

SUNRISE
LANDSCAPE



2025 EMPLOYEE BENEFITS

EFFECTIVE JANUARY 1, 2025 – DECEMBER 31, 2025
All Full-time Eligible Employees

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GET READY!

New Benefits Choices Are Coming Your Way

Sunrise Landscape is pleased to offer our employees an excellent benefits program. These benefits are designed to protect you and your family while you are an active employee. The benefit choices you make should be tailored to your personal needs. After the open enrollment period ends, you may not add, delete, or change the coverage you have selected for yourself or your dependents until the next open enrollment period or if you experience a qualifying family status change throughout the year. **Make sure to review this guide to learn about your options.**

Outside of open enrollment, changes to insurance coverage can only be made within 30 days of a **Qualifying Family Status Change**, which are as follows:

- Marriage
- Birth or adoption of a dependent child
- Change in custody of a dependent child
- Death of a spouse or dependent child
- Your spouse has a change of employment or status affecting benefits coverage
- Your change of employment status
- You experience an involuntary loss of other group benefits coverage
- You or your dependents become eligible or lose eligibility for state Medicaid or CHIP subsidies (May be eligible for Special Enrollment Rights and extended 60 day time-frame to make coverage changes related to qualifying event)

PRE- TAX ADVANTAGE

One of the advantages of your Employee Benefit Program is that your premium contributions are deducted from your paycheck on a pre-tax basis. When you pay for your premiums with pre-tax dollars, you are actually reducing your taxable income. Instead of paying taxes on your total income, you now pay on your income minus pre-tax deductions.

ELIGIBILITY

Eligibility: You are eligible for benefits if you are classified as an active, full-time employee working 30 hours a week or more. **Your coverage is effective the first of the month following date of hire.**

Dependent Eligibility: If you wish, your dependents may also be covered under the medical, dental, vision and voluntary life plans. Newborns must be enrolled within 30 days from the date of birth.

Eligible Dependents include:

- Legal spouse, as defined by the Federal Law;
- Domestic Partners
- Dependent children

MEDICAL - Your children up to the end of the calendar year in which they turn age 26, regardless of marital status, financial dependency, residency with the Eligible Employee, student status, employment status, or eligibility for other coverage.

CLARIFICATION ON ELIGIBILITY FOR DEPENDENT COVERAGE

Plans that offer dependent coverage must offer coverage to enrollees' adult children until age 26, even if the young adult no longer lives with his or her parents, is not a dependent on a parent's tax return, is no longer a student, or is married.

Additionally in the State of Florida: In the event that the Enrolled Employee has a Dependent who meets the following requirements, extended coverage may be eligible for that Dependent **up to the end of the calendar year in which the dependent reaches the age of 30.**

To be eligible for extended coverage, a Dependent must:

- Be unmarried and not have dependent of his or her own;
- Is a resident of Florida or a Student, AND
- Not have coverage as a named subscriber, insured, enrollee or covered person under any other group, blanket or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Medicare.
- The Dependent child is not eligible to be covered unless the Dependent child was continuously covered by Creditable Coverage without a gap in coverage of more than 63 days

DENTAL – Dependent children are eligible until the end of calendar month in which they turn 26, regardless of whether or not they are dependent on the employee or whether they are a full-time or part-time student.

VISION – Dependent children are eligible until the end of the calendar month in which they turn 26, regardless of whether or not they are dependent on the employee or whether they are a full-time or part-time student.

VOLUNTARY LIFE – Dependent children are eligible until the calendar month in which they turn 26.

SUPPLEMENTAL BENEFITS – You are eligible for benefits if you are classified as an active, full-time employee working 30 hours a week or more.

COBRA CONTINUATION COVERAGE – When you or any of your dependents no longer meet the eligibility requirements for health and welfare plans, (medical, dental, or vision) you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986.



NEW! ENROLLING IN BENEFITS

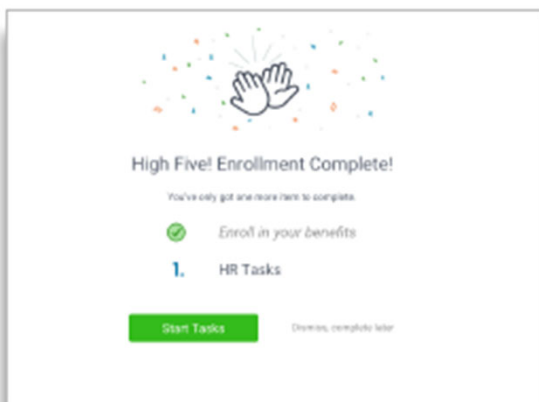
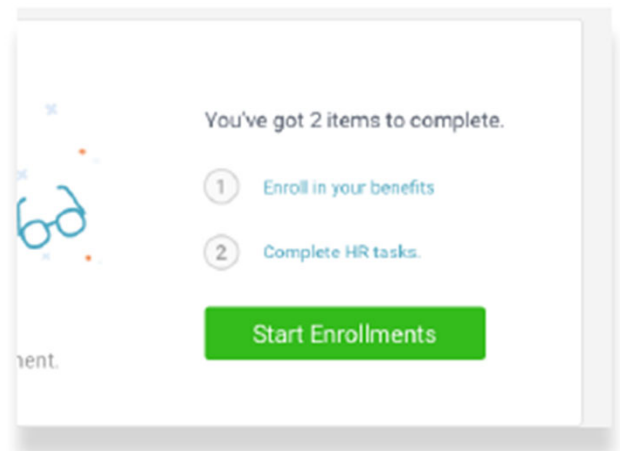
Sunrise Landscape is now using Employee Navigator, an online website, for benefits enrollment and administration. As a registered user you will be able to make benefit selections customized to the needs of you and your dependents. If you choose to cover dependents on any benefit plan, you must enter their complete information, including date of birth and social security number, before you can enroll them.

REGISTRATION

1. Go to www.benefitsinhand.com
2. Select the **New User Registration** button.
3. Enter your personal information, Company Identifier (**sunriselandscaping**) and select the **Next** button.
4. Create a Username (work email address recommended) and Password.
5. Check "I agree to terms and conditions" and select the **Finish button**.


OPEN ENROLLMENT

1. Go to www.benefitsinhand.com
2. Login with your Username and Password.
3. Select the **Start Enrollment** button to begin the enrollment process.
4. Confirm/update your personal information and select the **Save & Continue** button.
5. Confirm/update your Home Address and select the **Save & Continue** button. Select the **Use this address** button to accept the validated USPS address or select the **Keep entered address** button.
6. Confirm/update your dependent information (including dependents enrolling for coverage) and select the **Save & Continue** button.
7. Review and select your benefits. To decline coverage, select the **Don't want this benefit?** button. And specific a declination reason.
8. Once you have elected or declined **all benefits**, review your Enrollment Summary. Complete your enrollment by selecting the **Sign** button. **Your enrollment is not complete until you select the Sign button.**

This is a screenshot of the Employee Navigator login page. It features the 'employee NAVIGATOR' logo at the top. Below the logo are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom of the form, there are two links: 'Reset a forgotten password' and 'Register as a new user'.This screenshot shows a cost summary section. At the top, it displays '\$138.46 Cost per pay period' and 'Effective on 06/01/18 Employee'. Below this are 'Compare' and 'Details' buttons, and a green 'Selected' button. The main section is titled 'How much will it cost?' and contains a table with three columns: 'Plan Cost', 'Employer Contribution', and 'My Cost'. The values are \$138.46, \$138.46, and \$0.00 respectively. A blue button 'View employer contributions summary' is below the table. At the bottom right, there is a green 'Save & Continue' button and a blue 'Don't want this benefit?' button.

NEW! MEDICAL BENEFITS


The next few pages will outline your 2025 medical plan choices. Coverage will now be offered through United Healthcare and you have the option of selecting one of the five plans offered. Two of the five are shown below. To search for providers, visit www.uhc.com/find-a-doctor and you can search for a provider. The network for the following plans can be found in the plan name. **With the NHP plans you will need to select a primary care physician.** If you do not select a primary care physician at time of enrollment, one will be assigned to you. **You are not required to see a primary care physician before receiving other services.**

	United Healthcare	
	DZDV / NH33 (Choice NHP HMO OA)	DU1U / NH41 (NHP HMO Open Access)
BENEFIT HIGHLIGHTS	In Network	In Network
Deductible (Individual/Family)	\$5,000 / \$10,000	\$500 / \$1,000
Co-Insurance Percentage (plan pays)	80%	90%
Maximum Out of Pocket Including Deductible (Individual/Family)	\$7,900 / \$15,800	\$3,500 / \$7,000
Lifetime Maximum	Unlimited	Unlimited
PHYSICIANS SERVICES		
Primary Physician Services	\$10	\$15
Specialist Physician Services	\$100	\$35
Hospital / ER / Other	20% after Ded.	10% after Ded.
HOSPITALIZATION		
In Patient Hospital Facility Charge	20% after Ded.	\$500
Emergency Room Services	\$250 + 20% after ded.	\$100
Urgent Care	\$75	\$35
OUTPATIENT SERVICES		
Outpatient Surgery Facility Charge	20% after Ded.	\$350
Diagnostic Lab & X-Ray	\$0 - Lab / 20% after ded. - X-Ray	\$0 - Lab / \$35 - X-Ray / 50% after ded. - NDP
Diagnostic - CT/Pet Scan/MRI	20% after Ded. - DP / 50% after Ded. - NDP	\$75 - DP / \$750 - NDP
PRESCRIPTIONS	\$1,500 / \$3,000 RX DEDUCTIBLE	
RX (Generic / Preferred Brand / Non Preferred Band / Specialty)	\$10 / 50% / 50% / 50%	\$10 / \$50 / \$85
Mail Order Prescriptions (90 Days)	2.5 x Retail Generic	2.5 x Retail

COST PER WEEKLY PAY PERIOD		
Coverage Tier	DZDV / NH33 (Choice NHP HMO OA)	DU1U / NH41 (NHP HMO Open Access)
Employee	\$28.00	\$67.12
Employee + Spouse	\$109.92	\$195.87
Employee + Child(ren)	\$96.42	\$182.55
Employee + Family	\$157.12	\$240.54

NEW! MEDICAL BENEFITS

The next few pages will outline your 2025 medical plan choices. Coverage will now be offered through United Healthcare and you have the option of five plans. Three of the five are shown below. To search for providers, visit www.uhc.com/find-a-doctor and you can search for a provider. **The network for these plans can be found in the names and you do not need to select a primary care physician.**

	United Healthcare					
	DU64 / Q35 (Choice Plus POS)		DU6K / Q35 (Choice Plus POS)		DU5C / Q35 (UHC POS)	
BENEFIT HIGHLIGHTS	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$500 / \$1,500	\$1,500 / \$4,500
Co-Insurance Percentage (plan pays)	80%	50%	80%	60%	80%	50%
Maximum Out of Pocket Including Deductible (Individual/Family)	\$7,900 / \$15,800	\$20,000 / \$40,000	\$6,000 / \$12,000	\$10,000 / \$20,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
PHYSICIANS SERVICES						
Primary Physician Services	\$10	50% after Ded.	\$25	40% after Ded.	\$25	50% after Ded.
Specialist Physician Services	\$100	50% after Ded.	\$50	40% after Ded.	\$60	50% after Ded.
Hospital / ER / Other	20% after Ded.	50% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.	50% after Ded.
HOSPITALIZATION						
In Patient Hospital Facility Charge	20% after Ded.	50% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.	50% after Ded.
Emergency Room Services	\$250 + 20% after ded.	\$250 + 20% after ded.	\$350	\$350	\$300	\$300
Urgent Care	\$75	50% after Ded.	\$75	40% after Ded.	\$65	50% after Ded.
OUTPATIENT SERVICES						
Outpatient Surgery Facility Charge	20% after Ded.	50% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.	50% after Ded.
Diagnostic Lab & X-Ray	\$0 - Lab / 20% after ded. - X-Ray - DP / 50% after Ded. - NDP	50% after Ded.	\$0 - Lab & X-Ray - DP / 50% after Ded. - NDP	40% after Ded.	\$0 - Lab / \$50 - X-Ray / 50% after Ded. - NDP	50% after Ded.
Diagnostic - CT/Pet Scan/MRI	20% after Ded. - DP / 50% after Ded. - NDP	50% after Ded.	\$200 + 20% after Ded. - DP / \$750 + 50% after Ded. - NDP	40% after Ded.	20% after Ded. - DP / 50% after Ded. - NDP	50% after Ded.
PRESCRIPTIONS						
RX (Generic / Preferred Brand / Non Preferred Brand / Specialty)	\$10 / \$50 / \$80 / 20%	50% after Ded.	\$10 / \$50 / \$80 / 20%	50% after Ded.	\$10 / \$50 / \$80 / 20%	50% after ded.
Mail Order Prescriptions (90 Days)	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered	2.5 x Retail	Not Covered

COST PER WEEKLY PAY PERIOD			
Coverage Tier	DU64 / Q35 (Choice+ POS)	DU6K / Q35 (Choice+ POS)	DU5C / Q35 (Choice+ POS)
Employee	\$36.61	\$53.42	\$78.66
Employee + Spouse	\$158.61	\$186.07	\$223.28
Employee + Child(ren)	\$134.25	\$154.32	\$195.86
Employee + Family	\$226.51	\$242.16	\$272.27

NEW! PRESCRIPTION BENEFITS

You can save time and money by understanding important features of your prescription drug benefits.

GO GENERIC WHEN POSSIBLE.

Generic medications are as safe and effective as their brand name counterparts and are usually considerably less expensive.

REASONS TO CHOOSE GENERICS

- **They're safe.** Generic medications are tested and approved by the FDA, and they're manufactured in FDA-inspected facilities.
- **They're effective.** Generics are required to have the same active ingredients and must work the same as their brand-name counterparts to obtain FDA approval.
- **They can save you money.** Choosing a generic equivalent could save you a significant amount of money over a brand-name counterpart.
- **It's easy to switch to a generic.** Ask your doctor to prescribe a generic alternative or ask your pharmacist to contact your physician.

WHAT SHOULD I CONSIDER BEFORE FILLING A PRESCRIPTION?

- Use a pharmacy that is in your plan's network and generic drugs (when available) to lower your cost. Using home delivery for ongoing maintenance medication may also save you money.
- Some drugs may require your doctor to submit a prior authorization before they're covered. You can check online at www.whyuhc.com/welcometouhc/pharmacy-benefits and view the Medication Guide to see what drugs may require Prior Authorization.
- For plans that cover brand name drugs, certain brand name drugs may not be covered or will cost you more unless you have tried the generic alternative first. Visit www.whyuhc.com/welcometouhc/pharmacy-benefits for more information.

FIND COVERED MEDICATIONS

1. Visit www.whyuhc.com/welcometouhc/pharmacy-benefits
2. Scroll down to **Find your medications**
3. Click on **Advantage 3-Tier PDL for plan DU1U**. Click on **Advantage 4 PDL for plans DU64, DU6K and DU5C**.
4. Enter a drug name to see prescription tier, if Prior Authorizations and/or Step Therapy are required or to see other medications in the same therapeutic class and subclass.

Visit www.whyuhc.com/welcometouhc/pharmacy-benefits or sign in to www.myuhc.com > Pharmacies & Prescriptions to learn more.

MAIL-ORDER SERVICES

Use United Healthcare's mail order pharmacy, for up to a 90-day supply of medication. If you take medication to treat chronic conditions or diseases, such as arthritis, asthma, high cholesterol, hypertension, or heart conditions – it's a great way to save time and money. You'll get:

- A 90 day supply of medication for 2.5 times the cost of a 30-day supply
- Prescriptions delivered anywhere in the U.S. and free shipping.
- A pharmacist you can talk to any day, any time
- Easy ways to request refills online or by phone

MAIL ORDER PRESCRIPTION PROTOCOL

OptumRx is a pharmacy care business providing people with more affordable access to prescription medications and therapies. Powered by deep clinical expertise and integrated data and analytics, their full spectrum of pharmacy services deliver improved experiences, better health outcomes and a lower total cost of care makes it easy to move to home delivery. Get started with only a few quick steps. They can even contact your doctor to move your prescription. Begin using home delivery today.

- ePrescribe – ask your doctor to send an electronic prescription to OptumRx
- Online – set up your account at www.optumrx.com and choose which medication you want to move to home delivery. Or use the OptumRx App on your smart phone or tablet.
- Phone – call OptumRx toll-free at 1-888-658-0539 (TTY711) any day, anytime.
- Mail – complete an order form found on www.optumrx.com and mail it with your written prescriptions to OptumRx.

HOW TO TRANSFER CURRENT PRESCRIPTIONS

Call OptumRx at 1-888-658-0539. All you'll need is the Member Number found on your ID card, your prescription information, your doctor's name and phone number.

HOW TO REFILL MEDICATION

Call OptumRx at 1-888-658-0539 and enter your prescription number. Or login at www.optumrx.com.

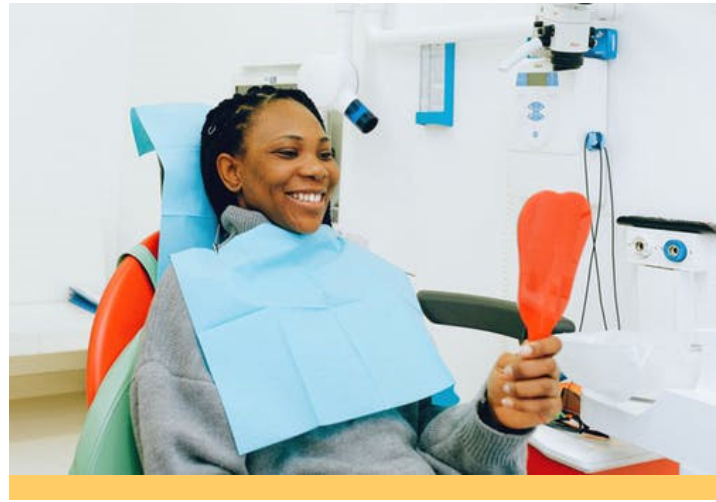
COMPARE DRUG PRICES BASED ON YOUR PLAN Login to www.optumrx.com to find medication and lower costs alternatives covered by your plan.


NEW! DENTAL BENEFITS

Dental insurance will now be offered through Mutual of Omaha. You have the option of seeing a dentist in the Mutual of Omaha network or going to a dentist of your choice. If choosing a dentist outside of the network, your costs may differ.

FINDING A PROVIDER:

You can go on to www.mutualofomaha.com/dental-insurance, then click Find a Dentist and search by your location.




	Mutual of Omaha	
	Dental - PPO	
BENEFIT HIGHLIGHTS	In-Network	Out-of-Network
Annual Deductible - Single / Family <i>Waived for Preventive</i>	\$50 / \$150 Yes	\$50 / \$150 Yes
Preventive	100%	80%
Basic	80%	50%
Major	50%	50%
Endodontics & Periodontics	50%	50%
UCR Allowance	Negotiated Fee	MAC
Calendar Year Maximum Benefit	\$1,500	
Orthodontic Coverage	No Ortho	

COST PER WEEKLY PAY PERIOD	
Coverage Tier	PPO Plan
Employee	\$5.08
Employee + Spouse	\$10.15
Employee + Child(ren)	\$12.92
Employee + Family	\$18.00

NEW! VISION BENEFITS

Vision insurance will now be offered through Mutual of Omaha. Please see note below on how to find a provider within the Mutual of Omaha network. If you decide to use a provider outside of the carrier network, your costs will differ.

	Mutual of Omaha	
	Vision Plan	
BENEFIT HIGHLIGHTS	In-Network	Out-of-Network
Exams	\$10	Reimbursement up to \$37
Lenses		
Single Vision	\$10	Reimbursement up to \$32
Bi-Focal	\$10	Reimbursement up to \$48
Tri-Focal	\$10	Reimbursement up to \$76
Lenticular	\$10	Reimbursement up to \$76
Frames	\$0 Copay ; \$130 Allowance, 20% off balance over allowance	Up to \$58
Contact Lenses (in lieu of Eyeglasses)		
Exams	Up to \$40 \$0 Copay ; \$130 Allowance, 15% off balance over allowance	Not Covered
Elective		\$104 Allowance
Medically Necessary	\$0 Copay	\$210 Allowance
Laser Vision Correction		
Lasik or PRK	Discounted Price	No Discount
FREQUENCY OF BENEFITS		
Exams/Frames/Lenses	12,24,12	

	COST PER WEEKLY PAY PERIOD
Employee	\$1.48
Employee + Spouse	\$2.95
Employee + Child(ren)	\$2.80
Employee + Family	\$4.40

FINDING A PROVIDER:

Please visit <https://eyedoclocator.eyemedvisioncare.com/mutual/en> (Vision Provider Locator) and scroll down to where you will find **Locate a Vision Provider** to find a provider in your area.



NEW! LIFE INSURANCE BENEFITS

VOLUNTARY TERM LIFE INSURANCE AND AD&D

You have the opportunity to purchase Voluntary Life and AD&D for you and your dependents now through **Mutual of Omaha** at group rates.

Employees can choose amounts in increments of \$10,000, not to exceed \$500,000 or 10x your annual earnings. The minimum volume amount is \$10,000. **The guaranteed issue amount is \$150,000 or 10x your annual earnings.** Benefit reduces by 35% at age 65 and terminates at age 70.

Spouses can choose amounts in increments of \$5,000 to a maximum of \$150,000 not to exceed 100% of the employee coverage. **The guaranteed issue amount is \$30,000 under age 70.** Coverage ends when the employee is age 70. The Employee must be enrolled in order for the spouse to be enrolled.

The child benefit is 10,000 for children 14 days to age 26 years. The Employee must be enrolled in order for the child to be enrolled.

EVIDENCE OF INSURABILITY

Evidence of Insurability (EOI) will be required for either you, your spouse, or child under the following circumstances:

- If you elect an amount over the guaranteed issue amount.
- For questions regarding Evidence of Insurability, please contact Human Resources.

Cost for employee or spouse Voluntary Life is based on age as follows:

MONTHLY RATE PER \$1,000 OF BENEFIT	EMPLOYEE LIFE RATE	SPOUSE LIFE RATE
29 & Under	\$0.136	\$0.136
30 – 34	\$0.188	\$0.188
35 – 39	\$0.206	\$0.206
40 – 44	\$0.223	\$0.223
45 – 49	\$0.309	\$0.309
50 – 54	\$0.448	\$0.448
55 – 59	\$0.793	\$0.793
60 – 64	\$1.191	\$1.191
65 – 69	\$2.245	\$2.245
70 – 74	\$3.611	\$3.611
75 – 79	\$3.611	\$3.611
80 +	\$3.611	\$3.611
Child Rate per \$10,000 of benefit	\$2.00	

PREMIUM CALCULATION EXAMPLE:

For a 44 - year-old employee who wants to buy \$50,000 of voluntary life, the cost would be \$10.00 per month or \$2.57 per paycheck.

$$(\$0.223 \times \$50,000 / \$1,000 = \$11.15, \$11.15 * 12 / 52 = \$2.57)$$

NEW! HOSPITAL CONFINEMENT INSURANCE

HOSPITAL ADMISSION & CONFINEMENT	BENEFIT
Hospital Admission	\$1,000 per admission
ICU Admission	\$2,000 per admission
Daily Hospital Confinement	\$100 per day
Daily ICU Confinement	\$200 per day
Daily Newborn Nursery Care Confinement	\$75 per day, up to 2 days per policy year
ADDITIONAL BENEFITS	BENEFIT
Health Screening Benefit	\$50; 1 time per insured person per calendar year; up to 6 per family per calendar year
Express Benefit (equal to one daily hospital confinement benefit)	\$100 per hospital admission

Even if you have coverage that helps with most of the expenses, you may still have to deal with deductibles, copayments, and coinsurance. Mutual of Omaha's Hospital Confinement Insurance offers added financial protection for those out-of-pocket costs related to a covered accident or sickness.

TIER	HOSPITAL RATES
Employee	\$3.74
Employee + Spouse	\$8.59
Employee + Child	\$5.16
Employee + Family	\$10.31

NEW! ACCIDENT INSURANCE

Mutual of Omaha Accident coverage pays you cash benefits that correspond with hospital and intensive care confinement. The coverage also includes coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent, etc. due to an accident.

INITIAL CARE	BENEFIT
Emergency Room	\$400
Urgent Care Center	\$325
Initial Physician Office Visit	\$200

EMERGENCY TRANSPORTATION	BENEFIT
Ground Ambulance	\$900
Air Ambulance	\$2,500

- Most Initial Care/Emergency benefits require treatment or service within 72 hours of an accident and are payable once per accident per insured person.

DISLOCATION (SEPERATED JOINT)	SURGICAL	NON- SURGICAL
Lower jaw / Shoulder / Collarbone and breastbone	\$3,700	\$1,850
Elbow / Wrist / Hand	\$3,700	\$1,850
Fingers / Toes	\$750	\$375
Hip	\$12,000	\$6,000
Kneecap	\$7,500	\$3,750
Ankle / Foot	\$5,400	\$2,700
Partial Dislocation	25% of closed reduction amount for the joint/joint group	
FRACTURE	NON-SURGICAL	SURGICAL
Depressed skull	\$12,000	\$6,000
Non-Depressed skull	\$6,000	\$3,000
Bones of face (except nose and lower jaw)	\$2,400	\$1,200
Nose	\$2,050	\$1,025
Lower jaw	\$2,400	\$1,200
Shoulder blade	\$2,400	\$1,200
Collarbone / Rib	\$2,050	\$1,025
Breastbone	\$2,400	\$1,200
Upper arm / Forearm / Wrist / Hand (except fingers)	\$2,400	\$1,200
Fingers / Toes	\$600	\$300
Vertebral body (except vertebral processes)	\$6,000	\$3,000
Vertebral process	\$2,400	\$1,200
Tail bone	\$2,050	\$1,025
Pelvis / Thigh / Lower Leg	\$6,000	\$3,000
Hip bones	\$10,000	\$5,000
Ankle / Foot	\$2,400	\$1,200
Chip Fracture	25% of closed reduction amount for the joint/joint group	

- Fractures and dislocations require treatment within 90 days of an accident. Burns and lacerations require treatment within 72 hours of an accident. Dental care requires treatment within 30 days of an accident.
- If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 200% of the amount payable for the injury with the highest applicable benefit amount.
- Additional limitations apply as described in the policy.

LACERATIONS	BENEFIT
Less than 2 inches	\$350
2 – 6 inches	\$700
Greater than 6 inches	\$1,500
No repair required	\$175
Laceration (based on size)	\$25 – 600

BURNS	BENEFIT
2 nd degree <= 9% TBSA	\$450
2 nd degree 10 – 36% TBSA	\$500
2 nd degree > 36% TBSA	\$2,500
3 rd degree < 18% TBSA	\$5,000
3 rd degree 18 – 36% TBSA	\$15,000
3 rd degree > 36% TBSA	\$25,000

DENTAL CARE	BENEFIT
Crown or filling repair	\$400
Extraction	\$175

TIER	ACCIDENT RATES
Employee	\$2.25
Employee + Spouse	\$3.25
Employee + Child	\$4.10
Employee + Family	\$5.47

ACCIDENT INSURANCE

HOSPITAL	BENEFIT
Admission	\$2,500
Daily Admission (up to 365 days per accident)	\$700 per day
ICU Confinement (up to 15 days per accident)	\$1,400 per day
Rehab / Facility Confinement (up to 30 days per accident)	\$300 per day
SURGICAL	
Exploratory/Arthroscopic (365 days)	\$800
Abdominal/Cranial/Thoracic (365 days)	\$5,000
Herniated Disc (365 days)	\$2,700
Torn Knee Cartilage (365 days)	\$2,000
Ligament/Rotator Cuff/Tendon (365 days)	\$600
Eye Procedure (90 days)	\$650
Blood Products (90 days)	\$450
Pain Management (90 days)	
DIAGNOSTIC	
X-Ray	\$150
Diagnostic Exam	\$400
Brain Injury Diagnosis	
FOLLOW UP BENEFITS	
Physician Follow Up Office Visit (up to 6 per accident)	\$175
Therapy Services (up to 6 per accident)	\$150
Medical Device	\$400
Prosthetic Device(s) (up to 2 per accident)	\$1,750
ADDITIONAL BENEFITS	
Transportation (up to 3 trips per accident)	\$600 per trip
Lodging (up to 30 nights per accident)	\$300 per night
Childcare (up to 30 days per accident)	\$40 per day
Health Screening	\$50

CATASTROPHIC BENEFITS

EMPLOYEE	SPOUSE	CHILDREN
\$75,000	\$50,000	\$25,000

ACCIDENTAL DEATH	BENEFIT
Accidental Death	100%
Common Carrier Accidental Death	300%
Transportation of Remains	Up to \$5,000
DISMEMBERMENT& PARALYSIS	BENEFIT
Loss of both hands, loss of both feet, loss of entire sight of both eyes or any combination of two or more of these losses	100%
Loss of speech and loss of hearing (both ears)	100%
Loss of one hand, loss of one foot, loss of entire sight of one eye or loss of hearing (both ears)	50%
Loss of thumb and index finger of the same hand	25%
Loss of multiple fingers or loss of multiple toes	10%
Quadriplegia	100%
Triplegia	75%
Hemiplegia	50%
Paraplegia	50%
Uniplegia	25%
OTHER BENEFITS	BENEFIT
Reasonable modifications	Up to 10%
Coma	25%

NEW! CRITICAL CARE INSURANCE

Mutual of Omaha's Critical Care Insurance combines both cancer insurance and critical illness insurance into a single policy. The plan pays a lump sum of **\$10,000 or \$20,000** to assist with medical and/or non-medical costs associated with the diagnosis of a covered critical illness. The covered critical illness conditions are as follows:

CANCERS & BENIGN TUMOR DIAGNOSIS	INITIAL BENEFIT	REOCCURENCE BENEFIT
Benign Brain Tumor or Benign Spinal Cord Tumor	100% principal sum	100% initial benefit
Bone Marrow/Stem Cell Recipient	100% principal sum	100% initial benefit
Cancer (Invasive)	100% principal sum	100% initial benefit
Carcinoma in Situ (Non-Invasive Cancer)	25% principal sum	100% initial benefit
Skin Cancer	\$500	\$500, limited to 1 reoccurrence per calendar year and limited to 5 reoccurrences while insured
CHILDHOOD CONDITIONS	INITIAL BENEFIT	REOCCURENCE BENEFIT
Cerebral Palsy	100% principal sum	None
Congenital Heart Diseases or Defects	100% principal sum	100% initial benefit
Congenital Metabolic Disorders	100% principal sum	100% initial benefit
Genetic Disorders	100% principal sum	100% initial benefit
Structural Congenital Disorders	100% principal sum	100% initial benefit
VASCULAR & PULMONARY CONDITIONS	INITIAL BENEFIT	REOCCURENCE BENEFIT
Acute Respiratory Distress Syndrome	25% principal sum	100% initial benefit
Coronary Artery Disease (Major)	50% principal sum	100% initial benefit
Coronary Artery Disease (Minor)	25% principal sum	100% initial benefit
Sudden Cardiac Arrest	100% principal sum	None
NEUROLOGICAL MOVEMENT DISORDERS	INITIAL BENEFIT	REOCCURENCE BENEFIT
Alzheimer's Disease	100% principal sum	None
Amyotrophic Lateral Sclerosis (ALS)	100% principal sum	None
Dementia	100% principal sum	None
Multiple Sclerosis (MS)	100% principal sum	None
Parkinson's Disease	100% principal sum	None
NEUROLOGICAL BRAIN & SKULL CONDITIONS	INITIAL BENEFIT	REOCCURENCE BENEFIT
Bone Flap/Skull Defect	100% principal sum	100% initial benefit
Stroke	100% principal sum	100% initial benefit
Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)	100% principal sum	100% initial benefit
ORGAN CONDITIONS	INITIAL BENEFIT	REOCCURENCE BENEFIT
Major Organ Failure	100% principal sum	100% initial benefit
End Stage Renal Failure	100% principal sum	None

AGE BAND	MONTHLY COST PER \$1,000
<30	\$0.39
30 – 39	\$0.51
40 – 49	\$0.93
50 – 59	\$2.15
60 – 69	\$4.80
70 – 79	\$8.58
80 – 99	\$12.03

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to cover reconstructive surgery and prostheses following mastectomies. All medical plans must provide this coverage.

If you receive benefits for medically necessary mastectomy, and if you elect breast reconstruction after the mastectomy, you will also be covered for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of all stages of mastectomy including lymphedema

IMPORTANT NOTICE FROM SUNRISE LANDSCAPE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sunrise Landscape and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Sunrise Landscape has determined that the prescription drug coverage offered by United Healthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Sunrise Landscape coverage will not be affected.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Sunrise Landscape and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Sunrise Landscape changes. You also may request a copy of this notice at any time.

IMPORTANT DISCLOSURES

AVAILABILITY OF SUMMARY HEALTH INFORMATION – HEALTH CARE REFORM

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

NOTICE OF HEALTH INSURANCE EXCHANGES

The Health Insurance Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace helps you to find and compare private health insurance options. You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer offered coverage. Also, this employer contribution as well as your employee contribution to employer offered coverage is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

HIPAA SPECIAL ENROLLMENT RIGHTS

LOSS OF OTHER COVERAGE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

NEW DEPENDENT AS A RESULT OF MARRIAGE, BIRTH, ADOPTION OR PLACEMENT FOR ADOPTION

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

TERMINATION OF MEDICAID OR CHIP COVERAGE OR ELIGIBILITY FOR PREMIUM ASSISTANCE UNDER MEDICAID OR CHIP

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Human Resources.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the next page, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the states on the following page, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

STATE

INDIANA – Medicaid

Website: <http://www.in.gov/fssa/hip/>

<http://www.indianamedicaid.com>

Phone: 1-877-438-4479 or 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)

Website: <http://dhs.iowa.gov/ime/members>

<http://dhs.iowa.gov/Hawki>

Phone: 1-800-338-8366 or 1-800-257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/default.htm>

Phone: 1-800-792-4884

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/agencies/dms/members/Pages/kihipp.aspx>

Email: KIHIPP.PROGRAM@ky.gov

<https://kidshealth.ky.gov/Pages/index.aspx>

<https://chfs.ky.gov>

Phone: 1-855-459-6328 or 1-877-524-4718

LOUISIANA – Medicaid

Website: www.medicaid.la.gov

www.ldh.la.gov/lahipp Phone: 1-888-342-6207 or 1-855-618-5488

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633 or 1-402-473-7000 or 1-402-595-1178

NEVADA – Medicaid

Website: <https://dhcfp.nv.gov/> Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oi/hipp.htm> Phone: 1-603-271-5218

NEW JERSEY – Medicaid and CHIP

Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

<http://www.nifamilycare.org/index.html>

Phone: 1-609-631-2392 or 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.medicaid.ncdhhs.gov> Phone: 1-919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org/> Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/Providers/Pages/Medical/HIPP-Program.com>

Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347 or 1-401-462-0311

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov> Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov> Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/> Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website: <http://Medicaid.utah.gov/>

<http://health.utah.gov/chip> Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/> Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <http://www.coverva.org/hipp/>

Phone: 1-800-432-5924 or 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/> Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com> Phone: 1-855-699-8447

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wvequalitycare.acs-inc.com/>

Phone: 1-307-777-7531

STATE

ALABAMA – Medicaid

Website: <http://myalhipp.com/> Phone: 1-855-692-5447

ALASKA – Medicaid

Website: <http://myakhipp.com/> Email: CustomerService@MyAKHIPP.com Phone: 1-866-251-4861

ARKANSAS – Medicaid

Website: <http://myarhipp.com/> Phone: 1-855-692-7447

CALIFORNIA – Medicaid

Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx

Phone: 1-800-541-5555

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Website: <https://www.healthfirstcolorado.com/>

Website: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

Phone: 1-800-221-3943/State relay 711 1-800-359-1991/ State Relay 711

FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp/> Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 1-678-564-1162 ext. 2131

IMPORTANT CONTACTS

EMPLOYEE RESPONSE CENTER

NEED ENROLLMENT HELP?

Employee benefits can be complicated. The Higginbotham Employee Response Center can assist you with the following:



Call or text **866-419-3518** to speak with a representative Monday through Friday from 7:00 a.m. to 6:00 p.m. CT. If you leave a message after 3:00 p.m. CT, your call or text will be returned the next business day.



Email questions or requests to **helpline@higginbotham.net**.

Bilingual representatives are also available.

QUESTIONS ABOUT BENEFITS?

IMPORTANT CONTACTS

Benefits	Company	Phone Number	Website/Email
Benefits – Enrollment and General Benefit Questions	Stahl & Associates Insurance / Higginbotham	Brittany Stahl 727-391-9791	BrStahl@higginbotham.net
Benefits – Enrollment and General Benefit Questions	Stahl & Associates Insurance / Higginbotham	Tania Shaffer 727-209-8740	TShaffer@Higginbotham.net
Benefits – Employee Response Center	Higginbotham	866-419-3518	helpline@higginbotham.net
Medical	United Healthcare	1-800-352-2583	www.myuhc.com
Dental	Mutual of Omaha	800-843-1371	https://login.mutualofomaha.com/
Vision	Mutual of Omaha	800-843-1371	https://login.mutualofomaha.com/
Voluntary Life and AD&D	Mutual of Omaha	800-843-1371	www.mutualofomaha.com
Supplemental	Mutual of Omaha	800-843-1371	www.mutualofomaha.com
COBRA	Medcom	800-523-7542 Option 3	www.medcombenefts.com