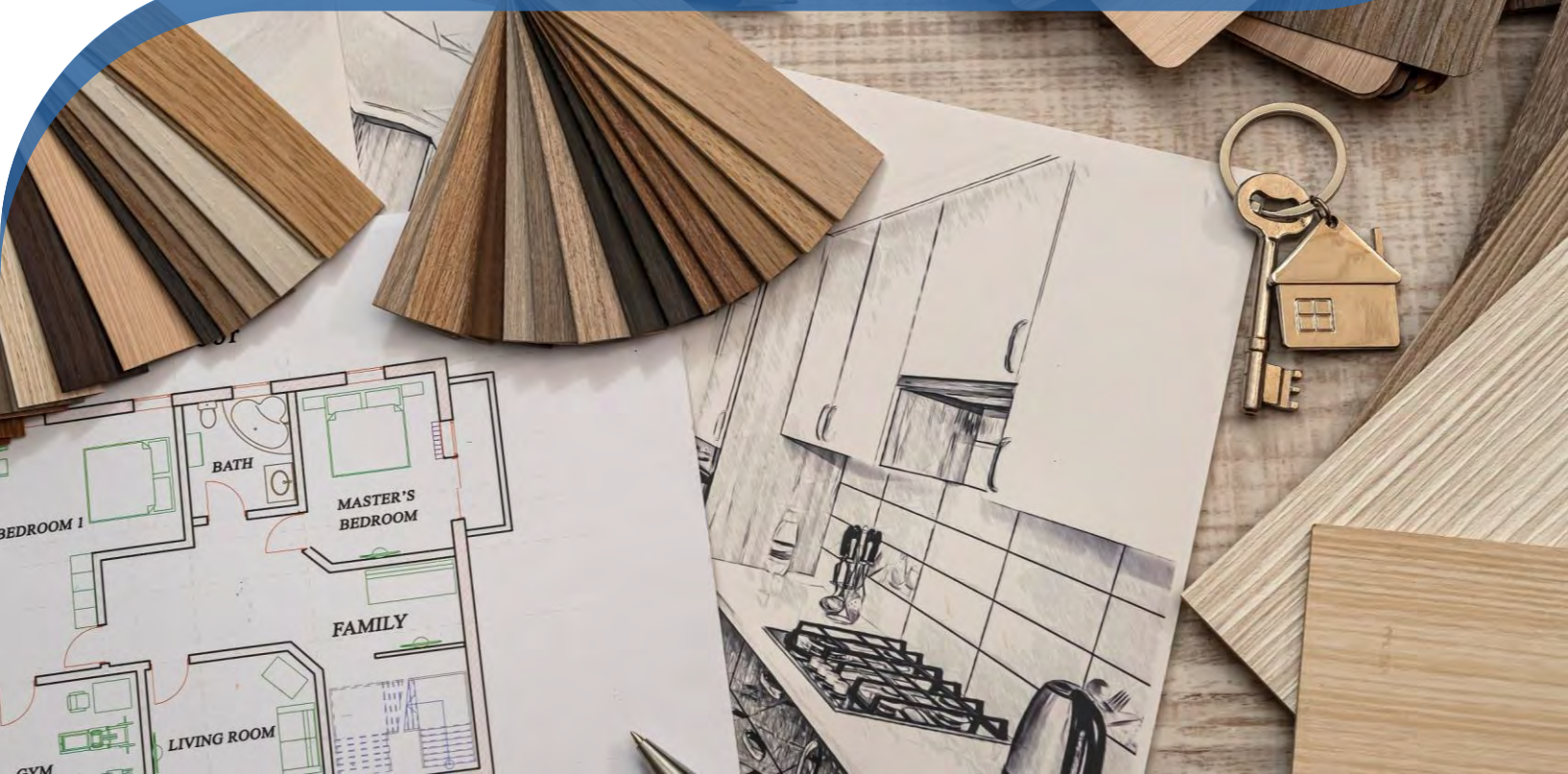


**AMERICAN
HOME DESIGN**

2025 EMPLOYEE BENEFITS GUIDE

January 1, 2025 - December 31, 2025



What's **New** in 2025?

For the 2025 plan year, we're excited to share that the majority of the core benefit programs are renewing with no rate increases. Medical, vision, accident, critical illness, and life/disability plans will remain at the same cost, and dental will see a slight rate increase.

We are committed to ensuring continued value for our team, and we invite you to review the benefits information provided in this guide. Our benefit plans serve as just one of the number of ways we can show our care for you and your family.

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Important Contacts

Our benefit contacts and carrier partners work closely with Human Resources to make sure your benefit needs are taken care of quickly and completely. If you have questions or need more information about your benefits, reach out to the appropriate contacts listed below.

If you have questions, please contact:

American Home Design Administrative Assistant

Erica Holleran; (615) 448-0236, eholleran@americanhomedesign.com

Brown & Brown Account Executive

Katy Leigh; (615) 507-1418; katy.leigh@bbrown.com

Benefit	Carrier	Phone	Website
Medical <i>LocalPlus & OAP Network</i>	Cigna	(800) 997-1654	www.mycigna.com
Virtual Care	First Stop Health	(888) 691-7867	www.fshealth.com
Health Savings Account	HSA Bank	Call the number found on the back of your HSA card	www.hsabank.com
Dental <i>DentalBlue Network</i>	BlueCross BlueShield of Tennessee	(800) 565-9140	www.bcbst.com
Vision <i>Vision Insight Network</i>	BlueCross BlueShield of Tennessee	(800) 565-9140	www.bcbst.com
Life and AD&D	The Hartford	Customer Service: (800) 523-2233 Claims: (888) 563-1124	www.thehartford.com
Disability	The Hartford	Customer Service: (800) 523-2233 Claims: (888) 277-4767	www.thehartford.com
Employee Assistance Program	The Hartford	(800) 964-3577	www.guidanceresources.com Organization Web ID: HLF902 Company Name: ABILI
Accident & Critical Illness	TransAmerica	(800) 851-7555 Option 4	www.transamerica.com

Eligibility & Mid-Year Changes

Benefits Eligibility

All full-time employees who work at least 30 hours per week are eligible to participate in our benefit plans. Eligible participants include employee, legal spouse, and dependent children up to age 26.

- The coverage you elect during Open Enrollment begins **January 1, 2025**.
- As a new hire, coverage begins on the **first day of the month following 60 days of continued full-time service**.
- Coverage ends if you no longer meet eligibility requirements, contributions are discontinued, or the Group Insurance Policy is terminated.

Changing Your Benefits Outside Of Open Enrollment

The benefits you elect during the **2025** benefits plan year will remain in effect through **December 31, 2025**. You cannot make changes to the benefits you elect until the next open enrollment period unless you have a qualifying event. The Health Insurance Portability And Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events. If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date, if there is a loss of other coverage. If you experience a qualified "change in status," you must make any associated enrollment or benefit changes within **30 days** of the event except for a Medicare or Medicaid entitlement event, in which case you must make changes within 60 days of the event. You have the right to elect coverage during the plan year if your or your dependent's Medicaid/Children's Health Insurance Program (CHIP) coverage terminates due to discontinuation of eligibility under the program or if you become eligible for a Medicaid/CHIP premium assistance subsidy (if available in your state) providing you request enrollment within 60 days of the loss of coverage or eligibility for premium subsidy.

Qualifying Life Events

A qualifying event is a personal event that may require you to either add or remove coverage for yourself and/or your dependents.

Qualifying Life Events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a dependent child
- Death of a dependent spouse or child
- Gain or loss of coverage for you or your eligible dependents
- Reaching age 26 for dependent children

Important Deadline For Qualifying Event Changes

You must make any coverage change within 30 days of the qualifying event. Report this change to Human Resources, with as much information as you have, within the **30-day** deadline, except for a Medicare or Medicaid entitlement event, in which case you must make changes within 60 days of the event.

You must include documentation to substantiate your qualifying event. If you miss the deadline, or do not provide the supporting documentation, changes will not be approved. Please contact Human Resources within **30 days** if you have any questions or believe that you may qualify for an election change.

Reviewing and Updating Your Beneficiaries

Regularly updating beneficiary designations for financial accounts like life insurance and retirement plans is crucial to ensuring assets go to intended recipients.

There are primary beneficiaries, who receive assets and benefits first, and contingent beneficiaries, who receive them if the primary beneficiaries are unavailable.

To avoid common errors, update beneficiary designations after significant life changes, such as marriage, divorce, death of a spouse or child, birth of a child or similar event that alters your family. You should also update your beneficiary listing if a beneficiary changes their name (e.g. marriage).

Seek guidance from your HR department, Brown & Brown Account Executive, or legal counsel if you are unsure of how to make changes to your beneficiaries.

Company Identifier: AHDI

Step 1: Visit: www.employeenavigator.com

New users: Click on the registration link in the e-mail sent by your admin or select "Register as a New User" on Employee Navigator's login screen to create a new account and choose your unique username and password.

Returning users: Log in with the username and password you previously registered with. You may reset a forgotten password on the login screen if needed.

Step 2: Welcome!

After you log in, click Let's Begin to complete your required tasks.

Step 3: Onboarding (if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed outstanding tasks, click Start Enrollment.

Step 4: Personal Information

After clicking Start Enrollment, you will need to complete personal & dependent information before moving to your benefit elections.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under Who Am I Enrolling?

Below your dependents, you can view the plans available to you as well as the cost per pay for each benefit. To elect a benefit, click Select Plan underneath the plan cost.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to include further details.

Step 7: Review and Confirm Elections

On the enrollment summary page, review the benefits you selected to ensure they are correctly reflected. Click Sign & Agree to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

Exploring your employee benefits information is now more convenient than ever with MyBenefitsApp!

Use MyBenefitsApp for:



- Benefits & Coverage Information
- Medical ID Cards
- Benefit Forms & Documents
- Service Contact Information
- Access on Mobile, Tablet & Desktop



<https://ahd.mybenefitsapp.com/>

You can easily access plan information about each of your benefits conveniently from a computer, laptop, or smartphone. **The best part about MyBenefitsApp?** There is nothing to install! You can add an icon to your smartphone home screen in a few easy steps.

iPhone

-  Tap the **Share icon** in Safari's lower menu bar
-  Tap the **Add to Home Screen** icon

android

- Tap the three dots in the **top right** section of your browser and select **Add to Home Screen**

For any questions that arise while navigating the app, please reach out to the Human Resources Department or to your Brown & Brown benefits team.



Scan this QR code with your device's camera to access benefit information from any mobile device.

Terms and Definitions

Before reviewing our benefits, take a look at some terms that may be helpful in understanding and comparing the plans offered to you. By learning a few key insurance terms, you'll be more informed and better able to understand what, exactly, goes into your insurance coverage.



Deductible: The amount of healthcare costs you have to pay for with your own money before your plan will start to pay anything.



Embedded Deductible: An embedded deductible assigns a separate deductible to each covered individual within a family, with benefits applied after the individual deductible is met. This may or may not apply to your plans.



Shared Deductible: A shared deductible combines individual deductibles within a family, requiring the total expenses for covered services to reach a combined threshold (the family deductible) before insurance coverage begins. This may or may not apply to your plans.



Coinsurance: After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your coinsurance share of the cost is 20%. You are billed for your coinsurance after your visit.



Copay: A set fee you pay instead of coinsurance for some healthcare services, i.e. a doctor's office visit. You pay the copay at the time you receive care.



Out-of-Pocket Maximum: Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.



In and Out-of-Network: In-network services will always be the lowest cost option. Out-of-network services will cost more or may not be covered.



Balance Billing: In-network providers are not allowed to bill more than the plan's allowable charge, but out-of-network providers are. For example, if the provider fee is \$100 but the plan allows only \$70, an out-of-network provider may bill YOU the extra \$30. This is called balance billing.

Employee Contributions

Below is a breakdown of the **bi-weekly** costs of our medical, dental, vision, and accident plans. Rates based on age, salary, and/or tobacco use will be shown in **Employee Navigator** during enrollment.

Our benefit package is designed under “Section 125” of the IRS Code. This allows you to take advantage of federal and state laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, any required contributions for **medical, dental, vision, and HSA** will be made with pre-tax dollars.

REMINDER: You may only change your pre-tax benefit elections once per year, during open enrollment, unless you experience a qualified “change in status.”

Medical Bi-Weekly Cost	Option 1 HDHP LCP	Option 2 HDHP OAP	Option 3 HRA LCP	Option 4 HRA OAP
Employee Only	\$48.83	\$65.12	\$86.34	\$102.87
Employee + Spouse	\$197.73	\$228.51	\$268.56	\$299.79
Employee + Child(ren)	\$143.14	\$169.95	\$204.89	\$232.11
Employee + Family	\$363.72	\$408.23	\$466.19	\$511.33

The medical plans offered by **American Home Design** through **Cigna** are considered affordable under the Affordable Care Act (ACA). If you waive group medical coverage for yourself and apply for health insurance through the Marketplace exchange, you will not be eligible for subsidies. Please refer to your Annual Benefit Notices Packet for the Health Insurance Marketplace Coverage Notice for additional information.

Dental Bi-Weekly Cost	
Employee Only	\$14.44
Employee + Spouse	\$31.77
Employee + Child(ren)	\$26.00
Employee + Family	\$47.36

Vision Bi-Weekly Cost	
Employee Only	\$2.52
Employee + Spouse	\$5.03
Employee + Child(ren)	\$4.78
Employee + Family	\$7.52

Accident Bi-Weekly Cost	
Employee Only	\$8.74
Employee + Spouse	\$11.44
Employee + Child(ren)	\$13.49
Employee + Family	\$16.37

Medical In-Network

Our medical plan benefits are provided through **Cigna's Open Access Plus** or **LocalPlus Network**. You have the option to choose a plan based on both the benefits and the network that is right for you. The table below outlines how some of the most common services are paid at in-network providers and facilities. You will pay less for care when you see an in-network physician.

Find a medical provider: <https://hcpdirectory.cigna.com/web/public/consumer/directory/search>

In-Network Medical Benefits	Option 1: HDHP Local Plus Network Option 2: HDHP Open Access Plus Network	Option 3: HRA Local Plus Network Option 4: HRA Open Access Plus Network
Calendar Year Deductible Individual / Family	\$4,500 / \$9,000 Embedded	\$7,150 / \$14,300 Embedded
Annual Out-of-Pocket Maximum Amount Individual / Family	\$6,400 / \$12,800	\$8,550 / \$17,100
Coinsurance Plan Pays / You Pay	70% / 30% After Deductible	70% / 30% After Deductible
Annual HSA or HRA Contribution Individual / Family	HSA Match: \$1,200 / \$1,800	Backend HRA: \$2,050 / \$4,100
Annual Out-of-Pocket After HSA/HRA Contributions Individual / Family	After HSA Match: \$5,200 / \$11,000	After Backend HRA: \$6,500 / \$13,000
Preventive Care	Covered at 100%	
PCP Office Visit	You pay 30% after deductible	\$50 copay
Specialty Office Visit	You pay 30% after deductible	\$100 copay
Urgent Care	You pay 30% after deductible	\$100 copay
Emergency Room	You pay 30% after deductible	\$250 copay
Inpatient Hospital Services	You pay 30% after deductible	You pay 30% after deductible
Outpatient Diagnostic X-Ray & Lab Services	You pay 30% after deductible	You pay 30% after deductible
Major Lab (MRI/PET/CAT Scan)	You pay 30% after deductible	You pay 30% after deductible
Prescription Drug Coverage (30-Day Supply)		
Preventive	Tier 1 / Tier 2 No cost to you	Not applicable
Tier 1 Generic	You pay 30% after deductible	\$10 copay
Tier 2 Preferred Brand	You pay 30% after deductible	\$20 copay
Tier 3 Non-Preferred Brand	You pay 30% after deductible	\$75 copay
Tier 4 Preferred Specialty	You pay 30% after deductible	\$150 copay
Rx Mail Order (90-Day Supply)	You pay 30% after deductible	3x retail copay

Please refer to your plan documents for full details and exclusions.



*"Fast and easy experience!
Saved me the trouble of having to drive to an urgent care, not to mention the long waits."*

-First Stop Health Member

For Medical Plan Enrollees

24/7 care when you need it.

If you are enrolled in one of our medical plans, you and your covered family members can get convenient care for your body and mind – all via phone or video. American Home Design provides First Stop Health to covered employees and family members for **FREE**.



On-demand doctor visits

Getting the care you need shouldn't be a pain. Board-certified doctors are available 24/7 via phone or video!



Diagnosis & treatment

Get immediate support, including prescriptions when appropriate* for:

- Sore Throat
- Cough
- Sinus Issues
- Skin Rash
- UTI
- Rx Refill*
- Pink Eye
- Fever
- Earache
- Cold & Flu
- Medical
- Questions And more!

Download the First Stop Health app to talk to a doctor within minutes!

firststophealth.com | (888) 691-7867

So many ways to help manage your health.



Get to know the full value of myCigna.

Now it's easier than ever to manage your health and make the most of your health plan with myCigna®.* From programs that help improve your health to tools that help manage your health spending, there's so much you can do.



View, print and send ID cards



Find in-network doctors, hospitals and medical services



Compare quality of care information, including patient reviews from Cigna HealthcareSM customers



Manage and track claims



See cost estimates for medical procedures



Use the click-to-chat feature to connect with a live Cigna Healthcare rep



Feel better protected Cigna Healthcare is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

Visit [myCigna](#) today. Not registered yet? [Start here.](#)**

Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](#).



Download the myCigna App for your mobile device. Disponible en Español.



* Actual myCigna features may vary depending on your plan and customer profile.

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Have your ID card handy?

With myCigna, the answer is always “yes.”



Big news: You never have to worry about misplacing your ID card. It's always right there on myCigna®, whenever and wherever you need it.*

Accessing your digital ID cards is easy.



Log in to **myCigna.com** or the **myCigna® App**



Click or tap “ID Cards”



View your card(s), as well as any dependents' card(s)**



Email cards directly to doctors



Save your digital ID cards in your Apple Wallet



Not registered on myCigna yet?
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Visit **myCigna.com®**
or scan the QR code
to download the
myCigna® App and
register now.

You may also call Cigna at (866) 494-2111
to request a hard copy ID card be mailed
to your home.



Emotional health matters.

We're here to help you take care of it.



Life is full of ups and downs. But if feelings of sadness, worry or anxiety are becoming more frequent and making daily life hard, it might be time to get extra help. Your plan offers support for whatever challenge you're facing – 24/7/365.

Providers ready to help

- National network of clinicians, counselors, psychologists and psychiatrists
- Guaranteed first-time appointments in five business days through our Fast Access network¹
- Live chat on **myCigna.com**[®]
- Virtual counseling sessions available with over 173,000 clinicians²
- Online therapy with a licensed therapist through Talkspace
- Behavioral health coaching through Ginger via text-based chat and self-guided learning activities^{3,4}
- Two-day appointments available through some virtual in-network provider partners⁵
- Coaching and support services provide dedicated support for a broad range of conditions, including autism, eating disorders, intensive behavioral case management, substance use, and opioid and pain management; also, coaching and support for parents and families empower individuals to be effective advocates for their child, spouse or family member – or their own mental health needs
- Centers of Excellence for Adult Mental Health, Child & Adolescent Mental Health, Eating Disorders and Substance Use⁶

Programs that provide support⁷

- Three face-to-face visits with a licensed behavioral health provider in our employee assistance program (EAP) network at no additional cost. To get an EAP code, visit **myCigna.com** and chat with us online or select the link that displays with your online provider search.
- Live chat with an EAP advocate
- Unlimited telephone support and access to work-life resources
- Access to legal services, including a 30-minute consultation with a program attorney for legal issues, with 25% off select fees if the program attorney is retained
- Access to financial services, such as 25% off tax preparation and a 30-minute complimentary phone consultation with a financial specialist
- Access to IdentityForce, a comprehensive identity theft protection program at no additional cost.⁸

Resources ready whenever you are

iPrevail

This digital therapeutics program was designed by experienced health care professionals to help you take control of stress. Interactive video lessons and one-on-one coaching can help with challenges including post-traumatic stress disorder (PTSD), caregiving, depression and anxiety.⁸

Happify™

A self-directed program with science-based games and guided meditations, Happify was designed to help reduce stress and anxiety, increase confidence, and boost overall health.⁸

Behavioral awareness webinars

Taught by industry experts, these free monthly educational webinars offer tips and tools for children and families on topics such as autism, eating disorders, substance use and behavioral health awareness. Sign up at **Cigna.com**[®].

 [Get started or register at myCigna.com today.](https://myCigna.com)



1. Per our agreement with contracted providers. Within five business days for first-time appointment with non-prescriber; 15 business days for prescriber.
2. Cigna Healthcare virtual behavioral care network as of May 2023. Subject to change. Not all providers have video chat capabilities, and video chat may not be available in all areas. A primary care provider referral is not required. See your plan materials for costs and details of coverage, including other virtual care benefits that may be available under your specific health plan.
3. Program services are provided by independent companies/entities and not by Cigna Healthcare. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.
4. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
5. Two-day appointments available through some virtual in-network provider partners. Timeframe is average first-time availability and may vary by provider and region.
6. The Cigna Healthcare Center of Excellence designation is a partial assessment of quality and cost-efficiency and should not be the only basis for decision-making (as such measures have a risk of error). Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Quality designations and ratings found in Cigna Healthcare online provider directories are not a guarantee of the quality of care that will be provided to individual patients.
7. Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and programs are not available where prohibited by law.
8. Program services are provided by independent companies/entities and not by Cigna Healthcare. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.

All health care providers and service providers are solely responsible for their care and/or services.

Providers are not agents of Cigna Healthcare. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

Health Savings Account

If you are enrolled in **Medical Options 1 or 2** and have elected a Health Savings Account (HSA) through **HSA Bank**, your contributions are tax-exempt, meaning you save on both FICA and Federal taxes when contributing through payroll. Your HSA funds can be used to pay for unreimbursed medical, dental or vision expenses for you and your dependents, whether or not they are covered by your health plan. You can even use funds to pay for COBRA, long-term care, and Medicare (but not Medigap) premiums. Your HSA works like a personal bank account - no 'use-it or lose-it' rule. Funds remain in your account until needed, even if you change jobs or retire.

Did you know? American Home Design will match your HSA contributions!

To better support you, we will match your HSA contributions up to **\$1,200 per year for those enrolled in employee only coverage**, and **\$1,800 per year for those enrolled in family coverage**. This helps you grow your HSA faster, allowing you to use the funds for qualified medical expenses.

Who is eligible to open and fund an HSA?

Anyone who is:

- covered by a qualified HDHP; and
- not covered under another medical plan that is not a qualified HDHP - including Medicare, Medicaid, TriCare, VA and/or a Health Care Flexible Spending Account (FSA), including a spouse's FSA.

How much can I contribute to an HSA? The IRS sets a contribution limit every calendar year.

For 2025, the contribution limits are:

- \$4,300 for Individual Coverage - just you on the plan
- \$8,550 for Family Coverage - you and any number of dependents
- These limits include both what you contribute and any contributions made by American Home Design.

If you're age 55 or older, you can contribute up to \$1,000 more than the limits listed here

What if I establish an HSA mid-year? Your HSA contributions are generally determined monthly. If you establish an HSA mid-year, you're allowed to make the full year's contribution, provided you are eligible on December 1 of that year and you remain eligible to make HSA contributions throughout the next calendar year.

How do I make contributions to my HSA? You can contribute to your HSA through payroll deductions.

Where can I find a list of qualified expenses? Refer to the list found at [irs.gov](https://www.irs.gov) - search Publication 502.

When can I start using the funds in my HSA?

You can use the funds in your HSA once they are available. You can reimburse yourself for qualified HDHP expenses months or even years later if you retained receipts and your HSA was established when the expense occurred.

Can I use my HSA to pay for non-qualified expenses? Non-qualified expense withdrawals are subject to income tax and a 20% penalty until age 65. After age 65, non-qualified expense withdrawals are penalty-free but remain subject to income tax.

What happens to my HSA if I leave my employer?

The HSA is yours to keep. If you continue to meet the eligibility criteria for funding the account, you can continue making contributions to your HSA. If you are no longer eligible to fund the account, you're still eligible to spend the money (tax-free) on qualified expenses.

Can I use the money in my HSA to pay for my dependents' health care expenses? You can use the money in your HSA to pay for the health care expenses belonging to your eligible spouse and/or dependent children - even if they are not covered as your dependents. Refer to Internal Revenue Code Section 152 to determine if your spouse and/or child is an eligible dependent.

Can couples establish a "joint" HSA and both make contributions, including "catch-up" Contributions? "Joint" HSAs are not permitted. Each spouse should consider establishing an HSA in his or her own name. This allows you to both make catch-up contributions when you are age 55 or older.



Health savings in the palm of your hand

Manage your accounts with the HSA Bank app

Get the tools to take control of and better manage your health accounts with the HSA Bank app. Safe and secure, the app offers instant access for all your account needs, 24/7. It's simple, intuitive and convenient.

The faster, easier way to manage your HSA Bank accounts

- Simple and secure login.
- Check account balances and view activity.
- Enter and track expenses.
- Make a payment from your account.
- Search for eligible expenses.
- Schedule HSA contributions.
- File a claim.

Download the app

App Store



Google Play



Download the app on [Google Play](#) or the [App Store](#).

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Visit www.hsabank.com or call the number on the back of your debit card for more information.

Dental In-Network

Our dental plan benefits are provided through **BlueCross BlueShield of Tennessee’s DentalBlue PPO Network**. The table below outlines how some of the most common services are paid at in-network providers and facilities. You will pay less for care when you see an in-network provider.

Find a dental provider: <https://bcbst.sapphirecareselect.com/> (Select “Dental” from the Network dropdown)

In-Network Dental Benefits	DentalBlue PPO Network
Calendar Year Deductible Individual / Family	\$50 / \$150
Calendar Year Maximum	\$2,000
Preventive Services (do not apply to calendar year maximum) such as cleanings, x-rays, and exams	No cost to you
Basic Services such as fillings and extractions	You pay 10% after deductible
Major Services such as major restorative, implants, and prosthodontics	You pay 40% after deductible

Blue365 Program

As a BlueCross member, you get exclusive discounts on well-being products and services through BlueCross BlueShield of Tennessee’s members-only discount programs.

You can access discounts on routine vision care, Lasik surgery, weight loss and fitness centers, complimentary/alternative medicine and more by logging in at <https://bcbst.com/memberdiscounts> or through the BCBSTN app.



Please refer to your plan documents for full details and exclusions.

Vision In-Network

Our vision plan benefits are provided through **BlueCross BlueShield of Tennessee's VisionBlue Insight Network**. The table below outlines how some of the most common services are paid at in-network providers and facilities. You will pay less for care when you see an in-network provider.

Find a vision provider: <https://bcbst.sapphirecareselect.com/> (Select "Vision Insight" from the Network dropdown)

In-Network Vision Benefits	VisionBlue Insight Network	Frequency
Exam	\$10 copay	Once every 12 months
Retinal Imaging	Up to \$39	Once every 12 months
Standard Eyeglass Lenses & Frames		
Single Vision Lenses	\$20 copay	Once every 12 months
Lined Bifocal Lenses	\$20 copay	Once every 12 months
Lined Trifocal Lenses	\$20 copay	Once every 12 months
Standard Progressive Lenses	Additional \$65 copay	Once every 12 months
Frames	Up to \$135 allowance + 20% off remaining balance	Once every 24 months
Contact Lenses (in lieu of eyeglass lenses)		
Elective Conventional	Up to \$135 allowance + 15% off remaining balance	Once every 12 months
Elective Disposable	Up to \$135 allowance	Once every 12 months
Medically Necessary	Covered in full	Once every 12 months
Standard Contact Lens Fitting and Exam	\$40 copay	Once every 12 months



Please refer to your plan documents for full details and exclusions.

Life and Accidental Death & Dismemberment (AD&D)

All eligible employees receive a Life and AD&D insurance benefit of **\$25,000**. This benefit is provided through **The Hartford** at no cost to you. Group Life and AD&D Insurance benefits reduce by 50% at age 70.

Voluntary Life and AD&D Insurance

Additional Voluntary Life and AD&D is available for purchase through **The Hartford**. When first eligible, you can enroll in the coverage amounts below without Evidence of Insurability (EOI) if you do so within 31 days. Any amount above the Guarantee Issue will require EOI, which you must complete and submit within 31 days of applying. If you choose Voluntary Life Insurance, your Voluntary AD&D coverage will match your Life Insurance amount.

Annual Increase Option: If you or your spouse are currently participating in this coverage, you may increase current coverage during Open Enrollment by \$20,000, not to exceed the Guarantee Issue amounts, without providing Evidence of Insurability (EOI). If you waived coverage for yourself or your spouse when initially eligible, you may elect coverage during Open Enrollment in the amount of \$20,000.

Coverage is available for you and your dependent(s). You must elect coverage for yourself before electing coverage for dependents. In order for your children to receive this coverage, they *must* be added as dependents in in Employee Navigator during enrollment.

Rates for this coverage are based on *age and tobacco use* can be found **in Employee Navigator** during enrollment. Age-related cost adjustments will occur on the policy anniversary date, January 1. Spouse rates are based on employee age.

Coverage	Benefit Amounts	Guarantee Issue Up to Age 70 Applies to newly eligible only
Employee	7x annual salary in increments of \$10,000 up to a maximum of \$300,000	\$200,000
Spouse	increments of \$5,000 up to a maximum of \$150,000; Not to exceed 100% of employee benefit	\$50,000
Children <i>up to age 26</i>	\$10,000	\$10,000

Voluntary Life and AD&D Insurance benefits reduce by 50% at age 70.

Certain benefits might include active work requirements under which insurance coverage does not begin unless and until an employee is actively at work. Notwithstanding anything in the Benefit Guide to the contrary, all active work and/or active employment requirements applicable under a plan must be satisfied. Furthermore, insurance coverage for eligible dependents may be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy.

Conversion and portability options are available, please reach out to Human Resources for more information within 30 days of your exit.

Please refer to your plan documents for full details and exclusions.

Disability

Our Short-Term Disability (STD) and Long-Term Disability (LTD) coverage is provided through **The Hartford**. As voluntary benefits, you are responsible for paying the cost of these coverages through post-tax payroll deduction. Rates for these coverages are based on your age and salary-based benefit amount and can be found in **Employee Navigator** during enrollment.

In the event you become disabled from an injury or sickness unrelated to work, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Voluntary Short-Term Disability	Benefits
Benefits Begin	On the 15 th day of disabling injury or illness
Benefits Payable	24 weeks
Percentage of Income Replaced	60% of weekly earnings while meeting the definition of disability
Maximum Weekly Benefit	Up to \$1,700 per week
Pre-existing Condition Limitation	Any condition that you receive medical attention for in the 3 months prior to or after your effective date of coverage that results in a claim during the first 12 months of coverage, would not be covered.

Voluntary Long-Term Disability	Benefits
Benefits Begin	On the 181 st day of disabling injury or illness
Benefits Payable	Social Security Normal Retirement Age
Percentage of Income Replaced	60% of monthly earnings while meeting the definition of disability
Maximum Monthly Benefit	Up to \$6,000 per month
Own Occupation Period	2 years
Pre-existing Condition Limitation	Any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a claim during the first 12 months of coverage, would not be covered.

Benefit amounts may be reduced by other income such as sick leave and state disability income.

Certain benefits might include active work requirements under which insurance coverage does not begin unless and until an employee is actively at work. Notwithstanding anything in the Benefit Guide to the contrary, all active work and/or active employment requirements applicable under a plan must be satisfied.

Please refer to your plan documents for full details, other income reductions, and exclusions.

GETTING SUPPORT SHOULD BE EASY

EXTRAS THAT SUPPORT AND ASSIST

For access over the phone,
simply call toll-free

800-96-HELPS
(800-964-3577)

Visit guidanceresources.com
to access hundreds of personal
health topics and resources for
child care, elder care, attorneys
or financial planners.

If you're a first-time user, click
on the **Register** tab.

1. In the Organization Web ID
field, enter: **HLF902**
2. In the Company Name field
at the bottom of
personalization page enter:
ABILI
3. After selecting "**Ability
Assist program**", create
your own confidential user
name and password.



Snap a photo with a mobile device
to capture information above.

For employees covered under a fully-insured group policy or Leave Management services with The Hartford.

Life presents complex challenges. If the unexpected happens, you should have simple solutions to help cope with the stress and life changes that may result. That's why The Hartford Ability Assist® Counseling Services, offered by ComPsych®,¹ can play such an important role. Our straightforward approach takes the complexity out of benefits when life throws you a curve.

COMPASSIONATE SOLUTIONS FOR COMMON CHALLENGES

From everyday issues like job pressures, relationships and retirement planning to highly impactful issues like grief, loss, or a disability, Ability Assist is your resource for professional support.

You and your family, including spouse and dependents can access Ability Assist at any time, as long as you are covered under a fully-insured group policy or Leave Management services with The Hartford.

SERVICE FEATURES

The service includes up to three face-to-face emotional counseling sessions per occurrence per year. This means you and your family members won't have to share visits. You can each get counseling help for your own unique needs. Work-life services and counseling for your legal, financial, medical and benefit-related concerns are also available by phone.



ABILITY ASSIST COUNSELING SERVICES

Emotional or Work-Life Counseling

Helps address stress, relationship or other personal issues you or your dependents may face. It is staffed by GuidanceExpertsSM – highly trained master’s-level clinicians – who listen to concerns and quickly make referrals to in-person counseling or other valuable resources. Situations may include:

- Job pressures
- Relationship/marital conflicts
- Stress, anxiety and depression
- Work/school disagreements
- Substance abuse
- Child and elder care referral services

Financial Information and Resources

Provides unlimited telephonic support for the complicated financial decisions you or your dependents may face. Speak by phone with a Certified Public Accountant and Certified Financial Planners on a wide range of financial issues. Topics may include:

- Managing a budget
- Retirement
- Getting out of debt
- Tax questions
- Saving for college

Legal Support and Resources

Offers unlimited telephonic assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your dependents. If you require representation, you’ll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter. Topics may include:

- Debt and bankruptcy
- Guardianship
- Buying a home
- Power of attorney
- Divorce

Health Care Navigation Services

HealthChampionSM is a service that supports you through all aspects of your health care issues.² HealthChampion is staffed by both administrative and clinical experts who understand the nuances of any given health care concern. Situations may include:

- One-on-one review of your health concerns
- Preparation for upcoming doctor’s visits/lab work/tests/surgeries
- Answers regarding diagnosis and treatment options
- Coordination with appropriate health care plan provider(s)
- An easy-to-understand explanation of your benefits–what’s covered and what’s not
- Cost estimation for covered/non-covered treatment
- Guidance on claims and billing issues
- Fee/payment plan negotiation

Check with your benefits manager for more information on **Ability Assist Counseling Services**



Business Insurance
Employee Benefits
Auto
Home

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. © 2022 The Hartford.

¹ Ability AssistSM and HealthChampionSM are offered through The Hartford by ComPsychSM Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may vary and may not be available in all states. Visit [TheHartford.com/employee-benefits/value-added-services](https://www.thehartford.com/employee-benefits/value-added-services) for more information.

² HealthChampionSM specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment.

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Accident

Accident Insurance pays a cash benefit if you or your covered dependents have a covered **off-the-job** accident such as dismemberment, dislocation, or fracture. Benefits may also be payable if you have an accident-related hospital confinement, receive emergency room or ambulance services, or receive physical therapy and follow-up treatment. **As a voluntary benefit through TransAmerica**, you pay the cost of this coverage through payroll deduction.

Voluntary Accident	Highlighted Benefits <i>A comprehensive benefits brochure can be found in Employee Navigator</i>
Wellness Benefit Every year, each family member who has accident coverage can receive a wellness benefit for getting a covered health screening test	\$150 per employee and/or spouse per calendar year
Initial Hospitalization	\$2,400 <i>payable once for the first hospital admission and/or ICU admission due to an accident.</i>
Daily Hospital Confinement	\$200 per day up to 365 days per accident
ICU Confinement	\$600 per day up to 15 days per accident
Emergency Treatment	\$200 <i>for physician treatment and X-Rays in a hospital emergency room or doctor's office within 96 hours of an accident.</i>
Major Diagnostic Exam	\$320
Coma Benefit	\$10,500 <i>Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.</i>
Air Ambulance	\$2,400
Ground Ambulance	\$480
Dislocation Benefit	Up to \$6,400
Fracture Benefit	Up to \$8,000
Physical Therapy	\$100 up to 10 treatments within one year of an accident
Chest X-Ray	\$150
Accidental Death & Dismemberment	Covered; See plan documents for more information.

Certain benefits might include active work requirements under which insurance coverage does not begin unless and until an employee is actively at work. Notwithstanding anything in the Benefit Guide to the contrary, all active work and/or active employment requirements applicable under a plan must be satisfied. Furthermore, insurance coverage for eligible dependents may be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy.

Portability options are available. Contact Human Resources within 30 days of your exit for more information about taking your coverage with you after employment ends.

Some conditions, limitations, and exclusions will affect your eligibility to receive benefit payments from this voluntary plan. Please refer to your plan documents for full plan details and exclusions.

Critical Illness

Critical Illness Insurance pays a lump sum cash benefit if you or your covered dependents are diagnosed with a covered critical illness such as invasive cancer, heart attack, or stroke. As a voluntary benefit through **TransAmerica**, you pay the cost of this coverage through payroll deduction.

In order for your children to receive this coverage, they *must* be added as dependents in Employee Navigator. Rates for this coverage are based on *age and tobacco use* and can also be found in **Employee Navigator** during enrollment.

You must submit an Evidence of Insurability for any elected coverage exceeding the Guarantee Issue amounts below. Coverage is not in force until written approval is received from TransAmerica.

Coverage Options	Employee	Spouse	Child(ren)
Minimum	\$10,000	\$5,000	\$5,000
Maximum	\$50,000	\$25,000 not to exceed 50% of employee benefit	\$25,000 not to exceed 50% of employee benefit
Guarantee Issue Applies to newly eligible only	\$20,000	\$20,000	\$20,000

Voluntary Critical Illness Benefits	First Occurrence Benefit Highlights <i>A comprehensive benefits brochure can be found in Employee Navigator</i>
Wellness Benefit	\$150 per participant per year
Invasive Cancer	100%
Carcinoma In Situ	25%
Skin Cancer	5%
Heart Attack & Stroke	100%
Coronary Artery Bypass Grafts	25%
Organ & Kidney Failure	100%
Loss of Sight, Speech, or Hearing	100%
Alzheimer's Disease	30%
ALS (Lou Gehrig's Disease)	100%
Reoccurrence Benefit	25% of original benefit separated by a 12-month waiting period

Certain benefits might include active work requirements under which insurance coverage does not begin unless and until an employee is actively at work. Notwithstanding anything in the Benefit Guide to the contrary, all active work and/or active employment requirements applicable under a plan must be satisfied. Furthermore, insurance coverage for eligible dependents may be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy.

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BRIGHTER TOMORROWS START TODAY

A STEP-BY-STEP GUIDE TO SUBMITTING A CLAIM

You put protection in place for a reason, and it's important for you to know how to access your benefits. Transamerica is there for you every step of the way. With several ways to file, you can choose the one that works best for you. Customers can download forms at transamerica.com/employee-benefits/your-employee-benefits and submit a claim either online, by email, phone, mail, or fax.

Online*

1. Log in at transamerica.com/employee-benefits/your-employee-benefits. If you're not registered, click "**CREATE ACCOUNT**" and use your contract (certificate or policy) number and personal information, including Social Security number, to register.
2. Click on the policy you're using to file a claim.
3. Once inside the policy's contract details, click on claims, then on the specific type of claim you want to file.
4. Complete all requested information. If your claim requires a specific form, it will be provided here.
5. Print a copy of your claim submission for your records.

Email

1. Email claim documents to: tebclaimsscanning@transamerica.com.
2. Include the insured's name and policy/certificate number.
3. You will receive an email acknowledgment of receipt.

Phone

1. Contact the Transamerica Claims Customer Service Department at **888-763-7474**.
2. Be ready to provide all claim information.

Fax

- Fax claim documents to **866-586-6528**.
- Include the insured's name and policy/certificate number.
- All documents should be clear and readable.


Mail

- Mail completed claim documents to:
Transamerica - Claims, PO BOX 219 Cedar Rapids, IA 52406-0219
- Include the insured's name and policy/certificate number.

*preferred method — online filing ensures accurate claim submission and lets you track your claim status at transamerica.com/employee-benefits/your-employee-benefits

Questions About Claims?

 tebcustresp@transamerica.com

 **888-763-7474**

Mon-Thu: 7 a.m. to 6 p.m. CT

Fri: 7 a.m. to 5 p.m. CT



Do you have what you need to file a claim?

Having all your documents together helps make submitting a claim a smoother process. Look below to see the documentation needed for each type of claim. Please include the insured's name and Social Security number on all claims.



Wellness	● ● ● ● ●
<ul style="list-style-type: none"> ▪ Date wellness services were provided ▪ Care provider's contact information ▪ List of services provided 	
Critical Illness	● ● ● ●
<ul style="list-style-type: none"> ▪ Completed claim form ▪ Positive pathology report from doctor for initial claim (when filing claim for cancer) ▪ Discharge summary (if hospitalized) 	
Accident	● ● ● ●
<ul style="list-style-type: none"> ▪ Completed claim form ▪ Proof of accident treatment with diagnosis (such as hospital discharge summary or statement) ▪ Police report (if applicable) ▪ Proof of follow-up treatment with diagnosis 	

Notification of Death	● ● ● ● ●
<p>Death Claim:</p> <ul style="list-style-type: none"> ▪ Completed claim form ▪ Original certified death certificate <p>Accelerated Death Benefits for Critical Care Claim:</p> <ul style="list-style-type: none"> ▪ Completed claim form ▪ Pathology report (if involving cancer) <p>Terminal Illness Claim:</p> <ul style="list-style-type: none"> ▪ Completed claim form <p>Waiver of Premium Claim (for disability or layoff):</p> <ul style="list-style-type: none"> ▪ Completed claim form 	

Products underwritten by **Transamerica Life Insurance Company, Cedar Rapids, IA, or Transamerica Financial Life Insurance Company, Harrison, NY.**

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Conflicts with Plan Documentation

This Benefit Guide is designed to provide basic information regarding employee benefit plans and programs available to eligible employees of American Home Design [and its subsidiaries]. It does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts or the Summary Plan Descriptions (SPDs) for the various benefit plans and programs. This overview merely summarizes the employee benefit plans and programs and does not create any contractual rights for any current or former employee or any other individual. The benefit provisions of the applicable plan document, contract or SPD will govern the determination of any individual's rights under any employee benefit plan or program. This document does not constitute a plan document or SPD as defined by the Employment Retirement Income Security Act of 1974, as amended (ERISA). American Home Design [and its subsidiaries] reserve the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

Annual Notices

*Employees can access these notices on **Employee Navigator**. You may also request a printed copy of the required notices by contacting Human Resources.*