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2023 EMPLOYEE BENEFITS

January 1, 2023—December 31, 2023

This Guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents, including any disclosures (whether regarding “grandfathering” of plans or others) required by the health reform law, the Patient Protection and Affordable Care Act (PPACA). In the event of conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail. Please contact your Human Resources Department for further information.

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This enrollment guide highlights the benefit plan choices available to eligible employees and their dependents. This enrollment guide serves as a summary of the benefits described in the official summary plan documents for these plans. It does not interpret, extend or change the plan in any way. The benefits that you receive are based upon the plan's official documents, not this guide or any other written or oral statement. If there is a conflict between this guide and the official plan documents, the official plan documents will govern in all cases. The plan sponsor reserves the right at any time to change or terminate these plans.

EMPLOYEE BENEFITS PACKAGE



Growve is pleased to offer you a comprehensive, high-quality benefits package to help you live healthier and manage your healthcare costs. We encourage you to make the most of your benefits by reviewing all the offerings available to you, and by using the tools and resources provided to help you make the best coverage decision for you and your family.

2023 Highlights

- Five Medical options to choose from
- Basic Life and AD&D provided by your employer
- Two Dental options, a Vision plan, Supplemental Life Insurance and Disability Insurance

Eligible Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents on plans that offer dependent coverage. Proof of spouse and/or child eligibility may be required (marriage certificate, birth/adoption certificate, guardianship paperwork, etc.). Eligible dependents include:

- Your legal spouse or domestic partner
- Your natural, adopted or stepchildren up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

Dependent coverage terminates at the end of the calendar year in which the dependent reaches age 26.

Making Changes to Your Benefits

Benefit elections and their related payroll deductions cannot be changed until the next Open Enrollment period unless you, your spouse, or your dependent child(ren)

experience an IRS-defined qualifying life event. You have 31 days from the qualifying life event to make benefit changes. Examples of a qualifying life event include:

- Marriage or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Commencement or termination of adoption proceedings
- Change in spouse's benefits or employment status
- Expiration of COBRA coverage

To report a qualifying life event, contact Human Resources/Benefits. Documentation must be provided.

HEALTH PLAN OPTIONS

Quick Overview of Your Health Plan Options

	Base HSA	Buy-Up HSA	Base Traditional	Mid Traditional	Buy-Up Traditional
Individual Deductible	\$6,000	\$4,000	\$4,000	\$2,000	\$1,000
Family Deductible	\$12,000	\$8,000	\$8,000	\$4,000	\$2,000
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Coinsurance	20%	20%	20%	20%	20%
Individual Out-of-Pocket Maximum	\$7,500	\$5,000	\$8,000	\$4,000	\$3,000
Family Out-of-Pocket Maximum	\$15,000	\$10,000	\$16,000	\$8,000	\$6,000

HSA Qualified Health Plan?

An HSA Qualified Health Plan is an IRS qualified health plan that allows you to have a Health Savings Account (HSA). The high deductible health plan offers lower monthly premiums, and you take the premium savings and invest them into the HSA. While you are responsible for all of your medical expenses, including prescriptions, until your deductible is met, the money saved on premiums is available in your HSA to pay for qualified medical expenses. Once you have met your deductible, the plan will pay 20% of your expenses until you reach your out-of-pocket maximum. If you meet your out-of-pocket maximum, the plan pays 100% of your expenses from that point on for the remainder of the year.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A High-Deductible Health Plan is a health plan that combines a health savings account (HSA) with traditional medical coverage. It provides insurance coverage and a tax-advantaged way to help save for future medical expenses. The HDHP with HSA gives you greater flexibility and discretion over how you use your health care dollars.

Features of the High Deductible Health Plan

High deductible health plans (HDHPs) have lower-premiums and higher deductibles than traditional medical plans, which means you pay less out of your paycheck for premiums and more out-of-pocket at the point of care. With an HDHP, the annual deductible must be met before plan benefits are paid for services other than in-network preventive care services, which are covered at 100%.

HDHPs also protect you against catastrophic out-of-pocket expenses for covered services. Once your annual out-of-pocket expenses for covered services from in-network providers, including deductibles, copayments and coinsurance, reaches the pre-determined out-of-pocket maximum, the plan pays 100% of the allowable amount for the remainder of the calendar year.

Using the HDHP Plan

In-network preventive care services are covered at 100%, which means you do not pay for this type of service (as defined by the plan.) For all other services, you are responsible for paying the full cost of care until you reach your annual deductible. You are then responsible for paying 20% of the cost of care (called coinsurance) until you reach the plan's annual out-of-pocket maximum. Then, United Healthcare pays 100% of the remaining in-network expenses.

Annual Deductible

The annual deductible is the amount you need to spend before insurance payments begin. You pay all health costs until this amount is reached. Your deductible is made up of approved medical, pharmacy and behavioral health claims for you and your covered dependents. The annual deductible resets each calendar year.

Coinsurance Maximum

Once the annual deductible is met, coinsurance begins. Coinsurance means that you pay 20% of the cost of medical services and United Healthcare pays 20% (in-network). The amount of coinsurance that you pay is capped. Your coinsurance maximum is the most you will pay each calendar year for covered benefits after you reach your deductible.

2023 IRS Annual HSA Contribution Limits

Individual:	\$3,850
Family:	\$7,750
Catch-up Contribution:	\$1,000

Out-of-Pocket Maximum

After you have met your coinsurance maximum, which is your deductible plus coinsurance, United Healthcare pays 100% of covered in-network expenses for the calendar year.

Health Savings Accounts

A Health Savings Account (HSA) is a special personal bank account used to pay for out-of-pocket medical expenses including deductibles, coinsurance and copayments. The HSA is a fully employee-owned account. Funds roll over from year to year, unlike a Flexible Spending Account which is subject to IRS "use it or lose it" rules.

HSA Special Features

- You will receive a debit card that you can use to pay for eligible medical expenses including copays, prescriptions and other health care costs.
- You own the account and are permitted to make pre-tax contributions to your HSA through payroll deductions. You can change your contribution amount anytime during the year.
- Any contributions made by your employer count towards your maximum annual contribution limit as set by the IRS.
- Use the money in your HSA to cover qualified medical, dental, vision and prescription expenses right now, in the near future or during retirement. Funds can be used for expenses incurred by your dependents, even if your dependents are covered by another health plan.
- The money in your HSA may only be used for eligible expenses as approved by the IRS. If you use HSA funds on non-qualified expenses, you will be subject to a 20% tax penalty. For a complete list of eligible expenses, please visit www.irs.gov.

We are providing general education information for your convenience. Please contact your qualified tax consultant for HSA information specific to your situation as we are not providing financial or tax advice.

HEALTH PLAN OPTIONS

UMR/United Healthcare	Base HSA	Buy-Up HSA
Plan Features	In-Network	In-Network
Calendar Year Deductible (CYD) <ul style="list-style-type: none"> Individual Family 	\$6,000 \$12,000	\$4,000 \$8,000
Out-of-Pocket Maximum <ul style="list-style-type: none"> Individual Family 	\$7,500 \$15,000	\$5,000 \$10,000
Doctor's Office Visits <ul style="list-style-type: none"> Primary Care Specialist 	20% after deductible	20% after deductible
Preventive Care	100% covered	100% covered
Urgent Care Centers	20% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible
Inpatient Services <ul style="list-style-type: none"> Facility Fee Physician/Surgeon Fee 	20% after deductible	20% after deductible
Outpatient Services <ul style="list-style-type: none"> Facility Fee Physician/Surgeon Fee 	20% after deductible	20% after deductible
Diagnostic Testing <ul style="list-style-type: none"> Independent Labs/X-Rays CT, PET, MRI, MRA 	20% after deductible	20% after deductible
Pharmacy Benefits <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 Mail Order 	\$10 copay after CYD \$30 copay after CYD \$60 copay after CYD \$120 copay after CYD 2.5x copay after CYD	\$10 copay after CYD \$30 copay after CYD \$60 copay after CYD \$120 copay after CYD 2.5x copay after CYD

This summary does not interpret, extend or change the plan in any way. The benefits that you receive are based upon the plan's official documents, not this guide or any other written or oral statement.

HEALTH PLAN OPTIONS

UMR/United Healthcare	Base Traditional	Mid Traditional	Buy-Up Traditional
Plan Features	In-Network	In-Network	In-Network
Calendar Year Deductible			
• Individual	\$4,000	\$2,000	\$1,000
• Family	\$8,000	\$4,000	\$2,000
Out-of-Pocket Maximum			
• Individual	\$8,000	\$4,000	\$3,000
• Family	\$16,000	\$8,000	\$6,000
Doctor's Office Visits			
• Primary Care	\$15 copay	\$15 copay	\$15 copay
• Specialist	\$30 copay	\$30 copay	\$30 copay
Preventive Care	100% covered	100% covered	100% covered
Urgent Care Centers	\$50 copay	\$50 copay	\$50 copay
Emergency Room	\$500 copay	\$500 copay	\$500 copay
Inpatient Services			
• Facility Fee	20% after deductible	20% after deductible	20% after deductible
• Physician/Surgeon Fee			
Outpatient Services			
• Facility Fee	20% after deductible	20% after deductible	20% after deductible
• Physician/Surgeon Fee			
Diagnostic Testing			
• Independent Labs/X-Rays	100% covered	100% covered	100% covered
• CT, PET, MRI, MRA o	20% after deductible	20% after deductible	20% after deductible
Pharmacy Benefits			
• Tier 1	\$10 copay	\$10 copay	\$10 copay
• Tier 2	\$30 copay	\$30 copay	\$30 copay
• Tier 3	\$60 copay	\$60 copay	\$60 copay
• Tier 4	\$120 copay	\$120 copay	\$120 copay
• Mail Order	2.5x copay	2.5x copay	2.5x copay

This summary does not interpret, extend or change the plan in any way. The benefits that you receive are based upon the plan's official documents, not this guide or any other written or oral statement.

PRESCRIPTION DRUG COVERAGE

Coverage for prescription drugs is included in your medical plan coverage. A nationwide network of pharmacies include most retail chains and many independent pharmacies. You pay a copayment or coinsurance when you use an in-network pharmacy. If you use an out-of-network pharmacy, you must pay in full and submit a claim for reimbursement.

Four-Tier Prescription Drug Plan

A four-tier prescription drug program typically splits medications into four categories or tiers. The amount you pay will depend on the category of the medication.

- **Generic:** A generic medication is generally less expensive and has the same active ingredients as a brand name drug. The U.S. Food and Drug Administration (FDA) requires that all drugs be safe and effective.
- **Preferred Brand Name:** Preferred brand-name medications generally have no generic equivalent, and are either more effective than other medications in the same class, or are equally effective but less expensive.
- **Non-Preferred Brand Name:** Non-preferred medications include brand name medications not included in the Preferred tier and all medications in certain categories.
- **Specialty Brand Name:** High-cost injectable, infused, oral or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy.

Home Delivery Mail Order Pharmacy

With mail order prescriptions, you have the convenience of medications that you take on a regular basis being delivered to your home. You can get up to a 90-day supply instead of the normal 30-day supply and decrease your monthly prescription bill. Depending on your plan, you may pay less for that increased supply than for three smaller refills at a retail pharmacy. And best of all, they're delivered right to your door!

Ways to Save on Prescription Medications

Consider pharmacies that offer discounts on generics. Some retail pharmacies and large retailers offer very low prices on select generic drugs—often less than your usual copay—and include commonly prescribed generic medications for several conditions such as asthma, anxiety, high blood pressure and infections (like antibiotics). Please contact pharmacies and retailers directly to learn more about their current program. Keep in mind when you bypass your insurance, money spent on prescriptions won't count towards your deductible or out-of-pocket maximums.

GoodRx.com

Drug prices vary greatly between pharmacies. GoodRx finds the lowest prices and discounts by:

- Collecting and comparing prices for every FDA-approved prescription drug at more than 70,000 U.S. pharmacies
- Finding coupons to use at the pharmacy
- Showing the lowest price at each pharmacy near you

GoodRx will send you a drug savings card that can be used for discounts of up to 20% on most prescription drugs at virtually every U.S. pharmacy. The GoodRx mobile app allows you to get prescription drug prices on-the-go with coupons built into the app. Show your smartphone to the pharmacist to save.

Use GoodRx to save on pet medications too. We love our pets, but they can be expensive. GoodRx brings together prices from major online pet medication retailers, local pharmacies and other resources to find you the lowest prices on all your pet medications. Visit [goodrx.com](https://www.goodrx.com) to learn the terms of their current program.



CHOOSING THE RIGHT HEALTH CARE SETTING

Deciding where to go for quality care isn't always easy. The following guide may help you choose the most effective care, based on your needs.

Clinical Care

If it's not urgent, it's usually best to go to your own doctor's office. Your doctor knows you and your health history. He or she can access your medical records. And he or she can provide follow-up care or refer you to specialists.

Urgent Care

Urgent care centers treat many minor ailments. In most cases, you won't have to wait as long as at the ER. You will pay less too. An urgent care center can help with:

- Sprains and strains
- Minor infections
- Small cuts
- Sore throats
- Rashes

Emergency Rooms

At the ER, true emergencies are treated first. Other cases must wait—sometimes for hours. And it will cost you more. You should go to the ER for:

- Heavy bleeding
- Large open wounds
- Sudden change in vision
- Chest pain
- Sudden weakness or trouble speaking
- Major burns
- Spinal injuries
- Severe head injuries

Be a Better Health Care Consumer

The cost of medical care can vary widely depending on where and how you receive care. Save money on radiology, outpatient surgery and lab tests by choosing a location that is not part of a hospital. By choosing a freestanding independent x-ray provider, ambulatory surgery center or lab from the United Healthcare network, you can save on your out-of-pocket health care costs.

Radiology Services and Outpatient Surgery

If your doctor suggests an x-ray or routine outpatient care, like knee arthroscopy, you may save money by using a location that is not in or part of a hospital.

- To find lower-cost radiology care in network, go to www.umar.com and search for surgical centers under find a doctor
- To find lower-cost ambulatory surgery centers, go to www.umar.com and search for surgical centers under find a doctor

Lab Tests

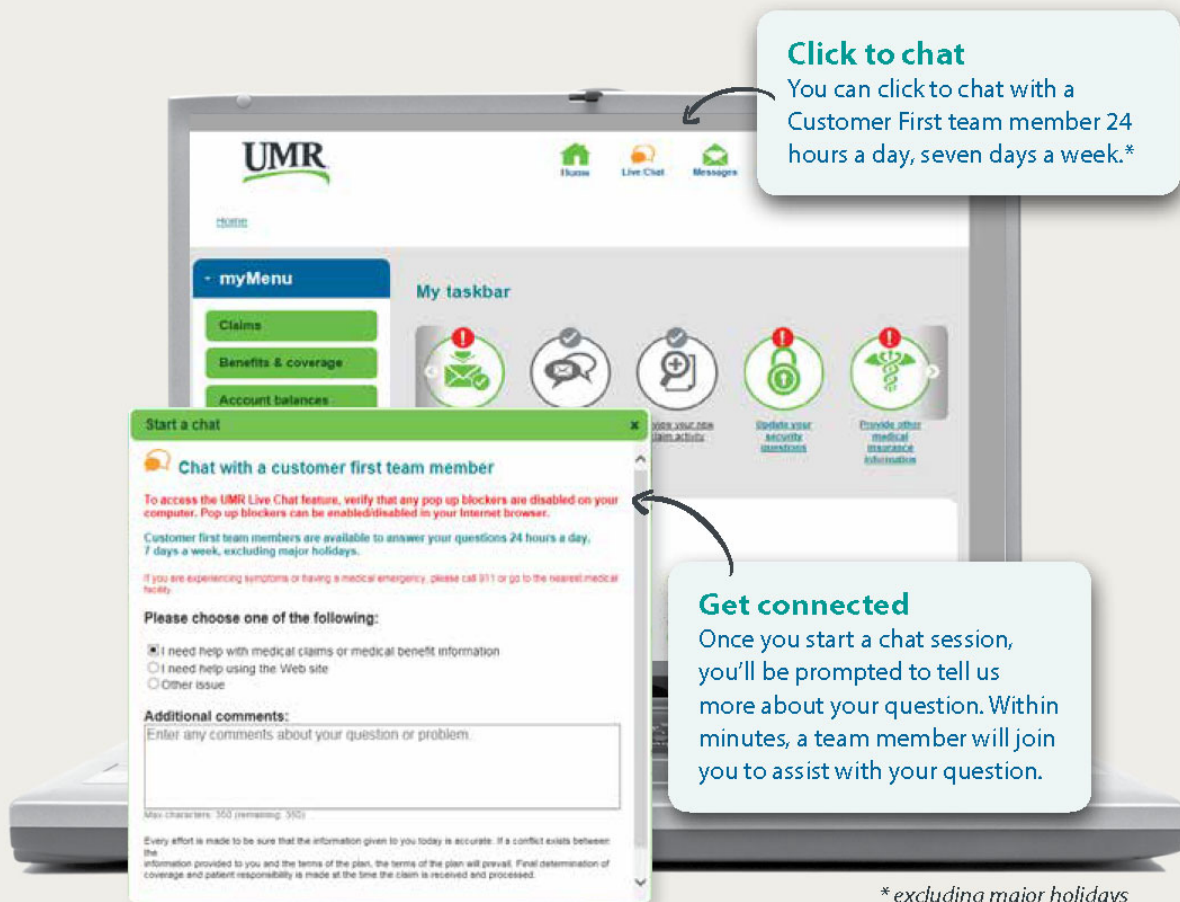
If you use the in-network freestanding lab provider, your labs are covered at 100%. Whether you need a blood, urine or strep test, you pay nothing out of pocket—no deductible or coinsurance.

- To find a lab provider, please visit www.umar.com to find a location near you. You can even schedule an appointment online.



Your live connection to UMR customer service

Our team members are available online to answer your questions about your claims and benefits with just the click of your mouse. Once you've logged in to your **umr.com** account, just click the Live Chat icon in the top navigation bar on your member home page. It's that easy.



Click to chat

You can click to chat with a Customer First team member 24 hours a day, seven days a week.*

Get connected

Once you start a chat session, you'll be prompted to tell us more about your question. Within minutes, a team member will join you to assist with your question.

**excluding major holidays*

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UMR
A UnitedHealthcare Company



So many reasons to use Teladoc®



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.
It's an affordable option for quality medical care.

<p>1</p>  <p>Talk to a doctor anytime, anywhere you happen to be</p>	<p>2</p>  <p>Receive quality care via phone, video or mobile app</p>	<p>3</p>  <p>Prompt treatment, median call back in 10 min</p>
<p>4</p>  <p>A network of doctors that can treat every member of the family</p>	<p>5</p>  <p>Prescriptions sent to pharmacy of choice if medically necessary</p>	<p>6</p>  <p>Teladoc is less expensive than the ER or urgent care</p>

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician

Talk to a doctor anytime!

 [Teladoc.com](https://www.teladoc.com)
 1-800-Teladoc



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DENTAL PLAN OPTIONS

Lincoln Dental Plans

Good oral health is essential to your overall health and well-being. There are two options available to choose from for dental coverage: Dental Low Plan and Dental High Plan.

Both the Dental Low Plan and High Plan cover the same services but at different coverage amounts, annual maximum benefits, and orthodontia lifetime maximums. Both dental plans cover preventive services 100% including exams, cleanings, x-rays, fluoride treatments and sealants.

With either plan, you may see any dentist or provider in the Lincoln Dental PPO network. A list of providers can be found online at lincoln.com

Advantages of Using In-Network Providers

While you can choose any dentist, there are several advantages to choosing a dentist who participates in the Dental Plan Network including:

- Negotiated discounts
- No balance billing
- No paperwork

Plan Features	Dental Low Plan	Dental High Plan
Calendar Year Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Calendar Year Maximum	\$1,000	\$1,500
Preventive Services Exam (every 6 months) Cleaning (every 6 months) X-Rays (every 12 months)	100%	100%
Basic Services Fillings, Simple Extractions	Plan pays 80% after CYD You pay 20%	Plan pays 90% after CYD You pay 10%
Major Services Crowns, Bridgework, Partial or Full Dentures, Endodontics, Periodontics	Plan pays 50% after CYD You pay 50%	Plan pays 60% after CYD You pay 40%
Orthodontic Services—Child Only	Not Covered	50% up to \$1,500
Out-of-Network Reimbursement	Negotiated Fee	90% Usual and Customary

Dental Plan Premiums

Payroll Deductions	Dental Low Plan			Dental High Plan		
	Weekly	Bi-Weekly	Semi-Monthly	Weekly	Bi-Weekly	Semi-Monthly
Employee	\$ 4.77	\$ 9.54	\$10.33	\$ 7.25	\$14.49	\$15.70
Employee + Spouse	\$ 9.29	\$18.58	\$20.13	\$14.12	\$28.23	\$30.59
Employee + Child(ren)	\$12.46	\$24.92	\$27.00	\$19.77	\$39.54	\$42.84
Employee + Family	\$17.57	\$35.13	\$38.06	\$28.12	\$56.25	\$60.94

LINCOLN DENTAL MOBILE APP

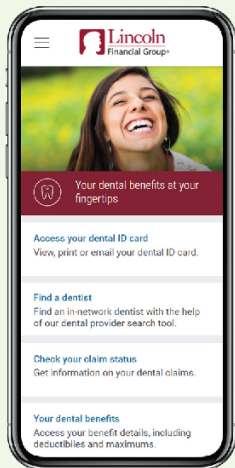


The Lincoln Dental Mobile App

Get everything you need to care for your beautiful smile...
all at your fingertips!



Download the Lincoln Dental App today!



Lincoln dental insurance is simple and convenient, and now keeping track of your plan is just as easy with the **Lincoln Dental Mobile App**.

With the Lincoln Dental mobile app, you can:

- Find a network dentist near you in minutes
- Find out how much your plan covers for checkups and other services
- Have an ID card on your phone instead of digging for it
- Keep track of your claims
- Customize the app to get details of your plan
- See what was covered and what you owe for your last trip to the dentist

Everything about your Lincoln dental insurance just got easier with the Lincoln Dental Mobile App!



Questions about your plan or claims? Call or email us.

800-423-2765

Monday – Thursday, 8 a.m. – 8 p.m. ET; Friday, 8 a.m. – 6 p.m. ET

Claims@LFG.com

VISION PLAN OPTIONS

Lincoln Vision Plan

An annual vision exam is an important part of your overall health. During your exam, an eye doctor will look for vision problems and early signs of other health conditions, such as diabetes, high blood pressure, and high cholesterol.

Our vision plan offers benefits through a nationwide provider network that includes private practice and retail optical providers. The plan covers exams and prescription glasses and contacts.

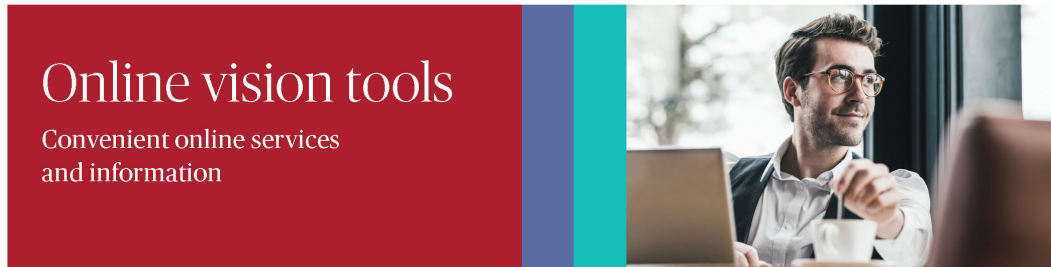
Lincoln offers benefits through in-network and out-of-network providers. By selecting an in-network provider, you will receive higher benefits and pay less out-of-pocket expenses. Benefits include a complete eye examination, as well as prescription lenses and frames. Or in lieu of glasses, you can choose contact lenses. The plan also provides discounts for laser vision correction surgery.

When you utilize an out-of-network provider, you pay more money out of pocket, and must pay for all services at the time services are rendered. You must also submit a claim for reimbursement. A list of private practice and retail optical providers can be found online at lincoln.com

Vision Plan Features	In-Network	Out-of-Network
Benefit Frequency <ul style="list-style-type: none"> Eye Exam Prescription Lenses or Contacts Frames 	12 months 12 months 12 months	12 months 12 months 12 months
Eye Exams	\$10 copay	Reimbursed up to \$40
Prescription Lenses <ul style="list-style-type: none"> Single Lenses Bifocal Lenses Trifocal Lenses 	\$25 copay \$25 copay \$25 copay	Reimbursed up to \$40 Reimbursed up to \$60 Reimbursed up to \$80
Frames	\$130 allowance	Reimbursed up to \$45
Contact Lens Benefit <ul style="list-style-type: none"> Elective Medically Necessary 	\$125 allowance \$25 Copay	Reimbursed up to \$125 Reimbursed up to \$210

Vision Plan Premiums

Payroll Deductions	Voluntary Vision Plan		
	Weekly	Bi-Weekly	Semi-Monthly
Employee	\$1.59	\$3.19	\$ 3.46
Employee + Spouse	\$3.02	\$6.04	\$ 6.55
Employee + Child(ren)	\$3.54	\$7.09	\$ 7.68
Employee + Family	\$4.99	\$9.97	\$10.81



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

Find a provider

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

Register in three easy steps!

Register by going to lvc.lfg.com. On the left-hand side of the home page, select **Register Now**. On the registration page:

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

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

Find a vision provider

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

1. Visit **lvc.lfg.com**. On the right side of the page, use the **Provider Quick Search**.
2. In the **Provider Quick Search** box, enter a ZIP code or street address.
3. Click the **Search** button to display a list of providers close to you.

Lincoln VisionConnect[®] benefits

How to utilize your vision benefits

- 1 Find a participating provider by clicking Provider Quick Search on <http://lvc.lfg.com> or by calling 800-440-8453.
- 2 Log on to your online member account to review your benefits before you visit a provider or to print a vision ID card.
- 3 When you visit a provider, you may be asked for your date of birth and subscriber ID (if known).



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

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

Lincoln VisionConnect[®] is underwritten by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company is not a Lincoln Financial Group[®] company.

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If your vision provider is in network, you don't need to submit a claim form or voucher. *Lincoln VisionConnect* plan members are supported through the Spectera vision network – just identify yourself as a Spectera customer when you visit your network provider, and their office will process the claim.

BASIC LIFE AND AD&D AND VOLUNTARY LIFE INSURANCE

Lincoln Basic Group Term Life Insurance

As an employee of Growve, you are provided Basic Life and Accidental Death and Dismemberment offered through Lincoln Financial. Employees receive various coverage amounts based on your parent company. Please see your payroll flyer for further information. Beneficiary information may be added through the Paycom Benefit Portal.

Lincoln Voluntary Life Insurance

The Voluntary term life insurance plan allows you to purchase additional life insurance coverage for you, your spouse and/or dependent children. You can choose coverage up to \$300,000 in increments of \$10,000. Your spouse can choose coverage up to \$100,000 in increments of \$5,000; however, coverage cannot exceed 50% of the employee's elected amount. Coverage for children 14 days to age 26 would be \$10,000 or \$20,000 (birth to 14 days: \$1,000).

Evidence of Insurability is required for all employees and spouses who do not enroll during their initial eligibility period. Additionally, employees wishing to increase their voluntary life coverage, or those who choose amounts above Guarantee Issue, will be asked to complete an Evidence of Insurability form. Please contact Human Resources for Evidence of Insurability forms.

	Benefit Amount	Age Reduction Schedule	Guarantee Issue Amount at Initial Enrollment Only
EMPLOYEE Employee must satisfy all active employment requirements to qualify for benefits	\$10,000 increments up to a maximum of \$300,000 Not to exceed 5x annual salary Age 70+: \$50,000	35% reduction at age 70 Additional 15% at age 75	\$300,000 for employees under age 70 Not to exceed 5x annual salary
SPOUSE Coverage for dependents may be delayed if they are confined or disabled on coverage effective date	\$5,000 increments up to \$100,000 (cannot exceed 50% of the employee's elected amount)	Reduces 35% upon employee reaching age 70 Additional 15% when employee reaches age 75	\$30,000
CHILD(REN) Coverage for dependents may be delayed if they are confined or disabled on coverage effective date	Birth to 14 days: \$1,000 Age 14 days to 26 years \$20,000	N/A	N/A



SHORT-TERM DISABILITY (STD)-PAID BY THE EMPLOYEE

Short-Term Disability provides income protection if you are temporarily unable to work due to a non-work related accident or illness. You are considered “disabled” when you are unable to perform the substantial duties of your regular occupation and have a loss of income due to an illness or a non-work related injury.

Short-Term Disability	Benefit Description
Elimination Period for Injury	7 Days. Benefits begin on the 8th day
Elimination Period for Sickness/Illness	7 Days. Benefits begin on the 8th day
Benefit	60% of weekly earnings; up to \$2,000 per week
Maximum Benefit Duration	Up to 12 Weeks
Pre-Existing Condition Limit	3 / 12 This policy contains the following pre-existing condition limitation: any injury or sickness that has been diagnosed, consulted or treated, to include prescribed medication, three months prior to your effective date will NOT be covered until you have been insured twelve months by the

LONG-TERM DISABILITY (LTD)-PAID BY THE EMPLOYEE

Long Term Disability provides income protection if you are unable to work due to a non-work related accident or illness. You are considered “disabled” when you are unable to perform the substantial duties of your regular occupation and have a loss of income due to an illness or a non-work related injury.

Long-Term Disability	Benefit Description
Elimination Period for Injury	90 Days
Benefit	60% of monthly earnings; up to \$10,000 per month
Own Occupation Period	24 Months
Maximum Benefit Duration	Later of age 65 or SSNRA
Pre-Existing Condition Limit	6 / 12 This policy contains the following pre-existing condition limitation: any injury or sickness that has been diagnosed, consulted or treated, to include prescribed medication, six months prior to your effective date will NOT be covered until you have been insured twelve months by the plan.



TravelConnectSM services

Make travel less stressful.

We're here to assist you with:

- Emergency pet boarding and/or return
- Return of traveling companion
- ID recovery assistance
- Vehicle return
- Emergency travel arrangements
- Lost or stolen travel documents
- Language translation services
- Medical and dental referrals
- Corrective lens and medical device replacement
- Medication and vaccine delivery
- Evacuation coordination for an emergency security or political event, or natural disaster*
- Destination information

Detach and keep this card with you at all times.

Caring support and assistance when you travel.

TravelConnect is a comprehensive program that can bring help, comfort, and reassurance if you face a medical emergency while traveling 100 or more miles from home. Whether traveling for business or leisure, if you are enrolled in life and/or AD&D insurance, you and your loved ones can count on *TravelConnect* for responsive and caring support — 24 hours a day, 7 days a week.

You can count on *TravelConnect*SM services to:

Coordinate and provide transportation from an initial medical facility that cannot adequately treat the patient due to their condition.

Coordinate travel and airfare for your dependent children.* This includes the services, transportation expenses and accommodations of a qualified escort.

TravelConnect will also coordinate and pay for a safe evacuation due to natural disaster, or when a political or security threat occurs.

Medical care, and travel services recovery. Assistant services include, but are not limited to:


- Medical record requests
- Intermediary services
- Recovering lost or stolen documents or luggage
- Medical and dental referrals
- Language translation
- Corrective lenses and medical device replacement
- Arrangements for a deceased traveler



TravelConnectSM

Global Assistance Program
 Provided by On Call International
 Medical, Security, & Travel Assistance Services for Participants
 Traveling 100+ Miles from Home

Visit <https://mysearchlightportal.com> and enter Group ID #: LFGTravel123 for access to Plan Documents, International Calling Instructions, and Destination Information.



For a complete list of *TravelConnect*SM services, go to mysearchlightportal.com and enter your group ID: LFGTravel123.

Insurance products issued by:
The Lincoln National Life Insurance Company

LFE-TRAV-FLI001_Z06

ADMINISTRATOR AND CARRIER CONTACTS

Benefit Questions	Contact	Email	Phone
McGriff Insurance Service Open Enrollment and General Questions	Judy Reiser Reanna Hipps –Spanish Line	jreiser@mcgriff.com rhipps@mcgriff.com	407-691-9877 407-691-9879
Medical	Contact	Online	Phone
Health Plan Questions (Covered expenses, claims processing, appeals, etc.)	UMR Customer Service	www.umar.com	800-826-9781
Optum Rx	Member Services		877-559-2955
Dental	Contact	Online	Phone
Lincoln Dental	Customer Service	lfg.com	800-423-2765
Vision	Contact	Online	Phone
Lincoln Vision	Customer Service	lfg.com	800-423-2765
Disability	Contact	Online	Phone
Lincoln Short and Long-Term Disability	Customer Service	lfg.com Email: claims@lfg.com	800-423-2765
Life Insurance	Contact	Online	Phone
Lincoln Life Insurance	Customer Service	lfg.com Email: claims@lfg.com	800-423-2765



The information contained in this brochure is proprietary information of McGriff Insurance Services. You are not permitted to share this information with third-parties.

This Guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents, including any disclosures (whether regarding “grandfathering” of plans or others) required by the health reform law, the Patient Protection and Affordable Care Act (PPACA). In the event of conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail. Please contact your Human Resources Department for further information.