



SAMBEDINO, LLC

Voluntary

Benefit Options

Benefits specifically designed for you the modern client.

BENEFITS QUESTIONS? PLEASE CONTACT:

Client Care

254 W. Hanley Avenue

Coeur d'Alene, ID 83815

P: 208.762.7590 TF: 877.303.7590 F: 208.762.7591

FREE ACA PLANNING SERVICE

FOR ALL SAMBEDINO, LLC CLIENT EMPLOYEES

Your Strategic Partner for ACA

Are you confused by your healthcare choices for ACA?

ACA is one of the most complicated laws to ever face American citizens.

You must analyze ALL of the factors to make the best decisions for your healthcare needs.

If you wish to be covered by health insurance by January 1st and avoid any tax penalties, you **MUST ENROLL** between November 15th and December 15th.



ONE HOUR ACA CONSULT

We provide an hour long consult per year per employee at no charge. Once a year, our Certified ACA Consultant will meet with you to analyze your income status and determine what ACA benefits you qualify for.



DETERMINE PREMIUM TAX CREDITS AND SUBSIDIES AVAILABLE

Premium tax credits and subsidies are available for a large number of Idaho citizens. We will look at your financial situation and ensure that you are getting maximum subsidies.



SELECT THE BEST PLAN FOR YOU

We will educate you on how the system works. We will show you all the options and costs in order to determine the plan that best fits the needs of you and your family.



FREE TAX ANALYSIS

Our ACA Consultant can also provide an initial analysis to determine how you can save money on your taxes through your employee benefits plan.

Set up your
appointment for your
FREE ACA
Planning Service
today!



208.762.7590

Cafeteria Section 125 Plan

Use pre-tax dollars for your out-of-pocket health cost...
Join the Sambedino, LLC Cafeteria Plan!

FOR ALL PEO CLIENTS

Eligibility - All employees who work at least 30 hours per week

What is a Section 125 Cafeteria Plan?

It is a plan designed and setup by the Internal Revenue Service to allow participants to have monies taken out of their paychecks pre-tax for group health insurance premiums, unreimbursed medical expenses, and child care expenses.

What is a POP?

A POP or a **Premium Only Plan** is a plan that allows you to have your medical, dental and vision insurance taken out of your paychecks pre-tax.

What is an FSA?

A FSA or **Flexible Spending Account** is an account that allows you to have money taken out of your paycheck pre-tax for either unreimbursed medical expenses, dependent or child care reimbursement or other insurance premiums that pay for insurance that isn't offered through your work.

What is the maximum that I can claim for the year for Section 125?

For Dependent Care Reimbursement the IRS annual maximum is **\$5,000.00** per household. For the Medical Reimbursement of the Section 125 plan PayCheck Connection, LLC's annual maximum is **\$2,000.00** per employee.

What happens if I don't have enough expenses during the year to claim the full amount I set aside?

At the end of the year all money that has not been claimed by the end of the year is forfeited. The Summary Plan Description details where the forfeited amounts go.

Effective with the 2021 plan year, health FSA participants will be able to roll over up to **\$500** of unused funds at the end of ~~the current plan to the next year.~~ ~~Those \$'s will be the first to be used.~~

- **YOU WILL LOSE ANY MONIES LEFT IN YOUR MEDICAL REIMBURSEMENT ACCOUNT/HEALTH FLEXIBLE SPENDING ACCOUNT (FSA) THAT EXCEEDS \$500.**
You want to be as certain as you can that the amount you decide to place in each account will be used up entirely.

What happens when I terminate employment?

To claim any money in the Section 125 account after you terminate you can only submit receipts for services that were done before your date of termination. All other expenses will not be allowed, unless you elect COBRA.

Can I carry the balance of my account from one plan year to another?

No, each plan year starts with a new enrollment period where you will decide how much money to set aside for that year.

Can I change my election during the year?

Generally, no, but there are certain events that can take place that will allow you to change your election. These changes are called "Changes in Family Status" which the IRS will allow a change to occur in your election and these include:

- Birth or adoption of a child
- Marriage
- Divorce
- Death of your spouse and/or dependent
- Your spouse or yourself have taken an unpaid leave of absence
- Switching from part-time to full-time (or vice-versa) employment on your behalf
- A significant change in your family's health coverage or your spouse's coverage
- Termination/commencement of employment



Term Life Insurance*

Option 1 \$10,000 Employee / \$5,000 Spouse / \$2,000 Child(ren)

Option 2 \$20,000 Employee / \$10,000 Spouse / \$2,000 Child(ren)

Dependent children eligible on the 15th day

Benefit ~~not available~~ after age 65



| | Option 1 | Option 2 |
|-------------------|----------|----------|
| Employee Only | \$375 | \$7.50 |
| Employee + Family | \$638 | \$1200 |

**Term Life is underwritten by AXIS Global Accident and Health Insurance Company*

TELEMEDICINE

Available now for only
\$19.95 per month per
employee...

Great add on to a
current medical plan
or with NO plan!

Call today to get set up!
208.762.7590



TALK TO A DOCTOR ANYTIME, ANYWHERE!

We're here for you rain or shine. Our network of licensed doctors are standing by 24x7 to help you with the press of a button. They can diagnose, treat, and often prescribe for an array of medical issues right over the phone, even from the comfort of your couch... a little thing we like to call COUCH CARE!

Download the app and take charge today!



Choose the plan that is right for you



- **Plan 4/ PPO**

(can go to any dentist but cost higher out of network)

\$2,000 annual max

Class A-100%, Class B-80%, Class C-50%

| | |
|---------------|----------|
| EE only | \$35.00 |
| EE/Spouse | \$65.00 |
| EE/Child(ren) | \$80.00 |
| EE/Family | \$120.00 |

Coverage is available for your spouse and dependent children

- **Plan 5/ PPO**

(can go to any dentist - no out of network)

\$1,500 annual max

Class A-100%, Class B-80%, Class C-50%

| | |
|---------------|----------|
| EE only | \$50.00 |
| EE/Spouse | \$95.00 |
| EE/Child(ren) | \$120.00 |
| EE/Family | \$180.00 |

Rollover Benefit-

Rollover unused portions of annual maximum benefit to future years. Each member must have one cleaning, one regular exam, and total dental claims paid during the year below the threshold limit.

If all three criteria are met, a portion of the annual maximum will rollover to the next year, increasing the next year's annual maximum.

Dental Insurance Outline of Coverage:

- **\$50 deductible on Class B and C services**
(up to 3 per family)
- **Class C Services: subject to a 12-month waiting period**

Dental insurance provides the same benefit amounts with any dentist you choose and covers a variety of dental procedures from routine cleanings to more advanced procedures.

Search our networks, access your ID card, manage benefits, view claims and more.

www.alwaysassist.com

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your Colonial Life benefits counselor for complete details.

Insurance products are underwritten by Colonial Life & Accident Insurance Company. ©2019 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



Colonial Life Dental – Next Step

Once enrolled in the **Colonial Life Dental** plan, go to www.alwaysassist.com and register. You can use any member's social security number to register.



For Members:

Find all the information you need to manage your coverage.

Member Registration

First time user? Members can register for AlwaysAssist here:

<https://alwaysassist.com/member/Register>

Once in the system, you can print your cards, look up providers, print claim forms, follow your claims, etc. There is also a mobile version to download. Please let us know if you need any further information.

Vision Plan



Your VSP Vision Benefits Summary

Why enroll in a VSP Vision Care Plan? We'll help keep you and your eyes healthy. Plus, you'll get great value on your eyecare and eyewear.

You'll Like what you see with VSP.

Value and Savings. You'll get great benefits on your exam and eyewear at an affordable price.

Personalized Care. You'll get quality care that focuses on your eyes and overall wellness with a WellVision Exam from a VSP doctor. They'll look for vision problems and signs of other health conditions. When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus you'll be 100% happy with your eyecare and eyewear from a VSP doctor or we'll make it right.

Eyewear. Choose the eyewear that's right for you and your budget. From classic styles to the latest designer fashions, you'll find hundreds of options for you and your family.

Choice of Providers. With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit vsp.com or call **800.877.7195**.

Enroll today. You'll be glad you did.

Once your plan is effective, register on vsp.com to view a complete description of your benefits. To use your vision coverage, simply tell your eyecare provider that you have VSP. No ID card is necessary.

Contact us. vsp.com | **800.877.7195**

Sambeding, LLC and VSP provide you with an affordable eyecare plan. Sign up for VSP today.

Important Dates

Open Enrollment.....60 days following the first of month of date of hire

Doctor Network.....VSP Signature

Your Coverage with a VSP Doctor

WellVision Exam® focuses on your eye health and overall wellness

- \$20.00 copay.....**every 12 months**

Prescription Glasses

- \$20.00 copay

Lenses.....every 12 months

- Single vision, lined bifocal, and lined trifocal lenses
- Polycarbonate lenses for dependent children

Frame.....every 24 months

- \$130.00 allowance for a wide selection of frames
- 20% off the amount over your allowance

~OR~

Contact Lens Care

- **No copay.....every 12 months**

\$130.00 allowance for contacts and the contact lens exam (fitting and evaluation). If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.

Extra Discounts and Savings

Glasses and Sunglasses

- Average 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

Your Contribution

Employee Only..... \$10.00

Employee + One Dependent..... \$16.00

Employee + Children..... \$17.00

Employee + Family..... \$26.00

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam..... Up to \$50.00

Single vision lenses..... Up to \$50.00

Lined bifocal lenses..... Up to \$75.00

Lined trifocal lenses..... Up to \$100.00

Frame..... Up to \$70.00

Contacts..... Up to \$105.00

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Critical Care Transport Service

Life Flight



Membership

In an emergency, the last thing you want to think about is the bill. With the Life Flight Network membership program, you'll not only have the assurance that you and your family will receive quality critical care transport, you'll have peace of mind knowing your transport will not create extra financial hardship.

Benefits of Membership

Critical care transport of any kind is expensive, and air transport is no exception. An average flight can cost thousands of dollars, which may not be covered in full by your health insurance plan. With our Membership Program, you won't have to worry about financial hardship should you ever require our transport services. Membership benefits include:

- Coverage for you, your spouse or domestic partner and family members eligible to be claimed for income tax purposes.
- Life Flight will bill your insurance company directly so you won't incur out-of-pocket expenses.
- An ever-extending service area. Thanks to reciprocal agreements with several regional air medical transport providers, your Life Flight membership will be honored by similar programs, extending to parts of Washington, Idaho, Oregon, Montana, Nevada, and California should you need to be flown.
- \$75.00 for One year for you and family due and payable in full month prior to effective date.
- Employees that may already have the membership can also benefit from the group discount; I can prorate their existing membership from *their* expiration date to when the group would be renewing.
- Provides additional value for employees and volunteers with discounted group rate.
- Life Flight Network Memberships are honored by several regional air transport reciprocal partners. Your Life Flight Membership covers air transport when emergently transported in a Life Flight Network aircraft. Reciprocity between regional air membership programs is subject to the reciprocating program's rules.

There. When you need us. www.lifeflight.org

Medical Option - Everyday Wellness

EVERYDAYWellness - Direct Care Plan

\$50/Month Adult

\$20/Month Child (0-17)

NO COPAY

Not Insurance - No Deductible / No Pre-existing Conditions



Heritage Health

| BENEFIT SUMMARY | |
|------------------------------|---|
| Annual Maximum Benefit | 15 Office Visits (Blood Draws, Nutrition Logs, MA visits not counted) |
| Services Available | Medical / Behavioral Health Wellness Care Routine Medical Care Chronic Disease management Urgent Care |
| Membership Extras (flat fee) | Dental Cleaning/X-Ray = \$100 (+15% discount restorative care) Counseling = \$50 per visit In-House Labs = \$15 ea |
| Plan Limitations | Membership Pricing Discount for External Lab/Imaging Limited to care provided onsite (no hospital, hospice, vision, etc) Some Surgical Procedures Not Available Members assumes costs of care outside of this plan |

Understanding Your Benefits

Your Plan features **monthly membership costs**. Each office visit does not generate a copay. This plan is like a gym club membership where you enjoy the services you want, when you want. You may be seen up to 15 times in a calendar year without any copay/visit fee. In addition, any laboratory tests performed at Heritage health you only pay the at-cost price of in-house labs (\$15). Any costs related to your care incurred outside of Heritage Health are yours alone; although, we do have discount pricing for Plan Members for imaging and labs/pathology.

Important Information Regarding Your Care: Benefits will be covered if services are with in-network providers, there is no interruption of monthly membership subscription, your organization is a payroll client of Samedino, Inc., and to qualify for pathology labs or imaging with 3rd party organizations your account must be in good standing. You may include in your account members of your family (traditional / untraditional) providing they reside with you in the same domicile. You, as an employee of a Samedino, Inc. client, need not enroll yourself in order to enroll family members; although, a child may not be enrolled in the Plan without an adult subscription (spouse and child(ren) and not employee permissible). For a list of services covered under this benefit, please visit www.dhcidaho.org.

General Exclusions

EVERYDAYWellness will not provide any of the following conditions, treatments, services, supplies or accommodations, including any direct complications or consequences that arise from them. The following list of exclusions is not comprehensive, and some may not be listed: Surgical procedures such as vasectomies or circumcisions; Hospital Care; Specialist Care; Immunizations not already covered; Home Health Care; Chronic Pain Management; External Lab and Imaging; Vision; Hearing; Hospice; Physical Therapy not already covered; Outpatient Diagnostic Procedures; Dialysis; Emergency Services not already covered; Obstetrics; Maternity Care; Counseling not already covered; Durable Medical Equipment; or, Dental Care not already covered.

Medical Option - Everyday Wellness

EVERYDAYWellness - Direct Care Plan

\$50/Month Adult

\$20/Month Child (0-17)

NO COPAY

Not Insurance - No Deductible / No Pre-existing Conditions



Heritage Health

| Covered Medical Services | Lab Fees | Member Responsibility |
|--|--|-----------------------|
| Office Visit | n/a | \$0 |
| Wellness Planning / Visits / Prevention | n/a | \$0 |
| In-House Labs (CMP, BMP, Lipids, Glucose) | \$15 | \$15 |
| Annual Visit / Routine Care | n/a | \$0 |
| PAML Labs (Labs ordered but not in-house) | Membership Discount (varies depending upon lab. Approx. 20% off retail) | Full (varies) |
| Well Woman Exam | \$10 (external lab) | \$10 |
| Chronic Disease Visit (diabetes, hypertension) | (varies) | \$0 for Visit |
| Minor Emergencies (sprains, cuts, etc) | n/a | \$0 |

General Terms and Conditions:

EVERYDAYWellness is a Direct Care Plan, and not insurance. Similar to a gym club membership, you come in when you want for the services you want.

Your membership provides you access to medical, dental, counseling and behavioral health services, but it does have its limits. You are limited to 15 visits with a medical provider annually, which does not include blood draws, weight checks and health accountability visits with medical assistants or case managers. Services not offered at Heritage Health are not covered under this plan; although, we have great Discount Pricing for members.

Patients with Medicare, Medicaid or other public insurance programs are not eligible for EVERYDAY Wellness.

EVERYDAY Wellness services will not be billed to insurances and will not be applied to standard deductibles for traditional insurance plans or high deductible health plans or health savings accounts. Members are responsible for all incidental fees associated with their healthcare provided at other facilities and locations and by other health care professionals not employed by Heritage Health. Heritage Health will not make payments to any other healthcare provider on a member's behalf. Members assume responsibility for the cost of their healthcare above and beyond the scope of the information provided at the time of enrollment.

EVERYDAYWellness is not an insurance plan. Members are responsible for any and all fees incurred outside of the scope of services listed including, but not limited to, outside lab fees, hospital care, specialty care, prescriptions, surgical procedures, dialysis, or hospice, hearing, home health care. Members can expect quick and easy access to medical providers with an extended initial visit, ongoing follow ups for your wellness care, routine care, annual physicals, acute issues such as allergies or infections, or some minor procedures. This plan offers direct care for common health needs. There are really no more excuses.

MEDICAL OPTION

AFLAC GROUP ACCIDENT ADVANTAGE PLUS

It adds up to better benefits.

Accidents are, by nature, unplanned—but that doesn't mean you can't help your employees prepare for them. Adding accident insurance to your current benefits offering gives employees additional financial protection by paying cash benefits when they have an accidental injury.

Group Accident Advantage Plus, the latest group accident insurance offering from Aflac, was designed with you and your employees in mind.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. Group Accident Advantage Plus is just another innovative way to help make sure you and your employees are well protected under our wing.



Consider the additional financial security group accident insurance from Aflac can provide your employees.

Flexible Plan Choices:

- Two plan options—High or Low.
- Two coverage options—24-hour or Non-Occupational.
- HSA-compatible option.
- Employee, spouse, and dependent children coverage options.

Guaranteed Issue Underwriting:

- Based on home office residency (situs) state.
- Coverage effective date is the same as the billing effective date.

More Than 50 Benefits* Including:

- Hospital Admission.
- Hospital Confinement.
- Ambulance.
- Emergency Room Treatment.

Group accident insurance from Aflac offers benefits that help pay for many of the costs—medical and nonmedical—associated with accidental injuries regardless of any other insurance the employee may have.

Group Accident Advantage Plus insurance gives you the choices you want to round out your benefits program with an accident plan that suits your needs.



Group Accident Advantage Plus - Plan Benefits

(Benefit provisions may vary by situs state)

| Initial Accident Treatment Category - Base Plan - Mid | | | | Employee | Spouse | Child |
|--|----------------|---------|---------|------------------|----------|----------|
| Initial Treatment - once per accident, within 7 days of the accident | | | | | | |
| ER/Urgent Care | | | | \$150 | \$150 | \$150 |
| ER/Urgent Care with X-Ray | | | | \$200 | \$200 | \$200 |
| Doctor's Office | | | | \$75 | \$75 | \$75 |
| Doctor's Office with X-Ray | | | | \$100 | \$100 | \$100 |
| Ambulance - once per day, within 90 days of the accident | | | | | | |
| Maximum number of payments per covered accident: No Maximum | | | | | | |
| Ground | | | | \$300 | \$300 | \$300 |
| Air | | | | \$900 | \$900 | \$900 |
| Major Diagnostic Testing - within six months of the accident | | | | \$150 | \$150 | \$150 |
| Maximum number of diagnostic tests per covered accident: 1 | | | | | | |
| Emergency Room Observation - within 7 days of the accident | | | | | | |
| Maximum number of 24-hour periods of observation per covered accident: No Maximum | | | | | | |
| Short Observation Period (4-24 Hours) | | | | \$35 | \$35 | \$35 |
| Long Observation Period (24+ Hours) | | | | \$70 | \$70 | \$70 |
| Prescriptions - within six months of the accident | | | | \$5 | \$5 | \$5 |
| Maximum number of filled prescriptions per covered accident: 2 | | | | | | |
| Pain Management - within six months of the accident | | | | \$75 | \$75 | \$75 |
| Maximum number of payments per covered accident: 1 | | | | | | |
| Blood/Plasma/Platelets - within six months of the accident | | | | \$200 | \$200 | \$200 |
| Maximum number of days per covered accident: 3 | | | | | | |
| Concussion - once per accident, within six months of the accident | | | | \$350 | \$350 | \$350 |
| Traumatic Brain Injury - once per accident, within six months of the accident | | | | \$3,500 | \$3,500 | \$3,500 |
| Coma - once per accident | | | | | | |
| We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident | | | | \$7,500 | \$7,500 | \$7,500 |
| Burns - once per accident, within six months of the accident | | | | | | |
| <u>Second Degree Burns</u> | | | | | | |
| Less than 10% | | | | \$75 | \$75 | \$75 |
| At least 10%, but less than 25% | | | | \$150 | \$150 | \$150 |
| At least 25%, but less than 35% | | | | \$375 | \$375 | \$375 |
| 35% or more | | | | \$750 | \$750 | \$750 |
| <u>Third Degree Burns</u> | | | | | | |
| Less than 10% | | | | \$750 | \$750 | \$750 |
| At least 10%, but less than 25% | | | | \$3,750 | \$3,750 | \$3,750 |
| At least 25%, but less than 35% | | | | \$7,500 | \$7,500 | \$7,500 |
| 35% or more | | | | \$15,000 | \$15,000 | \$15,000 |
| Emergency Dental Work - once per accident, within six months of the accident | | | | | | |
| Repair with Crown | | | | \$120 | \$120 | \$120 |
| Extraction | | | | \$30 | \$30 | \$30 |
| Eye Injury - removal of a foreign body | | | | \$175 | \$175 | \$175 |
| Dislocations - once per accident, within 90 days of the accident | | | | | | |
| Dislocation Schedule | Open Reduction | | | Closed Reduction | | |
| | Employee | Spouse | Child | Employee | Spouse | Child |
| Hip | \$4,000 | \$4,000 | \$4,000 | \$2,000 | \$2,000 | \$2,000 |
| Knee | \$2,600 | \$2,600 | \$2,600 | \$1,300 | \$1,300 | \$1,300 |
| Shoulder | \$2,000 | \$2,000 | \$2,000 | \$1,000 | \$1,000 | \$1,000 |
| Foot/Ankle | \$1,600 | \$1,600 | \$1,600 | \$800 | \$800 | \$800 |
| Hand | \$1,400 | \$1,400 | \$1,400 | \$700 | \$700 | \$700 |
| Lower Jaw | \$1,200 | \$1,200 | \$1,200 | \$600 | \$600 | \$600 |
| Wrist | \$1,000 | \$1,000 | \$1,000 | \$500 | \$500 | \$500 |
| Elbow | \$800 | \$800 | \$800 | \$400 | \$400 | \$400 |
| Finger/Toe | \$320 | \$320 | \$320 | \$160 | \$160 | \$160 |
| Lacerations - once per accident, within 7 days of the accident | | | | | | |
| <u>Lacerations requiring stitches</u> | | | | | | |
| Under 5 centimeters | | | | \$75 | \$75 | \$75 |
| 5 to 15 centimeters | | | | \$300 | \$300 | \$300 |
| Over 15 centimeters | | | | \$600 | \$600 | \$600 |
| <u>Lacerations not requiring stitches</u> | | | | \$37.50 | \$37.50 | \$37.50 |

Fracture - once per covered accident, within 90 days of the accident

| Fracture Schedule | Open Reduction | | | Closed Reduction | | |
|-----------------------------|----------------|---------|---------|------------------|---------|---------|
| | Employee | Spouse | Child | Employee | Spouse | Child |
| Hip/Thigh | \$6,000 | \$6,000 | \$6,000 | \$3,000 | \$3,000 | \$3,000 |
| Vertebrae/Sternum | \$5,400 | \$5,400 | \$5,400 | \$2,700 | \$2,700 | \$2,700 |
| Pelvis | \$4,800 | \$4,800 | \$4,800 | \$2,400 | \$2,400 | \$2,400 |
| Skull (Depressed) | \$4,500 | \$4,500 | \$4,500 | \$2,250 | \$2,250 | \$2,250 |
| Leg | \$3,600 | \$3,600 | \$3,600 | \$1,800 | \$1,800 | \$1,800 |
| Forearm/Hand/Wrist | \$3,000 | \$3,000 | \$3,000 | \$1,500 | \$1,500 | \$1,500 |
| Foot/Ankle/Kneecap | \$3,000 | \$3,000 | \$3,000 | \$1,500 | \$1,500 | \$1,500 |
| Shoulder Blade/Collar Bone | \$2,400 | \$2,400 | \$2,400 | \$1,200 | \$1,200 | \$1,200 |
| Lower Jaw | \$2,400 | \$2,400 | \$2,400 | \$1,200 | \$1,200 | \$1,200 |
| Skull (Simple) | \$2,100 | \$2,100 | \$2,100 | \$1,050 | \$1,050 | \$1,050 |
| Upper Arm/Upper Jaw | \$2,100 | \$2,100 | \$2,100 | \$1,050 | \$1,050 | \$1,050 |
| Facial Bones (except teeth) | \$1,800 | \$1,800 | \$1,800 | \$900 | \$900 | \$900 |
| Vertebral Processes/Sacrum | \$1,200 | \$1,200 | \$1,200 | \$600 | \$600 | \$600 |
| Coccyx/Rib/Finger/Toe | \$480 | \$480 | \$480 | \$240 | \$240 | \$240 |

Outpatient Surgery and Anesthesia (per day) - within one year of the accident

Performed in a Hospital or Ambulatory Surgical Center

\$300

\$300

\$300

Maximum number of payments per covered accident: No Maximum

Performed in a Doctor's Office, Urgent Care Facility or Emergency Room

\$35

\$35

\$35

Maximum number of payments per covered accident: 2

Facilities Fee for Outpatient Surgery - within one year of the accident

Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).

\$75

\$75

\$75

Inpatient Surgery and Anesthesia (per day) - within one year of the accident

Maximum number of payments per covered accident: No Maximum

\$750

\$750

\$750

Transportation - within six months of the accident

Maximum number of payments per covered accident: 3

Minimum Required Distance (miles): 100

Plane

\$350

\$350

\$350

Any ground transportation

\$150

\$150

\$150

(Surgical procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.)

| Hospitalization Category - Mid | Employee | Spouse | Child |
|--|----------|--------|-------|
| Hospital Admission (per confinement) - once per accident, within six months of the accident | \$900 | \$900 | \$900 |
| Maximum number of admissions per covered accident: 1 | | | |
| Hospital Confinement (per day) - within 6 months of the accident | \$225 | \$225 | \$225 |
| Maximum days of confinement per covered accident: 365 | | | |
| Hospital Intensive Care (per day) - within 6 months of the accident | \$300 | \$300 | \$300 |
| Maximum days of confinement per covered accident: 30 | | | |
| Intermediate Intensive Care Step-Down Unit (per day) - within six months of the accident | \$150 | \$150 | \$150 |
| Maximum days of confinement per covered accident: 30 | | | |
| Family Member Lodging (per day) - within six months of the accident | \$150 | \$150 | \$150 |
| Maximum days of lodging per covered accident: 30 | | | |
| Minimum Required Distance (miles): 100 | | | |

| After Care Category - Mid | Employee | Spouse | Child |
|--|----------|--------|-------|
| Appliances - within six months of the accident Maximum number of appliances per covered accident: No Maximum | | | |
| Cane | \$30 | \$30 | \$30 |
| Ankle Brace | \$30 | \$30 | \$30 |
| Walking Boot | \$75 | \$75 | \$75 |
| Walker | \$75 | \$75 | \$75 |
| Crutches | \$75 | \$75 | \$75 |
| Leg Brace | \$75 | \$75 | \$75 |
| Cervical Collar | \$75 | \$75 | \$75 |
| Wheelchair | \$300 | \$300 | \$300 |
| Knee Scooter | \$300 | \$300 | \$300 |
| Body Jacket | \$300 | \$300 | \$300 |
| Back Brace | \$300 | \$300 | \$300 |
| Accident Follow-Up Treatment - within 6 months of the accident Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 6 | \$35 | \$35 | \$35 |
| Post Traumatic Stress Disorder (PTSD) - once per accident, within 6 months of the accident | \$150 | \$150 | \$150 |
| Rehabilitation Unit (per day) Maximum number of days per confinement: 31 No more than 62 days total per calendar year for each insured | \$75 | \$75 | \$75 |
| Therapy - beginning within 90 days of the accident Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 10 | \$35 | \$35 | \$35 |
| Chiropractic or Alternative Therapy - beginning within 90 days of the accident Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 6 | \$25 | \$25 | \$25 |

| Life Changing Events Category - Mid | Employee | Spouse | Child |
|---|----------|---------|---------|
| Dismemberment - once per accident, within six months of the accident | | | |
| Single Loss | \$8,750 | \$3,750 | \$1,750 |
| Double Loss | \$17,500 | \$7,500 | \$3,500 |
| Loss of one or more fingers or toes | \$875 | \$375 | \$175 |
| Partial Dismemberment (includes at least one joint of a finger or toe) | \$87.50 | \$87.50 | \$87.50 |
| Paralysis - once per accident, diagnosed by a doctor within six months of the accident | | | |
| Paraplegia | \$3,500 | \$3,500 | \$3,500 |
| Quadriplegia | \$7,500 | \$7,500 | \$7,500 |
| Prosthesis - once per accident Maximum number of prosthetic devices per covered accident: 2 | \$2,000 | \$2,000 | \$2,000 |
| Prosthesis Repair/Replacement - once per prosthetic device, within three years of initial Prosthesis payment | \$2,000 | \$2,000 | \$2,000 |
| Residence/Vehicle Modification - once per accident, within one year of the accident | \$1,500 | \$1,500 | \$1,500 |

| Wellness Rider - Mid | Employee | Spouse | Child |
|---|----------|--------|-------|
| Amount paid will be based on the certificate year in which the wellness test was performed: Maximum number of payments per calendar year, per insured: 1 | | | |
| Year 1 - Once per calendar year | \$25 | \$25 | \$25 |
| Year 2 - Once per calendar year | \$50 | \$50 | \$50 |
| Year 3 - Once per calendar year | \$50 | \$50 | \$50 |
| Year 4 - Once per calendar year | \$50 | \$50 | \$50 |
| Year 5 - Once per calendar year | \$75 | \$75 | \$75 |
| Year 6+ - Once per calendar year | \$75 | \$75 | \$75 |

Please request a sample policy for full benefit provisions and descriptions.

Premium Rates

| Monthly Premiums | |
|-------------------------|---------|
| Coverage | Premium |
| Employee | \$13.09 |
| Employee and Spouse | \$22.75 |
| Employee and Child(ren) | \$31.42 |
| Family | \$41.08 |

AFLAC

GROUP CRITICAL ILLNESS ADVANTAGE INSURANCE

When employees recover, help make sure their finances do, too.

A critical illness doesn't just take a toll on an employee's health; it can have an impact on their finances as well. But with **Aflac Group Critical Illness Advantage Insurance**, you can help your clients protect their employees' financial stability -- at no direct cost to their company.

Critical Illness protection designed with their business in mind.

Aflac understands that your clients want to help protect their employees, attract and retain talent, and keep an eye on the bottom line. By offering Group Critical Illness Insurance, you can help them do it all by delivering powerful protection from a name businesses have trusted for 60 years. **Aflac Group Critical Illness Advantage** pays a lump sum cash benefit to help cover the costs of a covered critical illness, such as heart attack or stroke.

Deliver standout protection. Differentiate your business.

With Aflac Group Critical Illness Advantage, you can help your clients make sure that if an employee's health takes a turn for the worse, their financial health doesn't.

Face Amounts:

- Employee: up to \$20,000
- Spouse: up to \$10,000
- In order to apply for spouse coverage, the employee must also apply
- Dependent Children: 50% of primary insured benefit at no additional charge

Features Include:

- Guaranteed-issue based on participation requirements
- Spouse coverage will be issued even if employee is declined
- No benefit reduction at Age 70
- No pre-existing conditions limitation
- No waiting period

Benefits Include:

- Lump-sum benefits for:
 - Internal/Invasive Cancer (employer choice)
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant
 - Sudden Cardiac Arrest
- Non-invasive Cancer (pays at 25%.)
- Coronary Artery Bypass Surgery (pays at 25%.)
- Health Screening Benefit (employer choice)
- Additional Diagnosis and Re-occurrence Diagnosis
- Waiver of Premium Benefit

Optional Benefits Include:

- Heart Event Rider: Specified Surgeries of the Heart & Invasive Heart Procedures/Techniques

You can help your clients protect their employees while growing your business with portfolio-boosting products like **Aflac Group Critical Illness Advantage**.

Contact your Aflac Broker Sales Professional today for a proposal and rates.



aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company.

Continental American Insurance Company Columbia, South Carolina

This is a brief product overview only. Products and benefits vary by state and may not be available in some states. Plan design and optional benefits are selected at the employer level. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

Group Critical Illness Advantage Insurance - Plan Benefits

(Benefit provisions may vary by situs state)

| Base Benefits | |
|---|-------------------------|
| Heart Attack (Myocardial Infarction) | 100% |
| Stroke (Ischemic or Hemorrhagic) | 100% |
| Major Organ Transplant | 100% |
| Kidney Failure (End-Stage Renal Failure) | 100% |
| Bone Marrow Transplant (Stem Cell Transplant) | 100% |
| Sudden Cardiac Arrest | 100% |
| Coronary Artery Bypass Surgery | 25% |
| Cancer Benefits | |
| Cancer (Internal or Invasive) | 100% |
| Non-Invasive Cancer | 25% |
| Skin Cancer | \$250 per calendar year |
| Health Screening Benefit | |
| Health Screening (payable for employee and spouse only) | \$50 per calendar year |
| Additional Benefits | |
| Coma | 100% |
| Severe Burns | 100% |
| Paralysis | 100% |
| Loss of Sight | 100% |
| Loss of Speech | 100% |
| Loss of Hearing | 100% |
| Heart Event Rider | |
| Category I* - Specified Surgeries of the Heart: Additional Coronary Artery Bypass Surgery Benefit (When this benefit is added to the partial benefit in the certificate, the result is a 100% benefit for coronary artery bypass surgery.) | 75% |
| Category I* - Specified Surgeries of the Heart: Mitral Valve Replacement or Repair, Aortic Valve Replacement or Repair, Surgical Treatment of Abdominal Aortic Aneurysm | 25% |
| Category 2* - Invasive Procedures and Techniques of the Heart: AngioJet Clot Busting, Balloon Angioplasty (or Balloon valvuloplasty), Laser Angioplasty, Atherectomy, Stent Implantation, Cardiac Catheterization, Automatic Implantable (or Internal) Cardioverter Defibrillator, Pacemakers | 100% |
| *Benefits from each category are payable once per calendar year, per insured. If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown. | |
| Progressive Diseases Rider | |
| Amyotrophic Lateral Sclerosis (ALS) | 100% |
| Multiple Sclerosis (MS) | 100% |

Please request a sample policy for full benefit provisions and descriptions.

Sambedino Inc - Monthly (12pp/yr) Rates

| UNITOBACCO - Employee | | | | | | | | | | |
|-----------------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Issue Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
| 18-29 | \$3.76 | \$5.99 | \$8.23 | \$10.47 | \$12.71 | \$14.94 | \$17.18 | \$19.42 | \$21.65 | \$23.89 |
| 30-39 | \$5.33 | \$9.15 | \$12.96 | \$16.77 | \$20.58 | \$24.40 | \$28.21 | \$32.02 | \$35.84 | \$39.65 |
| 40-49 | \$9.01 | \$16.49 | \$23.98 | \$31.46 | \$38.95 | \$46.43 | \$53.92 | \$61.41 | \$68.89 | \$76.38 |
| 50-59 | \$16.27 | \$31.02 | \$45.76 | \$60.51 | \$75.26 | \$90.01 | \$104.75 | \$119.50 | \$134.25 | \$149.00 |
| 60+ | \$29.55 | \$57.58 | \$85.61 | \$113.64 | \$141.67 | \$169.70 | \$197.73 | \$225.76 | \$253.79 | \$281.82 |

| UNITOBACCO - Spouse | | | | | | | | | |
|---------------------|---------|---------|----------|----------|----------|----------|----------|----------|----------|
| Issue Age | \$5,000 | \$7,500 | \$10,000 | \$12,500 | \$15,000 | \$17,500 | \$20,000 | \$22,500 | \$25,000 |
| 18-29 | \$3.76 | \$4.88 | \$5.99 | \$7.11 | \$8.23 | \$9.35 | \$10.47 | \$11.59 | \$12.71 |
| 30-39 | \$5.33 | \$7.24 | \$9.15 | \$11.05 | \$12.96 | \$14.87 | \$16.77 | \$18.68 | \$20.58 |
| 40-49 | \$9.01 | \$12.75 | \$16.49 | \$20.23 | \$23.98 | \$27.72 | \$31.46 | \$35.21 | \$38.95 |
| 50-59 | \$16.27 | \$23.64 | \$31.02 | \$38.39 | \$45.76 | \$53.14 | \$60.51 | \$67.88 | \$75.26 |
| 60+ | \$29.55 | \$43.56 | \$57.58 | \$71.59 | \$85.61 | \$99.62 | \$113.64 | \$127.65 | \$141.67 |

AFLAC GROUP HOSPITAL INDEMNITY

Policy Form C80100ID



The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

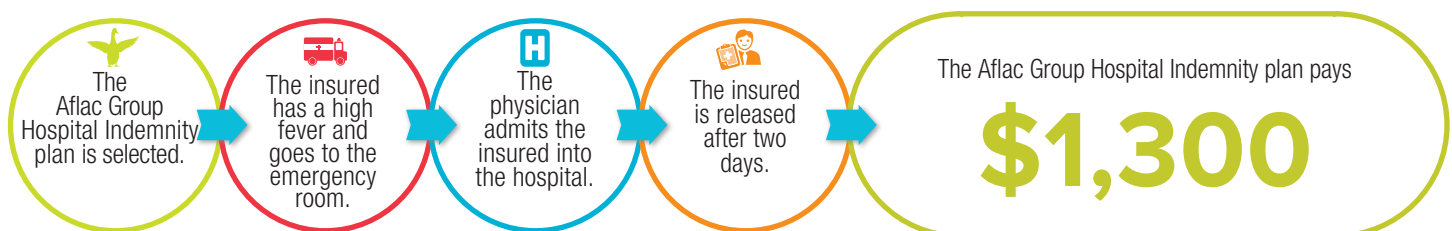
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000), and Hospital Confinement (\$150 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Group Hospital Coverage

When you're hospitalized for an injury or sickness, there will probably be medical expenses and out-of-pocket costs that are not covered by your major medical insurance. Aflac's group supplemental hospital insurance coverage provides cash benefits (unless otherwise assigned), to use as you see fit. The benefits are predetermined and paid regardless of any other insurance you have.



Some Aflac advantages:

- Pays benefits hospital admission and confinement.
- Helps enhance and supplement any medical plan.
- Provides out-of-pocket protection for hospital stays

Plan Benefits

(Benefit provisions may vary by situs state)

Hospitalization Benefits - Mid

| | |
|---|----------------|
| Hospital Admission (per confinement) Once per covered sickness or accident per calendar year | \$1,000 |
| Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident | \$150 |
| Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident | \$150 |
| Intermediate Intensive Care Step-Down Unit (per day) Maximum confinement period: 10 days per covered sickness or covered accident | \$75 |

Treatment Benefits - Mid

| | |
|---|--------------|
| Emergency Room Observation Maximum: 5 visits per calendar year | |
| Short Observation (4-24 Hours) | \$50 |
| Long Observation (24+ Hours) | \$100 |
| Telemedicine Services (per day) Maximum: 6 visits per calendar year | \$15 |
| Outpatient Doctor's Office Visit (per day) Maximum: 6 visits per calendar year | \$25 |
| Chiropractor Visit (per day) Maximum: 4 visits per calendar year | \$20 |
| Hospital Emergency Room Visit (per day) Maximum: 5 visits per calendar year | \$100 |
| Rehabilitation Facility (per day) Maximum: 15 days per confinement | \$75 |
| Major Diagnostic Exams Once per covered sickness or accident per calendar year | \$150 |
| Out of Hospital Prescription Drug Maximum: Up to 5 per day. \$100 per calendar year | \$20 |

Surgical Benefits - Mid

| | |
|---|--------------|
| Inpatient Surgery and Anesthesia (per day) Performed while insured is confined to a hospital as an inpatient. No Maximum | \$500 |
| Outpatient Surgery and Anesthesia (per day) Performed in hospital or ambulatory surgical center. No Maximum | \$250 |
| Facilities Fee for Outpatient Surgery (per day) Surgery performed in hospital or ambulatory surgical center. No Maximum Payable once per each eligible Outpatient Surgery and Anesthesia Benefit | \$75 |
| Doctor's Office Surgery (per day) Performed in a doctor's office, urgent care facility or ER. (Maximum: 4 per calendar year) | \$50 |

Premium Rates

Monthly Premiums

| Coverage | Premium |
|-------------------------|----------|
| Employee | \$50.52 |
| Employee and Spouse | \$97.90 |
| Employee and Child(ren) | \$81.02 |
| Family | \$128.40 |

AFLAC GROUP TERM LIFE INSURANCE

Policy Series CAI9100R



Peace of mind for your family that's affordable, not daunting.

Making sure you've done all you can to protect your family's way of life and to secure their future may seem like a tall order.

That's where Aflac group Term Life insurance comes in.

With the flexibility to meet a variety of personal needs, you can choose the benefit and premium amounts that fit your paycheck as well as your lifestyle. So if something were to happen to you, your loved ones will have cash benefits that can help with:

- Burial and funeral expenses.
- Out-of-pocket medical costs, current bills, and debts.
- Income replacement and education plans.
- Emergency funds and retirement expenses.

What you need, when you need it.

Group term life insurance pays cash benefits that you can use any way you see fit.



Here's why the Aflac group Term Life plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. Our group Term Life plan is just another innovative way to help make sure you're well protected under our wing.

But it doesn't stop there. Group Term Life insurance from Aflac means that you could have added financial resources to help with ongoing living expenses as well.

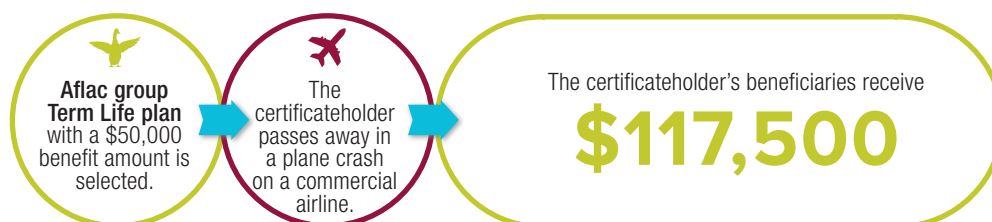
The Aflac group Term Life plan benefits:

- Coverage available for _____-year planned level premium term(s).
- Qualified-issue coverage amounts:
 - Employee up to \$100,000.
 - Spouse up to \$50,000 (not to exceed employee's coverage).
 - Child up to \$25,000 (not to exceed employee's coverage).
- Waiver of Premium (employee only) — Prior to attained age 60, waives all plan premium after you are totally disabled for more than six consecutive months.

Features:

- Benefits are paid directly to your named beneficiary.
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Premiums are paid through convenient payroll deduction.
- Fast claims payment. Most claims are processed in about four business days.

How it works



Benefit based on death benefit amount of \$50,000, Basic Accidental Death Benefit of \$5,000 and Accidental Death Benefit on a common carrier while wearing a seat belt of \$62,500

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

For more information, ask your insurance agent/producer or call 1.800.433.3036. aflacgroupinsurance.com

LegalShield Plan

| Benefits | Description |
|---|---|
| Unlimited Toll-Free Phone Consultations | Unlimited toll-free phone consultations with your Provider LawFirm for any legal matter-personal or business |
| Phone Calls & Letters on your behalf | One (1) phone call or letter per subject matter One (1) call or letter for up to two (2) business matters per year |
| Contract & Document Review | Unlimited number of documents up to ten (10) pages each Plus one (1) business document up to ten (10) pages per year |
| Health Care Power of Attorney | Medical Power of Attorney preparation for you and your spouse Annual review and update |
| Living Will | Directive to Physician/Living Will preparation for you and your spouse Annual review and update |
| Will Preparation | Will preparation and annual reviews & updates for you and your covered family member |
| Motor Vehicle Services | Moving violation assistance Motor vehicle-related criminal charge assistance Up to 25 hours help with driver's license reinstatement & personal injury/property damage collection assistance of \$2,000 or less |
| Trial Defense Services (Not available in Washington State) | Defense of civil and job-related criminal suits for you and your spouse Up to 75 hours of trial time per year of which 17.5 hours is pre-trial |
| IRS Audit Legal Services (Not available in Washington State) | Up to fifty (50) hours of your Provider LawFirm's time for an IRS audit |
| Discounted Services | 25% discount off your Provider LawFirm's standard hourly rate for any legal matter not otherwise covered |
| Legal Shield | 24 hour access to an attorney if you were about to be detained or arrested, injured in an accident, if the authorities attempted to remove your child from your home or custody or if an officer arrived with a warrant |

| Monthly Contribution |
|----------------------|
| \$15.95 |



Identity Theft Shield Plan

IDENTITY THEFT SHIELD PLAN

| Benefits | Description |
|-------------------------------|--|
| Credit Report | Evaluate your current credit standing with An Up-to-date credit report through Experian at no added cost A personal credit score calculated by an independent scoring service. A detailed analysis of your personal credit score |
| Continuous Credit Monitoring | Suspicious activity will be brought to your attention, providing you with early detection. You'll receive prompt notice if the credit repository is notified by Experian that New accounts have been opened in your name Derogatory notations have been added to your credit report Public records have been added to your report Inquiries have been made against your report A change of address has been requested |
| Identity Restoration | Identity theft can be devastating, and the process of restoring your name can be overwhelming and costly. You need more than "do it yourself" information if it happens to you. |
| Reduce Out-of-Pocket Expenses | A trained expert will take the steps to restore your name and credit for you! |
| Fraud Alert Notification | Fraud alert notifications will be sent on your behalf and applicable followup will be done with affected agencies and institutions, including credit card companies, financial institutions, all three credit repositories, Social Security Administration, Federal Trade Commission, Department of Motor Vehicles, law enforcement personnel, and the U. S. Postal Service. |
| Proactive Searches | Proactive searches of applicable local and national databases will be made on your behalf to look for information you may not be aware of, including criminal activity in your name in your county's records and certain federal watch lists, Department of Motor Vehicle records in your state, unknown addresses affiliated with your name, and banking activity in your name reported as fraudulent. |
| Toll-Free Numbers | Toll-Free number to report any potential discrepancy in your credit report. |
| Coverage | You and your spouse. |
| Services Provided by | Kroll Background America – the world's leading risk consulting company. |

Monthly Contribution

\$12.95 stand alone
\$9.95 if in combination
with Pre-paid legal
Comprehensive Plan

**COBRA - Very Important Notice
Regarding Group Benefit Plans**

If a qualifying event occurs that causes you or your spouse or dependent children to lose coverage under Samedino LLC's group benefit plans, you may have a legal right under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) to purchase a temporary extension of health coverage (herein called continuation coverage) at group rates. This notice is intended to inform you, in a summary fashion, of your rights and obligations under COBRA. Both you and your spouse should take the time to read this Notice. You may have the option of electing continuing coverage if one of the following qualifying events occurs:

- Voluntary or involuntary termination of employment for reasons other than gross misconduct; or
- Voluntary or involuntary reduction of work hours below the level required for participation in the group health plan.

The spouse of an employee or other individual covered by Samedino, Inc.'s group benefit plans can elect continuing coverage if one of the following qualifying events occurs:

- The death of the employee or other covered individual;
- A termination of the employee's employment for reasons other than gross misconduct, or a reduction in the employee's hours of work below the level required for participation in the group health plan;
- A divorce or legal separation from the employee; or
- A retired employee's enrollment in Medicare.

The dependent child of an employee or other individual covered by Samedino, Inc.'s group benefit plans can elect continuing coverage if one of the following qualifying events occurs:

- The death of the parent employee or other covered individual;
- The termination of employment or reduction of work hours of the parent employee;
- The divorce or legal separation of the parents, if this causes the dependent child to lose coverage under PayCheck Connection's group benefit plans;
- The enrollment in Medicare of the retired parent or employee; or
- The child's loss of dependent status due to attainment of the maximum age for coverage under the group health plan.

The employee or other covered individual or family member has the responsibility to inform Samedino Inc. of a divorce, legal separation, or a child's loss of dependent status within 60 days of the qualifying event or the date on which group coverage would be lost because of the event. If you fail to provide the proper notice within 60 days, continuation coverage might not be available.

When a qualifying event occurs, you will receive notice within 14 days of your right to elect continuation coverage at that time. You will have 60 days to decide if you want continuation coverage. If you do not choose continuation coverage, your group benefit coverage will end. If you choose continuation coverage, you will be offered coverage that is identical to the coverage provided to similarly situated active employees and family members. If you had family coverage at the time of the qualifying event, you can elect family coverage or a less broad category of coverage.

Continuation coverage is available for up to 18 months if the qualifying event is the termination or reduction in work hours of the employee. If an employee or family member is disabled under the rules for Social Security disability benefits, the worker and family members are eligible for an additional 11 months of continuation coverage, for a total of 29 months. For other qualifying events, the spouse or

dependent children are eligible for up to 36 months of continuation coverage. Furthermore, the 18-month period for termination or reduced work hours can be extended to 36 months for family members if a second qualifying event-for example, divorce, death, Medicare entitlement-occurs during the 18-month period.

Continuation coverage can be cut short of the full coverage period for any of the following reasons:

- PayCheck Connection no longer provides group benefits to any employees.
- The premium for continuation coverage is not paid in a timely fashion.
- You become covered under another group health plan that does not penalize or subject you to restricted or limited coverage due to a preexisting medical condition.
- You become entitled to Medicare.
- The disabled individual is no longer defined as disabled under Social Security rules during the 11 months of extended continuation coverage.

You do not have to show that you are insurable to choose continuation coverage. However, you have to pay for the coverage and are allowed a 30-day grace period for timely payments.

PLEASE NOTE: The right to continuation coverage on your current medical plan depends on the number of employees at your site-employer. Please contact Client Care prior to a qualifying event to determine if you will have the option of continuing your medical coverage.

If you have any questions about your rights under COBRA, please contact our Client Care Department (877-303-7590, option 1). Please inform PayCheck Connection of any change in marital status or change of address for you or your spouse.

Sambardino, LLC
P.O. Box 1510
Hayden, ID 83835
Phone: 877.303.7590
Fax: 877.303.7591