



YOUR 2021 BENEFITS GUIDE



ENROLLING FOR BENEFITS

**Open enrollment:
October 13th-
November 7th,
2020**

Open Enrollment for 2021

There are very few changes to your benefits for 2021. But, there are a few things you should know:

- If you want to change your benefits or who is covered, you have until **November 7th** to make any changes.
- 0% increase for the 2,800 & \$5,000 HDHPs (High Deductible Health Plans). Premiums increased for the Copay Medical Plan. Refer to the 2021 Benefit Premiums sheet.
- Guardian premiums will remain the same for 2021.
- Benefit changes you make during open enrollment are effective January 1st, 2021.

How to Enroll in Benefits



Review this guide and choose the benefit options that best meet your needs.



Go to **SnellingsWalters. MyBenefitChoice.com**.



Register the first time you log in and use the company code **GeorgiaAG**.



Choose "Begin Walkthrough" to move through the screens in order. Your elections will be saved as you go. You also have the option to jump to specific benefits by clicking on "Pick and Choose."



If you have any difficulty using the website, call the Milliman Benefits Center at 877-265-7699 and they can assist you or enroll you over the phone.

If you're newly hired, you'll need to wait a few weeks after your hire date before you can register on the enrollment website. If after a month you try to register but still can't, check in with Human Resources or your manager.

877-265-7699



When to Enroll in Benefits

New Employees

A few weeks after your hire date, you'll receive information about how to enroll, including the deadline. Be sure to enroll by your deadline; otherwise, you'll need to wait until the next open enrollment.

The elections you make now are effective through Dec. 31, 2021 unless you have a qualifying status change that lets you enroll mid-year. Go online to **SnellingsWalters.MyBenefitChoice.com** for more information.

The elections you make now will be effective January 1 - December 31, 2021

Changing Your Benefits

Open enrollment for benefits happens each year in October and/or November. Open enrollment is the one time a year you can change, add, or cancel your benefit elections, unless you have a qualifying event such as marriage, divorce, child birth or adoption.

If you have a qualifying event, you must notify the Milliman Benefits Center and, in most cases, make changes within 30 days of the event. Call 877-265-7699 for more information.

When Benefits Start

Your benefits coverage usually begins the first of the month on or after the date you complete 60 days of work. Some plans have additional rules about when benefits start. For example, for many plans you must be actively at work on the date your coverage begins — otherwise, your coverage doesn't start until you return to work.

Who's Eligible?

Full-time employees who work at least 30 hours per week are eligible for benefits.

Eligible dependents generally include your:

- Legal spouse
- Dependent children to age 26 (includes biological children, legally-adopted children and stepchildren)
- Disabled children over age 26 who are legally dependent upon the employee.
- In order to be eligible for Guardian benefits: Employees must be legally working **(a)** in the United States or **(b)** outside the United States, for a US based employer, in a country or region approved by Guardian.

SnellingsWalters.MyBenefitChoice.com is your go-to place for everything benefits in one, convenient stop:

- Easy to access to benefit information
- Link to other benefit sites from the home page
- Easy to use enrollment process



USING YOUR MEDICAL COVERAGE

Save Money Use Network Providers

You have the freedom to choose any doctor, but you get more from your benefits when you use network providers: you pay a lower deductible and the plan pays more of the cost of your services. To find a network doctor, provider, or facility, visit www.MyAmeriben.com under "important Links"

Preventive Care is Free to You

Covered preventive care is paid in full by the plan – no deductible, no copay. Visit www.healthcare.gov/prevention for a list of covered preventive services and immunizations, along with age recommendations.

Your Out-of-Pocket Costs

In some ways, medical insurance is like car insurance:

- You pay a premium every month for your coverage (in this case, your premium is deducted from your paycheck before taxes).
- If you get into an accident and need to file a claim, you have to pay your deductible. It's the same with medical, you pay most medical expenses out of pocket until you meet your deductible and then the plan starts to pay. Like car insurance, generally the higher the deductible, the lower the premium.
- With car insurance, you typically have to meet your deductible each time you have a claim. With medical coverage, your deductible applies to the calendar year. Once you meet your deductible for the year, you're done. Then, it starts over again the next January 1.
- Once you meet your deductible for the year, you and the plan share the cost of your services. When you pay a percentage and the plan pays a percentage, that's called coinsurance. When you pay a fixed dollar amount, such as for a prescription, that's called a copay.
- Unlike car insurance, your medical coverage offers protection against very high expenses. If you reach what's called your **out-of-pocket maximum** in medical expenses in less than a calendar year, the plan will pay 100% for the remainder of that calendar year.

Family Deductibles and Out-of-Pocket Maximums

The deductible and out-of-pocket maximum for each person in the family is capped at the individual amount. In other words, once an individual has reached the individual deductible amount, the plan will start paying benefits for that person. And, once the combined expenses of all family members reaches the family amount, the deductible or out-of-pocket maximum will be considered met for all family members (even if they haven't met the individual amount).

What You Need to Know About HDHP Medical Coverage

High deductible health plans (HDHPs) are similar to traditional PPO medical plans in many ways: covered preventive care is paid in full by the plan, your benefits are higher when you use network providers, once you meet the deductible you and the plan share the cost of services, etc.

But there are some important differences:

- The HDHP deductible applies to **both medical and pharmacy costs**. This means you pay the full contracted cost of your prescriptions until you meet your annual deductible. The good news is that the amount you pay for prescriptions out of pocket (or with a health savings account) counts toward your combined medical/Rx deductible and out-of-pocket maximum – helping you reach it faster.
- If you enroll in an HDHP, you likely can take advantage of a **health savings account (HSA)**. An HSA allows you to set aside pre-tax money to pay for eligible expenses, like your deductible and copays. (See the "Health Savings Account (HSA)" section for more information.)



The PPO \$1,000 Plan is administered by AmeriBen. As a preferred provider organization (PPO) plan, you receive higher benefits if you use network providers. Prescription drug coverage is administered by Magellan (included when you enroll in medical). See the last page of this guide for who to contact with questions.

Anthem AmeriBen	In-Network		Out-of-Network
ANNUAL DEDUCTIBLE	\$1,000 per individual, \$2,000 per family		\$3,000 per individual, \$6,000 per family
ANNUAL OUT-OF-POCKET MAX	\$6,750 per individual; \$13,500 per family		\$12,000 per individual, \$24,000 per family
OFFICE VISIT	\$25 copay per visit, deductible doesn't apply (\$60 copay for specialists)		60% of UCR* after deductible
EMERGENCY ROOM	\$250 copay per visit, then 80% after deductible.		
PREVENTIVE CARE (Exam including preventive lab, well baby, annual women's exam, immunizations)	100%, deductible doesn't apply		60% of UCR* after deductible
INPATIENT HOSPITAL CARE	80% after deductible		60% of UCR* after deductible
MATERNITY CARE	80% after deductible		60% of UCR* after deductible
URGENT CARE	\$100 copay per visit		60% of UCR* after deductible
DIAGNOSTIC X-RAY AND LAB	80% after deductible		60% of UCR* after deductible
OUTPATIENT SURGERY	80% after deductible		60% of UCR* after deductible
PRESCRIPTION DRUGS (Deductible does not apply)	Pharmacy (up to 30-day supply)	Pharmacy or Mail-order (up to 90-day supply)	
Generic	100% after \$15 copay	100% after \$37.50 copay	Not covered
Preferred brand	100% after \$35 copay	100% after \$87.50 copay	Not covered
Non-preferred brand	100% after \$55 copay	100% after \$137.50 copay	Not covered
Specialty	You pay 25% (30 day supply only)		Not covered

*UCR means Usual, Customary & Reasonable — a charge which is not higher than the usual charge made by the provider of the care or supply and does not exceed the usual charge made by most providers of like service in the same area. If your non-network provider's charges exceed UCR, you pay the excess in addition to any required coinsurance.

**The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.

Medical Plan: HDHP \$2,800

The HDHP \$2,800 is administered by AmeriBen. Under this high deductible health plan (HDHP), except for preventive care, you must pay the deductible before the plan pays benefits – including for prescription drugs. However, you can set aside pre-tax dollars in a Health Savings Account (HSA) to use for eligible expenses, like your deductible. Prescription drug coverage is administered by Magellan (included when you enroll in medical). See the last page of this guide for who to contact with questions.

Anthem AmeriBen	In-Network		Out-of-Network
ANNUAL DEDUCTIBLE	\$2,800 per individual, \$5,600 per family		\$8,400 per individual, \$16,800 per family
ANNUAL OUT-OF-POCKET MAX	\$6,750 per individual; \$13,500 per family		\$18,000 per individual, \$36,000 per family
OFFICE VISIT	After deductible, \$25 copay per visit (\$60 copay for specialists)		60% of UCR* after deductible
EMERGENCY ROOM	After deductible, \$250 copay per visit (copay waived if admitted)		
PREVENTIVE CARE (Exam including preventive lab, well baby, annual women's exam, immunizations)	100%, deductible doesn't apply		60% of UCR* after deductible
INPATIENT HOSPITAL CARE	100% after deductible		60% of UCR* after deductible
MATERNITY CARE	100% after deductible		60% of UCR* after deductible
URGENT CARE	After deductible \$100 copay per visit		60% of UCR* after deductible
DIAGNOSTIC X-RAY AND LAB	100% after deductible		60% of UCR* after deductible
OUTPATIENT SURGERY	100% after deductible		60% of UCR* after deductible
PRESCRIPTION DRUGS	Pharmacy (up to 30 day supply)	Mail-order (up to 90-day supply)	
Generic	\$15 copay after deductible	\$37.50 copay after deductible	Not covered
Preferred brand	\$35 copay after deductible	\$87.50 copay after deductible	Not covered
Non-preferred brand	\$55 copay after deductible	\$137.50 copay after deductible	Not covered
Specialty	You pay 25% (30 day supply only)		Not covered

Up to \$500 to your HSA from Russell Landscape

If you enroll in this HDHP medical plan, Russell Landscape will contribute **\$500/yr** to your Health Savings Account that you can use for your out-of-pocket expenses such as your deductible. See the "Health Savings Account (HSA) section for more about the HSA.

*UCR means Usual, Customary & Reasonable — a charge which is not higher than the usual charge made by the provider of the care or supply and does not exceed the usual charge made by most providers of like service in the same area. If your non-network provider's charges exceed UCR, you pay the excess in addition to any required coinsurance.

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Medical Plan: HDHP \$5,000

The HDHP \$5,000 Plan is administered by AmeriBen. Under this high deductible health plan (HDHP), except for preventive care, you must pay the deductible before the plan pays benefits — including for prescription drugs. However, you can set aside pre-tax dollars in a Health Savings Account (HSA) to use for eligible expenses, like your deductible. Prescription drug coverage is administered by Magellan (included when you enroll in medical). See the last page of this guide for who to contact with questions.

Anthem AmeriBen	In-Network		Out-of-Network
ANNUAL DEDUCTIBLE	\$5,000 per individual, \$10,000 per family		\$15,000 per individual, \$30,000 per family
ANNUAL OUT-OF-POCKET MAX	\$6,750 per individual; \$13,500 per family		\$18,000 per individual, \$36,000 per family
OFFICE VISIT	After deductible, \$25 copay per visit (\$60 copay for specialists)		60% of UCR* after deductible
EMERGENCY ROOM	After deductible, \$250 copay per visit (copay waived if admitted)		
PREVENTIVE CARE (Exam including preventive lab, well baby, annual women's exam, immunizations)	100%, deductible doesn't apply		60% of UCR* after deductible
INPATIENT HOSPITAL CARE	100% after deductible		60% of UCR* after deductible
MATERNITY CARE	100% after deductible		60% of UCR* after deductible
URGENT CARE	After deductible, \$100 copay per visit		60% of UCR* after deductible
DIAGNOSTIC X-RAY AND LAB	100% after deductible		60% of UCR* after deductible
OUTPATIENT SURGERY	100% after deductible		60% of UCR* after deductible
PRESCRIPTION DRUGS	Pharmacy (up to 30 day supply)	Mail-order (up to 90-day supply)	
Generic	\$15 copay after deductible	\$37.50 copay after deductible	Not covered
Preferred brand	\$35 copay after deductible	\$87.50 copay after deductible	Not covered
Non-preferred brand	\$55 copay after deductible	\$137.50 copay after deductible	Not covered
Specialty	You pay 25% (30 day supply only)		Not covered

Up to \$1,000 from Russell Landscape

If you enroll in this HDHP medical plan, Russell Landscape will contribute a total of **\$1,000/yr** to your Health Savings Account that you can use for your out-of-pocket expenses such as your deductible. See the "Health Savings Account (HSA) section for more about the HSA.

*UCR means Usual, Customary & Reasonable — a charge which is not higher than the usual charge made by the provider of the care or supply and does not exceed the usual charge made by most providers of like service in the same area. If your non-network provider's charges exceed UCR, you pay the excess in addition to any required coinsurance.

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Health Savings Account (HSA)

If you enroll in a high deductible health plan (HDHP) medical plan, you can also choose to set aside pre-tax money in a Health Savings Account (HSA) to use for eligible expenses. Your savings can build up year over year, earn interest, and can even be invested to grow your funds tax-free.

HSA Triple Tax Savings



HSA Contribution Limits

For the 2021 calendar year, the IRS limits what you can contribute to an HSA to:

- Single coverage: \$3,600
- Family coverage: \$7,200
- Additional catch-up contribution (turning age 55+): \$1,000.

**Enrollment in HDHP
is necessary to
participate in 2021.**

HSA Eligibility

You must be enrolled in a high deductible health plan (HDHP) to have an HSA.

To be eligible for an HSA, you cannot be:

- Claimed as a tax dependent
 - Enrolled in Medicare (whether or not you were automatically enrolled due to age)
 - Covered by your own or your spouse's flexible spending account (FSA), health reimbursement arrangement (HRA), or non-high-deductible health plan.
- Exceptions: limited purpose FSA or post-deductible HRA.



Use the HSA for any IRS-Approved Healthcare Expenses

- For you, your spouse, and/or eligible tax dependents — whether they are on your medical plan or not.
- Now or in the future — even during retirement.
- Once you've enrolled in Medicare, you can't contribute to an HSA but you can still withdraw money tax-free to pay healthcare expenses.

You can start, stop, or change your contribution amount during the year — you don't have to wait for open enrollment.



How it Works

The preferred dentist program administered by Guardian is designed to provide the dental coverage you need with the features you want — like the freedom to visit the dentist of your choice, in or out of network. Use network providers to receive higher benefits. See the last page of this guide for who to contact with questions.

Dental Plan: \$3000 Your network is: Dental Guard Preferred	In-Network % of negotiated fee	Out-of-Network % of UCR fee
ANNUAL DEDUCTIBLE	\$50 per individual/3 family limit	
ANNUAL MAXIMUM BENEFIT	\$3,000 per individual	
PREVENTIVE AND DIAGNOSTIC	100% (deductible does not apply)	100% (deductible does not apply)
BASIC RESTORATIVE	80% after deductible	80% after deductible
MAJOR RESTORATIVE	50% after deductible	50% of after deductible
ORTHODONTIA (For children up to age 19)	50% (\$2,500 per individual lifetime maximum benefit)	

Dental Plan: \$1000 Your network is: Dental Guard Preferred	In-Network % of negotiated fee	Out-of-Network % of UCR fee
ANNUAL DEDUCTIBLE	\$50 per individual/3 family limit	
ANNUAL MAXIMUM BENEFIT	\$1,000 per individual	
PREVENTIVE AND DIAGNOSTIC	100% (deductible does not apply)	100% (deductible does not apply)
BASIC RESTORATIVE	80% after deductible	80% after deductible
MAJOR RESTORATIVE	50% after deductible	50% of after deductible
ORTHODONTIA (For children up to age 19)	50% (\$1,000 per individual lifetime maximum benefit)	

Dental Plan: \$750 Your network is: Dental Guard Preferred	In-Network % of negotiated fee	Out-of-Network % of negotiated fee*
ANNUAL DEDUCTIBLE	\$50 per individual/3 family limit	
ANNUAL MAXIMUM BENEFIT	\$750 per individual	
PREVENTIVE AND DIAGNOSTIC	100% (deductible does not apply)	100% (deductible does not apply)
BASIC RESTORATIVE	50% after deductible	50% after deductible
MAJOR RESTORATIVE	40% after deductible	40% after deductible
ORTHODONTIA	Not covered	

* The Reasonable and Customary charge is based on the lowest of the: "Actual Charge" (the dentist's actual charge); or "Usual Charge" the dentist's usual charge for the same or similar services); or UCR (Usual, Customary, and Reasonable) (the 90th percentile charge of most dentists in the same geographic area for the same or similar services as determined by Guardian). If you did not enroll in dental when you were first eligible as a new hire, but enroll later, waiting periods may apply before you are eligible for services other than preventive.

**Always confirm with your provider how procedures will be covered prior to treatment.

877-265-7699



Guardian administers the vision plan.

- Go to any licensed vision specialist and receive coverage (but you receive a better benefit if you stay in network: VSP).
- Choose from a large network of ophthalmologists, optometrists and opticians.
- Take advantage of our service agreements. It's easy to find network providers at GuardianAnytime.com

	In-Network	Out-of-Network
ROUTINE EYE EXAM	Once every 12 months (after \$20 copay)	
	100%	Up to \$39
LENSES	Once every 12 months (after \$20 eyewear copay)	
Single vision	100%	Up to \$23
Bifocal		Up to \$37
Trifocal		Up to \$49
Lenticular		Up to \$64
FRAMES	One pair every 24 months (after \$20 copay)	
	100% (up to \$130 + 20% off balance)	Up to \$46
	*See additional information about Retail Chain Provider below	
CONTACT LENSES INSTEAD OF GLASSES	One pair every 12 months (after \$20 copay)	
Fitting and evaluation	Member pays up to \$60.	Included in the Contact Lens Allowance
Elective lenses	Up to \$130	Up to \$100
Necessary lenses	100% (after \$20 copay)	Up to \$210

Guardian's affiliation with Vision Service Plan (VSP), offers one of the largest vision care network in the industry with over 70,000 provider access points nationwide. It's easy to find a network provider at GuardianAnytime.com. Choice plans offer 20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact lenses. These discounts only apply to services from an in network provider.

***Your plan includes Retail Chain Providers, your employees have the convenience of popular retail chains like Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates, Rxoptical and more. Benefits may vary at some retail chain provider locations.**



Voluntary Life and AD&D Insurance

Life and accidental death and dismemberment (AD&D) insurance protects you and your loved ones against the loss of income resulting from death or accident. You may purchase Voluntary life and AD&D Insurance is insured by Guardian. For premiums and more information about these benefits, visit SnellingsWalters.MyBenefitChoice.com.

You can elect the same coverage you have now plus an additional \$50,000 up to \$200,000 with no evidence of insurability required. See your personalized benefit summary for your current coverage amounts.

You may also purchase voluntary life for your spouse and/or your dependent.

For You

The first time you are eligible to enroll (usually as a new employee), you can purchase voluntary life and AD&D insurance for yourself of \$10,000 up to \$500,000 in increments of \$10,000. You cannot elect more than this. Evidence of Insurability (EOI) is required for coverage amounts above \$200,000.

For Your Spouse

You can purchase voluntary life and AD&D insurance for your spouse in multiples of \$10,000 up to a maximum of 50% of your voluntary life election or \$100,000 (whichever is less). Evidence of insurability (EOI) is required for coverage amounts above \$20,000.

For Your Children

You can purchase \$2,000 to \$10,000, in \$2,000 increments of voluntary life and AD&D insurance for your children, not to exceed 100% of Employee's amount.

Extras

If you are enrolled in voluntary life and AD&D insurance, you have access to two additional benefits:

- Will preparation provided by Integrated Behavioral Health, Inc. and its contractors. www.ibhwillprep.com
- **Username: WillPrep**
- **Password: GLIC09 or call 877-433-6789**

Note: In order to be eligible for life and AD&D coverage: Employees must be legally working (a) in the United States or (b) outside the United States for a US based employer, in a country or region approved by Guardian.

Evidence of Insurability (EOI):

also known as proof of good health, EOI is an application process in which you provide information of your and your dependents' health.

Download the EOI voluntary life form at **SnellingsWalters.**

MyBenefitChoice.com.

Select a beneficiary and make sure your loved ones are protected Go to **SnellingsWalters.**

MyBenefitChoice.com

to choose who you want to receive the voluntary life insurance benefits in the event of your death.

OTHER BENEFITS

Other benefits are offered by **Guardian**



Critical Illness Insurance

A critical illness can be expensive – even if you have good medical coverage. On top of your medical plan deductible and copays, you may lose income from missing work, need to pay someone to care for your children...the list goes on. Critical illness insurance pays you a lump sum, to use as you see fit, if you're diagnosed with covered critical illnesses (such as cancer, heart attack, stroke, and more).

You can buy a lump sum benefit of \$5,000 to \$20,000 in increments of \$5,000 of coverage for you. For your Spouse you can also buy a lump sum benefit of \$2,500 to \$10,000 in increments of \$2,500 up to 50% of the employee benefit. Your child(ren) will be automatically enrolled in the plan with a 25% of your lump sum benefit. For more information, log in to: snellingswalters.mybenefitchoice.com



Hospital Indemnity Insurance

Even with good medical insurance, a stay in the hospital will cost you a lot. Whether you are hospitalized for a covered accident or illness, hospital indemnity insurance provides you with needed cash. For example, if you have a covered hospital stay, the plan pays you \$500 for your admission and \$200 per day that you remain in the hospital (up to 15 days per year). You can use this money as you see fit; for out-of-pocket medical expenses such as your deductible and copays, or to cover other expenses.

Coverage is available at group rates for you, or you and your spouse and/or children under age 26. For more information, log in to snellingswalters.mybenefitchoice.com



Accident Insurance

This plan pays you based on every procedure you receive as a result of a covered accident. Whether it is a minor injury like a twisted ankle or a major fracture, there will be set amounts paid out for each treatment. For example, if you injure your leg in a covered accident, go to the hospital, and the emergency room doctor diagnoses a fracture, you would leave the hospital on crutches and the plan would pay up to \$5,500.

Coverage is available at group rates for you, or you and your spouse and/or children under age 26. For more information, log in to snellingswalters.mybenefitchoice.com





CONTACT INFORMATION

Medical and Prescription Drugs

Medical

- Benefits
- Claims and pre-authorization

AmeriBen: **855-258-2658** - www.myameriben.com

- Finding a network provider

You may go to www.myameriben.com (Important Links) or www.anthem.com: Click “Find a Doctor” on the right side of the home page. Under “Search as a Member” using identification number or alpha prefix option: on your medical ID

Prescription Drugs

- Benefits
- Claims

Magellan: **800-711-4550** or www.magellanrx.com

- Finding a network provider
- Mail order pharmacy

To find a member pharmacy, log in at the www.magellanrx.com member portal choose “Find a pharmacy” from the “Tools” menu at the top of the page.

Dental, Vision, Voluntary Life/AD&D, Critical Illness, Hospital Indemnity and Accident Insurance you may contact:

Guardian Customer Response Unit

800-627-4200 or cru@glic.com

www.GuardianAnytime.com

Other questions and enrollment support contact: Milliman Benefits Service Center: **877-265-7699** or

snellingswalters.mybenefitchoice.com

Health Savings Account

Optum Bank

You may call **866-234-8913** or log in to www.OptumBank.com

Important Note:

All documents and details about your benefits are available to you 24/7 at SnellingsWalters. MyBenefitChoice.com. or you may call for assistance **877-265-7699**





RUSSELL LANDSCAPE

2021 BENEFIT OPTIONS AND BI-WEEKLY PREMIUM RATES

Premiums shown are **bi-weekly** rates.

Medical- Anthem-AmeriBen			
Plan	PPO \$1,000	HDHP \$2,800	HDHP \$5,000
Employee Only	\$71.08	\$46.15	\$34.62
Employee + Spouse	\$485.54	\$365.54	\$259.85
Employee + Child(ren)	\$438.46	\$325.85	\$234.00
Employee + Family	\$804.46	\$604.62	\$367.38

Dental - Guardian			
Plan Benefit	Up to \$3000	Up to \$1000	Up to \$750
Employee Only	\$20.80	\$16.60	\$9.86
Employee + Spouse	\$42.86	\$34.30	\$20.41
Employee + Child(ren)	\$50.80	\$41.24	\$23.81
Employee + Family	\$78.44	\$63.56	\$36.96

Vision - Guardian	
Vision Plan	
Employee Only	\$3.89
Employee + Spouse	\$6.54
Employee + Child(ren)	\$6.67
Employee + Family	\$10.56

Critical Illness - Guardian						
Child Cost is included with Employee election						
Amount/Employee Issue	< 30	30-39	40-49	50-59	60-69	70+†
\$5,000	\$1.97	\$2.59	\$4.67	\$8.43	\$12.91	\$24.79
\$10,000	\$3.47	\$4.72	\$8.87	\$16.39	\$25.35	\$49.12
\$15,000	\$4.97	\$6.84	\$13.07	\$24.36	\$37.79	\$73.44
\$20,000	\$6.47	\$8.96	\$17.27	\$32.32	\$50.23	\$97.76
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$10,000						
Amount/Spouse	< 30	30-39	40-49	50-59	60-69	70+†
\$2,500	\$1.18	\$1.49	\$2.53	\$4.41	\$6.65	\$12.59
\$5,000	\$1.93	\$2.55	\$4.63	\$8.39	\$12.86	\$24.75
\$7,500	\$2.68	\$3.61	\$6.73	\$12.37	\$19.08	\$36.91
\$10,000	\$3.43	\$4.67	\$8.83	\$16.35	\$25.30	\$49.07

Accident - Guardian	
Accident Plan	
Employee Only	\$8.60
Employee + Spouse	\$12.01
Employee + Child(ren)	\$12.16
Employee + Family	\$15.57

Hospital Indemnity	
With Guardian	
Employee Only	\$5.49
Employee + Spouse	\$9.61
Employee + Child(ren)	\$9.61
Employee + Family	\$16.84

†Benefit reductions may apply. See plan details.

Voluntary Life - Guardian

Amount/ Employee Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.38	\$0.41	\$0.49	\$0.67	\$0.98	\$1.45	\$2.29	\$3.26	\$4.88
\$20,000	\$0.76	\$0.82	\$0.98	\$1.35	\$1.97	\$2.90	\$4.57	\$6.53	\$9.76
\$30,000	\$1.14	\$1.23	\$1.47	\$2.02	\$2.95	\$4.35	\$6.85	\$9.79	\$14.64
\$40,000	\$1.51	\$1.64	\$1.96	\$2.70	\$3.93	\$5.80	\$9.14	\$13.05	\$19.51
\$50,000	\$1.89	\$2.05	\$2.45	\$3.37	\$4.92	\$7.25	\$11.42	\$16.32	\$24.39
\$60,000	\$2.27	\$2.47	\$2.94	\$4.04	\$5.90	\$8.70	\$13.71	\$19.58	\$29.27
\$70,000	\$2.65	\$2.88	\$3.43	\$4.72	\$6.88	\$10.15	\$15.99	\$22.84	\$34.15
\$80,000	\$3.03	\$3.29	\$3.91	\$5.39	\$7.87	\$11.59	\$18.28	\$26.11	\$39.03
\$90,000	\$3.41	\$3.70	\$4.40	\$6.07	\$8.85	\$13.04	\$20.56	\$29.37	\$43.91
\$100,000	\$3.79	\$4.11	\$4.89	\$6.74	\$9.83	\$14.49	\$22.85	\$32.63	\$48.79
\$110,000	\$4.16	\$4.52	\$5.38	\$7.41	\$10.81	\$15.94	\$25.13	\$35.89	\$53.66
\$120,000	\$4.54	\$4.93	\$5.87	\$8.09	\$11.80	\$17.39	\$27.42	\$39.16	\$58.54
\$130,000	\$4.92	\$5.34	\$6.36	\$8.76	\$12.78	\$18.84	\$29.70	\$42.42	\$63.42
\$140,000	\$5.30	\$5.75	\$6.85	\$9.43	\$13.76	\$20.29	\$31.99	\$45.68	\$68.30
\$150,000	\$5.68	\$6.16	\$7.34	\$10.11	\$14.75	\$21.74	\$34.27	\$48.95	\$73.18
\$160,000	\$6.06	\$6.57	\$7.83	\$10.78	\$15.73	\$23.19	\$36.55	\$52.21	\$78.06
\$170,000	\$6.43	\$6.98	\$8.32	\$11.46	\$16.71	\$24.64	\$38.84	\$55.47	\$82.93
\$180,000	\$6.81	\$7.39	\$8.81	\$12.13	\$17.70	\$26.09	\$41.12	\$58.74	\$87.81
\$190,000	\$7.19	\$7.81	\$9.30	\$12.80	\$18.68	\$27.54	\$43.41	\$62.00	\$92.69
\$200,000	\$7.57	\$8.22	\$9.79	\$13.48	\$19.66	\$28.99	\$45.69	\$65.26	\$97.57
\$210,000	\$7.95	\$8.63	\$10.27	\$14.15	\$20.65	\$30.43	\$47.98	\$68.53	\$102.45
\$220,000	\$8.33	\$9.04	\$10.76	\$14.83	\$21.63	\$31.88	\$50.26	\$71.79	\$107.33
\$230,000	\$8.71	\$9.45	\$11.25	\$15.50	\$22.61	\$33.33	\$52.55	\$75.05	\$112.21
\$240,000	\$9.08	\$9.86	\$11.74	\$16.17	\$23.59	\$34.78	\$54.83	\$78.31	\$117.08
\$250,000	\$9.46	\$10.27	\$12.23	\$16.85	\$24.58	\$36.23	\$57.12	\$81.58	\$121.96
\$260,000	\$9.84	\$10.68	\$12.72	\$17.52	\$25.56	\$37.68	\$59.40	\$84.84	\$126.84
\$270,000	\$10.22	\$11.09	\$13.21	\$18.19	\$26.54	\$39.13	\$61.69	\$88.10	\$131.72
\$280,000	\$10.60	\$11.50	\$13.70	\$18.87	\$27.53	\$40.58	\$63.97	\$91.37	\$136.60
\$290,000	\$10.98	\$11.91	\$14.19	\$19.54	\$28.51	\$42.03	\$66.25	\$94.63	\$141.48
\$300,000	\$11.35	\$12.32	\$14.68	\$20.22	\$29.49	\$43.48	\$68.54	\$97.89	\$146.35
\$310,000	\$11.73	\$12.73	\$15.17	\$20.89	\$30.48	\$44.93	\$70.82	\$101.16	\$151.23
\$320,000	\$12.11	\$13.15	\$15.66	\$21.56	\$31.46	\$46.38	\$73.11	\$104.42	\$156.11
\$330,000	\$12.49	\$13.56	\$16.15	\$22.24	\$32.44	\$47.83	\$75.39	\$107.68	\$160.99
\$340,000	\$12.87	\$13.97	\$16.63	\$22.91	\$33.43	\$49.27	\$77.68	\$110.95	\$165.87
\$350,000	\$13.25	\$14.38	\$17.12	\$23.59	\$34.41	\$50.72	\$79.96	\$114.21	\$170.75
\$360,000	\$13.63	\$14.79	\$17.61	\$24.26	\$35.39	\$52.17	\$82.25	\$117.47	\$175.63
\$370,000	\$14.00	\$15.20	\$18.10	\$24.93	\$36.37	\$53.62	\$84.53	\$120.73	\$180.50
\$380,000	\$14.38	\$15.61	\$18.59	\$25.61	\$37.36	\$55.07	\$86.82	\$124.00	\$185.38
\$390,000	\$14.76	\$16.02	\$19.08	\$26.28	\$38.34	\$56.52	\$89.10	\$127.26	\$190.26
\$400,000	\$15.14	\$16.43	\$19.57	\$26.95	\$39.32	\$57.97	\$91.39	\$130.52	\$195.14
\$410,000	\$15.52	\$16.84	\$20.06	\$27.63	\$40.31	\$59.42	\$93.67	\$133.79	\$200.02
\$420,000	\$15.90	\$17.25	\$20.55	\$28.30	\$41.29	\$60.87	\$95.95	\$137.05	\$204.90
\$430,000	\$16.27	\$17.66	\$21.04	\$28.98	\$42.27	\$62.32	\$98.24	\$140.31	\$209.77
\$440,000	\$16.65	\$18.07	\$21.53	\$29.65	\$43.26	\$63.77	\$100.52	\$143.58	\$214.65

Voluntary Life - Guardian

Amount/ Employee Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$450,000	\$17.03	\$18.49	\$22.02	\$30.32	\$44.24	\$65.22	\$102.81	\$146.84	\$219.53
\$460,000	\$17.41	\$18.90	\$22.51	\$31.00	\$45.22	\$66.67	\$105.09	\$150.10	\$224.41
\$470,000	\$17.79	\$19.31	\$22.99	\$31.67	\$46.21	\$68.11	\$107.38	\$153.37	\$229.29
\$480,000	\$18.17	\$19.72	\$23.48	\$32.35	\$47.19	\$69.56	\$109.66	\$156.63	\$234.17
\$490,000	\$18.55	\$20.13	\$23.97	\$33.02	\$48.17	\$71.01	\$111.95	\$159.89	\$239.05
\$500,000	\$18.92	\$20.54	\$24.46	\$33.69	\$49.15	\$72.46	\$114.23	\$163.15	\$243.92
Amount/Spouse									
\$10,000	\$0.28	\$0.29	\$0.37	\$0.57	\$1.01	\$1.88	\$3.37	\$7.64	\$13.60
\$20,000	\$0.56	\$0.58	\$0.75	\$1.14	\$2.02	\$3.77	\$6.73	\$15.28	\$27.19
\$30,000	\$0.85	\$0.87	\$1.12	\$1.70	\$3.03	\$5.65	\$10.09	\$22.92	\$40.79
\$40,000	\$1.13	\$1.16	\$1.50	\$2.27	\$4.04	\$7.53	\$13.46	\$30.55	\$54.39
\$50,000	\$1.41	\$1.45	\$1.87	\$2.84	\$5.05	\$9.42	\$16.82	\$38.19	\$67.99
\$60,000	\$1.69	\$1.75	\$2.24	\$3.41	\$6.07	\$11.30	\$20.19	\$45.83	\$81.58
\$70,000	\$1.97	\$2.04	\$2.62	\$3.97	\$7.08	\$13.18	\$23.55	\$53.47	\$95.18
\$80,000	\$2.25	\$2.33	\$2.99	\$4.54	\$8.09	\$15.07	\$26.92	\$61.11	\$108.78
\$90,000	\$2.53	\$2.62	\$3.37	\$5.11	\$9.10	\$16.95	\$30.28	\$68.75	\$122.37
\$100,000	\$2.82	\$2.91	\$3.74	\$5.68	\$10.11	\$18.83	\$33.65	\$76.39	\$135.97
Amount/Child(ren)									
\$2,000	\$0.18	\$0.18	\$0.18	\$0.18	\$0.18	\$0.18	\$0.18	\$0.18	\$0.18
\$4,000	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36	\$0.36
\$6,000	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54
\$8,000	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72
\$10,000	\$0.91	\$0.91	\$0.91	\$0.91	\$0.91	\$0.91	\$0.91	\$0.91	\$0.91

Spouse coverage premium is based on Employee age. Coverage for the spouse terminates at spouse's age 70.

Questions about your benefits?

Milliman Benefits Center

Phone: 877-265-7699



Appointment of Employer as Authorized Agent to Open an HSA account with Optum Bank

This notification is for those who have enrolled in a medical High Deductible Health Plan for the year 2021.

This notification is to advise you that a Health Savings Account (HSA) will be opened on your behalf under your name with Optum Bank effective January 1st, 2021.

Appointment and Certification

Russell Landscape ("Employer") is appointed as your agent for the purpose of opening and administering/maintaining an Optum Bank, Inc. ("Bank") Health Savings Account ("HSA") on your behalf and Employer is authorized to send and receive information to and from the Bank on my behalf (including account number) in order to accomplish this purpose.

By reviewing this notification, you have been advised about the Bank's USA PATRIOT Act Notice provided below:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

You certify that you are eligible to contribute to an HSA under Internal Revenue Code Section 223. You authorize and direct the Bank to issue a Debit MasterCard® to me. You instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other HSA notices, disclosures and information related to and governing my HSA to me online at www.optumbank.com. You understand that monthly account statements and other documentation and notices will be delivered or made available electronically. If you want HSA statements mailed to my home, you must notify the Bank directly.

You agree that Employer will remain your agent unless and until Employer and the Bank receive notice that the appointment of Employer as my agent has been terminated, that you are no longer employed by Employer, or that you are no longer an HSA eligible individual; or you receive a notice from the Bank that your application for an HSA has been declined.

- **If you don't wish that Employer opens an Optum HSA account under your name, you must notify your employer in writing with appropriate signature.**
- **If Employer does not receive any notification in writing before 01/01/2021 an HSA account will be opened and it will be funded once all your information and requirements have been met.**
- **In the event that you are ineligible for an HSA account, you will be unable to qualify for any employer's contribution.**

Contact Human Resources with any questions or concern you may have.

***This notification is posted in your Enrollment Portal – Visit: Senllingswalters.mybenefitchoice.com*