts

**Questions?**

**Your Benefit Contacts**

Benefit	Contact	Phone	Website
<b>General Benefits</b>	SISCO Call Center	(844) 631-6104	<a href="http://www.siscoconnect.com">www.siscoconnect.com</a>
<b>Online Enrollment</b>	BenefitElect	(844) 631-6104	<a href="http://www2.benefitelect.com/home/swipejobs">www2.benefitelect.com/home/swipejobs</a>
<b>Medical</b>	SISCO Call Center	(844) 631-6104	<a href="http://www.siscoconnect.com">www.siscoconnect.com</a>
<b>Medical Indemnity</b>	SISCO Call Center	(844) 631-6104	<a href="http://www.siscoconnect.com">www.siscoconnect.com</a>
<b>Prescription Drug</b>	TrueRx	(866) 921-4047	<a href="http://www.truerx.com">www.truerx.com</a>
<b>Dental</b>	Sisco Call Center	(844) 631-6104	<a href="http://www.siscoconnect.com">www.siscoconnect.com</a>
<b>Vision</b>	Sisco Call Center	(844) 631-6104	<a href="http://www.siscoconnect.com">www.siscoconnect.com</a>
<b>Telemedicine</b>	Teledoc	(844) 631-6104	<a href="http://www.siscoconnect.com">www.siscoconnect.com</a>
<b>Life Insurance</b>	Sisco Call Center	(844) 631-6104	<a href="http://www.siscoconnect.com">www.siscoconnect.com</a>
<b>Accident and Critical Illness</b>	Sisco Call Center	(844) 631-6104	<a href="http://www.siscoconnect.com">www.siscoconnect.com</a>
<b>COBRA—Medical</b>	Sisco Call Center	(844) 631-6104	<a href="http://www.siscoconnect.com">www.siscoconnect.com</a>
<b>COBRA—Dental &amp; Vision</b>	Sisco Call Center	(844) 631-6104	<a href="http://www.siscoconnect.com">www.siscoconnect.com</a>



NOTE: This Benefits Summary is merely intended to provide a brief overview of your employer's employee benefit programs. Employees should review the employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. Your employer reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.