



Employee Benefits Guide



Rappahannock
Westminister-Canterbury

Plan Year 2026-2027

SCOTT
INSURANCE

Senior Living
Practice



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ENROLLMENT GUIDE

Plan Year

Benefits are administered on a plan year from October 1, 2026, through September 30, 2027.

Who Is Eligible?

If you are a full-time employee and have completed 30 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 30 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

- 3 Medical plans offered through Anthem
- 2 Dental plans offered through Anthem
- Vision offered through EyeMed
- Life and Disability offered through The Hartford
- HSA offered through Health Equity



Payroll Deductions

Payroll Deduction Overview

Should you choose to enroll in the offered benefit coverages, you will be required to pay a portion of the premium cost, which is deducted on a pre-tax basis from each of your paychecks. Below is a breakdown per pay period of the cost for medical, dental and vision benefits.

Medical Plan Costs Per Pay Period

	HealthKeepers PPO 2000	HealthKeepers HSA 3400	HealthKeepers HSA 4500
Employee Only	\$175.09	\$115.28	\$67.45
Employee + Spouse	\$439.78	\$350.06	\$302.86
Employee + Child(ren)	\$358.74	\$297.69	\$255.77
Employee + Family	\$782.58	\$668.37	\$552.23

Dental Plan Costs (per pay period)

	Low	High
Employee Only	\$10.69	\$14.66
Employee + Spouse	\$20.57	\$28.67
Employee + Child(ren)	\$24.37	\$34.36
Employee + Family	\$36.43	\$50.76

Vision Plan Costs (per pay period)

Employee Only	\$3.25
Employee + Spouse	\$6.17
Employee + Child(ren)	\$6.50
Employee + Family	\$9.55

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 HDHP plans that there is a list of certain Preventive Drugs available at no cost to you. LiveHealth Online visits are 100% paid on all plans before meeting the annual out-of-pocket maximum.

Benefits	HealthKeepers HSA 3400 / 20 / 5500	HealthKeepers HSA 4500 / 20 / 7000
In-Network Benefits		
Annual Deductible (Ind/Fam)	\$3,400 / \$6,800	\$4,500 / \$9,000
Calendar Year/ Plan Year	Plan Year	Plan Year
Coinsurance	Anthem 80% / Employee 20%	Anthem 80% / Employee 20%
Annual Out-of-Pocket Maximum(Ind/Fam)	\$5,500 / \$11,000	\$7,000 / \$14,000
Preventive Care	Covered 100%	Covered 100%
Adult Vision Exam	\$15 copay, 1 per year	\$15 copay, 1 per year
Office Visits (PCP/Specialist)	20% after deductible	20% after deductible
Urgent Care	20% after deductible	20% after deductible
Emergency Room Services	20% after deductible	20% after deductible
Diagnostic Labs/Xrays	20% after deductible	20% after deductible
Outpatient Hospital Expenses	20% after deductible	20% after deductible
Inpatient Hospital Expenses	20% after deductible	20% after deductible
Mental Health & Substance Abuse	20% after deductible	20% after deductible
Prescription Drugs		
Deductible	Included with medical	Included with medical
Retail Pharmacy Copays	\$10/\$40/\$70/20% up to a max of \$300 after deductible	\$10/\$40/\$70/20% up to a max of \$300 after deductible
Mail Order Copays	\$20/\$100/\$175 after deductible	\$20/\$100/\$175 after deductible
Out-of-Pocket Maximum (Ind/Fam)	Included with Medical	Included with Medical
Out-of-Network Benefits		
Deductible (Ind/Fam)	\$6,800 / \$13,600	\$9,000 / \$18,000
Coinsurance	Anthem 70% / Employee 30%	Anthem 70% / Employee 30%
Out-of-Pocket Maximum (Ind/Fam)	\$13,750 / \$27,500	\$17,500 / 35,000

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 and Rx prescriptions. 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.

Benefits	<i>HealthKeepers 30/2000/20%/5500</i>
In-Network Benefits	
Annual Deductible (Ind/Fam)	\$2,000 / \$4,000
Calendar Year/ Plan Year	Plan Year
Coinsurance	Anthem 80% / Employee 20%
Annual Out-of-Pocket Maximum(Ind/Fam)	\$5,500 / \$11,000
Preventive Care	Covered 100%
Adult Vision Exam	\$15 copay, 1 per year
Office Visits (PCP/Specialist)	\$30 / \$50 copay
Urgent Care	\$50 copay
Emergency Room Services	20% after deductible
Diagnostic Labs/Xrays	20% after deductible
Outpatient Hospital Expenses	20% after deductible
Inpatient Hospital Expenses	20% after deductible
Mental Health & Substance Abuse	Outpatient: \$30 copay; Inpatient: 20% after deductible
Prescription Drugs	
Deductible	N/A
Retail Pharmacy Copays	\$10/\$40/\$70/20% up to a max of \$300
Mail Order Copays	\$20/\$100/\$175
Out-of-Pocket Maximum (Ind/Fam)	Included with Medical
Out-of-Network Benefits	
Deductible (Ind/Fam)	\$4,000 / \$8,000
Coinsurance	Anthem 70% / Employee 30%
Out-of-Pocket Maximum (Ind/Fam)	\$13,750 / \$27,500

- **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 smart way to set aside money for qualified medical expenses while enjoying tax advantages. These accounts are available to individuals enrolled in High-Deductible Health Plans (HDHPs), helping them budget more effectively for healthcare costs. HDHPs typically come with lower monthly premiums but require you to pay more out-of-pocket before your insurance coverage begins. RWC has partnered with HealthEquity as the administrator for Health Savings Accounts (HSAs). If you enroll in one of the HSA medical plans, **RWC will match your contribution up to a maximum of \$300 for employee only and \$500 for dependent tiers** – helping you save more toward qualified medical expenses

What are the Benefits of an HSA?

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

- **It saves you money.** HDHPs come with lower monthly premiums, meaning less is deducted from your paycheck—helping you keep more of your earnings.
- **It's portable.** The money in your Health Savings Account (HSA) rolls over year after year and remains yours, even if you change jobs or retire.
- **It's a tax-saver.** Contributions to your HSA are made with pre-tax dollars, reducing your taxable income and lowering the amount you owe in taxes.

The maximum annual HSA contributions allowed by the IRS for 2026 and 2027 (includes the employer contribution) is as follows:

	2026	2027
Individual	\$4,400	\$4,500
Family	\$8,750	\$9,000

If you're age 55 or older, you're eligible to make an additional 'catch-up' contribution of \$1,000 to your HSA. You can also adjust your contribution amount at any time during the year, as long as you stay within the annual contribution limit.

Please note: You are not eligible to contribute to an HSA if you have other forms of health coverage, including being enrolled in a spouse's or parent's health plan, or any type of Medicare. For full details on HSA contribution eligibility, please refer to the plan materials provided by HealthEquity.

When you need care quickly

Knowing where to go can save you time and money



Seeking Care

Care Option	Cost	Average Wait	Use For
Virtual Visit (Live Health Online)	\$0	≤ 10 min.	Minor illnesses, virtual visits, and non-emergency concerns
Primary Care Provider (PCP)	\$	≤ 18 min.	Routine care, preventive services, common illnesses, and ongoing health conditions
Retail Health Clinic	\$\$	~30 min.	Minor illnesses and injuries
Urgent Care	\$\$	~30 min.	Immediate, non-life-threatening care
Emergency Room	\$\$\$	~1 hour	Serious or life-threatening emergencies

Costs and wait times shown are estimates and may vary.



Anthem Resources

The Anthem Sydney App makes healthcare easier. Access and manage your Anthem benefits anytime through the Sydney Health app or Anthem.com

Manage Your Benefits

- Access, email, or fax your digital ID card
- Review coverage, claims, and EOBs
- Receive benefit and claims updates
- View plan documents and information

Find Care & Compare Cost

- Compare procedure cost across providers and facilities
- Search for in-network providers
- Connect to virtual care

Manage Prescriptions

- Fill or refill prescriptions
- Set up home delivery with CarelonRx
- Compare eligible generic prescriptions costs and discounts through EnsureRx

Anthem offers a variety of tools and resources to their members. Download the SydneySM mobile app or visit www.anthem.com to:

- View, print or request a physical copy of your medical ID card
- Track deductible and out-of-pocket maximum utilization
- View EOBs, claims and overall benefits
- Access other tools and resources (shown below)

Try Sydney Health today



Scan the QR code with your phone's camera.





Employee Assistance Program (EAP)

The Support You Need

EAP is ideal for short-term and immediate guidance while mental health care through your health plan is best for ongoing treatment and clinical needs. 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 4 face-to-face or virtual counseling visits per issue per year
- Legal & Financial Consultations
- Identity Theft Support
- Crisis Support
- Emotional Well-Being Resources
- Work-Life Resources
- Variety of Online Resources

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

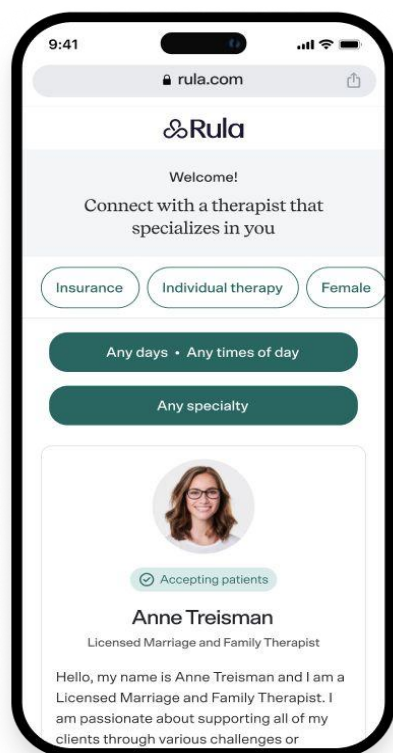
1-800-346-5484 | [AnthemEAP.com](https://www.AnthemEAP.com)

Company Code: Rappahannock Westminster Canterbury



Rula Virtual Mental Healthcare

Finding a therapist is easier with Rula, an online mental health resource available to Anthem members. Rula is a convenient way to take care of your mental health by utilizing a virtual platform. Anthem members can seek online support to meet with a therapist without having the long wait that we have been seeing in the industry



- Convenient access to virtual mental health care
- Schedule an appointment in less than 5 minutes
- New patient appointments available in as little as 3 days
- Choose a therapist based on your preferences, including specialty, gender, language, and ethnicity
- Establish ongoing care with recurring appointments
- Broad network of licensed mental health providers
- View your estimated cost before scheduling (cost is based on your Anthem health plan)

Get started today

<https://www.rula.com/wc-rappahannock/>

(323) 205-7088



World-class care,
anytime, anywhere.

Sword Health

Sword Thrive, Bloom & Move Programs

Available at no cost to employees and covered dependents enrolled in the Anthem medical plan.

Thrive

A virtual physical therapy program that helps improve mobility and reduce pain through guided exercises and personalized coaching

- Personalized exercise program with real-time feedback
- Includes a tablet and motion sensors to guide therapy
- Commonly addresses pain in the back, neck, shoulder, elbow, wrist, hip, knee, and ankle

Bloom

A virtual pelvic health program designed to support women's pelvic health needs with specialized therapy and education

Move (NEW!)

A proactive wellness program for members experiencing mild aches, pains, or discomfort related to a sedentary lifestyle

- One-on-one coaching from a dedicated physical health specialist
- Free wearable device provided to track activity and heart rate
- Encourages healthy movement habits before pain becomes chronic



**Solving the root cause of chronic
metabolic disease**

Twin Health Diabetes Reversal Program

What is Twin Health? A life changing confidential health program with a dedicated Twin team that helps you:

- ✓ Heal disrupted metabolism while losing weight
- ✓ Lower risk of Type 2 Diabetes
- ✓ Reduce or eliminate use of medications from Type 2 Diabetes
- ✓ Reverse Type 2 Diabetes

Twin Health uses cutting-edge Whole-Body Digital Twin™ technology to create a personalized, real-time model of your metabolism. This allows the program to tailor nutrition, activity, sleep, and stress management strategies to your unique needs.

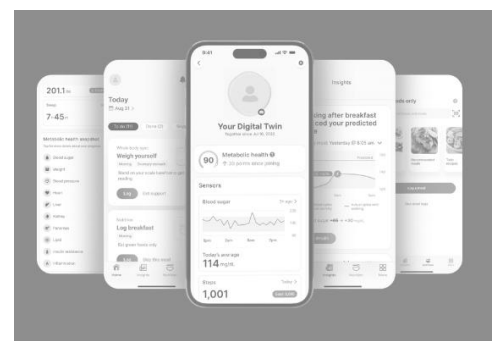
What is the Cost? Twin is a fully-covered medical benefit for employees and dependents over 18 who are enrolled in the health plan

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



Whole Body Digital
Twin™ helps heal your
metabolism and *reclaim*
your life.

Includes free smart sensors, personalized
coaching, and tailored recommendations
for your unique metabolism.



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? RWC 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 Cheyenne, Wyoming on your caller ID.

- What does my diagnosis mean?
- Where can I go for the best treatment?
- 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."



Medicare Resources

Navigating Medicare Made Simple

Understanding Medicare can be confusing. From enrollment timing and coverage options to costs and coordination with your employer's health plan, Scott Benefit Services is here to help you make informed decisions.

We can help answer questions such as:

- When should I enroll in Medicare?
- When am I eligible to enroll?
- What are Medicare Parts A, B, and D?
- What are Medicare Supplement and Medicare Advantage plans?
- What services are covered?
- How much will coverage cost?
- Will I pay higher premiums based on my income?
- Should I stay enrolled in my employer-sponsored health plan?

Our Medicare specialists can provide guidance to help you understand your options and choose the coverage that best fits your needs.

Contact Scott Benefit Services Today!

Cheryl Murray

cmurray@scottins.com

804-441-6828

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

To find a dentist visit www.anthem.com.

The chart below outlines the dental benefits we offer:

Anthem Dental		
	Low Plan	High Plan
Annual Deductible	Single \$50 Family \$150	Single \$50 Family \$150
Annual Maximum <i>If you have at least one annual cleaning & exam, and you use less than half of the annual maximum, Anthem will rollover a portion of your unused maximum to next plan year</i>	\$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
Annual Maximum Carry Over Benefit	Yes	Yes
Out of Network		
- Preventative	100%	100%
- Basic	80%	80%
- Major	None	50%

- Coinsurance percentage shown reflects the amount Anthem pays



Vision is offered through EyeMed and the 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 Materials	\$10 copay \$20 copay	\$40 N/A
Frequencies Exams Lenses Frames	Every 12 months Every 12 months Every 12 months	Every 12 months Every 12 months Every 12 months
Lenses Single Vision Lined Bifocal Lined Trifocal Lenticular	\$20 copay \$20 copay \$20 copay \$20 copay	Up to \$30 Up to \$50 Up to \$70 Up to \$70
Frames Allowance	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
Contact Lenses Allowance Conventional Disposable Medically Necessary	\$0 copay; 15% off balance over \$130 allowance \$0 copay; 100% of balance over \$130 allowance Paid in Full	up to \$91 Up to \$91 Up to \$210

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.

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

RWC will continue to offer Voluntary Life Insurance. Coverage will continue to be offered 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 \$1,000 increments up to a maximum of \$10,000. The dependent child amount cannot exceed 50% of your elected coverage amount. Please see The Hartford's enrollment materials for rates.

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

*If you have previously declined the Voluntary Life benefit and wish to enroll now you will be subject to an Evidence of Insurability form at this time. If you are applying for more than the guarantee-issue amount, you will need to complete Evidence of Insurability form.

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	Up to normal retirement age (as long as you remain disabled)

Enrollment Requirements

Late entrants (if you did not enroll in voluntary LTD when first available, you'll be required to submit an Evidence of Insurability form)





Accident & Critical Illness

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. 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 and rates.

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.



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 doesn't have a contract with your health insurer or plan to provide services to you. You'll 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 a plan 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 month. 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.

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.

HAVE QUESTIONS, PROBLEMS OR CONCERNS?

The following are your carrier numbers and websites should you need assistance understanding your benefits, claims or other insurance related information.

Anthem	Medical, Pharmacy, and Dental	800.582.6941 www.anthem.com
EyeMed	Vision	866.939.3633 www.eyemedvisioncare.com
Health Equity	Health Savings Account (HSA)	866.866.346.5800 www.healthequity.com
Hartford	Basic Life/AD&D, Voluntary Life/AD&D, Short-Term Disability, Voluntary Long-Term Disability	800.853.2713 www.thehartford.com
Anthem EAP	Employee Assistance Program	800.346.5484 www.anthemeap.com
LiveHealth Online	Telemedicine	888.548.3432 www.livehealthonline.com
Boston Mutual	Accident & Critical Illness	877.212.2950 www.bostonmutual.com

[illegible]

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