JOHNSON SERVICE GROUP

SUMMARY OF BENEFITS FOR CONTRACT EMPLOYEES

Thank you for your interest in employment with Johnson Service Group, Inc. Our Company provides its contract employees with the following Affordable Care Act compliant benefits:

CENTURY HEALTHCARE (CHC) –
LIMITED FIXED INDEMNITY GROUP BENEFITS PLAN *(specific plan information attached)*
Enrollment in the voluntary health benefits through **Century Healthcare (CHC)** must be made **within thirty days** of an employee's hire date. Employees must enroll through CHC's telephonic enrollment center at (888) 232-9431, Monday through Friday, from 7:00 AM to 7:00 PM CST. For claims and customer service, please call (877) 685-2432.
Note: Please be sure to provide the password "Johnson" when enrolling.

If an employee wishes to enroll in these benefits after 30 days of employment, they will be allowed to enter into plans during the annual open enrollment period. Open enrollment periods will be communicated to employees as they become available. For Qualifying Life Events, such as child birth, divorce, loss of coverage though the spouse's employer, etc., changes to the employee's health insurance benefits can be made at the time of the event, as long as the change is requested within 30 days. ***Upon successful completion of a twelve month measurement period (as defined by the Affordable Care Act), where the employee has worked more than 1,560 hours, an additional medical benefit option will be made available.***

This limited fixed indemnity insurance plan ***is not comprehensive major medical insurance.*** It is a package of services and fixed indemnity benefits that pays benefits for specified medical services and is designed to help take care of the basic medical care needs of insured employees and their families. This plan pays in addition to any other insurance in force and is not a Medicare Supplement plan. All premiums for benefits are deducted from paychecks on a weekly basis. Additional information, including prices, can be found in the Employee Toolbox on the JSG web site at www.jsginc.com.

HEALTHCARE SOLUTIONS TEAM (HST) –
PORTABLE BENEFITS – MAJOR MEDICAL, INDEMNITY PLANS, DENTAL/VISION, ACCIDENT/CRITICAL ILLNESS

All employees have the option of designing a portable health plan tailored to suit the individual's specific healthcare needs. These medical benefit options can be accessed exclusively through the **Healthcare Solutions Team (HST)**, JSG's partner in providing this benefit option. The Healthcare Solutions Team provides access to world class benefits from the nation's top-rated insurance carriers including United Healthcare, National General, Blue Cross Blue Shield, Anthem, and Aetna. *Note: Availability varies by state.*

Employees may select from several benefit options. The options are comprised of benefits that are more traditional in nature, benefits that include a Health Savings Account component, short term major medical benefits, benefits that address high risk individuals (for those individuals with most pre-existing conditions), and guaranteed acceptance plans.

There is **no waiting period to enroll** and upon acceptance coverage can begin. An employee pays 100% of the premium cost, and in most cases, has the option to have the premiums deducted from their weekly paycheck, and can elect to have the premiums deducted on a pre-tax basis. These benefits are individually tailored to an employee's personal circumstances and remain with the individual upon termination from JSG employment.

For more information, please go to www.jsghealthplans.com or contact the Healthcare Solutions Team directly at (866) 934-9013. There is also a link to this web site in the Employee Toolbox located on the JSG web site at www.jsginc.com.

AFLAC ACCIDENT ADVANTAGE
Accident insurance can help an employee with the multiple costs of an unexpected accident. This plan pays a cash benefit to an employee for all types of off-the-job accidents. Coverage is available for employees, spouses, and dependent children. Benefits are eligible for One Day Pay, meaning claims filed by 3:00 PM EST are paid the next day. The plan also provides a wellness benefit that can be used for routine & preventive care. **This 100% employee paid plan is offered through Aflac on a pre-tax basis and is portable after one month of participation should an employee leave JSG.**

AFLAC CANCER CARE
This plan offers protection in the event an employee or a family member is diagnosed with cancer. Even with major medical insurance, the financial obligation can be devastating to an employee's savings or future income in a cancer situation. The benefits in this policy pay cash directly to the employee for treatments such as an initial diagnosis, surgery, hospitalization, radiation and chemotherapy, experimental therapy and bone marrow transplant. Since 96% of all cancers are now treatable if diagnosed early, this plan also offers a benefit for cancer screening. Benefits are eligible for One Day Pay, meaning claims filed by 3:00 PM EST are paid the next day. The plan also has a specified disease rider covering 31 diseases. This rider pays directly to the employee for an initial diagnosis of one of the specified diseases and if the employee or a covered person is confined in a hospital for treatment of one of the specified diseases. Coverage is available for employees, spouses, and dependent children. **This 100% employee paid plan is offered through Aflac on a pre-tax basis and is portable after one month of participation should an employee leave JSG.**

AFLAC CRITICAL CARE
This Specified Health Event Protection Plan provides coverage for sickness and injury, and provides specified health event coverage for critical illness. This plan offers protection should an employee or his/her spouse have a catastrophic event, such as a heart attack, stroke, kidney failure, major third-degree burns, or coronary artery bypass surgery. Additional benefits include intensive care, hospital confinement, and heart surgery benefits. The plan is designed to protect an employee against the financial burden created by these types of events. Benefits are eligible for One Day Pay, meaning claims filed by 3:00 PM EST are paid the next day. **This 100% employee paid plan is also offered through Aflac on a pre-tax basis and is portable after one month of participation should an employee leave JSG.**

SECTION 125 PREMIUM ONLY PLAN
All employees may take advantage of certain provisions permitted by Section 125 of the Internal Revenue Code. Under this program, employees may choose to pay for company sponsored benefits with a portion of their pay before federal or Social Security taxes are withheld. When an employee selects this program, their premium payment will be deducted from their gross income.

All employees must complete a Section 125 form indicating if they are electing or declining to have their voluntary health insurance benefits handled on a pre-tax basis. These forms are located on the JSG web site under the Employee Toolbox, and they are to be completed and sent to the Payroll Department with the other completed new hire forms.

401(K) RETIREMENT PLAN
Johnson Service Group, Inc. offers a 401(k) investment option through Transamerica Retirement Services to aid employees in planning and meeting the financial needs for their retirement years.

Participation in the plan is voluntary and available to all full-time employees any time on or after the first of the month following thirty days of service.

To have your information entered in the Transamerica database, please contact Johnson Service Group's Human Resources Department at (630) 655-3500 or at benefits@jsginc.com. Once your information has been entered into the Transamerica database, salary reduction contribution amounts may be changed, discontinued, and then resumed again at any time throughout the year. Also, participants may change the investment direction of their contributions at any time. Additional information is available on the JSG website at www.jsginc.com.

COMMUTER BENEFIT PROGRAM
The Commuter Benefit Program is designed to help JSG contract employees save time and money when they use public transit for their commute to work – whether it be by train, subway, bus, vanpool, etc. As part of the program, funds are deducted weekly from employees' paychecks on a pre-tax basis and moved to a commuter account. With funds loaded onto a commuter card, employees can then use this card to pay for their daily commute to work. The program is available to all contract employees at any time during their employment with JSG. If interested, please reach out to JSG's Human Resources Department at (630) 655-3500 or at benefits@jsginc.com for more details and to enroll in the program.

CENTURY HEALTHCARE

MEC BASIC PLAN OPTION

PREVENTIVE SERVICES

All preventive services as specified by the Affordable Care Act such as annual physicals, mammograms, pap smears, preventive cancer screenings, routine lab and x-rays, and immunizations. Only covered at 100% through in-network providers.

Included
See the MEC Summary Page

DISCOUNT RX PROGRAM

Employees and their dependents pay the lesser of the pharmacy's usual and customary fee or the contract rate. Discounts are available on both generic and brand name drugs. Contraceptive drugs are included. Receive instant savings of up to 85% based on all FDA approved drugs (brand & generic) at the pharmacy filling the claim. No claim forms required. Prescriptions for 30-day supplies can be filled at more than 58,000 participating pharmacies nationwide including all of the national chains and over 90% of independent pharmacies. Your discount may also apply to certain over-the-counter medications, diabetic supplies that have an NDC (National Drug Code), and even for certain pet medications that have human equivalent medications. For additional savings, you may also utilize our mail order pharmacy for 90 day supplies. To learn more about the benefits or to locate a participating pharmacy call (844) 636-7506 or visit www.healthcarehighwaysrx.com.

Included

PHCS PREVENTIVE ONLY NETWORK

Covered individuals need to obtain all preventive services through providers that participate in the PHCS Preventive Only Network in order for the services to be covered at 100%. To locate participating providers call (888) 371-7427 or visit www.multiplan.com/chcmec.

Included

Please note that this plan only covers preventive services as required under the Affordable Care Act.
To learn more visit www.healthcare.gov
The preventive services will only be covered at 100% when ***utilizing in-network providers.***

Century Healthcare's Customer Service Department
(877) 685-2432
Monday-Friday; 7:00 AM – 7:00 PM CST

Century Healthcare's Telephonic Enrollment Center
(888) 232-9431
Monday-Friday; 7:00 AM – 7:00 PM CST

Client Web Portal
(Access important plan documents, claim forms & temporary ID cards)
www.centuryhealthcare.com
Username: CHC5121
Password: johnson

WEEKLY COST	
Employee Only	$12.26
Employee + Spouse	$17.19
Employee + Child(ren)	$18.52
Employee + Family	$24.23

CENTURY HEALTHCARE

MEC PLUS PLAN OPTIONS

Important Contacts

Century Healthcare
(Customer Service and Claims
(877) 685-2432
Monday through Friday
7:00 AM – 7:00 PM CST

Telephonic Enrollment Center
(888) 232-9431
Monday through Friday
7:00 AM – 7:00 PM CST

Member Web Portal
(Access important plan documents, claim forms & temporary ID cards)
www.centuryhealthcare.com
Username: CHC5121
Password: johnson

PHCS Limited Benefit Plan

PHCS Limited Benefit Network
www.multiplan.com/chc
(888) 371-7427

Healthcare Highways Rx

Healthcare Highways Rx
www.healthcarehighwaysrx.com
Customer Helpdesk (844) 636-7506
Mail Order Number: (844) 636-7506

Please Note: A separate claim form is needed for the AD&D, Accident Medical & Life benefits. You may access the claims form through the clientweb portal or call the Century Healthcare's Customer Service Department.

All benefits except Accident Medical, AD&D, and Term Life are subject to Benefit Year Maximums as shown above. Benefit Year means the 12 consecutive months from the group's original effective date. Please note that this is just a summary of the benefits and to know the full details of the policy the certificate of coverage needs to be reviewed once the policy is effective. Benefits Effective 12/25/2017

Benefit Description	Value	Select	Premier
Preventive Services Covered at 100% All preventive services as specified by the Affordable Care Act such as annual physicals, mammograms, pap smears, preventive cancer screenings, routine lab and x-rays, and immunizations. Only Covered at 100% through in-network providers.	Included See MEC Summary Page	Included See MEC Summary Page	Included See MEC Summary Page
Doctor's Office Visit Benefits paid if a covered person visits a doctor's office for medically necessary treatment, care or advice of an injury or sickness covered under the policy.	Pays $75 per day (6 days)	Pays $80 per day (6 days)	Pays $90 per day (10 days)
Outpatient Physical Therapy Benefits paid if a covered person requires Outpatient Physical Therapy, as a result of an injury or sickness, for the treatement of physical dysfunction or injury by the use of therapeutic exercise and the application of modalities, intended to restore or facilitate normal function or development. Physical Therapy does not include speech therapy or occupational therapy.	Pays $50 per day (10 days)	Pays $50 per day (10 days)	Pays $100 per day (10 days)
Outpatient Manipulative Therapy Benefits paid if a Covered Person, while insured, requires Manipulative Therapy as an Outpatient as a result of Accident or Sickness.	Pays $50 per day (10 days)	Pays $50 per day (10 days)	Pays $100 per day (10 days)
Outpatient X-Ray & Lab Benefits paid for outpatient laboratory tests and x-rays if a covered person is not confined in a hospital and the tests or x-rays are ordered by a doctor and performed by an appropriately licensed technician.	Pays $100 per day (3 days)	Pays $100 per day (4 days)	Pays $125 per day (5 days)
Advanced Studies Limited to, CT scan, PET scan, MRI.	Pays $500 per day (1 day)	Pays $1,000 per day (1 day)	Pays $1,000 per day (2 days)
Emergency Room Benefit Benefits paid for emergency room visits for a medical emergency for a sickness.	Pays $250 per day (1 day)	Pays $250 per day (1 day)	Pays $500 per day (1 day)
In-Patient/Out-Patient Surgery Benefits Benefit paid if a covered person undergoes medically necessary surgery at the direction of a doctor for a covered injury or sickness.	In-Patient Pays $1,000 Out-Patient Pays $500 (1 IP or 1 OP surgery)	In-Patient Pays $2,000 Out-Patient Pays $1,000 (1 IP or 1 OP surgery)	In-Patient Pays $3,000 Out-Patient Pays $1,500 (1 IP or 1 OP surgery)
In-Patient/Out-Patient Anesthesia Benefits Benefits paid at 25% of the surgery benefit for anesthesia services for pre-operative screening and the administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.	In-Patient Pays $250.00 Out-Patient Pays $125.00	In-Patient Pays $500.00 Out-Patient Pays $250.00	In-Patient Pays $750.00 Out-Patient Pays $375.00
Outpatient Minor Surgical Benefit paid if a covered person has a covered outpatient minor surgery as defined in the policy.	Pays $75 per day (1 day)	Pays $80 per day (1 day)	Pays $90 per day (1 day)
Ambulance Benefits paid if a covered person requires transportation in an ambulance to the nearest hospital for treatment of an injury or sickness.	Pays $500 per day (1 day)	Pays $500 per day (1 day)	Pays $500 per day (1 day)
Hospital Confinement Benefits paid if a covered person is confined as an inpatient in a hospital because of a covered injury or sickness.	Pays $500 per day (Maximum of 30 days)	Pays $1,000 per day (Maximum of 30 days)	Pays $1,500 per day (Maximum of 30 days)
Maternity Benefits paid under the applicable provision for Doctor's Office Visits, Outpatient X-ray & Lab, Surgery or Hospital Confinement for pregnancy-related expenses.	Included	Included	Included
ICU Confinement Pays in lieu of the Hospital Confinement Benefit.	Pays $1,000 per day (Maximum of 30 days)	Pays $2,000 per day (Maximum of 30 days)	Pays $3,000 per day (Maximum of 30 days)
Substance Abuse Confinement Benefits paid for confinement in a rehab facility for substance abuse.	Pays $300 per day (Maximum of 30 days)	Pays $500 per day (Maximum of 30 days)	Pays $750 per day (Maximum of 30 days)
Mental Illness Disorder Confinement Benefits paid for confinement in a rehab facility for mental or nervous disorders.	Pays $300 per day (Maximum of 30 days)	Pays $500 per day (Maximum of 30 days)	Pays $750 per day (Maximum of 30 days)
Skilled Nursing Facility Confinement Benefits paid for confinement in a skilled nursing facility. Confinement must begin within 3 days of hospital confinement.	Pays $300 per day (Maximum of 30 days)	Pays $500 per day (Maximum of 30 days)	Pays $750 per day (Maximum of 30 days)

CENTURY HEALTHCARE

MEC PLUS PLAN OPTIONS

Benefit Description	Value	Select	Premier
Accident Medical ($100 deductible per occurrence)	Up to $5,000 per occurrence	Up to $5,000 per occurrence	Up to $5,000 per occurrence
Accidental Death & Dismemberment			
Employee	$15,000	$15,000	$15,000
Spouse	$7,500	$7,500	$7,500
Children	$3,000	$3,000	$3,000
Term Life			
Employee	$10,000	$10,000	$10,000
Pharmaceutical Benefits	Copay Rx – Plan 1	Copay Rx-Plan 2	Copay Rx – Plan 2

Copay Rx Plan(s)

Plan 1: Tier 1 (Most Generics): $10 Co-Pay. Tier 2 (Some Generics & Preferred/Formulary Brand Name): $50 or 50%; whichever is greater. Tier 3 (Non-Preferred / Non-Formulary Brand Name): Employees pay 100% of the cost after pharmacy discounts. Monthly Maximum of $100 Employee / $200 Family. No Deductible. Restricted Formulary.

Plan 2: Tier 1 (Most Generics): $10 Co-Pay. Tier 2 (Some Generics & Preferred/Formulary Brand Name): $50 or 50%; whichever is greater. Tier 3 (Non-Preferred / Non-Formulary Brand Name): Employees pay 100% of the cost after pharmacy discounts. Monthly Maximum of $250 Employee / $500 Family. No Deductible. Restricted Formulary.

PHCS PPO Limited Benefit Network

All plan designs provide covered individuals access to a PPO Network that allows them to take advantage of network negotiated rates prior to the above benefits being applied.

Employee Cost per Week	Value	Select	Premier
Employee Only	$37.94	$52.24	$70.71
Employee & Spouse	$78.64	$107.94	$151.79
Employee & Child(ren)	$68.89	$90.81	$118.50
Employee & Family	$119.13	$164.59	$225.75

All benefits except Accident Medical, AD&D, and Term Life are subject to Benefit Year Maximums as shown above. Benefit Year means the 12 consecutive months from the group's original effective date.

CENTURY HEALTHCARE

MEC SUMMARY

Preventive Services are covered at 100% through participating providers. The following is a brief description of the preventive benefits available to members and is subject to change under the Affordable Care Act. To learn more visit www.healthcare.gov.

- Routine physical exam
- Well women exam (annual)
- Annual mammogram
- Annual pap smear and other routine lab work
- Breast thermography
- Bone density test
- Well baby / well child care exam
- Routine immunizations
- Flu and pneumonia vaccines
- Routine lab, x-rays, diagnostic testing and other medical screenings including:
  - Blood pressure
  - Diabetes
  - Cholesterol tests
- Contraception (FDA):
  - Approved contraceptive methods
  - Sterilization procedures
  - Patient education and counseling

  (Covered contraceptives do not include abortifacient drugs)
- Many cancer screenings including:
  - Cervical cancer
  - Breast cancer
  - Colorectal cancer

IMPORTANT DETAILS

Network providers: Health plans are required to provide these preventive services only through an in-network provider.
Office visit fees: Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.

Coverage: Coverage is provided for preventive services only. Once a diagnosis has been made, the services are not covered under the MEC.

Talk to your health care provider: To find out which covered preventive services are right for you — based on your age, gender, and health status — ask your health care provider. For information on preventive practices, visit healthcare.gov.

Questions: If you have questions regarding your coverage, please call Customer Service at (877) 685-2432 or visit www.centuryhealthcare.com to review your Summary Plan Description (SPD).

Note: This is a self-funded plan.

CENTURY HEALTHCARE

LIMITED BENEFIT MEDICAL VS MEC PLUS PLANS

What is a Limited Benefit Medical Plan (LBMP)?

A Limited Benefit Medical Plan is designed to help you deal with covered medical expenses from covered accident (or sickness) events such as physician office visits, emergency room trips, hospitalization, diagnostic tests and even prescription drugs up to certain preset limited benefit levels. This program is not basic health insurance or major medical insurance; and is not designed to replace, provide or modify major medical insurance.

What is a Minimum Essential Coverage (MEC) Plus Plan?

A Minimum Essential Coverage Plus Plan consists of a Fully Insured or Self-Funded Limited Benefit Medical Plan and a Self-Funded 100% Preventive Care Plan. The Limited Benefit Medical Plan is designed to help you deal with covered medical expenses from a covered accident (or sickness) such as physician office visits, emergency room trips, hospitalization, diagnostic lab and X-rays, surgeries and prescription drugs up to certain benefit levels. This program is not major medical insurance. The Self-Funded100% Preventative Care plan is designed to be compliant with the Affordable Care Act by meeting the Minimum Essential Coverage requirements of Healthcare Reform. This plan satisfies the Individual Mandate. Self-Funded plans in the large group market are not required to cover all of the essential benefits. An employer can offer minimum essential coverage and avoid the 4980 H (a) "no offer" penalty/tax/assessment.

The Century Healthcare program is packaged with access to Limited Benefit Medical insurance, certain non-insured benefits and PPO savings. This program is not designed to cover the level of expense found with treatment or care for rare disease or catastrophic illness.

How do I use the program if I need care or treatment for an accident or sickness?

Network:

If you chose an in network provider, you are entitled to a discount on your services. This means that you are able to save out of pocket expenses. Century Healthcare discounts the bill and sends the provider the benefit payment along with an explanation of benefits. Please note that in order to receive 100% coverage for preventive services in an MEC Plus Plan the services must be received from an in-network provider.

Find a Provider:

To locate a participating PHCS Limited Benefit Network provider in your area, please call PHCS at (877) 796-7427 or visit www.multiplan.com/chc.

Schedule an Appointment :

Call your selected provider and set up an appointment to see your doctor. We recommend you confirm your provider's continued participation in the PHCS Limited Benefit Network when you make your appointment.

Benefit Amounts:

The Plan pays based on a fixed schedule of benefits. If the plan states you are entitled to a $75 office visit benefit per day, the benefit you are entitled to is $75 even if you choose an out of network provider. This does not apply to the preventive services covered under the MEC plans; in order to obtain 100% coverage for preventive services under the MEC, the benefits need to be obtained through an in-network provider.

How to Use the Plan:

When a member goes in for service, the member simply has to show his/her Century Healthcare ID card. You do not need to pay anything at point of service, nor do you need to fill out a claim form. The provider will submit the claim to our third party administrator and the plan pays the provider directly. If the benefit amount is greater than the billed amount, the plan will pay the difference to the member. For example: Member goes to get an X-Ray which costs $100 and the benefit for outpatient diagnostic testing is $125; The plan will pay the $100 to the facility and then pay the remaining $25 to the member.

Assignment of Benefits:

Century Healthcare allows assignment of benefits. There are no deductibles or coinsurance. Only prescriptions are subject to co-pays.

Payment:

The provider will bill the plan directly. If the provider wishes you pay up front, have them call Century Healthcare customer service while you are at the provider's office. If you elect to pay up front you can easily file for reimbursement by submitting the claim to the plan.

If you have questions about your benefits or the status of claims, please call CHC Customer Service at (877) 685-2432 from 7:00 a.m. to 7:00 p.m. CDT/CST. WebTPA pays the claims for Century Healthcare.

CENTURY HEALTHCARE

MEC ENHANCED PLAN OPTION

Important Contacts

Century Healthcare
Customer Service and Claims
(877) 685-2432
Monday through Friday
7:00 AM – 7:00 PM CST

Member Web Portal
(Access important plan documents, claim forms & temporary ID cards)
www.centuryhealthcare.com
Username: CHC5121
Password: johnson

Telephonic Enrollment Center
(888) 232-9431
Monday through Friday
7:00 AM – 7:00 PM CST

PHCS
Specific Services. Call to Confirm

PHCS Specific Services Network (w/ MEC Enhanced Only)
www.multiplan.com/chcmec
(888) 371-7427

Healthcare Highways® Rx

Healthcare Highways Rx
www.healthcarehighwaysrx.com
Customer Helpdesk (844) 636-7506
Mail Order Number: (844) 636-7506

Benefit Description	MEC Enhanced – PHCS PPO Network	
	In-Network	Out-of-Network
Preventive Care Services All preventive care services as specified by the Affordable Care Act such as immunizations, mammograms and pap smears. **Paid at 100% of eligible charges*.**	100% Covered	Not Covered
Office Visit Copay	$25 Copay	50% Coinsurance
Deductible	$0	$500 Individual $1,000 Family
Coinsurance	100%	50%
Out of Pocket Maximum Includes coinsurance, copayments, and deductible	$1,850 per individual Family limit is $3,700	$3,700 per individual Family limit is $7,400
Outpatient Laboratory & Diagnostics including X-rays	$50 Copay	50% Coinsurance
Advanced Studies	$400 Copay	50% Coinsurance
Emergency Room Services**	$400 Copay	50% Coinsurance
Outpatient Prescription Drugs*** Generic Medications Preferred Brand Medications Non-Preferred Brand Medications Tier IV Specialty Medications	$10 Copay $30 Copay $75 Copay Not Covered	Not Covered
Pregnancy as any other illness	Physician Visits and Diagnostic Charges Included	
PPO	PHCS Limited Benefit Network	

MEC Enhanced – PHCS PPO Network	Weekly Cost
Employee Only	$68.06
Employee + Spouse	$118.41
Employee + Child(ren)	$117.09
Employee + Family	$167.45

CENTURY HEALTHCARE

MEC ENHANCED PLAN INFORMATION

Calendar Year and Life Time Maximum Benefit: Unlimited

Service Category	What Is Covered?
Preventive Care Services	All preventive care services as specified by the Affordable Care Act such as immunizations, mammograms and pap smears. Paid at 100% of eligible charges.
Physician Office Visits	All services performed by a nurse or physician (primary care or specialist) while in a doctor's office or clinic, including urgent care specialist) while in a doctor's office or clinic, including urgent care facility. Includes treatment for orthopedic manipulation (up to 20 visits per year) and allergy testing. Copay applies per visit.
All Other Physician Services	Any other service billed by a physician or physician's office except for items specifically excluded below. Includes professional charges for outpatient surgery, outpatient laboratory or diagnostic services, outpatient imaging (such as X-Rays, MRIs, & CT scans). Copay applies per bill.
Outpatient Laboratory & Diagnostics including X-rays	All charges for outpatient laboratory and diagnostic services including facility charges for X-Rays. Copay applies per bill. Charges for interpretation, if billed separately, are covered under Other Physician Services and are subject to a separate copay.
Complex Imaging	Facility charges for complex imaging services such as MRIs, CT Scans and PET Scans. Copay applies per bill. Charges for interpretation, if billed separately, are covered under Other Physician Services and are subject to a separate copay.
Emergency Room Services	All services for life threatening situations performed in an emergency room including physician charges, laboratory or diagnostic services and surgery. Includes charges for ground ambulance charges to the emergency room. Only charges for services conducted in the emergency room are covered. If the member is admitted on an inpatient basis or transferred to an ambulatory surgical area those charges are not covered. Air ambulance charges are not covered. Copay applies per emergency visit.
Outpatient Prescription Drugs	All outpatient prescription drugs except tier IV specialty drugs are covered. Each prescription is subject to a copay according to the formulary classification of the drug. Copay is per prescription fill.

Excluded Services:

The following services are not covered under the minimum value plan. In addition to these services, the Plan includes additional exclusions and limitations (see SPD for details).

- Inpatient services – any charge for services that take plan on an in-patient basis are not covered. This includes any facility, physician, laboratory, diagnostic or imaging charges regardless of cause or diagnosis including pregnancy.
- Facility charges for any outpatient surgery or treatment. This includes surgery center, dialysis, radiation treatment, chemo therapy and any other service not specifically listed above as included. Physician charges for outpatient surgery are covered under Other Physician Services.
- Specialty drugs – tier IV (specialty) outpatient prescription drugs and chemotherapy drugs are not covered.
- Any services for mental/behavioral health (inpatient or outpatient) including substance abuse/chemical dependency are not covered.
- Rehabilitative therapy including speech therapy, physical therapy, occupational therapy and cardiac rehabilitation are not covered.
- Skilled nursing, home health care and hospice are not covered.
- Infertility testing and treatment are not covered.
- Durable medical equipment, including hearing aids, orthotics and orthopedic devices, are not covered.
- **Provider Choice Program Only:** Charges in excess of the fee schedule are not allowed. The allowed fee schedule is based on the current Medicare fee schedule. Physician charges are paid at up to 125% of Medicare and facility charges are paid at up to 150% of Medicare.

Questions: If you have questions regarding your coverage, exclusion & limitations please call Customer Service at (877) 685-2432 or visit www.centuryhealthcare.com to review your Summary Plan Description (SPD).

CENTURY HEALTHCARE

METLIFE DENTAL PLAN

Class Description	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Calendar Year Maximum	$1,000	$1,000
Calendar Year Deductible Applies to: ▪ Individual ▪ Family	B&C $50 $150 Aggregate	B&C $50 $150 Aggregate
Type A – Preventive Services	100%	100%
Type B - Basic Services	80%	80%
Type C - Major Services	50%	50%

When Will I Receive My I.D. Cards?

Team members who enroll in the MetLife Dental Plan will not receive a separate I.D. Card since dentists are able to verify coverage eligibility electronically. Eligibility can also be verified telephonically by calling (800) 275-4638.

I.D. cards are not required for dental services but Team Members may download a personalized I.D. card by visiting http://mybenefits.metlife.com.

MetLife

To verify dental coverage, call 1-800-275-4638. Please review important information on reverse side. A Group Policy Number is not required to file a claim. The ID# for all insureds is their Social Security Number.

Send Dental Claims to:
Group Policy No.: KM 05930189-G
MetLife Dental
P.O. Box 981282
El Paso, TX 79998-1282

Member Signature

When you choose to receive care from a preferred dentist participating in the MetLife Preferred Dentist Program (PDP), your out-of-pocket expense will generally be lower than when you visit a non-participating dentist.

To find dental providers in your neighborhood visit call 1-877-638-3379 or visit www.metlife.com/dental.

This card is the property of MetLife fraudulent use may result in termination of benefits. Possession of this card in itself confers no right to benefits or guarantee of coverage. Persons must be currently enrolled. Promptly notify us if card is lost or stolen.

0908-2499 21000000000002188(0809)

Metropolitan Life Insurance Company 200 Park Avenue, New York, NY 10166

WEEKLY COST	
Employee Only	$7.86
Employee + Spouse	$16.00
Employee + Child(ren)	$17.62
Employee + Family	$27.57

CENTURY HEALTHCARE

DAVIS VISION PLAN

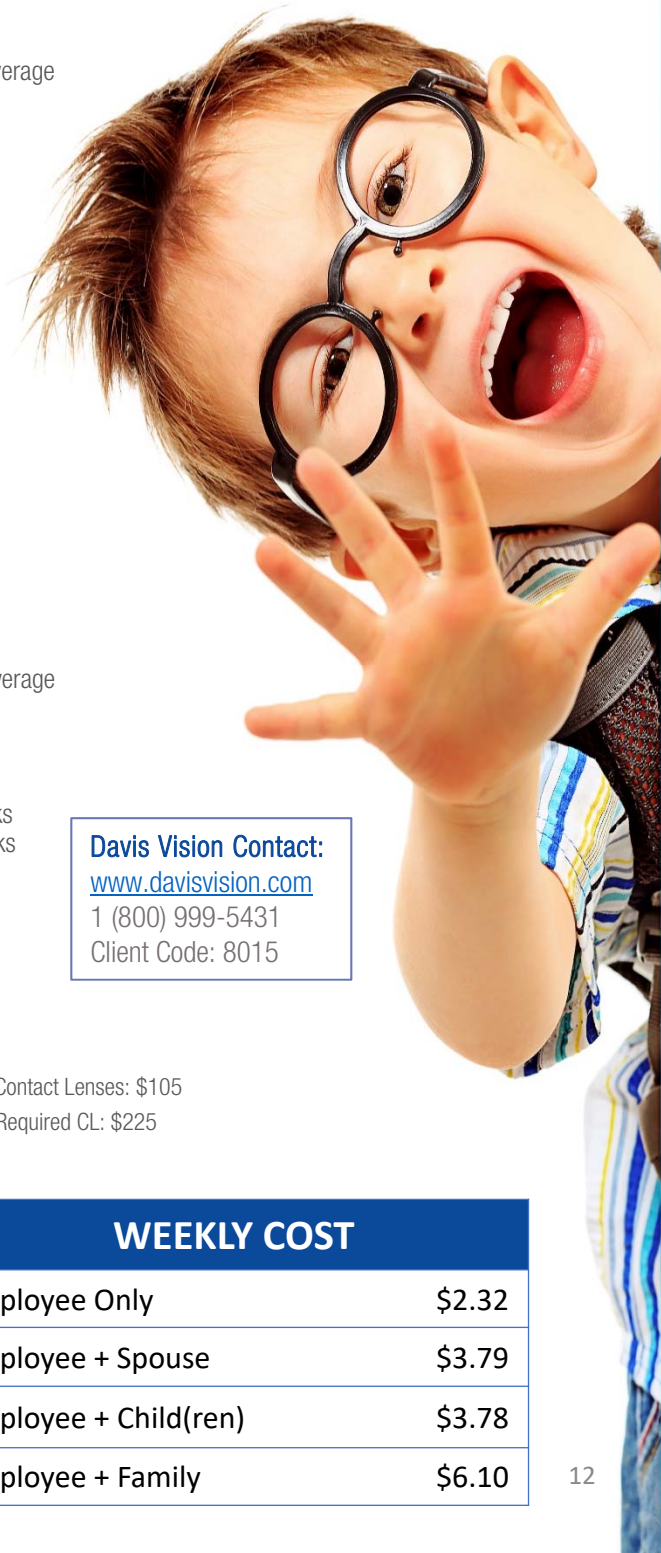
BENEFIT DESCRIPTION	FREQUENCY	COPAYMENTS
Eye Examination	12 Months	$10
Spectacle Lenses	12 Months	$15
Frame	24 Months	
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months	$0
Contact Lenses (in lieu of eyeglasses)	12 Months	

EYEGLASS BENEFIT

Frame Allowance (Retail):	Up to $150 plus a 20% discount on any overage
Davis Vision Frame Collection[3] (in lieu of Allowance):	
Fashion level	Covered
Designer level	Covered
Premier level	Covered
Clear plastic single-vision, lined bifocal, trifocal or lenticular	Covered
Tinting of Plastic Lenses	Covered
Scratch-Resistant Coating	Covered
Polycarbonate Lenses (Children / Adults)	$0 - $30
Ultraviolet Coating	$12
Anti-Reflective (AR) Coating (Standard / Premium / Ultra)	$35 / $48 / $60
High-Index Lenses	$55
Polarized Lenses	$75
Plastic Tints / Photochromic Lenses	$0 / $65
Progressive Lenses (Standard / Premium / Ultra)	$50 / $90 / $140
Scratch Protection Plan: Single Vision / Multifocal Lenses	$20 / $40
One-year eyeglass breakage warranty	Covered

CONTACT LENS BENEFIT (IN LIEU OF EYEGLASSES)

Contact Lens: Materials Allowance	Up to $150 Plus a 15% discount on any overage
Evaluation, Fitting & Follow-Up Care – Standard & Specialty Lens Types	15% Discount
Collection Contact Lenses (in lieu of Allowance):	
Disposable	Up to 8 boxes / multi-packs
Planned Replacement	Up to 4 boxes / multi-packs
- Evaluation, Fitting & Follow-up Care	Covered
Visually Required Contact Lenses (with prior approval)	
Materials, Evaluation, Fitting & Follow-Up Care	Covered



Davis Vision Contact:
www.davisvision.com
1 (800) 999-5431
Client Code: 8015

Out-of-Network Reimbursement

Eye Examination: $50	Single Vision Lenses: $50	Trifocal Lenses: $100	Elective Contact Lenses: $105
Frame: $70	Bifocal/Progressive Lenses: $75	Lenticular Lenses: $100	Visually Required CL: $225

Visit www.davisvision.com to find a provider and benefit details.

[1] Copayment applies to Collection Contact Lenses only.
[2] Additional discounts not applicable at Walmart, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions.
[3] Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.
[4] Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

WEEKLY COST	
Employee Only	$2.32
Employee + Spouse	$3.79
Employee + Child(ren)	$3.78
Employee + Family	$6.10

CENTURY HEALTHCARE

OPTIONAL & DEPENDENT LIFE

The Optional Life Insurance Benefit is offered through The Standard to help provide peace of mind in the event of an eligible employee's covered death by promising to pay a pre-determined benefit amount. Additionally, employees may select Dependent Life to provide life insurance for eligible dependents. Please note that the Dependent Life benefit can only be selected in conjunction with the Employee Life benefit. Dependent Life cannot exceed the amount of Optional Life elected by the employee.

OPTIONAL LIFE	BENEFIT SCHEDULE	AGE BASED BENEFIT REDUCTION	GUARANTEED ISSUE
Benefit Option	Employees are able to select coverage in increments of $25,000 up to $100,000	To 65% at age 65-69 To 50% at age 70-74 To 35% at age 75-79 To 25% at age 80-84 To 20% at age 85-89 To 15% at age 90-94 To 10% at age 95+	All Amounts

OPTIONAL LIFE MONTHLY COST PER BENEFIT AMOUNT & AGE (*Weekly Cost*)					
Benefit Amount	$25,000	$50,000	$75,000	$100,000	$125,000
Under 45	$1.04	$2.08	$3.12	$4.15	$5.19
45-59	$4.10	$8.19	$12.29	$16.38	$20.48
60+	$19.50	$39.00	$58.50	$78.00	$97.50

OPTIONAL LIFE MONTHLY COST PER BENEFIT AMOUNT & AGE (*Weekly Cost*)					
Benefit Amount	$150,000	$175,000	$200,000	$225,000	$250,000
Under 45	$6.23	$7.27	$8.31	$9.35	$10.38
45-59	$24.58	$28.67	$32.77	$36.87	$40.96
60+	$117.00	$136.50	$156.00	$175.50	$195.00

DEPENDENT LIFE	BENEFIT OPTION
Spouse	$25,000
Weekly Cost	$3.05
Child(ren)	$10,000
Weekly Cost	$0.42
Guaranteed Issue	All Amounts

* Child(ren)'s benefit is in family units, therefore the cost remains the same regardless of the number of children in the family.

Definition of a dependent child:

- Unmarried child from live birth through age 20 or 24 if a registered full time student at an accredited institution
- Your unmarried child who meets either of the following requirements:
  - The child is insured under the group policy and, on and after the date on which insurance would otherwise end because of child's age, is continuously disabled.
  - The child was insured under the prior plan on the day before the effective date of your employer's coverage under the group policy and was disabled on that day, and is continuously disabled thereafter.
- Child includes any of the following, if they otherwise meet the definition of child:
  - Your adopted child or stepchild living in your home

CENTURY HEALTHCARE

SHORT-TERM DISABILITY

The Short-Term Disability benefit is provided through The Standard and offers the possibility of financial protection for eligible employees in the event of a covered disability by promising to pay a percentage of weekly earnings for a pre-determined period of time.

BENEFIT OPTION	
Weekly Benefit	50%
Weekly Pre-disability Earnings	$500
Weekly Benefit Maximum	$250
Accident Benefits begin on day	15
Sickness Benefits begin on Day	15
Maximum Benefit Period	13 weeks
Weekly Cost	$4.62