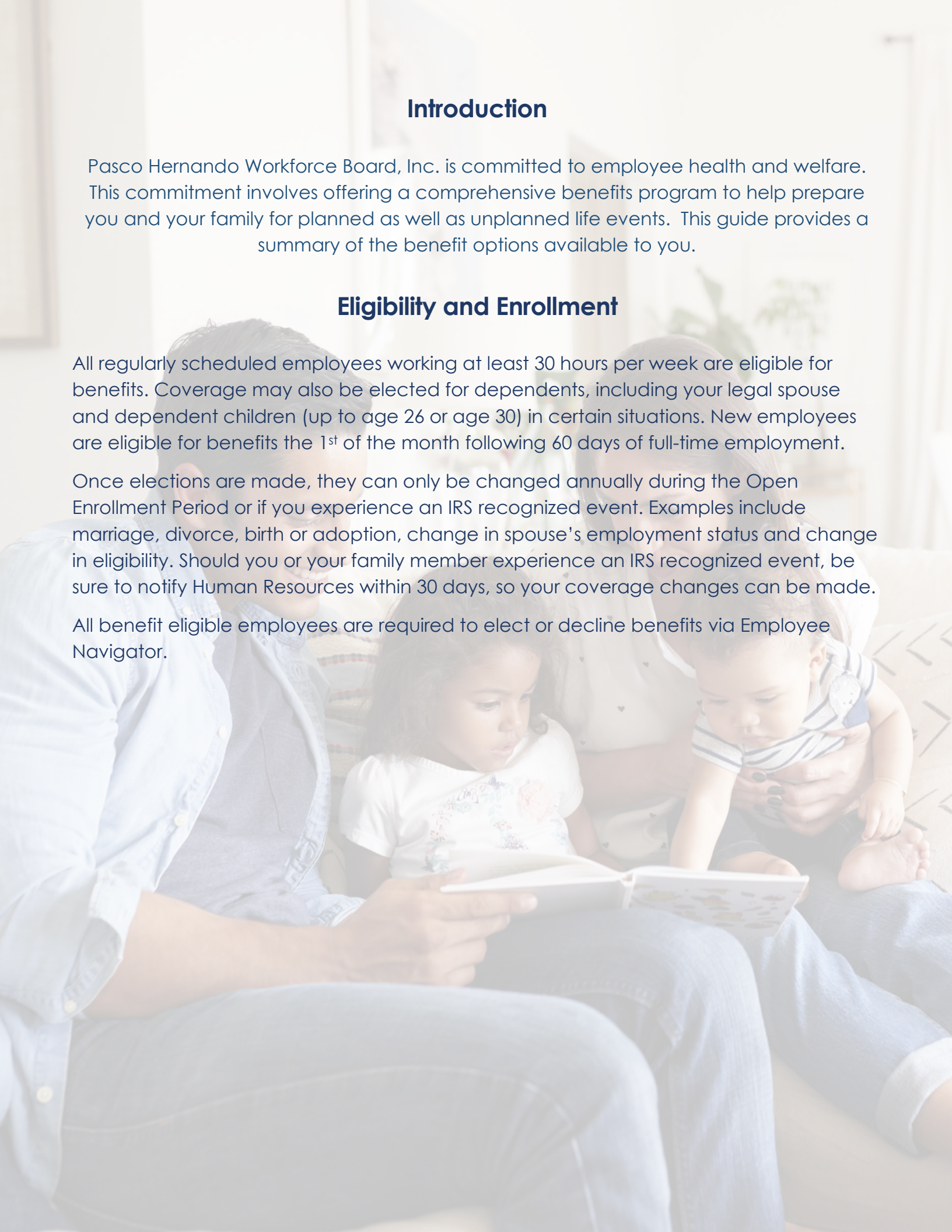




2025-2026
Employee Benefits Guide
October 1, 2025 – September 30, 2026

A photograph of a family of four sitting on a couch. A man and a woman are holding a young girl and a baby, all of whom are looking at an open book. The man is on the left, wearing a light blue button-down shirt. The woman is on the right, wearing a white top. The girl is in the center, wearing a white floral shirt. The baby is on the right, wearing a striped shirt. The background is a bright, out-of-focus indoor setting.

Introduction

Pasco Hernando Workforce Board, Inc. is committed to employee health and welfare. This commitment involves offering a comprehensive benefits program to help prepare you and your family for planned as well as unplanned life events. This guide provides a summary of the benefit options available to you.

Eligibility and Enrollment

All regularly scheduled employees working at least 30 hours per week are eligible for benefits. Coverage may also be elected for dependents, including your legal spouse and dependent children (up to age 26 or age 30) in certain situations. New employees are eligible for benefits the 1st of the month following 60 days of full-time employment.

Once elections are made, they can only be changed annually during the Open Enrollment Period or if you experience an IRS recognized event. Examples include marriage, divorce, birth or adoption, change in spouse's employment status and change in eligibility. Should you or your family member experience an IRS recognized event, be sure to notify Human Resources within 30 days, so your coverage changes can be made.

All benefit eligible employees are required to elect or decline benefits via Employee Navigator.



Welcome to open enrollment! As you know, your benefits are an important part of your overall compensation. Employee Navigator provides a simple and convenient online benefits enrollment system that will make enrollment fast and easy! After completing your enrollment, you may access Employee Navigator throughout the year to find important information such as benefit summaries, coverage selected and contribution amounts.

Getting Started

Using your computer, tablet or phone
go to the benefits website:

<https://www.employeenavigator.com/benefits/Account/Login>

- If you are a new user, select "Register as a new user". You will then need to enter the following information:
 - First Name and Last Name
 - Company Identifier: **CareersourcePH**
 - PIN (Last 4 digits of your Social Security Number)
 - Birth Date (MM/DD/YYYY)
 - Click "Next" and create a Username (email recommended) and Password
- If you have already registered, simply click "Login". If you are registered and have forgotten your login, please click on the "forgot username / forgot password" option on the screen and follow the instructions.

Enrollment

Once logged in, you will go through a series of screens – each screen takes only a few moments to complete. All of your benefit elections will be displayed on a cost "per paycheck" basis based on your specific benefit options.

Important: Be prepared to enter birth dates and social security numbers for yourself and all dependents. Emergency contacts and life insurance beneficiary information are also needed.

Step 1:

Review and update your personal information

- Click "Profile" which will take you to Profile Overview. Review the first 2 sections, Personal Information and Dependents. It is important that all the fields be completed. If the information needs updating or is incomplete, click on "Edit" and enter necessary revisions.



Step 2:

Start your benefits enrollment

- From the Profile page, select the "Home" icon next to your name at the top of the screen. On the Home page click on "Start Enrollment".

Step 3:

Complete your benefits enrollment

- The next few screens will present benefit selections by type (Medical, Dental, Vision, Life Insurance, etc.). Each page will show you the benefits you are eligible for along with a cost "Per Paycheck". You will need to select or decline each benefit type, then save and continue to the next benefit. If you are covered under a separate medical plan please indicate what type under your decline reason.
- When asked for beneficiary information, it is important that you complete this section by selecting a dependent(s) or adding a designated person and indicating a benefit percentage for each.
- The last section shows your benefit choices and costs for your review. If you wish to make changes, click the "Edit" button to update your selections. Click "Continue" and you will be given an opportunity to print a Benefits Confirmation Statement. You may also access your enrollment and plan information at anytime by logging into Employee Navigator.
- Last step is selecting "Click to Sign" to submit



Sign to complete enrollment

Click to Sign

When Can I Enroll?

New Hires

You must enroll within 30 days of your eligibility date. If you fail to enroll within your 30 day window, you will be required to wait until Open Enrollment to enroll or make changes. Please complete your online enrollment prior to your effective date.

Open Enrollment

You may enroll and make changes online during this Open Enrollment. Once Open Enrollment is closed, you may not make any changes to your benefit elections unless you experience an IRS recognized event. If you do experience a recognized event during the plan year, please reach out to Human Resources and then log into Employee Navigator and request the change within 30 days of the event. If you fail to do so, you will be required to wait until Open Enrollment to enroll or make changes.



**Scan to
view the
Employee
Navigator
How-To video**

*If you need assistance
with your enrollment,
please contact your
Human Resources
Department.*



MEDICAL BENEFITS

United Healthcare + Nonstop		
Coverage	EKSS RX A16	
	In-Network	Out-of-Network
Deductible (Ded.) Individual / Family	Calendar Year \$5,000 / \$10,000	Calendar Year \$10,000 / \$20,000
Coinsurance Carrier / Member	80% / 20%	50% / 50%
Virtual Visit	PCP: \$0 Copay Specialist: \$100 Copay	Ded. + Coins.
Primary Physician Service	\$0 Copay	Ded. + Coins.
Specialist Physician Service	\$100 Copay	Ded. + Coins.
Preventive Care	100% Covered	100% Covered
Inpatient Hospitalization	Ded. + Coins.	Ded. + Coins.
Outpatient Surgery	Ded. + Coins.	Ded. + Coins.
Emergency Room	\$250 Per Occurrence Ded.* + Annual Ded. + Nonstop \$100 ER	Ded. + Coins.*
Urgent Care Services	\$75 Copay	Ded. + Coins.
Diagnostic Lab	Ded. + Coins.	Ded. + Coins.
X-Ray	Ded. + Coins.	Ded. + Coins.
Advanced Imaging	Ded. + Coins.	Ded. + Coins.
Prescription Medications Generic Brand Preferred Brand Non-Preferred Specialty	\$10 Copay \$50 Copay \$85 Copay \$10 Copay / \$50 Copay / \$85 Copay	Ded. + Coins.
Mail-Order (90 Day Supply)	2.5X Retail Copay	2.5X Retail Copay
Out-of-Pocket Max Individual / Family	Calendar Year \$7,500 / \$15,000	Calendar Year \$20,000 / \$40,000

*Extra costs could arise for services after admittance to the Emergency Room.

Semi-Monthly Deductions (24x per year)	
Per Pay Deductions	EKSS RX A16
Employee	\$0.00
Employee + Spouse	\$324.09
Employee + Child(ren)	\$253.20
Employee + Family	\$557.04

UnitedHealthcare + Nonstop Health (NSH)

	<i>In-network Deductible</i>	<i>In-network Out-of-pocket Maximum</i>	<i>NSH Coverage</i>	<i>Your Potential Responsibility*</i>
UnitedHealthcare Choice Plus PPO Plan + Nonstop Health (NSH)				
Employee only	\$5,000	\$7,500	\$5,500	\$2,000
Employee + dependents	\$10,000	\$15,000	\$11,000	\$4,000

** This only applies if you have used all of the money on your Nonstop Visa card within your plan year and need to continue accessing medical services/prescriptions.*

Nonstop Health Emergency Room Copay: \$100





Get more out of your health plan benefits with these 2 handy digital tools



The UnitedHealthcare® app and myuhc.com®

Whether on the go or online, you'll have access to resources designed to help you:

- View benefit info, claim details and account balances
- Search network providers and facilities for the type of care you may need
- Quickly compare cost estimates before you get care
- Learn about covered preventive care
- Access your health plan ID card and add your plan details to your smartphone's digital wallet

Register once to access both tools

Start by downloading the UnitedHealthcare app or going to myuhc.com and then:

- Tap **Register Now** on the app, or select **Register** on the website
- Fill in the required fields and create your username and password
- Enter your contact information and select SMS text or phone call for two-factor authentication—then, agree to the terms and conditions
- Opt in to paperless delivery from your communication preferences

Now you're registered for—and connected to—the app and the website.

Get connected



Scan this code to download the app and register, or visit myuhc.com

UnitedHealthcare

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under the Find Care & Costs section. Available only for insured plans and self-funded plans with Optum Rx integrated pharmacy benefits.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Health Plan coverage provided by or through a UnitedHealthcare company. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.



2025-2026

**Pasco-Hernando Workforce Board Inc.
Nonstop Health® Member Guide**

Everything you need to know about the Nonstop Health® program

What is Nonstop Health (NSH)?

The Nonstop Health program allows organizations to reduce the cost of healthcare while providing employees with funds to pay for out-of-pocket expenses such as deductibles, copays, and coinsurance. This is done by combining an ACA-compliant health plan with an Internal Revenue Code Section 105 Medical Expense Reimbursement Plan (MERP), which gives you tax-free funds to pay for in-network and covered eligible expenses.

What are covered eligible expenses? "Covered" means the expense is applied toward your medical plan's in-network deductible and out-of-pocket maximum.

- + **Covered medical services** are those approved by your health insurance plan and listed on your medical plan documents (e.g., the Summary of Benefits and Coverage).
- + **Covered prescriptions** are those approved by your health insurance plan and listed on your plan's formulary (list of covered drugs).

The Nonstop Health program allows you to pay for or receive reimbursement for such expenses up to the maximum allowed for the plan year.

What is the maximum allowed for the plan year?

The maximum allowed under your organization's plan is \$5,500 for an employee-only plan and \$11,000 for an employee + dependent(s) plan. You will have that amount to pay for in-network and covered eligible expenses for you and your family. The maximum amount will reset on October 1, 2026.

Emergency Room (ER) copay

In addition to your health insurance plan copay(s) or coinsurance, you have a \$100 Nonstop ER copay. The Nonstop ER copay is your responsibility; you cannot use your Nonstop Visa card to pay it or submit a claim for reimbursement. If you are admitted to the hospital as part of that ER visit, the Nonstop ER copay is waived.

What's in this guide?

The rest of this guide explains what is and isn't covered under the Nonstop Health program, and how to access or pay for medical services and prescriptions using Nonstop Health.

But first, let's talk about the two sets of cards you'll receive in the mail:

- + Your health insurance identification (ID) card from UnitedHealthcare
- + Your Nonstop Visa card



UnitedHealthcare identification (ID) card: This card includes information relevant to your high-deductible health plan (HDHP). Present this card for every doctor's visit and prescription purchase to ensure your health insurance plan properly processes the service/prescription and credits amounts paid toward your in-network deductible and out-of-pocket maximum.



Nonstop Visa card: You'll receive two Nonstop Visa cards, both in the employee/enrollee's name. (If you need additional cards, contact Nonstop.) Use the card to pay for in-network and covered eligible expenses. Be sure to activate your card by calling 866.898.9795, or it won't work when you need it!

Know what's covered by your carrier and NSH

The Nonstop Health program only works with in-network providers/facilities and for covered, eligible expenses. What exactly does this mean? Here are some **key terms** you need to know:



In-network providers are those who have a contract with UnitedHealthcare and have set negotiated rates for services. As such, a provider may only charge a set price for the services you receive. This results in lower costs, as in-network providers almost always charge less than out-of-network providers.



Covered service: A covered service is a service that is covered under the terms of your health insurance plan. Not all services are covered by every plan, or by your Nonstop Health plan. Before receiving a new service, refer to your health insurance plan documents or contact your health insurance plan. They may have a cost or visit limit for specified services or other limitations.



Covered prescriptions: At the beginning of each plan year, your health insurance plan sets a formulary (also called a covered drug list), which tells you what prescriptions are covered under your health insurance plan. Just because a doctor prescribes you a medication doesn't mean it's automatically covered! So before paying for a new prescription, ask your health insurance plan or pharmacist if it's covered.



UnitedHealthcare-approved: These are services or providers not typically covered under your health insurance plan, but an exception has been made by your carrier to cover them and/or consider an out-of-network provider as in-network. For these services and/or providers to be covered by Nonstop Health, you must have explicit/written authorization by your health insurance plan to receive the service or see the out-of-network provider, and their agreement that those costs will be considered covered and/or in-network under your health insurance plan. If you receive a service that's not approved by your health insurance plan, you cannot get reimbursed by Nonstop Health.

COVERED EXPENSES

Nonstop Health may be used to pay for all services and prescriptions that are covered under your health insurance plan.

If your health insurance plan does **not** cover a service or prescription, then you are responsible for 100% of those costs.

If you're not sure if something is covered, check your health insurance plan's Summary of Benefits and Coverage (SBC) or contact your health insurance plan **before** receiving care.

NON-COVERED EXPENSES

Because health insurance plans cover services and prescriptions differently, Nonstop is unable to provide an exhaustive list of what is and is not covered. However, we share some examples below.

Vendors that are not covered by carriers, and therefore are not covered by Nonstop Health, include:

- FSA/HSA stores
- FullScripts
- FreeSpira
- Massage Envy
- Carex
- PeopleCare
- Warby Parker
- Hero Health
- Noom

Products and services that are generally not covered by carriers, and therefore generally are not covered by Nonstop Health, include:

- Dental and vision services, unless covered under your health insurance plan
- Durable Medical Equipment (DME), unless covered under your health insurance plan
- Alternative care, unless covered under your health insurance plan
- Mental health services, unless covered under your health insurance plan

Products and services that are not covered by carriers, and therefore are not covered by Nonstop Health, include:

- Over-the-counter medications, vitamins, or supplements
- Feminine hygiene products
- If a medical facility/provider requires a membership fee to receive services, the membership fee does not qualify for Nonstop Health
- Medication delivery fees/tips
- Credit card fees

How do I use the Nonstop Health program?

There are two ways to use your Nonstop Health benefits:

1. The first and most convenient way is to use the Nonstop Visa card.
2. The second is to submit a claim for reimbursement.

Read on for more information about how to use your benefits!

Using the Nonstop Visa Card to pay for medical expenses and prescriptions



First:

Always use in-network providers and make sure any services or prescriptions you receive are covered by your health insurance plan.

("Covered" means that the expenses for that service or prescription are applied toward your in-network deductible and/or out-of-pocket maximum. Not sure if something is covered? Check with your health insurance carrier.)



Next:

When you visit a provider or pharmacy, present your **HEALTH INSURANCE ID CARD** before paying for any services or prescriptions, to make sure the provider/pharmacy processes any payments through your medical carrier.



And finally:

When asked for payment at the pharmacy or when you receive a bill from your provider, simply pay for those costs using your **NONSTOP VISA CARD**. No need to pay for anything out of your own pocket (up to the allowed amount for your plan), as long as the doctor/pharmacy is in-network and your service or prescription is covered by your health insurance plan!

Using the Nonstop Visa card: Substantiation

As the administrator of Nonstop Health for your organization, Nonstop is bound by both IRS guidelines and our contract with your employer to ensure that all charges made with the Nonstop Visa card qualify for our program. As such, Nonstop regularly reviews purchases made with the Nonstop Visa card to confirm acceptable use. This process of reviewing whether charges made with the Nonstop Visa card qualify for the Nonstop Health program is called **substantiation**.

Nonstop reserves the right to ask you for documentation to confirm that the charges on the card were allowed and approved by UnitedHealthcare and applied toward your in-network deductible and out-of-pocket maximum.

Documentation includes:

+ **For medical expenses:**

- All pages of the Explanation of Benefits (EOB) from your health insurance carrier (See “How to find and read your EOB” on p. 11.)
- or a Remittance Advice Report

+ **For prescriptions:**

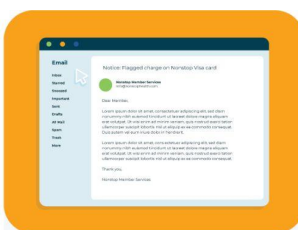
- Detailed pharmacy bag receipt (not just the cash register receipt), showing your name, the medication name, and whether it was processed through/covered by your health insurance carrier/plan.

If charges on your Nonstop Visa card cannot be substantiated and/or have not been approved by your health insurance plan, you must reimburse your employer’s Nonstop account for that amount.

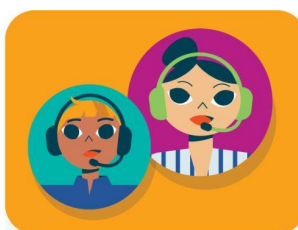
THE SUBSTANTIATION PROCESS:



1 Nonstop's system **REVIEWS CHARGES DAILY AND FLAGS ANY CHARGES THAT NEED A CLOSER LOOK.** This is called substantiation.



2 If a charge on your Nonstop Visa is flagged, **WE'LL EMAIL YOU FOR DOCUMENTATION** to confirm it's a covered eligible expense. Once you respond, we'll review what you provide. If approved, the ticket will be closed. If not, we'll share next steps.



3 If we don't hear from you after multiple attempts, **WE'LL REACH OUT TO YOUR HR TEAM** to confirm your contact information and ask them for help reaching you.



4 **IF WE STILL DON'T HEAR FROM YOU, YOUR NONSTOP VISA CARD WILL BE SUSPENDED.** If that happens, don't worry! You still have an opportunity to submit documentation to clear up the charge, or you will be given options to repay the non-qualifying amount.

Using the Nonstop Visa card: How to handle card declines

Your Nonstop Visa card may decline due to circumstances outside of Nonstop's control. One of the most common reasons is that there's an issue with the vendor's payment system that prevents it from reading our card. Unfortunately, we cannot fix this problem. It's something the vendor needs to address.

Let's troubleshoot some other reasons for a declined card:



Did you activate your Nonstop Visa card? When you received your card, did you call 866.898.9795? If not, the card won't work. Call as soon as possible!



Are you trying to use your card at a small, local pharmacy? Their system may not be set up properly to accept the Nonstop Visa card. Try a larger national pharmacy.



Are you trying to purchase ineligible items, such as over-the-counter medications, vitamins or supplements? The Nonstop Visa card may **not** be used for those expenses.



Are you trying to use the card to pay for dental or vision? The Nonstop Visa card is coded for medical services and prescriptions only, and will **not** work for services that are coded as dental or vision.



Is there enough money left on the card to cover the expense? To find your card balance, log in to the Nonstop Exchange (NSE) member portal at members.nonstophealth.com. Or, email us at clientsupport@nonstophealth.com or call us at 877.626.6057.



If your card declines at a medical provider, you can do one of the following:

- + Pay out of pocket and submit a claim to Nonstop for reimbursement. For details, visit www.nonstophealth.com/claims, or see pp. 8-9 in this document.
- + Ask the provider to bill you, then submit that bill, the relevant Explanation of Benefits (EOB), and all required Nonstop claims info to Nonstop [via our claims process](#). We will pay the provider directly on your behalf.



If your card declines and you need a prescription urgently:

Your option is to pay for that prescription out of pocket and then be reimbursed by Nonstop via our claims process. Visit www.nonstophealth.com/claims, or see pp. 8-9 in this document.



Three Ways To Check Your Nonstop Visa Card Balance:

1. Call Nonstop (877.626.6057) and press **Option 1**

- Make sure you know the last four digits of your Nonstop Visa card and the last four digits of the subscriber's Social Security number.
- If the card has just been activated, wait 24 hours, then call for your balance.

2. Email clientsupport@nonstophealth.com

3. Log in to the Nonstop Exchange (NSE) member portal at members.nonstophealth.com. (See "Using the Nonstop Exchange (NSE) member portal" section in this guide for all the details.)

Submitting a claim if your Nonstop Visa card isn't available

While Nonstop Health provides you with a Visa card to help pay for your eligible expenses, there may be times when you don't have your Nonstop Visa card with you. Don't worry, you can still use Nonstop Health!

You'll just need to pay up front and be reimbursed via Nonstop's claims process. (See the "Submitting a claim" sections starting below.) Or, if you need to pay a copay or coinsurance, ask your provider if they will bill you for the service. **Remember:** If you use your Nonstop Visa card to pay for an in-network and covered eligible expense, you do **not** need to submit a claim. Only submit a claim if you paid out-of-pocket and need to be reimbursed, or if, for some reason, you were not able to use your Nonstop Visa card.

There are four ways to submit a claim:

- + Online via the Nonstop Exchange (NSE) member portal at members.nonstophealth.com
- + Email
- + Fax
- + US Postal Service

Let's explain each method:

SUBMITTING A CLAIM ONLINE



- LOG IN TO THE NONSTOP EXCHANGE PORTAL**
(members.nonstophealth.com)



- Click on the **SUBMIT A CLAIM** button, and fill in all required information.



- UPLOAD THE PROPER DOCUMENTATION**, which may include an Explanation of Benefits (EOB), Remittance Advice Report, proof of payment, and/or provider bill. NSE will provide prompts for what documentation is needed.



- REVIEW YOUR CLAIM AND SUBMIT!**
A claim number will be provided that you can use to track the status of your claim.



- Expect a **REIMBURSEMENT OR PROVIDER PAYMENT** to be mailed once your claim is processed.

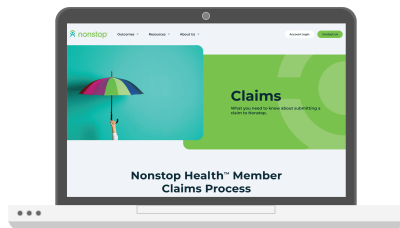
Quick Tip! For both medical services and prescriptions, make sure you provide your health insurance plan information to the provider or pharmacy so all costs are applied to your in-network deductible and out-of-pocket maximum! This is an important step in the process.



SUBMITTING A CLAIM VIA EMAIL, FAX, OR REGULAR MAIL

1. Download a claim form. You can do that in one of two ways:

A. Visit nonstophealth.com/claims



B. Log in to the Nonstop Exchange (NSE) member portal (members.nonstophealth.com) and click “Download our claim form here.”



2. We need [a completed Nonstop claim](#) form AND all required documentation as follows:

- + If you want Nonstop to pay a medical provider directly on your behalf:
 - Explanation of Benefits (EOB) or Remittance Advice Report
 - All pages of provider bill (showing the account number and where payment should be sent)
- + If you want to be reimbursed for payment(s) you made to a medical provider or for a medical service:
 - EOB or Remittance Advice Report
 - Proof of payment
- + To be reimbursed for payment for a prescription:
 - Detailed pharmacy bag receipt or pharmacy printout (showing your name, the medication name, and whether it was processed through/covered by your carrier)
 - Proof of payment (e.g. cash register receipt)

3. Submit all information:



FAX 877.463.1175



EMAIL claims@nonstophealth.com



US POSTAL SERVICE
Nonstop Health
1800 Sutter St. Suite 730
Concord CA 94520

Submitting a claim: How to track a claim or reimbursement

- + If the claim was submitted via **NSE**, it will appear on your NSE dashboard immediately as a pending claim.
- + When you submit a claim via **email**, you receive an immediate email confirmation with the claim number. That claim will appear on your NSE dashboard shortly thereafter as a pending claim.
- + If the claim was submitted via **fax or USPS**, it takes several days for your info to be uploaded manually into our system. When that's done, the claim will appear on your NSE dashboard as a pending claim.

Submitting a claim: Reimbursement check processing time

If the check was to reimburse you and the check has not been received after 30 days, contact us. If payment is being sent directly to the provider, allow 30 days for the provider to receive the payment. In the rare instance that a payment or reimbursement check is lost, Nonstop will re-issue a check after we receive confirmation from the service provider that they have not received payment.

Key dates and deadlines

Here are some key dates and deadlines that apply to the Nonstop Visa card as well as to the Nonstop claims process. Read this information carefully so you don't miss any critical deadlines!



The Nonstop Health program is available as of *your* effective date

Like other employer benefits, Nonstop Health may not be used to pay for any services or prescriptions **before** your effective date, **regardless** of when your employer started the Nonstop Health plan. If you're not sure about **your** effective date, check with your HR team or contact Nonstop.



Only use the Nonstop Visa card within the current plan year

The Nonstop Visa card may only be used to pay for services/prescriptions in the plan year when they were incurred. If you use it to pay for expenses from the prior plan year, it will pull from your current plan year's funds, which can result in you having less money available for the current plan year than you would otherwise. For example, medical services received between October 1, 2025, and September 30, 2026, must be paid for using the Nonstop Visa card in that timeframe.

As of October 1, 2026, you cannot pay for those expenses with the Nonstop Visa card. Instead, submit a claim for reimbursement for those expenses. (See the "Submitting a claim" sections starting on p. 8.)



Claims submission deadlines:

All Nonstop Health claims are due **90 days** after the end of the plan year. **The last day to submit claims is December 31, 2026.**



Resets for deductible and out-of-pocket maximum:

Your health insurance plan deductible, out-of-pocket maximum, and Nonstop Visa card all reset on October 1.



Claims deadlines when benefits and/or employment terminate:

If you leave your employer or are no longer eligible for benefits, your Nonstop Visa card will be canceled on your last day of coverage. If you have bills for covered services/prescriptions not paid for before your card was canceled, you must submit those claims to Nonstop. You have 90 days after your benefits end date to submit any past claims to Nonstop for reimbursement or provider payment.

Additional helpful information

How to find and read your EOB

An Explanation of Benefits (EOB) is a statement generated by your health insurance plan summarizing how it processed a claim from a doctor, hospital, or other medical provider. **This is the most critical piece of paperwork that Nonstop needs to substantiate a charge on your Visa card or process a claim for reimbursement or provider payment! We cannot do either without an EOB.**

Most health insurance plans provide you with an EOB for each medical service that you receive under your insurance plan. Plans have different approaches to EOB delivery, so if you're not sure where to find your EOBs, or if you have specific questions, contact your health insurance plan.

The example below shows what an EOB may look like (*actual format varies*) and what information is provided:

**ABC Health Insurance, Inc.**

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

Patricia Doe
1234 State Street
Middletown, OR 12345

Subscriber Information
Member ID: XYZ1234567890
Group ID: 123456
Group Name: Benefits Plus

5
Patient Name: Patricia Doe
Place of Service: Outpatient
Date Received: 01/01/2022

Claim Number: 01122334455Z
Type of Service: Medical
Date Processed: 02/01/2022

Provider: ER & Hospital
Payment to: ER & Hospital

ClaimDetail			What your provider can charge you		Your responsibility			Total Claim Cost		
1 Date of Service	1 Service Description	2 Claim Status	3 Provider Charges	3 Covered Charges	4 Copay	4 Deductible	4 Co-Insurance	4 Paid by Insurer	6 What You Owe	7 Remark Code
01/01/2022	Office Visit	Paid	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	A12
01/01/2022	Lab	Paid	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	B23
Claim Total			\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	

- 1. Service Description** is a description of the health care services you received, like a medical visit, lab tests, screenings, surgery or lab tests.
- 2. Provider Charges** is the amount your provider bills for your visit.
- 3. Allowed Charges** is the amount that your provider will be reimbursed, negotiated between the carrier and the provider (this may not be the same as the Provider Charges).
- 4. Paid by Insurer** is the amount your insurance plan will pay to your provider.

- 5. Payee** is the person who will receive any reimbursement for over-paying the claim.
- 6. What You Owe** is the amount the patient or insurance plan member owes after your insurer has paid. You may have already paid part of this amount, and payments made directly to your provider may not be subtracted from this amount. Wait to receive a bill from your provider before paying for the services.
- 7. Remark Code** is a note from the insurance plan that explains more about the costs, charges, and paid amounts for your visit.

HELPFUL TIP

It's a good idea to have an online account with your health insurance plan so you can access EOBs, look up providers, review plan benefits/coverage and more. If you need help setting up your account, logging in or finding your information, contact your health insurance plan.

What information Nonstop needs from the EOB:

Nonstop needs the information/dollar amounts under "your responsibility." This includes in-network deductible, copays, and coinsurance. Before sending us an EOB, make sure this information is accurate and matches your provider bill. We also look at the "remarks" or "comments" section to confirm that the service was covered under your health insurance plan and received at an in-network provider.

Nonstop is **not** affiliated with any health insurance plan. This, in addition to HIPAA privacy laws, means that we cannot request EOBs or any other documents on your behalf.

Using the Nonstop Exchange (NSE) member portal

Once you're enrolled with Nonstop Health, you can access your plan information via the Nonstop Exchange (NSE) member portal (members.nonstophealth.com). When you log in, you can:

- + Check the available balance on your Nonstop Visa card
- + Submit claims
- + Set your preferred email address under "Member Preferences"
- + View claims and substantiation tickets
- + See a history of your Nonstop Visa card transactions
- + View demographic information
- + Access plan documents, e.g., Summary of Benefits and Coverage (SBC)
- + Click "Educational Resources" from the tools/resources menu on the home page to access our self-serve member help site. You'll find videos, one-pagers, miniguides, and FAQ about our program.
- + And more!



Use the "Member Documents" tab to access and view complete plan summaries for your health insurance plan benefits, as well as legal and compliance-related notices.



Logging in for the first time

1. Go to members.nonstophealth.com. Click on "Don't Remember Your Password?" on the login page and enter your email address. (If you don't know which email to use, contact Nonstop.) You will be emailed a link to set a personal and private password.
2. Then come back to members.nonstophealth.com and re-enter your email, then your new password.
3. When you log in for the first time, you must go through our two-factor authentication process.
 - a. You will be asked to enter your mobile phone number, and then a six-digit code will be texted to you. Enter that code to log in. If you don't have a mobile phone number, contact us!
 - b. A second "backup" code will be provided when you log in. We recommend writing it down or taking a picture of it.
 - c. If you're using a trusted computer/browser, you can click "Remember This Browser" to bypass two-factor authentication for 30 days.

Helpful tips and tricks



Make sure all providers/facilities you visit are in-network for your medical plan, and any prescription or service you receive is covered under your medical plan. It's best to check **before** receiving services or filling a prescription.



Don't go out-of-network for services or prescriptions unless you have authorization from your health insurance plan that those expenses will be counted toward your in-network deductible.



The Nonstop Visa card is coded for medical services and prescriptions, but it cannot tell the difference between a covered or non-covered service **or** an in-network versus out-of-network provider/facility. Just because your Nonstop Visa card works at a provider or other merchant, that doesn't automatically mean the item or service you are paying for qualifies for Nonstop Health! If you aren't sure if a service or prescription is covered under your health insurance plan or if a provider is in-network, contact UnitedHealthcare.



Medical discount or coupon programs (e.g., GoodRx and Single Care) may not qualify for Nonstop Health because those programs generally do not apply what you pay for the prescription toward your plan's in-network deductible. Check with your health insurance plan before using a discount/coupon program because the amount you pay may not count towards your deductible or out-of-pocket maximum.



If a provider asks you to prepay for a scheduled surgery or procedure, ask if you can hold off paying for anything until after you receive the final bill and Explanation of Benefits (EOB). If you cannot do that, we recommend you pay as little as possible. That's important for two reasons:

- + If you use all the money on your Nonstop Visa card to prepay for surgery, you won't have any money left for other expenses.
- + By paying the bill after you receive the EOB, you will pay the correct amount and not have to worry about a potential provider overpayment and getting a refund.



Cosmetic/elective surgery is **not** a covered eligible expense unless deemed medically necessary by your health insurance plan.



If you receive a reimbursement check from your health insurance plan or a provider for an expense you paid for with your Nonstop Visa card, that money must be re-deposited back into your employer's account with Nonstop. Endorse the check to Nonstop Health and mail it to: Nonstop Health 1800 Sutter St. Suite 730 Concord CA 94520.

Contact information

	When to contact	Contact info
Nonstop Administration & Insurance Services, Inc. (Member Support) www.nonstophealth.com	When should I contact Nonstop? + When will I receive my Nonstop Visa card? + How do I order a new card? + Why did my Nonstop Visa card decline? + Why was my claim not paid?	General Phone: 877.626.6057 Monday-Friday, 6am-5pm PT/9am-8pm ET (except major holidays) Member Support Email: clientsupport@nonstophealth.com Nonstop Exchange (NSE) member portal: members.nonstophealth.com Substantiation Fax: 719.270.9845 Substantiation Email: eob@nonstophealth.com Claims Fax: 877.463.1175 Claims Email: claims@nonstophealth.com
UnitedHealthcare (Health insurance plan) https://www.uhc.com/	When should I contact my health insurance plan? + How much is my deductible? + Is my doctor in the network? + Is my medication on the formulary (i.e., is it covered)? + I need a copy of my Explanation of Benefits (EOB)	Check the back of your health insurance plan member ID card



Get in on UHC Rewards



Good news—your health plan comes with a way to earn up to \$1,000.
UnitedHealthcare Rewards is included in your health plan at no additional cost.



There's so much good to get

With UHC Rewards, a variety of actions—including things you may already be doing, like tracking your steps or sleep—lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	\$65
Take a health survey	\$25
Get an annual checkup	\$50
Get a biometric screening	\$75

Visit UHC Rewards for the full list of rewardable activities that are available to you—and look for new ways of earning rewards to be added throughout the year.

Earn up to
\$1,000

There are 2 ways to get started



On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning



Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

Personalize how you earn by choosing the activities that are right for you

Your rewards

Earn up to \$300 for completing rewardable activities

Questions?

Call customer service at **1-866-230-2505**

United Healthcare

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

Rediscover your passion for health

With One Pass Select®, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan.

You and your eligible family members (18+) can get started with One Pass Select when you activate UnitedHealthcare Rewards. Plus, you can use your earnings to help pay for your One Pass Select membership.



Find your fit with One Pass Select



At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you based on your fitness level and interests.



In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.



To get started:

1. Scan this code to download the **UnitedHealthcare® app**
2. Sign in or register
3. Select **UHC Rewards**
4. Select **Redeem rewards** to access One Pass Select

Membership is instant, and you will be charged for the full current calendar month on the day you sign up (One Pass Select does not offer proration).

2025 Vital Medication Program

This is a list of drugs in the **Vital Medication Program**. If your plan elects to participate in the Vital Medication Program these drugs will be available to members at a \$0 cost share without the member having to satisfy their deductible. Please note this list may not be all-inclusive, is subject to change throughout the year and some of the drugs may have quantity limits and other clinical requirements.

Therapeutic Drug Classes	Requirements & Limits	Therapeutic Drug Classes	Requirements & Limits
Asthma		Toujeo SoloStar	SL
albuterol HFA (generic ProAir HFA, generic Proventil HFA)	SL	Hypoglycemia	
albuterol nebulized solution (generic Proventil)	SL	Baqsimi	SL
Diabetes - Insulin¹		glucagon (generic Glucagon Kit)	SL
Humalog cartridge, KwikPen	SL	Gvoke	SL
Humalog Junior KwikPen	SL	Zegalogue	SL
Humalog mix 50/50 KwikPen, vials	SL	Opioid overuse	
Humalog mix 75/25 KwikPen, vials	SL	Kloxxado nasal spray	SL
Humulin 70/30 KwikPen, vials	SL	naloxone nasal spray (generic Narcan) ²	SL
Humulin N KwikPen, vials	SL	naloxone injection (generic Narcan) ¹	SL
Humulin R KwikPen, vials	SL	Narcan nasal spray²	SL
Insulin Lispro Junior KwikPen (unbranded Humalog Junior KwikPen)	SL	Opvee	SL
Insulin Lispro KwikPen, vials (unbranded Humalog)	SL	RiVive²	
Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded Humalog Mix 75/25 KwikPen)	SL	Zimhi	SL
Lantus SoloStar, vials	SL	Allergic reactions	
Lyumjev KwikPen, vials	SL	Auvi-Q	SL
Toujeo Max SoloStar	SL	epinephrine (generic Adrenaclick, generic EpiPen)	SL
		epinephrine (generic EpiPen Jr)	SL
		Symjepi	SL

¹Syringes and needles used for the administration of these Vital Medications may also be covered at \$0.

²Includes over-the-counter when processed through the pharmacy benefit at a participating pharmacy.

Bold type = Brand-name drug

[Plain type = Generic drug]

SL = Supply Limits—Specifies the largest quantity of medication covered per copayment or in a defined period of time. Supply limits can be found at <https://www.uhcprovider.com/en/resource-library/drug-lists-pharmacy.html>.



Visit with a provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a provider by phone or video¹ through **myuhc.com**[®] or the UnitedHealthcare[®] app



Another way to get care

Providers can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,² if permitted needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$0.³**

Consider 24/7 Virtual Visits for these common conditions and more

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes

\$0 cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000⁴ cost down to \$0.

Get started

Sign in at myuhc.com/virtualvisits | Call the number on your health plan ID card |
Download the UnitedHealthcare app

United Healthcare[®]

¹ Data rates may apply.

² Certain prescriptions may not be available, and other restrictions may apply.

³ The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change.

⁴ Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated urgent care savings are based on the difference between an average urgent care visit cost of \$180 and a Virtual Visit cost of \$0; \$2,000 difference between the average emergency room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and are not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare[®] app is available for download for iPhone[®] or Android[®]. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

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Healthier habits, healthier lifestyle

Take small steps for lasting change with Real Appeal®, an online weight management support program.



Get healthier, at no additional cost to you

Real Appeal on Rally Coach™ is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family members at no additional cost as part of your benefits.

Take small steps toward healthier habits

Set achievable nutrition, exercise and weight management goals that keep you motivated to create lasting change. Track your progress from your daily dashboard, too.

Support and community along the way

Feel supported with personalized messages, online group sessions led by coaches and a caring community of members.

Join today at enroll.realappeal.com or scan this code



Get a Success Kit delivered right to your door.

Make the most of tools and resources like weight and food scales, a portion plate and more. Your Success Kit is delivered after you attend your first live group session.

United
Healthcare

Real
Appeal®

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

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DENTAL BENEFITS

Lincoln				
Coverage	PPO Low		PPO High	
	In-Network Only	Out-of-Network*	In-Network	Out-of-Network*
Deductible Individual / Family	Calendar Year \$50 / \$150	Calendar Year \$100 / \$300	Calendar Year \$50 / \$150	Calendar Year \$50 / \$150
Maximum Annual Benefit Calendar Year	\$1,000	\$1,000	\$2,000	\$2,000
Preventive Care	100%	100%	100%	100%
Basic Services	80%	70%	90%	80%
Major Services	50%	40%	60%	50%
Orthodontia Services	Lifetime Maximum: \$1,000	Lifetime Maximum: \$1,000	Lifetime Maximum: \$1,000	Lifetime Maximum: \$1,000

*Plans with Out-of-Network benefits may require greater cost share (Deductible/Coinsurance) and charges may exceed the carrier's "reasonable and customary" rate or "maximum allowable charge", this may result in leaving the member paying the balance. Some plans do not cover claims from Out-of-Network providers. Please refer to the summary of benefits or contact the carrier to better understand Out-of-Network coverage.

Semi-Monthly Deductions (24x per year)		
Per Pay Deductions	PPO Low	PPO High
Employee	\$8.50	\$12.53
Employee + Spouse	\$18.30	\$27.04
Employee + Child(ren)	\$22.01	\$30.06
Employee + Family	\$29.59	\$41.04



The Lincoln Dental Mobile App

Everything you need to care for your smile – at your fingertips

Keeping track of your dental benefits is now easier than ever with the **Lincoln Dental Mobile App**. With this seamless, user-friendly tool, you can:

-  Find a network dentist near you
-  View plan details
-  Track your claims
-  Access your ID card on your phone quickly
-  See what your plan covers and what you owe for your dentist visits

Download the Lincoln Dental Mobile App today!

Use your LincolnFinancial.com credentials to log in to the app. If you don't have a web account, registration is easy within the app itself. Just follow the onscreen prompts!



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LCN-6489689-031924

MAP 10/24 **Z04**

Order code: DTL-MOAPP-FLI001



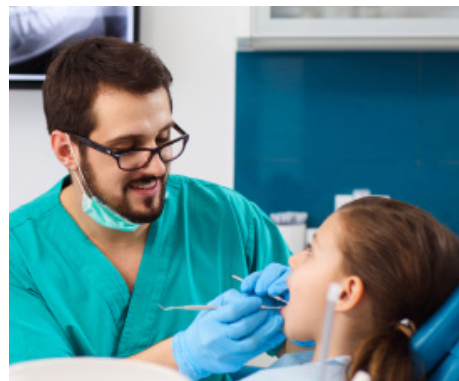
Questions?

Call Lincoln customer service at **800-423-2765**, Monday through Thursday, between 8:00 a.m. and 8:00 p.m. Eastern, or Friday, between 8:00 a.m. and 6:00 p.m. Eastern, or or email **Claims@LFG.com**.

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Lincoln DentalConnect[®] online tools

Connect with us to keep your smile healthy.



Register for online tools and information

If you're covered by a Lincoln Preferred Provider Organization (PPO) or indemnity group dental plan, you can access a wide range of online dental health tools and information by registering for an account at LincolnFinancial.com.¹



Select **REGISTER** in the upper right corner of the homepage.

Once logged in, you can view your benefits, access ID cards, estimate costs, and more!

Follow the prompts, then
select **Dental Insurance**.

Employee benefits

DISABILITY INSURANCE

- Start a new disability claim
- View the status of a claim

EVIDENCE OF INSURABILITY

- Complete evidence of insurability application
- View the status of an evidence of insurability application

DENTAL INSURANCE

- View policy information and ID cards
- View the status of a claim
- Find a dentist provider

Under **Manage your
account**, choose
My benefits.

Manage your account

My benefits

- View/print current benefit and coverage information or certificate of insurance.
- If you have dental or vision coverage with us, access information regarding your benefits.
- View answers to frequently asked questions regarding benefits.

My claims

- View claims being processed or closed within the last 30 days.
- Report a return-to-work or delivery date for disability claims.
- If you have dental coverage, generate a dental claim report.
- View answers to frequently asked questions regarding claims.

¹ Not available on dental health maintenance organization (DHMO) plans.

Access your dental ID card by selecting **View/print dental ID card**.

View your benefit information by choosing **View/print your dental benefits**.

My benefits

Name:	Smith, Jane
SSN:	xxx-xx-1234
Birthdate:	07/01/1973
Status:	Active

[View/print dental ID card](#) | [View/print your dental benefits](#)

For the latest dental health news, to estimate the average cost of a dental procedure, or to ask a dentist a question, choose **Lincoln DentalConnect®** under **Coverages** and follow the prompts.

Coverages

[View frequently asked questions regarding benefits.](#)

Certificates are available from the company intranet site.

	COVERAGE
Dental	09-27-2021
Lincoln DentalConnect SM	Dental health center

To review dental claim information, from the **Manage your account** screen, select **Claims**, then choose **Dental claim reports** or **Check deductible for dental**.

My claims

Welcome to our claim services. Please choose one of the following services available to you.

Claims search

- View status of claims
- View payment history
- Report a return-to-work and/or a delivery date

Dental claim reports

- View or print dental claims report

Check deductible for dental

- Provides dental benefits
- Current deductible and policy maximums



Find a dentist

You can look for a dentist without logging in to your account by visiting LincolnFinancial.com/FindADentist.



Prepare for your visit

When you schedule a dental visit, let the office know you have coverage through the *Lincoln DentalConnect* PPO plan. To help them verify your coverage, have your member ID card or Social Security number on hand.



Help reduce paper waste by opting in to electronic explanation of benefits (EOB). Register or log in at LincolnFinancial.com to update communication preferences.

Note that Lincoln uses leased networks, including but not limited to Dental Benefit Providers, DenteMax, Diversified Dental Services, GEHA Connection Dental, Premier Dental Group, United Concordia Dental, and Zelis Dental Network (aka Maverest Dental Network) to give you access to a wide range of providers.

Ask your provider if they participate in one of these networks. And they if don't, visit LincolnFinancial.com/FindADentist and nominate them to join the network.



Questions?

Contact Lincoln customer service at **800-423-2765**, Monday through Thursday, between 8:00 a.m. and 8:00 p.m. Eastern, and Friday, between 8:00 a.m. and 6:00 p.m. Eastern.

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LCN-7312871-111324

POD 12/24 **Z15**

Order code: **DTL-EEDC-FLI001**

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Lincoln DentalConnect® is comprised of several leased provider networks. Self-funded products are funded entirely by the employer, and Lincoln Financial provides administrative and/or claims payment services only.

Lincoln DentalConnect® health center web content is provided by go2dental.com, Santa Clara, CA. Go2dental.com is not a Lincoln Financial company.



VISION BENEFITS

Lincoln			
Coverage	Vision		
	In-Network*	Out-of-Network*	Frequency of Benefits
Network Name	Spectera		
Eye Examination	\$10 Copay	Reimbursed up to \$40	Once Every 12 Months
Eyeglass Lenses	Single, Bifocal, Trifocal, Lenticular: \$25 Copay	Reimbursed up to: Single \$40 Bifocal \$60 Trifocal \$80 Lenticular \$80	Once Every 12 Months
Eyeglass Frames	\$130 Retail Frame Allowance + 20% off Balance (After Applicable Copay)	Reimbursed up to \$45	Once Every 12 Months
Contact Lenses Elective	\$125 Allowance (Material Copay is Waived)	Reimbursed up to \$125	Once Every 12 Months
Contact Lenses Medically Necessary	Covered 100% After Applicable Copay	Reimbursed up to \$210	Once Every 12 Months
Laser Vision Correction	Discount Pricing Available	N/A	N/A

*Visit an In-Network provider to access benefits for annual eye exams, prescription contacts, or lenses and frames. If you visit an Out-of-Network provider, you may be required to submit a claim form to the carrier to access your benefits. For complete benefits information, please refer to the carrier's plan documents.

Semi-Monthly Deductions (24x per year)	
Per Pay Deductions	Vision
Employee	\$2.88
Employee + Spouse	\$5.45
Employee + Child(ren)	\$6.39
Employee + Family	\$8.99

Online vision tools

Convenient web-based services
and resources



As a *VisionConnect*[®] member, you can access vision plan information and a variety of tools to help you:

- Find a provider
- Learn how to use your vision benefits
- Understand which eyewear is best for you
- Discover contact lens and Lasik discounts
- Register for an online member account to:
 - Review your benefits, both in- and out-of-network
 - Print an ID card
 - And more

Register now

Visit **LVC.LFG.com** and select **Register Now**.

On the registration page:

1. Enter your **subscriber ID** (if known) or the **last four digits of your Social Security number**.
2. Add **your personal and contact information**.
Enter the exact name used to enroll, including applicable full first names, maiden names, hyphens, and suffixes.
3. Choose your **unique username, password, and four-digit PIN**. Select **Create** to finalize your account setup.

If you have problems registering, contact Customer Service at **800-440-8453**.

Find a vision provider

Search for your own doctor or other nearby providers who offer the services you need, including handicap accessibility, additional spoken languages, or weekend office hours. Locate a provider in a few easy steps:

1. Visit **LVC.LFG.com**.
2. In the Provider Quick Search box, enter a **ZIP code or street address**.
3. Select the **Search** button to display a list of providers close to you.

Lincoln Vision[®] benefits

How to use your vision benefits

- 1 Find a participating provider by selecting **Provider Quick Search** on **LVC.LFG.com** or by calling **800-440-8453**.
- 2 Log in to your online member account to review your benefits or to print a vision ID card before you visit a provider.
- 3 When you visit a provider, you may be asked for your birthdate and subscriber ID (if known).



Note to providers: For more information about this vision plan, or to receive authorization for service, please visit us online at **spectera.com** or call **800-638-3120**.

This card is not required for service and does not guarantee benefit eligibility.



Print an ID card

While a plan ID card isn't required to receive vision care, you can print a card online or save it to a computer or digital device.

1. Log in to **LVC.LFG.com** using your username and password.
2. Select **Print ID Card** on the *Lincoln Vision* portal screen.
3. Select **the member you want an ID card for** from the drop-down menu, click **Get ID Card**, then print or save.

In- and out-of-network claims

Things to remember:

- **If your vision provider is in-network:** You don't need to submit a claim form or voucher. *Lincoln Vision* plan members are supported through the Spectera vision network — simply identify yourself as a Spectera customer when you visit your provider, and their office will process the claim.
- **If you choose an out-of-network provider:** Log in to **LVC.LFG.com** using your username and password. Select **Claims** from the middle of the page to get started.

The *Lincoln VisionConnect*® program is marketed by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, this program is marketed by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial companies.

Lincoln Vision® is a registered trademark of Lincoln National Corporation. *Lincoln Vision*® coverage is provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services are provided by Spectera, Inc., UnitedHealthCare Services, Inc. or their affiliates. This policy has exclusions, limitations and terms under which the policy may be continued in-force or discontinued.

If there are discrepancies between this document and the policy, the terms of the policy control. For cost and complete details of the coverage, contact *Lincoln Vision*® at **800-440-8453**. UnitedHealthcare Insurance Company is not a Lincoln Financial company.

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Affiliates are separately responsible for their own financial and contractual obligations.

LCN-6607420-050724

MAP 12/24 **Z06**

Order code: VIS-0TOOL-FLI001



To submit an out-of-network claim:

1. Log in to **LVC.LFG.com** using your username and password.
2. Select **Claims** from the middle of the page to get started.

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LIFE AND DISABILITY BENEFITS

BASIC GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Pasco Hernando Workforce Board, Inc. provides all benefit eligible employees with Group Term Life and matching AD&D insurance in the amount of 1x your annual salary up to \$175,000 through Lincoln. This benefit is provided at no cost to you.

It is your responsibility to keep an updated beneficiary form on file.

VOLUNTARY LIFE AND AD&D INSURANCE

Additional Life insurance is available for purchase on yourself, your spouse, and your child(ren) on a voluntary basis. Premiums are based on your age and the coverage amount selected and is paid through payroll deductions. Refer to the carrier's plan documents for complete benefits information and rates.

Lincoln			
Voluntary Life/AD&D	Available Increments	Maximum Benefit	Guarantee Issue*
Employee	\$10,000	5 X Annual Salary Up to \$300,000	\$100,000
Spouse	\$5,000	50% of Employee's Amount up to \$150,000	\$30,000
Child(ren)	\$2,000	14 Days +: 50% of Employee's Amount up to \$10,000	\$10,000

*An Evidence of Insurability form (health history questionnaire) may be required if you are electing coverage after your initial enrollment period and/or over the Guaranteed Issue amount.

LONG-TERM DISABILITY & SHORT-TERM DISABILITY

Disability insurance provides income protection, should you become disabled due to a non-work-related illness or injury. These benefits are provided at no cost to you. Refer to the carrier's plan documents for complete benefits information.

Lincoln		
	Short-Term Disability*	Long- Term Disability*
Benefit Pays	60% of Base Salary	50% of Base Salary
Maximum Benefit	\$1,500 per Week	\$8,000 per Month
Benefits Begin	Day 8	Day 91
Maximum Benefit Period	13 Weeks	24 months or SSNRA

*An Evidence of Insurability form (health history questionnaire) may be required if you are electing coverage after your initial enrollment period.

The resources you need to meet life's challenges



*EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.

 In-person guidance	 Unlimited 24/7 assistance	 Online resources
Some matters are best resolved by meeting with a professional in person. With <i>EmployeeConnect</i>, you and your family get: ▪ In-person help for short-term issues (up to five sessions¹ with a counselor per person, per issue, per year) ▪ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings	You and your family can access the following services anytime online, via the mobile app, or with a toll-free call: ▪ Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more ▪ Legal information and referrals for family law, estate planning, and consumer and civil law² ▪ Financial guidance on household budgeting and short- and long-term planning	<i>EmployeeConnect</i> offers a range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNowSM mobile app. You'll find: ▪ Articles and tutorials ▪ Videos ▪ Interactive tools, including financial calculators, budgeting worksheets, and more

¹ In California, up to three sessions in six months, starting with initial contact by the employee.

² Services aren't included for employment law issues.

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help available 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress



We partner with your employer to offer this service at no additional cost to you!



EmployeeConnect counselors are experienced and credentialed.

When you call the toll-free number, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills, and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

You'll receive customized information for each work-life service you use.



Take advantage of *EmployeeConnect*

For more information about the program, visit **GuidanceResources.com**, download the **GuidanceNow mobile app**, or call **888-628-4824**.

GuidanceResources.com login credentials:

Username: LFGSupport Password: LFGSupport1

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[LincolnFinancial.com](https://www.lincolnfinancial.com)

LCN-6441097-022824

MAP ADA 11/24 **Z07**

Order code: LTD-EAPEE-FLI001



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*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit **GuidanceResources.com**.
Username: LFGSupport Password: LFGSupport1
- Download the **GuidanceNowSM mobile app**.
- Call **888-628-4824**.



COMPSYCH[®]
GuidanceResources[®] Worldwide



VOLUNTARY WORKSITE BENEFITS

Each voluntary worksite benefit provides lump-sum cash benefits in the event of a covered claim. Each policy provides benefits directly to you and allows you to use the funds however you choose (non-medical and medical expenses associated with the claim). You can elect coverage for yourself, your spouse, and your dependent children. Refer to Allstate plan documents for complete plan and rate information.

ACCIDENT INSURANCE

Accident Insurance through Allstate is an indemnity plan that provides you with hospital, doctor, Emergency Room, accidental death and catastrophic accident benefits in the event of a covered accident.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance through Allstate pays a lump-sum benefit if you are diagnosed with a covered, specified critical illness such as a heart attack, stroke, or specified disease.

Accident Insurance

from Allstate Benefits*

Protection for accidental injuries off-the-job

THINK ABOUT THIS



More than 85% of medically consulted injuries suffered by workers occurred off the job†



Every 10 minutes, 1,054 people suffer an injury severe enough to require a doctor or medical professional‡



3.2 million people were treated in emergency departments for injuries involving sports and recreational equipment in 2021†

When an accidental injury requires medical attention, the costs can pile up quickly. Accident Insurance from Allstate Benefits can help pick up where other insurance leaves off, providing a cash benefit to help cover expenses.

Here's How It Works

- Select a benefit and premium amount that meets your needs
- Premiums will be deducted each pay period
- If you have an accident and receive medical attention, file a claim to receive cash benefits*

Protecting Your Finances

You've worked hard for your savings – don't let an accident wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



Practical benefits
for everyday living.®

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations**
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. †National Safety Council, Injury Facts®, 2022 Edition. **Subject to exclusions and limitations, please refer to the Exclusions and Limitations section of this brochure.

Group Voluntary Accident (GVAP6)

Off-the-Job Accident Insurance from Allstate Benefits

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1
Initial Hospital Confinement (pays once/year)		\$2,000
Daily Hospital Confinement (pays daily)		\$400
Intensive Care (pays daily)		\$800
RIDER BENEFITS		PLAN 1
Accident Treatment & Urgent Care Rider		
Ambulance	Ground	\$200
	Air	\$600
Accident Physician's Treatment		\$100
X-ray		\$200
Urgent Care		\$100
Dislocation or Fracture Enhanced Rider ¹		
Open Reduction (300% of Closed Reduction)		\$9,000
Closed Reduction		\$3,000
Avulsion and Chip Fracture (25% of Closed Reduction)		\$750
Stress Fracture (10% of Closed Reduction)		\$300
Emergency Room Services Rider		\$200
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (OPH) (pays daily)		\$25
Accidental Death, Dismemberment ¹ and Functional Loss ¹ Rider		\$50,000
Common Carrier (fare-paying passenger)		\$125,000
BENEFIT ENHANCEMENT RIDER		PLAN 1
Accident Follow-Up Treatment (pays daily)		\$50
Lacerations		\$50
Burns	< 15% body	\$100
	15% or more	\$500
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis		\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$100
Paralysis (pays once)	Paraplegia	\$7,500
	Quadriplegia	\$15,000
Coma with Respiratory Assistance		\$10,000
Open Abdominal or Thoracic Surgery		\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500
	Exploratory	\$150
Ruptured Spinal Disc Surgery		\$500
Eye Surgery		\$100
General Anesthesia		\$100
Blood and Plasma		\$300
Appliance		\$125
Medical Supplies		\$5.00
Medicine		\$5.00
Prosthesis	1 device	\$500
	2 or more devices	\$1,000
Physical, Occupational or Speech Therapy (pays daily)		\$30
Rehabilitation Unit (pays daily)		\$100
Non-Local Transportation		\$250
Family Member Lodging (pays daily)		\$100
Post-Accident Transportation (pays once/year)		\$200
Broken Tooth		\$100
Residence/Vehicle Modification		\$500
Pain Management (Epidural Injection)		\$50
Miscellaneous Outpatient Surgery		\$100

¹Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$4.97	\$8.60	\$12.64	\$16.01

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Injury Benefit Schedule is on reverse

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	REDUCTION**	PLAN 1
Hip joint	Open	\$9,000
	Closed	\$3,000
Knee or ankle joint [^] , bone or bones of the foot [^]	Open	\$3,600
	Closed	\$1,200
Wrist joint	Open	\$3,150
	Closed	\$1,050
Elbow joint	Open	\$2,700
	Closed	\$900
Shoulder joint	Open	\$1,800
	Closed	\$600
Bone or bones of the hand [^] , collarbone	Open	\$1,350
	Closed	\$450
Two or more fingers or toes	Open	\$630
	Closed	\$210
One finger or toe	Open	\$270
	Closed	\$90
COMPLETE, SIMPLE OR CLOSED FRACTURE	REDUCTION**	PLAN 1
Hip, thigh (femur), pelvis ⁺⁺	Open	\$9,000
	Closed	\$3,000
Skull ⁺⁺	Open	\$8,550
	Closed	\$2,850
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	Open	\$4,950
	Closed	\$1,650
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	Open	\$3,600
	Closed	\$1,200
Foot ⁺⁺ , hand or wrist ⁺⁺	Open	\$3,150
	Closed	\$1,050
Lower jaw ⁺⁺	Open	\$1,800
	Closed	\$600
Two or more ribs, fingers or toes, bones of face or nose	Open	\$1,350
	Closed	\$450
One rib, finger or toe, coccyx	Open	\$630
	Closed	\$210
LOSS		PLAN 1
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg		\$50,000
One eye, hand, arm, foot, or leg		\$25,000
One or more entire toes or fingers		\$5,000

[^]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ⁺⁺Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

**Avulsion & Chip fracture pays 25% of the Closed Reduction amount. Stress fracture pays 10% of the Closed Reduction amount.



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Critical Illness Insurance^{from Allstate Benefits*}

Protection when faced with a critical illness diagnosis

THINK ABOUT THIS



Every 40 seconds,
an American will suffer
a heart attack[†]



Every 40 seconds,
someone in the U.S.
has a stroke[†]



By 2035, 45.1% of the U.S.
population is projected to
have some form of CVD^{††}

If you're diagnosed with a critical illness and it keeps you out of work, the impact to your finances can grow quickly. Critical Illness Insurance from Allstate Benefits can help ease your mind so you can focus on getting better.

Here's How It Works

- Select a benefit and premium amount to meet your needs
- Premiums will be deducted each pay period
- If you're diagnosed with a critical illness, file a claim and receive a lump-sum cash benefit^{**}

Protecting Your Finances

You've worked hard for your savings – don't let a critical illness wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



**Practical benefits
for everyday living.[®]**

Meeting Your Needs

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation^{**}
- Coverage can include your dependents
- Benefits paid regardless of any other medical or disability plan coverage
- Coverage may be continued; refer to your certificate for details

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. [†]Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association. ^{††}CVD = Cardiovascular Disease. <https://www.heart.org/en/news/2019/01/31/cardiovascular-diseases-affect-nearly-half-of-american-adults-statistics-show> ^{**}Please refer to the Exclusions and Limitations section of this brochure.

Group Critical Illness (GVCIP4)

Critical Illness Insurance from Allstate Benefits

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of \$10,000(Plan 1) or \$20,000(Plan 2) chosen by your employer.

[†]Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS [†]	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Major Organ Transplant (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
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS [†]	PLAN 1	PLAN 2
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	Yes	Yes
RIDER BENEFITS	PLAN 1	PLAN 2
Skin Cancer Rider	\$250	\$250
Specified Chronic Illness Rider [†] (50%)	\$5,000	\$10,000
Supplemental Critical Illness Rider [†]		
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Complete Loss of Sight (100%)	\$10,000	\$20,000
Complete Loss of Speech (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Fixed Wellness Rider (per year)	\$50	\$50

PLAN 1					PLAN 2				
SEMI-MONTHLY ATTAINED AGE PREMIUMS					SEMI-MONTHLY ATTAINED AGE PREMIUMS				
AGE	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F	
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		
18-24	\$1.23	\$2.13	\$1.37	\$2.34	\$1.86	\$3.08	\$2.14	\$3.50	
25-29	\$1.54	\$2.61	\$1.70	\$2.84	\$2.48	\$4.01	\$2.79	\$4.48	
30-34	\$2.06	\$3.41	\$2.52	\$4.10	\$3.50	\$5.55	\$4.43	\$6.94	
35-39	\$2.97	\$4.79	\$3.85	\$6.11	\$5.25	\$8.20	\$7.00	\$10.84	
40-44	\$4.08	\$6.47	\$5.43	\$8.50	\$7.40	\$11.46	\$10.11	\$15.52	
45-49	\$5.66	\$8.91	\$8.10	\$12.57	\$10.50	\$16.15	\$15.37	\$23.46	
50-54	\$7.78	\$12.15	\$11.76	\$18.11	\$14.62	\$22.38	\$22.57	\$34.31	
55-59	\$10.29	\$15.98	\$15.98	\$24.51	\$19.50	\$29.78	\$30.88	\$46.85	
60-64	\$14.60	\$22.54	\$22.98	\$35.11	\$27.92	\$42.51	\$44.67	\$67.63	
65-69	\$20.44	\$31.43	\$32.51	\$49.54	\$39.31	\$59.74	\$63.45	\$95.94	
70-74	\$27.95	\$42.86	\$44.10	\$67.07	\$54.01	\$81.94	\$86.30	\$130.38	
75-79	\$37.24	\$56.88	\$55.90	\$84.87	\$72.44	\$109.67	\$109.76	\$165.65	
80+	\$54.16	\$82.29	\$76.73	\$116.16	\$106.18	\$160.33	\$151.33	\$228.06	

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family



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5 Ways to Cut Healthcare Costs and Maximize Your Benefits

Always use In-Network providers, whenever possible.

An In-Network provider is a provider who is contracted with your medical, dental, or vision insurance company to provide services to plan members at pre-negotiated rates. In general, if you visit an In-Network provider, you will receive services at a lower price. Be sure to go online to the carrier's website or reach them by phone to verify the provider is In-Network. Contact information can be found on the back cover of this booklet.

Ask the right questions.

Ask your doctor questions to decide which treatment option is best for both your health and financials. Some useful questions to ask your doctor include the following:

- Why is this treatment necessary?
- How much will my treatment cost?
- Can I be treated another way that is equally effective but less costly?

Emergency Room versus Urgent Care.

If you have a life-threatening emergency, please go straight to the Emergency Room. **However, if you have a minor injury or have the flu, please consider going to an In-Network Urgent Care Facility.** The Urgent Care Facility will: Save you time and money at the time of service as well as at the time of renewal.

Practice Prevention.

In its broadest definition, prevention includes a healthy lifestyle, exercise, diet and other similar efforts. When preventive care services like physical examination, screenings and immunizations are combined with a lifestyle that is focused on wellness, significant savings can be achieved.

Keep drug costs down.

By being a wise healthcare consumer, you may be able to cut your prescription drug costs by up to 90 percent. Strategies to help you save money on prescription drugs include the following:

- Shop around at local pharmacies to find the best price on your prescription.
- Ask your doctor about generic or over-the-counter drug alternatives to brand name prescriptions.
- Look into discount prescription programs.

NOTES

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CONTACT INFORMATION

Coverage	Partner	Contact
Medical	United Healthcare	800-523-5800 www.uhc.com
	Nonstop	877-626-6057 www.nonstophealth.com
Dental	Lincoln	877-275-5462 www.lincolnfinancial.com
Vision	Lincoln	800-440-8453 www.lincolnfinancial.com
Basic Life AD&D	Lincoln	877-275-5462 www.lincolnfinancial.com
Voluntary Life	Lincoln	877-275-5462 www.lincolnfinancial.com
Disability	Lincoln	877-546-3656 www.lincolnfinancial.com
Accident & Critical Illness	Allstate	800-726-6033 www.allstate.com

This brochure contains the highlights of the benefit options available through Pasco Hernando Workforce Board, Inc. This is intended to only be an overview to assist in your understanding the options that are available to you and some of the important terms that you need to consider. The charts are not intended to reflect all plan provisions. For complete details, be sure to read all individual insurance option booklets and materials. That information is important to help you decide what choices are right for you. The charts in the booklet are for illustrative purposes only. In the event of a discrepancy, the carrier plan documents will prevail. The Human Resources Department will have all plan documents and summary plan descriptions available for your review. Remember to reach out to Human Resources if you have any questions.

