

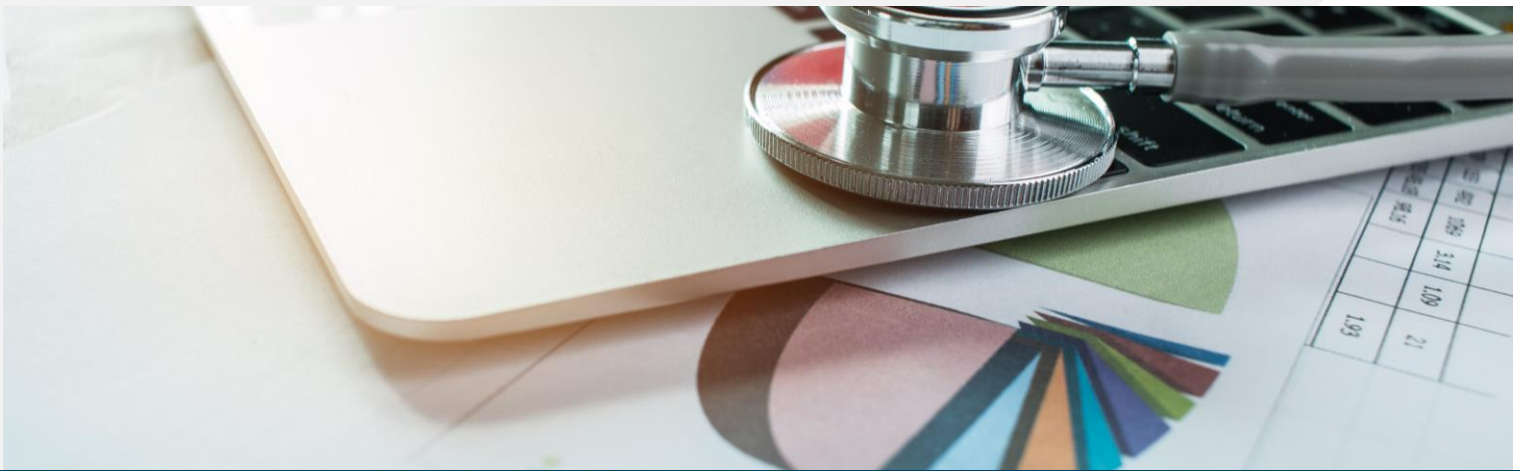
Employee Benefits



Rappahannock
Westminister-Canterbury

Plan Year 2022-2023





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Eligibility

► Plan Year

Benefits are administered on a plan year from October 1, 2022, through September 30, 2023

► Who Is Eligible?

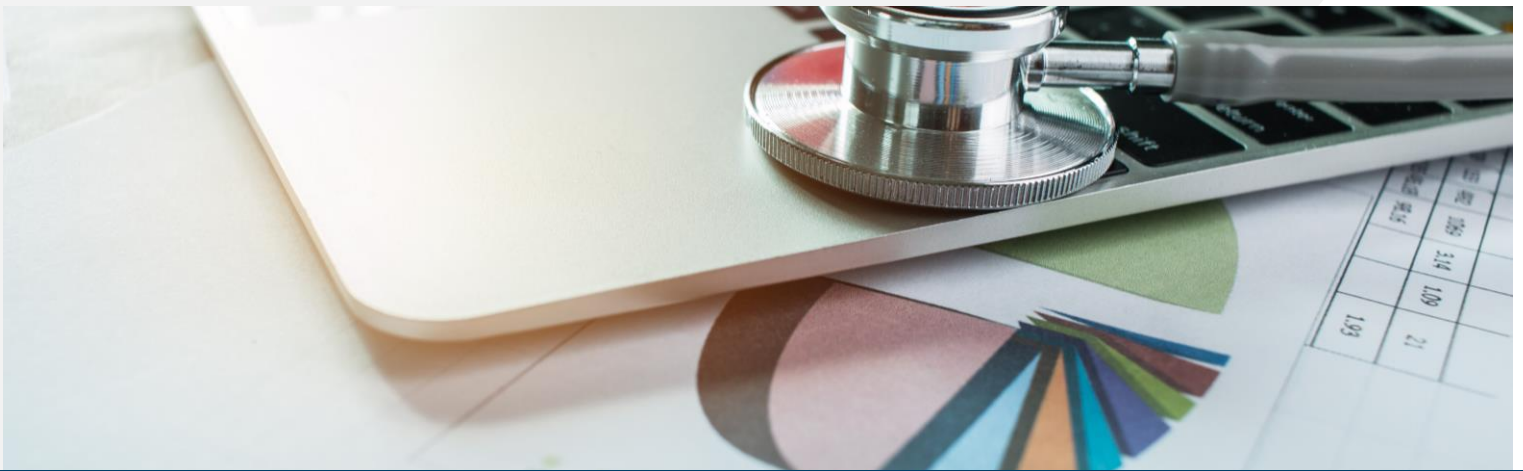
If you are a full-time employee and have completed 60 days of service at RWC, you are eligible to enroll in the benefits outlined in this guide. New hires are eligible for benefits the first of the month following 60 days of employment. In addition, the following family members are eligible for medical, dental and vision coverage:

- Spouse who is not offered affordable coverage (defined by the ACA standards) through his/her employer (medical plan only)
- Children up to the age of 26
- Unmarried children over the age of 26 who are incapable of self-support

► How to Make Changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

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



Benefits Overview

Eligible employees have a choice of the selecting to participate in the following benefits:

- Three Anthem Medical plans (RWC pays a % of costs)
- Two Anthem Dental Plans
- EyeMed Vision Plan
- Health Equity HSA (RWC contributes)
- Voluntary Term Life and Long Term Disability Insurance offered by Hartford (*new carrier this year)
- John Hancock 401K Retirement Savings Account
- Boston Mutual Whole Life Insurance
- Boston Mutual Critical Illness Insurance
- Boston Mutual Accident Insurance

RWC provides at no cost to the employee:

- Group Life Insurance
- Short Term Disability Insurance
- Worker Compensation Insurance
- Employee Assistance Program

The Anthem medical plans are available to each full-time employee and eligible family members. Please refer to the Anthem Summary of Benefits for any exclusions and limitations. The chart below outlines the Anthem HealthKeepers medical benefits we offer. Please note on both of the HDHP plans that there is a list of certain Preventive Drugs available at no cost to you.

HealthKeepers HSA 3000/20%/5500			HealthKeepers HSA 4500/20%/7000	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Calendar Year)	Single \$3,000 Family \$6,000	Single \$6,000 Family \$12,000	Single \$4,500 Family \$9,000	Single \$9,000 Family \$18,000
Annual Out-of-Pocket Maximum	Single \$5,500 Family \$11,000	Single \$13,750 Family \$27,500	Single \$7,000 Family \$14,000	Single \$17,500 Family \$35,000
Co-Insurance after deductible is met (Your responsibility)	20%	30%	20%	30%
Office Visits				
Primary Care Physician	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Specialist	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Adult & Child Preventative	100% covered	30% after deductible	100% covered	30% after deductible
Vision Exam	\$15 copay	\$30 allowance	\$15 copay	\$30 allowance
LiveHealth Online	\$59	N/A	\$59	N/A
Labs, X-Rays & Diagnostics				
Outpatient, Major Diagnostics	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Hospital Services				
Emergency Room	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Urgent Care	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Inpatient Hospitalization	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient Services	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Surgical Expenses	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Mental Health & Substance Abuse				
Inpatient Hospital	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient / Office Visit	20% after deductible	30% after deductible	20% after deductible	30% after deductible

HealthKeepers HSA 3000/20%/5000		HealthKeepers HSA 4500/20%/6550
Pharmacy	In-Network	In-Network
Retail Prescription Drugs (30-Day Supply)		
Preventive Drugs (*majority)	No cost (*majority)	No cost (*majority)
Generic	\$10 copay after deductible	\$10 copay after deductible
Preferred Brand	\$40 copay after deductible	\$40 copay after deductible
Non-Preferred Brand	\$70 copay after deductible	\$70 copay after deductible
Specialty (Brand & Generic)	20% up to a max of \$300 after deductible	20% up to a max of \$300 after deductible
Home Delivery (90-Day Supply)		
Generic	\$25 copay after deductible	\$25 copay after deductible
Preferred Brand	\$100 copay after deductible	\$100 copay after deductible
Non-Preferred Brand	\$175 copay after deductible	\$175 copay after deductible

RWC also offers a traditional medical plan to employees administered through Anthem. This plan has copays for certain services such as doctor visits, urgent care, Rx prescriptions, and LiveHealth Online. Please refer to the Anthem Summary of Benefits for any exclusions and limitations. The chart below outlines the Anthem POS HealthKeepers plan offered. Please note this plan is not HSA-eligible.

HealthKeepers POS 30/2000/20%/5500		
Benefits	In-Network	Out-of-Network
Annual Deductible (Calendar Year)	Single \$2,000 Family \$4,000	Single \$4,000 Family \$8,000
Annual Out-of-Pocket Maximum	Single \$5,500 Family \$11,000	Single \$13,750 Family \$27,500
Co-Insurance after deductible is met (Your responsibility)	20%	30%
Office Visits Primary Care Physician Specialist Adult & Child Preventative Vision Exam LiveHealth Online	\$30 copay \$50 copay 100% covered \$15 copay \$5 copay	30% after deductible 30% after deductible 30% after deductible \$30 allowance N/A
Labs, X-Rays & Diagnostics Outpatient, Major Diagnostics	20% after deductible	30% after deductible
Hospital Services Emergency Room Urgent Care Inpatient Hospitalization Outpatient Services Surgical Expenses	20% after deductible \$50 copay 20% after deductible 20% after deductible 20% after deductible	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible
Mental Health & Substance Abuse Inpatient Hospital Outpatient / Office Visit	20% after deductible \$30 copay	30% after deductible 30% after deductible

HealthKeepers POS 30/2000/20%/5500	
Pharmacy	In-Network
Retail Prescription Drugs (30-Day Supply) Generic Preferred Brand Non-Preferred Brand Specialty (Brand & Generic)	\$10 copay \$40 copay \$70 copay 20% up to a max of \$300
Home Delivery (90-Day Supply) Generic Preferred Brand Non-Preferred Brand	\$25 copay \$100 copay \$175 copay

The chart below shows the cost for each medical plan per pay period.

Medical Plan Costs Per Pay Period

	HealthKeepers POS 2000	HealthKeepers HSA 3000	HealthKeepers HSA 4500
Employee Only	\$137.91	\$102.79	\$63.75
Employee + Child(ren)	\$319.88	\$265.44	\$241.74
Employee + Spouse	\$361.45	\$287.71	\$248.92
Employee + Family	\$697.81	\$595.97	\$492.67

- **Please note:** RWC has a spousal restriction. What does this mean? If your spouse is offered affordable medical coverage from his or her employer (defined by the ACA standards) then he/she is not eligible to enroll in RWC's health plan. If your spouse is not offered coverage through their employer, they can continue to enroll, and an affidavit must be signed and returned to HR.



HEALTH SAVINGS ACCOUNT

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower premiums per pay period in exchange for a higher deductible (the amount you pay before insurance kicks in).

► What are the Benefits of an HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver.** HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you will pay less in taxes.

The maximum amount that you can contribute to an HSA in 2022 is \$3,650 for individual coverage and \$7,300 for family coverage. **This includes what your employer contributes to the HSA.**

Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you do not exceed the annual maximum.

***If you elect the HDHP plan with the HSA, RWC will match your contribution up to a maximum of \$300 for employee only and \$500 for dependent tiers.*

The administrator that RWC has partnered with is Health Equity.

Who Should Have an HSA?

- Individuals who want to use tax-free dollars to pay for eligible medical expenses as well as the opportunity to build a tax-favored savings account for future health care expenses
- Taxpayers looking to reduce their Federal and State income taxes
- Healthy individuals or families who rarely use their health insurance can pay a lower premium and put the difference in their HSA. Balances roll over from year to year – it is use it or keep it
- Individuals looking to minimize post-retirement medical expenses. Eligible medical expenses, as well as Medicare deductibles and Part B and Part D premiums, can be paid tax-free from the account
- Those wishing to supplement their post-retirement income. Similar to a pension or IRA plan, account holders can withdraw for any expense (the HSA early withdrawal penalties are waived after 65)

Please note: you cannot contribute to an HSA if you have other forms of health insurance which includes being covered on a spouse or parent's health plan. This also includes any form of Medicare. Please see detailed HSA plan materials from Health Equity for more details on HSA contribution eligibility.



Sign up or log in

Using your smartphone, tablet or computer.



Choose a doctor

Review their profile and qualifications to select a doctor that fits your needs.



Feel better faster

Get advice, treatment options and a prescription if needed.

LIVEHEALTH ONLINE

Virtual appointments are available through LiveHealth Online 24/7!

With virtual appointments, you can easily connect with a doctor from LiveHealth Online through your mobile phone, tablet, or computer. Doctors can do things like write prescriptions or diagnose and treat a range of nonemergency medical conditions through this virtual platform. Additionally, the cost of a virtual appointment is typically lower than going to a doctor's office, urgent care center or emergency room.

- **24/7 access to doctors.** They can assess your condition, provide treatment options and even send a prescription to the pharmacy of your choice, if needed. It's a great way to get care when your doctor isn't available.
- **Medical care when you need it.** For things like the flu, a cold, sinus infection, pink eye, rashes, fever, and more.
- **Convenience.** Since there are no appointments or long waits. In fact, most people are connected to a doctor in about 10 minutes or less.



Download the app today or
Sign up at www.livehealthonline.com

LiveHealth Online is good for a number of mild conditions, but is not suitable for severe symptoms like a higher fever or a debilitating cough.

A virtual appointment could be appropriate for the following circumstances:

- Bronchitis
- Mild coughs
- Allergies
- Mild fevers
- Pinkeye

You can also use LiveHealth Online Psychology to speak with a psychologist or therapist for these types of conditions: stress, anxiety, depression, family or relationship issues, grief, anxiety, and/or stress from coping with sickness, etc.

- Visit www.livehealthonline.com then select LiveHealth Online Psychology then choose a therapist you'd like to see.
- By phone, call 1-844-784-8409 from 7 A.M. to 11 P.M.

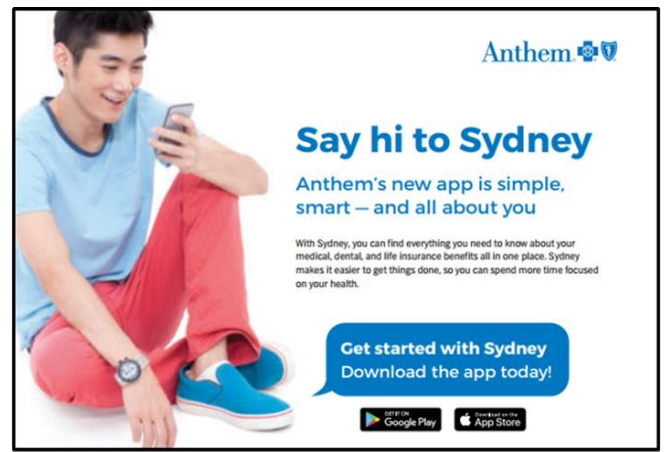
You should not use LiveHealth Online in any of the following circumstances:

- Chronic conditions
- Anything requiring a hands-on exam
- Cancer or other complex conditions
- Anything requiring a test
- Broken bones, sprains or injuries requiring bandaging

LiveHealth Online visit costs

HealthKeepers HSA Plans	\$59
HealthKeepers POS Plans	\$5

Sydney app



Simple

Ready for you to use quickly, easily, seamlessly – with one-click access to benefits info, Member Services, wellness resources and more.

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the interactive chat to get answers quickly.

Personal

Get alerts, reminders and tips directly from Sydney. Get personalized doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our interactive chat feature
- View and use digital ID cards

Already using our Anthem Anywhere app?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

Cost Comparison

Hospital 1

Hospital 2

Procedures		
\$3,000	Bronchoscopy	\$5,000
\$300	Chest CT scan	\$1,000
\$25,000	Hip replacement	\$36,000
\$25,000	Knee replacement	\$37,000

Sample cost comparison*

- With this free online tool, you can find out the cost of procedures ahead of time and plan accordingly
- Members can compare facilities and costs for known procedures based on cost and quality ratings
- This puts you in control of where and how you spend your healthcare dollars



Mail Order Pharmacy

If you take a medication every month, you can get a 90-day supply of your medication delivered to your front door instead of going to the pharmacy every month! Please note there is also an option to get a 90-day supply at Retail90 pharmacies with Anthem (this includes CVS).

By using Anthem's mail order pharmacy program, you will receive a 90-day supply and save on your monthly costs.

Copay Comparison			
	Retail Pharmacy 90-Day Supply (would require 3 refills)	Mail Order 90-Day Supply	Savings
Generic	\$10 x 3 refills= \$30	\$25	\$5
Preferred Brand	\$40 x 3 refills= \$120	\$100	\$20
Non-Preferred Brand	\$70 x 3 refills= \$210	\$175	\$35

Getting Started

By Phone

- Call the Home Delivery Pharmacy (IngenioRx) at 1-833-203-1739.

Online Registration

- Log onto anthem.com and choose **Pharmacy**. You will be on your personal pharmacy page. From there select **view your prescriptions** under Switch to a 90-Day Supply.
- For the drugs you want to switch to home delivery select **Switch to a 90-day supply** then select **Select prescriber**.
- You can update your address, shipping options, and payment on this screen.

Paying for your prescription

- You can pay via debit or credit card, FSA, HSA, or electronic funds transfer (EFT).
- From your personal pharmacy page select **Complete your Profile and Communications Preferences** to set up payments. The select **View Pharmacy Payment Methods** to choose your method of payment, sign up to pay online or add/update your card on file.

Mailing in Your Prescription

- If you prefer to mail in your order complete the **Home Delivery Form** found in the form's library on anthem.com. Mail it to the address shown. Include your prescription and payment on this form.



KnovaSolutions

If you or one of your family members are experiencing a complicated medical situation, KnovaSolutions may be able to help you navigate the healthcare system and receive the best care possible.

Who is KnovaSolutions? KnovaSolutions is a health care service team made up of a nurse, a pharmacist, and a medical research librarian who will work with you to help answer your health care questions and needs. Their team is dedicated to improving you and your family's health and well-being. They are available to help consult you on your important health care decisions and questions

What does KnovaSolutions do? KnovaSolutions is available to answer your questions regarding: healthcare treatment options, medical care decisions, medication, and work-life balance. This is a secure and confidential program in which your conversations will not be shared with anyone.

How much does it cost? WCBR believes in the importance of their employees' health and well-being and is offering this program at no cost to you.

How do I enroll? Call KnovaSolutions at 1-800-355-0885 to determine your eligibility. If you are eligible for the program, a KnovaSolutions agents will reach out to you by phone to see if you would like to enroll. Please note, the incoming call will show up as Sheyenne, Wyoming on your caller ID.

- What does my diagnosis mean?
- Where can I go for the best treatment?
- How do I get a second opinion?
- What are the risks and benefits of this surgery?
- How do I get a copy of my medical records?
- What lifestyle changes will improve my health?
- How can I decrease my stress?

"My KnovaSolutions nurse helped me take the time to look closely at my health. She helped me better understand how my lifestyle choices were impacting my health. With her support, I have been able to make lifestyle changes that I knew I needed to make, but just had not gotten around to doing. It has been so helpful to know I am not alone, and the support I need is just a phone call away."



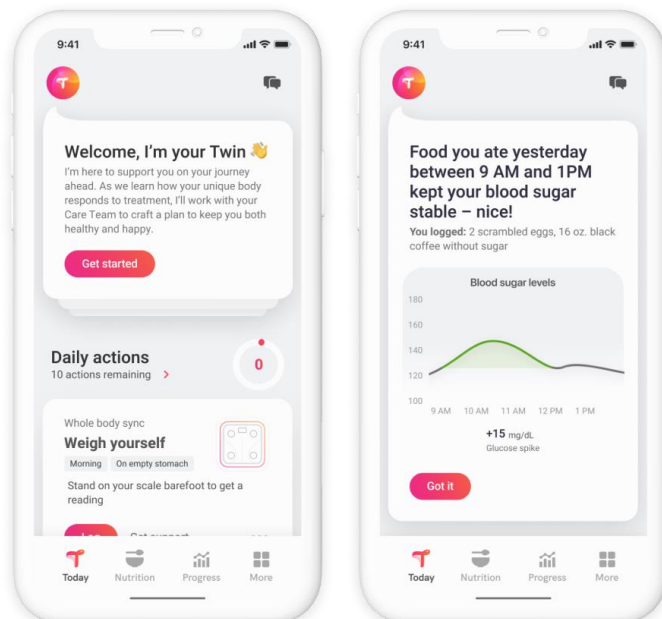
Twin Health Diabetes Reversal Program

What is Twin Health? We're excited to introduce you to Twin Health, a new program to help you reduce medication, heal your disrupted metabolism and reverse type 2 diabetes.

The program centers around a Whole Body Digital Twin™ — a digital representation of your metabolic health. Your Twin uses sensors to see how you respond to food, activity, and sleep. Then, it gives real-time, personalized recommendations via the Twin app. Twin provides everything for success, including the sensors and a dedicated care team.

What is the Cost? Twin is a fully-covered medical benefit for employees and dependents over 18 who are diagnosed with type 2 diabetes and enrolled on the health plan.

How Do I enroll? Learn more and sign up at partner.twinhealth.com/YourCommunity or scan the QR code below.





Lark

Pre-Diabetes Management Program

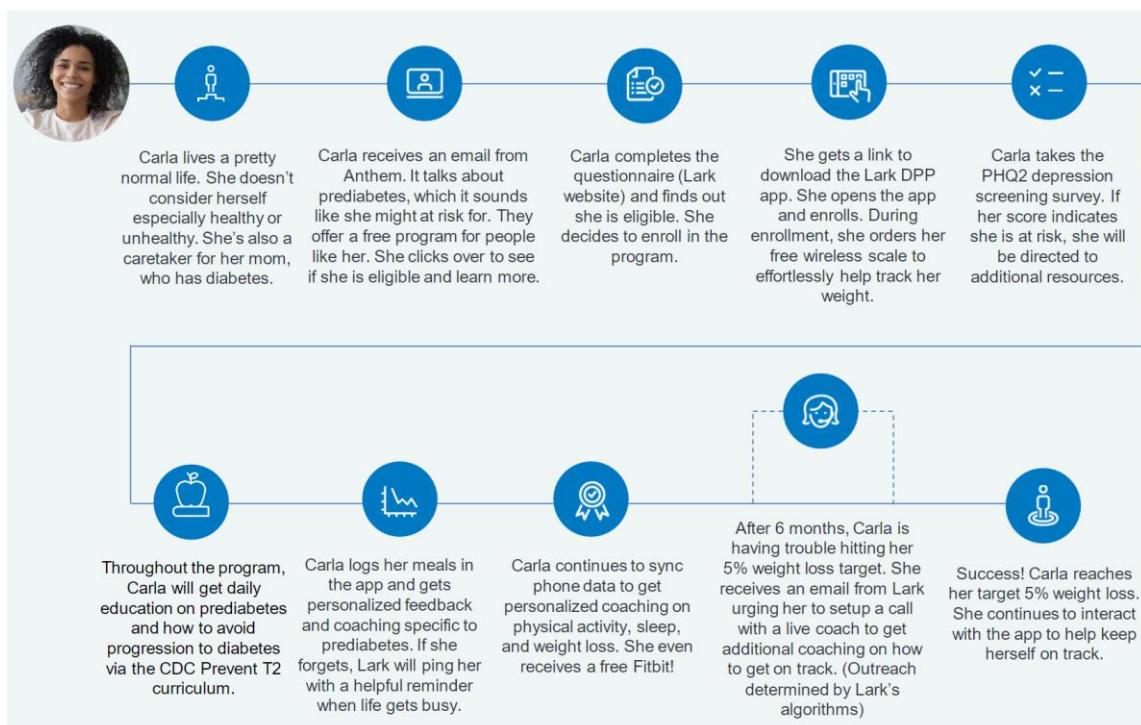
What is Lark? Lark is a confidential personalized 26-week digital health coaching solution that leverages artificial intelligence, cognitive behavioral therapy and smart connected devices to lower risk of developing type 2 diabetes. The focus areas are weight loss, physical activity, nutritional counseling, stress management and sleep. The smartphone-based application provides instantaneous, unlimited, individualized coaching for lifelong behavior change. Lark is the second largest and fastest growing diabetes program.

Learn if you are at risk for prediabetes

Scan the QR code to download the SydneySM Health mobile app and login using your existing health plan credentials. Once you login, you will find the Lark DPP screen under Programs in My Health Dashboard to take the one-minute survey.



What is the cost? Lark is included at no extra cost as part of your Anthem health benefits with access to their mobile app and a free wireless connected scale.



Dental coverage is offered through Anthem. You have access to Anthem's Essential Choice and Complete networks. To find a dentist visit www.anthem.com. Receiving dental care can protect you and your family from the high cost of dental disease and surgery.

The chart below outlines the dental benefits we offer:

Dental		
Network	Low Plan Essential Choice & Complete Network	High Plan Essential Choice & Complete Network
Annual Deductible	Single \$ 50 Family \$ 150	Single \$ 50 Family \$ 150
Annual Maximum	\$ 750	\$ 1,250
Preventative Services	100 %	100 %
Basic Services <i>Amalgam and composite fillings, simple extractions, oral surgery, endodontics/root canal therapy, periodontics, denture repair</i>	80 %	80 %
Major Services <i>Crowns, Prosthodontics, Implants</i>	None	50%
Orthodontics (For dependent children under age 26)	None	50%
Orthodontic Maximum	None	\$1,000
Waiting Period	None	None
MaxOver Benefit <i>If you have at least one annual cleaning & exam, and you use less than half of the annual maximum, Delta will rollover a portion of your unused maximum to next plan year</i>	You can rollover up to \$150 per year. Maximum MaxOver account limit is \$750	You can rollover up to \$300 per year. Maximum MaxOver account limit is \$1,250
Out of Network		
- Preventative	100%	100%
- Basic	80%	80%
- Major	None	50%

Dental Plan Costs (per pay period)		
	Low	High
Employee Only	\$8.91	\$12.22
Employee + Spouse	\$17.14	\$23.89
Employee + Child(ren)	\$20.31	\$28.63
Employee + Family	\$30.36	\$42.30



The Vision plan entitles you to specific eye care benefits. Having vision benefits can help you maintain your vision as well as detect various health problems. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. Please refer to the EyeMed Summary of Benefits for any exclusions and limitations. The chart below provides an overview of some of the covered services and benefits under the vision plan.

Vision Summary of Service		
	In-Network	Out-Of-Network Member Reimbursement
Copay		
Exams	\$10 copay	N/A
Materials	\$20 copay	N/A
Frequencies		
Exams	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Frames	Every 12 months	Every 12 months
Lenses		
Single Vision	\$20 copay	Up to \$30
Lined Bifocal	\$20 copay	Up to \$50
Lined Trifocal	\$20 copay	Up to \$70
Lenticular	\$20 copay	Up to \$70
Frames Allowance	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
Contact Lenses Allowance		
Conventional	\$0 copay; 15% off balance over \$130 allowance	up to \$91
Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$91
Medically Necessary	Paid in Full	Up to \$210



Vision Plan Costs (per pay period)	
Employee Only	\$3.25
Employee + Spouse	\$6.17
Employee + Child(ren)	\$6.50
Employee + Family	\$9.55

EXTRA SAVINGS AND DISCOUNTS

EyeMed is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through US Laser Network. Members receive a discount of 15% off standard prices and 5% off promotional prices with any in-network surgeon.

The Life benefit can help provide for your loved ones if something were to happen to you. RWC provides full-time employees with group Life and Accidental Death and Dismemberment (AD&D) coverage equal to one times your annual salary. RWC pays the full cost of this benefit which means you are not responsible for any of the premium. Effective October 1, 2022, coverage will be offered through The Hartford.

Some employees may want to purchase additional life insurance coverage through The Hartford. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase Voluntary Life/Accidental Death and Dismemberment (AD&D) coverage for yourself in \$10,000 increments to a maximum of \$500,000.

If you purchase Voluntary Life and AD&D coverage on yourself, you can also purchase Life and AD&D coverage on your spouse to a maximum of \$100,000.

The spouse benefit amount cannot exceed 50% of your elected amount. For children, the benefit amount can be elected in \$5,000 increments up to a maximum of \$10,000. The dependent child amount cannot exceed 50% of your elected coverage amount. Rates are available during enrollment self-service or from your HR department.

If you have previously declined the Voluntary Life benefit and wish to enroll now you will not be required to complete an Evidence of Insurability form at this time. The Hartford is offering a True Open Enrollment this year! If you are applying for more than the guarantee-issue amount, you will need to complete Evidence of Insurability.

Basic Life/AD&D	
Benefit	1x annual salary up to a maximum of \$50,000
Age-Reduction	35% at 65; 50% of original amount at 70

Voluntary Term Life Summary of Benefits	
Benefit	Employee Minimum: \$10,000 Maximum: The lesser of \$500,000 or 5x salary, with evidence of insurability Spouse Maximum: \$100,000 with evidence of insurability Dependent \$10,000 maximum
Guaranteed Issue	Employee \$200,000 Spouse \$25,000 Dependent \$10,000
Age-Reduction	65% at 65; 50% at 70

WHOLE LIFE INSURANCE

Boston Mutual

Employees may also purchase whole life insurance through Boston Mutual. You may call Boston Mutual directly at 888-342-8977 or schedule an appointment at <https://bit.ly/rwc23vb>



Accident & Critical Illness Insurance

Boston Mutual

Accident Benefits

Accident insurance benefits pay you money based on the injury and the treatment received; this can be anything from a simple sprain to something more serious, like an injury from a car accident or visit to the emergency room. Money is paid directly to you, and you decide how to spend it. There is no maximum number of benefit payments. The cost of this benefit is not based on age and no health questions are asked.

Benefits cover accidents incurred by all family members covered under this policy. There is a \$50 wellness benefit included in this plan. When you, your spouse and your child visit a physician for a covered screening or exam you each receive this benefit. This benefit is payable directly to you. Please be sure to review your Boston Mutual informational flyers for additional information.. All coverage is guaranteed issue.

Critical Illness Benefits

Critical Illness coverage from Boston Mutual helps cover your out-of-pocket expenses in the event of a serious illness by paying a lump sum benefit at first diagnosis of a covered illness. The benefits are paid directly to you, so you can use the money however you like – whether you need it to pay hospital bills and co-pays or to take care of household expenses while you're focusing on recovery. Covered critical illness include Heart Attack, Stroke, Benign Brain Tumor, Cancer, Blindness, Coronary Bypass Surgery, Kidney Failure, Major Organ Failure, Permanent Paralysis, Occupational HIV and Coma.

Regular wellness screenings and exams appropriate to your stage of life are an important part of staying healthy and catching problems early. There is a \$50 wellness benefit included in this plan. When you and/or your spouse visit a physician for a covered screening or exam you each receive this benefit. This benefit is payable directly to you. Please be sure to review your Boston Mutual informational flyers for additional information.

Employees are eligible for a benefit of \$5,000 or \$10,000. Dependent(s) are eligible for 50% of employee's coverage amount. Guarantee issue for an employee is up to \$10,000 and spouse is up to \$5,000.

RWC provides employees with Short-Term Disability and the opportunity to purchase Long-Term Disability income benefits through Hartford. In the event you become disabled from a non-work-related accident or illness, disability income benefits are provided as a source of income.



Short-Term Disability Summary of Benefits	
Benefit Amount	60% of weekly pre-disability earnings up to a max of \$1,000 per week
Maximum Benefit Period	11 weeks
Benefits Begin	15 th day for accident, 15 th day for illness
Pre-Existing Condition Limitation	None

Voluntary Long-Term Disability Summary of Benefits	
Benefit Amount	60% of your pre-disability monthly income up to \$5,000 per month
Benefits Begin	90 days
Maximum Benefit Period	SSNRA



Employee Assistance Program

The Support You Need

The Employee Assistance Program (EAP) through Anthem provides you and your family members with quick and easy access to confidential counseling and referral services that help you or your family members cope with daily life challenges. This program is employer sponsored so it is available to you at no cost. Services include:

- Up to four face -to-face counseling visits per issue
- Legal & financial consultations
- ID recovery
- Tobacco cessation programs
- Dependent care & daily living resources
- Additional web services

Employees can take advantage of this resource with the full confidence that all information discussed with Anthem will be kept confidential.

1-800-346-5484 | AnthemEAP.com
Company Code: Rappahannock
Westminster Canterbury



John Hancock 401K

- RWC matches employee contributions up to 2%
- Contributions are made with pre-tax dollars
- Employees 50 years of age plus can make catch-up contributions according to IRS guidelines
- Compound earnings
- Automatic Payroll deductions
- Potential for reduced taxes
- Fully vested after 5 plan years
- Employees can view and manage their plans at myplan.johnhancock.com

Balance Billing

An out-of-network healthcare provider billing a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Co-Insurance

The percentage of costs of a covered health care service shared between insurance carrier and the insured after you pay your deductible.

Co-Payment

A fixed amount you pay for a covered health care service.

Deductible

The amount you pay for applicable out-of-pocket covered health care services before your insurance plan starts to pay.

Emergency Services

Sudden and unexpected accident or illness that requires advanced or immediate medical treatment.

Formulary

A list of prescription drugs that are covered by your health insurance plan. Depending on the type and brand, drugs are categorized into tiers, which may affect how much you pay for each drug. This is sometimes referred to as Prescription Drug List (PDL).

Non-Preferred Provider

A provider who does not have a contract with your health insurer or plan to provide services to you. You will pay more to see a non-preferred provider and will have more administrative responsibilities.

Out-Of-Pocket Maximum

The maximum amount you can pay during the calendar year for your share of the costs of covered services. This includes deductibles, co-pays, and coinsurance, but not premiums. After you meet this limit, the plan will pay 100% of the allowed amount.

Prior Authorization

Certain services or procedures may require written permission or recommendation from a health care professional to validate medical necessity in order to be covered by your insurance.

Preferred Provider

A provider who has a contract with your insurer or plan to provide services to you at a discount. Preferred providers will file claims on your behalf and will not balance bill.

Premium

The amount that must be paid for your insurance plan each pay period. This amount may be shared by you and your employer.

Primary Care Physician

A physician, nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Specialist

A physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical services. The UCR amount may be used to determine the allowed amount.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

This proposal is based upon the financial and underwriting information provided by your company. In the event there have been significant changes, or we are missing material data, we will need that information in order to forward it to underwriters. Any additional information may change the rates shown.

This proposal is issued by the carrier as a courtesy and for the sake of expediency. Actual rates will depend upon underwriting, final enrollment and final rate approval.

Never terminate your existing coverage until advised that replacement coverage has been confirmed by the replacement carrier.

This proposal is intended to be a summary of the premium costs of the plans under consideration. Please refer to the carrier's proposal for the actual terms, conditions, limitations, and exclusions. Each carrier administers benefits in a unique manner, a change in carriers may result in a change in how the benefits are administered.

It is imperative we be informed of any employee or dependent that is hospitalized or otherwise disabled and not actively at work on the effective date of any new contract. Coverage may not be available for these individuals.

It is imperative we be informed of any employee or dependent that is covered under your group's COBRA provision or retiree plan.

This proposal is provided only for your internal use. No further use or distribution is authorized without our prior written consent.

All insurance carriers have their own operating procedures. A change in carrier could, therefore, affect the way certain plan coverages are evaluated.

Scott Insurance, a division of James A. Scott & Son, Inc., may qualify to receive compensation from insurance carriers in the form of contingency payments. Contingency payments are based on the volume and persistency of all business Scott Insurance, a division of James A. Scott & Son, Inc., has with certain insurance carriers and is not charged to your account directly nor does it affect placement of coverage. It is calculated into the carriers overall fixed cost.

In performing this review, and analysis, Scott Insurance Agency is not providing legal advice or legal opinion with respect to the PPACA laws (aka, "healthcare reform"), ERISA and /or any state or federal laws with which employers must comply. The information within is intended to serve as general guidance, estimations and advice. Compliance is the sole responsibility of the Employer client. We recommend that you consult with your attorney for final decisions to ensure proper compliance.





Rappahannock Westminster-Canterbury