## Group Medical Coverage Feature

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
<th>Eligibility requirements</th>
<th>Last Day of Coverage</th>
<th>Monthly Employee Premium Cost</th>
<th>For More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvard Pilgrim Health Care HMO</td>
<td>072066</td>
<td>First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan</td>
<td>Last Day of the Month of Termination</td>
<td>EE: $274.36 EE+Chi: $535.32 EE+SP: $589.93 Family: $730.45</td>
<td>1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 <a href="http://www.hphc.org">www.hphc.org</a></td>
</tr>
<tr>
<td>Harvard Pilgrim Health Care Best Buy HMO</td>
<td>072065</td>
<td>First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan</td>
<td>Last Day of the Month of Termination</td>
<td>EE: $236.69 EE+Ch: $462.85 EE+SP: $508.86 Family: $630.07</td>
<td>1600 Crown Colony Drive Quincy, MA 02169 1-888-333-4742 <a href="http://www.hphc.org">www.hphc.org</a></td>
</tr>
</tbody>
</table>
| Harvard Pilgrim Health Care PPO | 072067 | First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan | Last Day of the Month of Termination | EE: $558.94  
EE+Ch: $1,089.92  
EE+SP: $1,201.69  
Family: $1,487.86 | 1600 Crown Colony Drive Quincy, MA 02169  
1-888-333-4742  
www.hphc.org |
| Harvard Pilgrim Health Care HDHP PPO | 072068 | First of the month following Date of Hire. Date of Hire if hire date is first of the month. Spouses under age 65 of retirees are eligible on the date the retiree joins the Retiree Health Plan | Last Day of the Month of Termination | EE: $163.23  
EE+Ch: $318.32  
EE+SP: $350.96  
Family: $434.52 | 1600 Crown Colony Drive Quincy, MA 02169  
1-888-333-4742  
www.hphc.org |

**Group Prescription Drug Coverage Feature**

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
<th>Eligibility Requirements</th>
<th>Last Day of Coverage</th>
<th>Monthly Employee Premium Cost</th>
<th>For More Information</th>
</tr>
</thead>
</table>
| Optum RX | | First of the month following Date of Hire. Date of Hire if hire date is first of the month. | Last Day of the Month of Termination | Included in the medical cost. | P.O. Box 42000 Hazelwood, MO 63042  
800.788.4863  
www.optumrx.com |
### Group Dental Coverage Feature

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
<th>Eligibility requirements</th>
<th>Last Day of Coverage</th>
<th>Monthly Employee Premium Cost</th>
<th>For More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO</td>
<td>004772</td>
<td>First of the month following Date of Hire. Date of Hire if hire date is first of the month.</td>
<td>Last Day of the Month of Termination</td>
<td>EE: $23.74 EE+Ch: $42.43 EE+SP: $47.11 Family: $74.42</td>
<td>465 Medford Street Boston, MA 02129 800.872.0500 <a href="http://www.deltadentalma.com">www.deltadentalma.com</a></td>
</tr>
</tbody>
</table>

### Group LTD Coverage Feature

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
<th>Eligibility requirements</th>
<th>Last Day of Coverage</th>
<th>Monthly Employee Premium Cost</th>
<th>For More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Life Insurance Long Term Disability</td>
<td>162728</td>
<td>First of the month following 12 months from date of hire</td>
<td>Termination Date</td>
<td>No Employee Cost</td>
<td>P.O. Box 3789 Portland, OR 97208 800-937-4783 <a href="http://www.standard.com">www.standard.com</a></td>
</tr>
</tbody>
</table>

### Group Life/ AD&D Coverage Feature

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
<th>Eligibility requirements</th>
<th>Last Day of Coverage</th>
<th>Monthly Employee Premium Cost</th>
<th>For More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Life Insurance Basic Life/AD&amp;D Insurance</td>
<td>162728</td>
<td>First of the month following Date of Hire. Date of Hire if hire date is first of the month.</td>
<td>Termination Date</td>
<td>No Employee Cost</td>
<td>P.O. Box 3789 Portland, OR 97208 800-937-4783 <a href="http://www.standard.com">www.standard.com</a></td>
</tr>
</tbody>
</table>
Voluntary Life Coverage Feature

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
<th>Eligibility requirements</th>
<th>Last Day of Coverage</th>
<th>Monthly Employee Premium Cost</th>
<th>For More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Life Insurance Voluntary Life Insurance</td>
<td>162728</td>
<td>First of the month following Date of Hire. Date of Hire if hire date is first of the month.</td>
<td>Termination Date</td>
<td>Cost is based on coverage amount elected and age at time of election</td>
<td>P.O. Box 3789 Portland, OR 97208 800-937-4783 <a href="http://www.standard.com">www.standard.com</a></td>
</tr>
</tbody>
</table>

Employee Assistance Program

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
<th>Eligibility requirements</th>
<th>Last Day of Coverage</th>
<th>Monthly Employee Premium Cost</th>
<th>For More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>E4 Health, Inc.</td>
<td>None</td>
<td>Same day as date of hire</td>
<td>Last Day of the Month of Termination</td>
<td>No Employee Cost</td>
<td>105 Decker Ct., Suite 475 Irving, Texas 75062 800.828.6025 <a href="http://www.helloe4.com">www.helloe4.com</a></td>
</tr>
</tbody>
</table>

Health Savings Account Coverage Feature

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
<th>Eligibility requirements</th>
<th>Last Day of Coverage</th>
<th>Monthly Employee Premium Cost</th>
<th>For More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discovery Benefits</td>
<td>None</td>
<td>First of the month following Date of Hire. Date of Hire if hire date is first of the month.</td>
<td>Termination Date</td>
<td>Elected Amount</td>
<td>P.O Box 2926 Fargo, ND 58108 866.451.3399 <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a></td>
</tr>
</tbody>
</table>
# Healthcare Flexible Spending Account Coverage Feature

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>Welfare Benefit Contract Information</th>
<th>Eligibility requirements</th>
<th>Last Day of Coverage</th>
<th>Monthly Employee Premium Cost</th>
<th>For More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discovery Benefits</td>
<td>None</td>
<td>First of the month following Date of Hire. Date of Hire if hire date is first of the month.</td>
<td>Termination Date</td>
<td>Elected Amount</td>
<td>P.O Box 2926 Fargo, ND 58108 866.451.3399 <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a></td>
</tr>
</tbody>
</table>