

SELEGME

Employee Benefits Meefing

This presentation provides only a summery of your benetits. All services described within the employer to the described to the accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the some accurate please see plan summanes and plan document to describe the second to desc



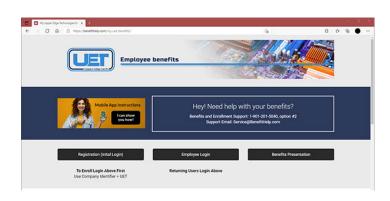
Today's Agenda

Review your entire benefits package

Highlight what's new and/or changing

Learn how to identify your individual benefit needs

Discuss your enrollment process







Open Enrollment Information



Your enrollment will take place here at the UET office. Please take the time to review your benefits before seeing a Benefits Advisor. Make sure you have all necessary information to enroll including new dependent information, like SS# and birthdates.



2022 Benefits Offered

| Coverage | Carrier | Carrier Change? | Plans |
|-------------------------------------|---|--------------------|---|
| Medical Plans | Benefits Indemnity Corporation - Sisco | No | Option1 - Stripes HSA Plan CHANGE Option 2 –Fleet 5000/80 Plan Option 3 – Navy Plan Option 4 - Galaxy Ruby Plan |
| Dental Plan | Guardian | No | Dental Guard Preferred |
| Basic Life and AD&D | Guardian | No | Basic Life and AD&D |
| Voluntary Term Life and AD&D | Guardian | No | Voluntary Group Term Life and AD&D |
| Whole Life | Allstate Benefits | No | Group Whole Life |
| Disability Coverage | Allstate Benefits | No | Short-Term Disability |
| Critical Illness Plan (with Cancer) | Allstate Benefits | No | Group Critical Illness |
| Accident Plan | Allstate Benefits | No | Group Accident |



The Value of Pre-Taxing "Section 125"

| | Without Car | feteria | With Ca | feteria |
|----------------------------|-------------|---------|---------|---------|
| Gross Pay Per Week | | 1000.00 | | 1000.00 |
| Insurance (Pretax) | | 0.00 | | 50.00 |
| Taxable Amount | | 1000.00 | | 950.00 |
| Federal Tax | | 187.65 | | 173.65 |
| FICA | | 76.50 | | 72.68 |
| Insurance | | 50.00 | | 0.00 |
| Net Pay (719.76) | | 685.85 | | 703.67 |
| Savings from Tax Reduction | | | | 17.82 |
| Total Annual Savings | | | | 926.64 |



www.MyUETBenefits.com

One Source for all your benefit questions

- Look up Providers
- Carrier Phone Numbers
- Links to Websites
- Important Document and Forms
- Informative Videos
- Chat / Live Help and much more...

| Wedical | Wedi

Service@BenefitHelp.com | 901-201-5040

Be sure to install the Mobile Web App on your phone!







Health Coverage

Medical & Prescription (Rx)

Dental

Don't forget the enhanced benefits in this area too...

- Critical Illness Plan
- Accident Plan





Medical



No Changes

OPTION 2 - CHANGE FROM LIBERTY TO FLEET

No Changes

No Changes

| Plan Features | Option 1 – Stripes HSA Qualified | Option 2 – Liberty 5000/80 PPO | Option 2 – Fleet 5000/80 PPO | Option 3 – Navy Copay PPO | Option 4 – Ruby Guided Network |
|--|-------------------------------------|-----------------------------------|---------------------------------|------------------------------|-----------------------------------|
| In Network | You Pay | You Pay | You Pay | You Pay | You Pay |
| Network | CIGNA | CIGNA | CIGNA | CIGNA | NURSE GUIDED |
| Plan Year Deductible (Individual / Family) | \$6,650 / \$13,300 | \$5,000 / \$10,000 | \$5,000 / \$10,000 | \$2,500 / \$5,000 | \$0 |
| Coinsurance | 0% after the Deductible | 20% | 20% | 30% | 0% |
| Out of Pocket Maximum (Individual / Family) | \$6,650 / \$13,300 | 7,000 / \$14,0 | \$8,000 / \$16,000 | \$7,000 / \$14,000 | \$3,000 |
| Emergency Room | 0% after the Deductible | 20% the uctible | 20% after the Deductible | \$200 Copay | \$200 Copay |
| Advanced Imaging (CT/PET) | 0% after the Deductible | 20% aft. Jeductible | 20% after the Deductible | \$60 Copay | \$60 Copay |
| Outpatient Surgical Facility | 0% after the Deductible | 20% the ductible | 20% after the Deductible | \$60 Copay | \$60 Copay |
| Hospitalization | 0% after the Deductible | 20 ter the D tible | 20% after the Deductible | 30% after the Deductible | \$500 Copay (per confinement) |
| Primary Care Physician | 0% after the Deductible | \$30 Copay | \$30 Copay | \$20 Copay | \$20 Copay |
| Specialist | 0% after the Deductible | 20% after the Deductible | \$50 Copay | \$40 Copay | \$40 Copay |

This information is for in network only – see the SBC and Plan Summary located at www.MyUETBenefits.com for out of network and details.

Prescription Drug Coverage



Drugs on the Drug List/Formulary are grouped by 'tiers.' Several factors are considered when classifying drugs into tiers, including, but not limited to the absolute cost of the drug; the cost of the drug relative to other drugs in the same therapeutic class; the availability of over-the-counter alternatives; and other clinical and cost-effectiveness factors.

To View the Drug List, visit <u>www.MyUETBenefits.com</u> and click on the Medical Tab.

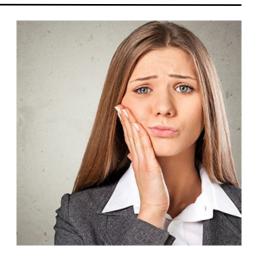
| Plan | Option 1 - Stripes | Option 2 - Fleet | Option 3 - Navy | Option 4 - Ruby |
|--------|-------------------------|---------------------------|-----------------|-----------------|
| Tier 1 | 0% after the Deductible | \$10 Copay | \$0 Copay | \$0 Copay |
| Tier 2 | 0% after the Deductible | \$30 Copay | \$20 Copay | \$20 Copay |
| Tier 3 | 0% after the Deductible | \$75 Copay | \$75 Copay | \$75 Copay |
| Tier 4 | 0% after the Deductible | 50% up to \$400 Max Copay | \$150 Copay | \$150 Copay |



Dental



| Plan Features | Network Access Plan (CW) | |
|--|--------------------------|--|
| In / Out of Network | You Pay | |
| Calendar Deductible (Individual / Family) | \$50 / \$150 | |
| Preventive Care | 100% | |
| Basic Procedures (Extractions, fillings, etc.) | 80% | |
| Major Procedures (Crowns, dentures, etc.) | 50% | |
| Calendar Year Maximum Benefit | \$2,000 | |
| Orthodontics | Not Included | |





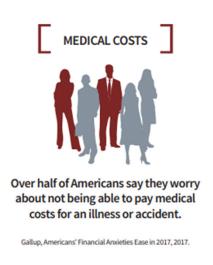
Guardian has contracted dentists in their network that have agreed to discount their charges to Guardian 's fee schedule. Because Guardian has no contract with non-network dentists, members may be responsible for any billed charges that exceed Guardian 's Maximum Allowable Charge.

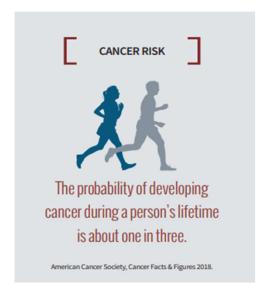


The Facts About Critical Illness









Protect what you work so hard to build...

Critical Illness coverage helps supplement your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.





Critical Illness

Employee face amounts

\$10,000 or \$20,000

(Spouse & Child: 50% of the Employee Amount)



| INITIAL CRITICAL ILLNESS BENEFITS | PLAN 1 | PLAN 2 |
|---|----------|----------|
| Heart Attack (100%) | \$10,000 | \$20,000 |
| Stroke (100%) | \$10,000 | \$20,000 |
| Major Organ Transplant (100%) | \$10,000 | \$20,000 |
| End Stage Renal Failure (100%) | \$10,000 | \$20,000 |
| Coronary Artery Bypass Surgery (25%) | \$2,500 | \$5,000 |
| Waiver of Premium (employee only) | Yes | Yes |
| CANCER CRITICAL ILLNESS BENEFITS | PLAN 1 | PLAN 2 |
| Invasive Cancer (100%) | \$10,000 | \$20,000 |
| Carcinoma in Situ (25%) | \$2,500 | \$5,000 |
| SECOND EVENT BENEFITS | PLAN 1 | PLAN 2 |
| Second Event Initial Critical Illness (same amount as Initial Critical Illness) | Yes | Yes |
| Second Event Cancer Critical Illness (same amount as Cancer Critical Illness) | Yes | Yes |
| SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II | PLAN 1 | PLAN 2 |
| Advanced Alzheimer's Disease (25%) | \$2,500 | \$5,000 |
| Advanced Parkinson's Disease (25%) | \$2,500 | \$5,000 |
| Benign Brain Tumor (100%) | \$10,000 | \$20,000 |
| Coma (100%) | \$10,000 | \$20,000 |
| Complete Blindness (100%) | \$10,000 | \$20,000 |
| Complete Loss of Hearing (100%) | \$10,000 | \$20,000 |
| 2 1 : (4000) | \$10,000 | \$20,000 |
| Paralysis (100%) | 7-0,000 | |
| OPTIONAL/ADDITIONAL BENEFIT PLAN | PLAN 1 | PLAN 2 |

Accidents Happen



- Every year, about 39 million Americans seek medical help for injuries.
- Active families with children in sports are especially vulnerable to the rising costs of medical treatment for injuries. But everyone, young or old, could suffer an accident at any time.
- Whoever you are, whatever you do, an accident could be just around the corner. With accident insurance, you can be ready.



With accident insurance, you can receive money paid directly to you to help with all the expenses of a covered accident. So, you can focus on what really matters – healing.



Accident Plan

Pays Dollars to You for Off the Job Injuries and Treatments

Helps with Out-of-Pocket Expenses and the Loss of Income

Go to www.MyUETBenefits.com for More Details and Coverages of Your Accident Plan Benefit



| BASE POLICY BENEFITS | PLAN 1 | PLAN 2 |
|--|-----------|-----------|
| Accidental Death | | |
| Employee | \$40,000 | \$60,000 |
| Spouse | \$20,000 | \$30,000 |
| Children | \$10,000 | \$15,000 |
| Common Carrier Accidental Death | | |
| Employee | \$200,000 | \$300,000 |
| Spouse | \$100,000 | \$150,000 |
| Children | \$50,000 | \$75,000 |
| Dismemberment | | |
| Employee | \$40,000 | \$60,000 |
| Spouse | \$20,000 | \$30,000 |
| Children | \$10,000 | \$15,000 |
| Dislocation or Fracture | | |
| Employee | \$4,000 | \$6,000 |
| Spouse | \$4,000 | \$6,000 |
| Children | \$4,000 | \$6,000 |
| Hospitalization Confinement (pays once/year) | \$1,000 | \$1,500 |
| Daily Hospitalization Confinement (pays daily) | \$200 | \$300 |
| Intensive Care (pays daily) | \$400 | \$600 |
| Ambulance Services Ground | \$200 | \$300 |
| Air Ambulance | \$600 | \$900 |
| Accident Physician's Treatment | \$100 | \$150 |
| X-ray | \$200 | \$300 |
| Emergency Room Services | \$200 | \$300 |

Luke was cleaning out the gutters when he fell.



EMERGENCY ROOM VISIT

Luke was taken by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Luke had fractured his leg.



HOSPITAL CONFINEMENT

Luke was admitted to the hospital for surgery on his leg. He was confined for three days.



PHYSICAL THERAPY

Luke had eight sessions of PT to help him regain the strength in his leg.



DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

LUKE'S OUT-OF-POCKET EXPENSES

When Luke totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Luke had accident coverage to help with these expenses.

| LUKE'S BENEFITS | |
|------------------------------|---------|
| Ambulance | \$250 |
| Emergency room visit | \$125 |
| X-ray | \$40 |
| Hospital admission | \$1,250 |
| Hospital confinement | \$900 |
| Leg fracture (surgical) | \$2,500 |
| Physical therapy | \$360 |
| Medical equipment (crutches) | \$125 |
| Doctor's office visit | \$165 |
| | ¢E 71E |

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

Example











Disability Coverage

Short Term Disability

Don't forget the enhanced benefits in this area too...

- **Critical Illness**
- **Accident**





Everyone Needs Protection

If you become disabled, you could be out of work for a period of time. Without steady income, it often becomes harder to pay for everyday expenses, putting a strain on your family and adding more anxiety to an already difficult situation.

Disability insurance safeguards both sides by providing income protection in the event an employee is unable to work due to a common condition, such as:

- Pregnancy and childbirth
- Cancer
- · Heart attacks and strokes
- Back and joint disorders
- Accidents and fractures

With a financial safety net, disability insurance can help your employees and company focus on success rather than worry about "what-ifs."



Short-Term Disability



Max. Amount: \$2,500 Monthly

Elimination Period: 14 Days

(the period of time before benefits are available)

Max. Benefit Period: 3 Months









Life Insurance

Basic Life and AD&D Voluntary Life and AD&D Whole Life

Don't forget the enhanced benefits in this area too...

- Critical Illness
- Accident





Basic Life and AD&D

100% Paid by Upper Edge Technologies

Each employee is provided \$25,000 of Basic Life Insurance and Accidental Death & Dismemberment Insurance (AD&D) and \$10,000 for Spouse and/or Child(ren)

All benefits payable under this policy will be payable immediately upon receipt of written proof of such loss.



Voluntary Term Life and AD&D

Employee, Spouse, and/or Child(ren)

- Employees can choose different amounts of coverage between \$10,000 to \$250,000 on themselves and their spouses. Child coverage is available in the amounts of \$5,000 and \$10,000. See plan documentation for more details.
- Maximum of \$250,000
- Guaranteed Issue (initial offer) coverage:
 - Employee \$50,000
 - Spouse \$25,000
 - Child(ren) \$10,000
- Portable up to age 70









Whole Life

Guarantees you can count on. Benefits that add up.

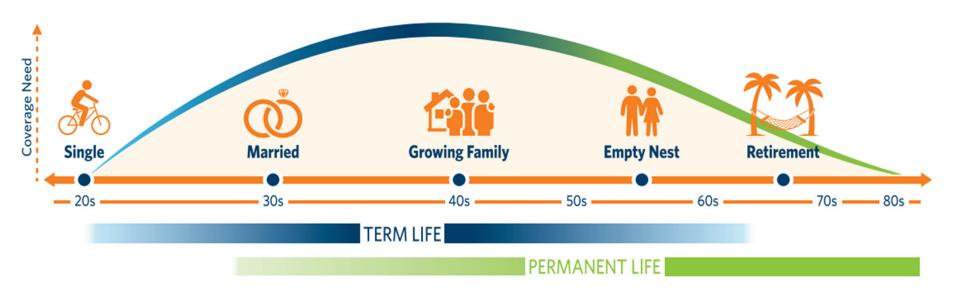
Whole life insurance offers valuable benefits you can use to help pay for retirement, finance education, or just make life easier.

Reasons to buy whole life insurance:

- Long-term protection
- Cash value you can use in retirement
- · Premiums guaranteed not to increase



Voluntary Term Life OR Whole Life?



The examples above detail fictional thought processes and needs; your individual needs and reasons for coverage may vary.





Benefit Enrollment



Enroll in our Benefits System

 Review and Answer your specific questions about ALL your Benefits

 List any new Dependents and Beneficiaries (bring SSN and DOB)

 Receive a personalized Enrollment Statement



Meet with a BenefitHelp Benefits Advisor to enroll.





Service@BenefitHelp.com | www.BenefitHelp.com | 901-201-5040

This presentation provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract. Every reasonable effort has been made for the information provided to be accurate please see plan summaries and plan document for details. If this contradicts with the plan summaries the summaries, SBC, SPD, and Contracts will prevail.

© Copyright BenefitHelp

