

Voluntary Group Insurance Benefits

VITAS offers three different voluntary group insurance benefits that can help to defray your out-of-pocket costs in the event of any unanticipated or catastrophic medical expenses.

All of these benefits provide you with cash-in-hand, which can be used to pay for daily living expenses, a hospital stay or other medical bills, groceries and other incidentals. You can even use the money to cover your medical insurance deductibles.

You can purchase just one, two or all three of the plans, all of which are managed by Allstate Benefits.

Hospital Indemnity

The VITAS Hospital Indemnity Plan pays \$2,000 for your first day of hospital confinement, then \$200 for each additional day of confinement, up to 10 continuous days. If you or a covered family member should need to be admitted into an intensive care unit, the policy pays an additional \$200 per day (up to 10 continuous days), on top of the \$200 per day for general hospital confinement.

Suppose you fall and break your leg, and you have to be admitted to the hospital to get X-rays and a cast. This policy will pay you \$2,000 for your one-day stay. If you have not used any of your Health Savings Account (HSA) funds up to this point, you might have at least the \$400 or \$800 that VITAS contributed to your HSA fund (for the single or family plan, respectively) to help cover your out-of-pocket expenses. In the end, you would owe only another \$100 to meet your insurance deductible in the single plan (\$2,500) and \$2,200 to meet your deductible in the family plan (\$5,000).

In order to receive payment through this benefit, you must incur actual room and board charges at a hospital. Some exclusions do apply; for example, you cannot receive payment if you are hospitalized for plastic surgery, unless your surgery is for treating an injury or to correct a disorder of normal bodily function. You can, however, receive payment if you are hospitalized for pregnancy. *(For a complete list of exclusions or for more details about this plan, see your Business Manager or HR Representative.)*

This policy covers you, your spouse or domestic partner and your children up to the age of 26.

Anyone who elects coverage in the hospital indemnity plan for the first time in 2017 will be subject to a one-year exclusion of known, pre-existing conditions (10-month exclusion for maternity/pregnancy).



VITAS' three different voluntary group insurance benefits provide you with cash-in-hand in the event of any unexpected medical emergency. This money can be used to defray your out-of-pocket costs such as daily living expenses, a hospital stay or other medical bills.

Cancer Insurance

The Cancer/Critical Illness Insurance benefit applies to all cancers, plus a diagnosis of a critical illness such as Amyotrophic Lateral Sclerosis (ALS), Muscular Dystrophy or Multiple Sclerosis. It pays benefits according to a schedule of services performed, e.g. different amounts are paid for hospitalization, surgery, radiation/chemotherapy, home nursing care, etc.

Please note: This policy has a “pre-existing condition” clause. If you have been diagnosed or treated for cancer or other critical illnesses within six months prior to the effective date for this benefit, the plan will not pay any benefits to you for one year. (For more information on this clause, see the plan document.) However, the plan does pay you \$1,000, immediately, upon “initial diagnosis,” should you receive a diagnosis for any form of cancer or critical illness after the plan has gone into effect.

Accident Insurance

The Group Accident Insurance benefit can be used to cover the cost of many of your accident-related medical expenses, including, but not limited to, hospital confinement (admission and per-day benefit), ambulance services, x-rays, surgery, physical therapy and “appliances,” such as crutches. This plan provides coverage for any accidents, whether or not they occur while you are working.

For more information on this benefit and for Allstate's new payout values, see the schedule of benefits in the Forms section of the VITAS *i*-net.

Filing a claim

To receive payment through any or all of these benefits, you may either call Allstate Benefits or visit the Allstate Benefits website to file a claim.

These plans, with the exception of the cancer/critical illness plan, are offered on a “guaranteed issue” basis, meaning you are not subject to Evidence of Insurability (EOI) questions regarding your health status. The cancer policy is available with no EOI, provided you sign up for the plan during your first year going through Open Enrollment. If you do not take the policy when you are first eligible to do so, you may have to satisfy EOI requirements in subsequent years.

These voluntary insurance benefits feature:

- A lump-sum payment for treatments as the treatments occur
- Payment of your benefits made directly to you, unless you assign someone else to receive them
- Tax-free payments paid to you without coordination with your other insurance plans
- Portability (you can keep your coverage even if you leave VITAS or retire)
- No reduction with age

The money paid out through these benefits can be used to pay for:

- Your health plan deductible and co-insurance payments
- Time off work (Disability doesn't pay 100 percent)
- Child care
- Travel to and from treatment facilities
- Short-term home health care
- Food and lodging for family members
- Lost wages due to your spouse taking time off from work to take care of you
- Installation of handrails and ramps or other modifications to your home to accommodate a wheelchair
- General monthly bills, such as mortgage, rent, utilities and car payments

The cancer/critical illness and accident insurance benefits come with special “Immediate Values.” (See related story below.)

For the costs for these benefits, see the “Bi-Weekly Premiums” table in the back of this booklet.

‘Immediate Values’ Come with Cancer and Accident Insurance Plans

The voluntary Group Cancer Insurance benefit and the voluntary Group Accident Insurance benefit come with “Immediate Values.”

The cancer plan includes a “Wellness” incentive of \$100 per family member insured per year to undergo a preventive cancer screening test, such as for breast or colon cancer

Filing your claim to receive your \$100 is easy! All you need to do is take a preventative cancer screening test and submit to Allstate Benefits, a copy of the printout you receive after your appointment showing which test was completed. They will pay you \$100! To file the claim, log in at www.allstatebenefits.com/mybenefits or call, toll-free, 866-701-7439.

The accident plan comes with an “Outpatient Physician’s Treatment” benefit that covers wellness, sickness or accident-related visits to the doctor so that the plan can be used each and every year, regardless of injury. Members will receive:

- \$50 per visit
- 2 visits per individual, per year/4 visits per family, per year
- Includes well visits, sick visits, eye doctor, dentist etc.
- No waiting period

If you buy both plans, you can take advantage of both “Immediate Values.”

Voluntary Short-Term Disability

Short-Term Disability is a voluntary benefit that can be purchased at a group rate. The rates are based on your pay and your age. You will be able to see the rates for these additional coverage options once you are in the Short-Term Disability section of the Open Enrollment process.

The employee-paid benefit for Short-Term Disability is 60 percent of the employee’s average weekly earnings, not to exceed a maximum weekly benefit of \$1,000 offset by other benefits you or your family receive or are eligible to receive, such as Social Security or any other act or law of like intent.

The eligibility waiting period for new hires is 60 days before coverage will take effect. There is a pre-existing condition exclusion clause on this plan.

Short-term Disability benefits (if approved) are payable after you have been totally disabled and begin after the waiting period, during which time you can use your accrued PTO.

Employees who are unable to work due to a non-occupational illness or injury will be eligible for Short-Term Disability benefits until the earlier of the recovery from disability or 90 days.

To ensure that income protection continues during a disability-related absence from work, you must follow these procedures:

- Notify your supervisor of your absence
- Call the toll-free number for disability income protection listed in the back of this book. You may notify the disability insurance carrier through the toll-free reporting service in advance of a planned disability (such as childbirth or pre-planned surgery).

You or anyone making the call on your behalf will need to provide the following information:

- Your name and social security number
- Your date of birth
- Your marital status and number of dependents

- Your occupation or job title
- Your supervisor's name and phone number
- Your physician's name and phone number
- A brief description and cause of your medical condition and if your condition is work-related
- The dates of your first visit, your most recent visit and the next scheduled visit with your physician
- Your last day worked and first day absent due to this condition
- The date you expect to return to work (if you know), or the date you returned to work

Make sure to note your claim number and the phone number for your claim contact.

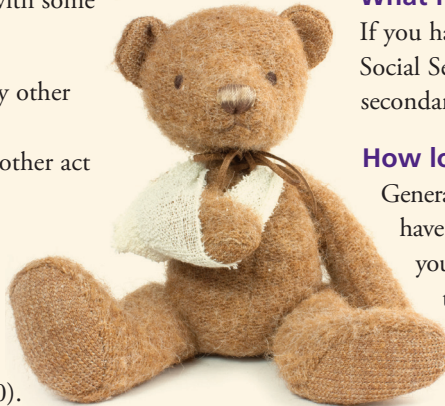
Voluntary Long-Term Disability

At the end of the Short-Term Disability period, employees who remain disabled are eligible for benefits under the VITAS Long-Term Disability (LTD) Plan.

Under the LTD plan, you will receive a percentage of the amount you earned before your disability as long as you remain totally disabled up to age 65, with some exceptions.

LTD benefit payments will be offset by other sources of income, such as Worker's Compensation, Social Security or any other act or law of like intent.

Under the VITAS LTD plan, you are automatically enrolled to receive 40 percent of the amount you earned before your disability began (with a maximum monthly benefit of \$4,000). This benefit is paid for by VITAS.



You have the option of buying additional LTD coverage, up to 10 percent or 20 percent above the company paid coverage. You will be able to see the rates for these additional coverage options once you are in the LTD section of the Open Enrollment process.

What if I have other disability coverage?

If you have other disability coverage, such as through Social Security, your VITAS disability coverage will be secondary.

How long do payments last?

Generally, LTD payments (if approved) begin after you have been disabled for 90 days and continue until you are no longer disabled or reach age 65. Refer to the summary plan description for age table.

How is disability defined?

See the Summary Plan Description for more details on this definition.

Life/AD&D Options

The Life and Accidental Death and Dismemberment (AD&D) Insurance coverage provides a source of income for you in case of dismemberment, or for your family or beneficiary if you die.

VITAS believes it is important to have a safety net of income for you and your family's protection. You will be enrolled automatically for \$10,000—at VITAS' expense. You may also purchase additional life insurance. Rates are based on your salary and your age. Age reductions to your coverage amount will apply the first of the month following an insured employee's 70th birthday. New hires need to complete the life beneficiary form available at benefits.vitas.com.

Basic Life Insurance

Company Paid \$10,000

Supplemental Life Insurance

Option 1 – 1 x base annual earnings

Option 2 – 2 x base annual earnings

Option 3 – 3 x base annual earnings

Option 4 – 4 x base annual earnings

Option 5 – 5 x base annual earnings

How does Life and AD&D coverage work?

When you choose the option you want, you get equal amounts of both Life and AD&D coverage. For example, if you choose coverage of \$10,000 and later die in an accident, your beneficiary would receive:

Life Insurance benefit	\$10,000
AD&D Insurance benefit	\$10,000
Total benefit	\$20,000

AD&D benefits are paid to you, for example, if you lose a hand, foot or eyesight within 365 days of an accident.

How much coverage can I have?

The Life and AD&D options offer a wide range of flexibility so you can choose a level that meets your needs—regardless of your age, income, family size or financial situation. You can choose Life and AD&D Insurance in multiples of your base annual earnings.

The minimum amount of coverage is \$10,000, and the maximum is the lesser of \$1,000,000** or five times your annual base pay. Supplemental Life Insurance refers to coverage above 1x base annual earnings.

***A combination of Basic Life Insurance plus Supplemental Life Insurance*

In the event that you are no longer employed by VITAS or your coverage ends, contact the Life Insurance Company for conversion and portability options.



Do I have to provide evidence of insurability?

At annual enrollment, a current employee enrolled in Supplemental Life Insurance of at least one times basic pay will be eligible to increase coverage one level on a guaranteed issue. If you want to increase coverage two or more levels, a Statement of Health is required, which will be sent to you from the carrier.

During initial eligibility, new hires have a guarantee issue up to five times basic pay, or a maximum of \$500,000. Amounts over \$500,000 will require completion of a Statement of Health, which will be sent to you from the carrier.

Dependent Life Insurance

You can voluntarily purchase group term life insurance for your eligible family members on an after-tax basis. The plan includes several coverage options for your spouse and children.

Spouse Coverage	Child Coverage
\$5,000	\$2,500
\$10,000	\$5,000
\$25,000	\$10,000
\$50,000	\$1,000–Live Birth to six months

Are there limits to this coverage?

Yes. Your spouse's or dependent child's coverage cannot be more than one half the amount of your coverage under the Life/AD&D Insurance plan.

Your Life Insurance Coverage	Maximum Spouse Coverage
\$10,000 – \$19,000	\$5,000
\$20,000 – \$49,000	\$10,000
\$50,000 – \$99,999	\$25,000
\$100,000 + Up	\$50,000

In the event that this coverage limit is violated, the Insurance Carrier reserves the right to apply the employee Life/AD&D Insurance selection and recalculate the Dependent Life coverage (if any) accordingly.

If both are employed by VITAS no spouse, domestic partner or child may be covered by more than one employee in the plan.

Can I select the beneficiary for dependent life insurance?

The employee is automatically named the beneficiary for all of the coverage options under these dependent plans.