2022
BENEFITS GUIDE

Vista Security Group

VISTA SECURITY GROUP
STRONGER TOGETHER

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EMPLOYEE BENEFITS

Welcome!

Vista Security Group's goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits.

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family.

This guide contains a brief summary of the benefit plans offered. It is not the complete summary plan description. Please read this guide carefully so that you may make informed enrollment decisions. Additional enrollment and benefit information may be requested directly from the insurance carrier.

2022

BENEFIT GUIDE

Together, we'll achieve your goals.

BENEFITS ENROLLMENT

2022 PLAN YEAR

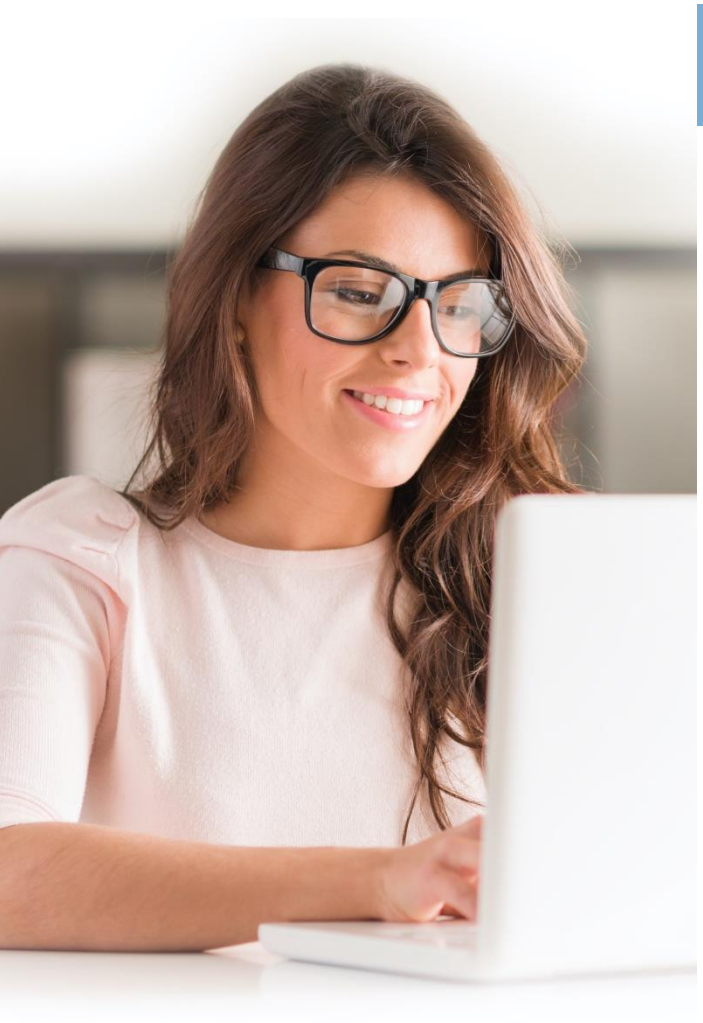
INITIAL ELIGIBILITY PERIOD

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date. If your enrollment is not completed on or before the end of your initial eligibility period:

- You will have to wait until the next Open Enrollment period to change your benefit elections (unless there is a qualifying event outlined below).

OPEN ENROLLMENT

Open Enrollment is the window of opportunity to review your benefit enrollments and determine if you want to make any changes for the following plan year. It is important to remind you that decisions made during Open Enrollment are generally binding for the entire plan year and cannot be changed until next year's Open Enrollment unless there is a qualified change in status.



QUALIFIED CHANGE IN STATUS INCLUDE

- Marriage
- Divorce
- Legal separation
- Birth or adoption of a child
- Legal guardianship
- Involuntary loss of coverage
- National support notice
- Change in child's dependent status
- Death of spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in spouse's benefits or employment status

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage as of the date of the event. If you submit a qualifying event more than 30 days after the event, the change is subject to carrier approval.

We encourage you to take advantage of all of your available resources and work toward improving your overall health, making this year your healthiest ever.

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MEDICAL INSURANCE

univera HEALTHCARE

	Signature Deductible 4 - $1,400/$2,800	
	In-Network	Out-of-Network
General Plan Information		
Deductible	Single: $1,400 Family: $2,800 (true family)	Single: $2,800 Family: $5,600 (true family)
Coinsurance	N/A	40% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: $4,000 Family: $8,000 (Annual Per Person Cap: $6,650)	Single: $10,000 Family: $20,000 (Annual Per Person Cap: $6,650)
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	$5 / $35 / $70 After Deductible	Not Covered
Mail Order	2 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	40% Coinsurance After Deductible
Primary Office Visit	$20 Copay After Deductible	40% Coinsurance After Deductible
Specialist Office Visit	$40 Copay After Deductible	40% Coinsurance After Deductible
Inpatient Hospital	$500 Copay After Deductible per Admission	40% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	$150 Copay After Deductible	40% Coinsurance After Deductible
Emergency Room (waived if admitted)	$200 Copay After Deductible	$200 Copay After Deductible
Urgent Care Center	$50 Copay After Deductible	$50 Copay After Deductible
Weekly Payroll Deductions		
Single	$82.30	
2-Person	$224.71	
Employee + Child(ren)	$181.99	
Family	$345.76	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL INSURANCE

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	Signature Deductible 3 - $3,000/$6,000	
	In-Network	Out-of-Network
General Plan Information		
Deductible	Single: $3,000 Family: $6,000 (embedded)	Single: $6,000 Family: $12,000 (embedded)
Coinsurance	40% Coinsurance After Deductible	50% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: $7,000 Family: $14,000	Single: $10,000 Family: $20,000
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	$5 / $35 / $70 After Deductible	Not Covered
Mail Order	2 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	50% Coinsurance After Deductible
Primary Office Visit	40% Coinsurance After Deductible	50% Coinsurance After Deductible
Specialist Office Visit	40% Coinsurance After Deductible	50% Coinsurance After Deductible
Inpatient Hospital	40% Coinsurance After Deductible per Admission	50% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	40% Coinsurance After Deductible	50% Coinsurance After Deductible
Emergency Room (waived if admitted)	40% Coinsurance After Deductible	40% Coinsurance After Deductible
Urgent Care Center	40% Coinsurance After Deductible	40% Coinsurance After Deductible
Weekly Payroll Deductions		
Single	$57.69	
2-Person	$175.50	
Employee + Child(ren)	$140.16	
Family	$275.64	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL INSURANCE

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	Signature Deductible 3 - $4,000/$8,000	
	In-Network	Out-of-Network
General Plan Information		
Deductible	Single: $4,000 Family: $8,000 (combined-embedded)	Single: $4,000 Family: $8,000 (combined-embedded)
Coinsurance	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: $5,000 Family: $10,000	Single: $10,000 Family: $20,000
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	$15 / 50% / 50% After Deductible	Not Covered
Mail Order	2 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	40% Coinsurance After Deductible
Primary Office Visit	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Specialist Office Visit	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Inpatient Hospital	20% Coinsurance After Deductible per Admission	40% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Emergency Room (waived if admitted)	20% Coinsurance After Deductible	20% Coinsurance After Deductible
Urgent Care Center	20% Coinsurance After Deductible	20% Coinsurance After Deductible
Weekly Payroll Deductions		
Single	$43.36	
2-Person	$146.85	
Employee + Child(ren)	$115.80	
Family	$234.80	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL INSURANCE

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	Signature Deductible 3 - $4,500/$9,000	
	In-Network	Out-of-Network
General Plan Information		
Deductible	Single: $4,500 Family: $9,000 (combined-embedded)	Single: $4,500 Family: $9,000 (combined-embedded)
Coinsurance	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: $7,000 Family: $14,000	Single: $10,000 Family: $20,000
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	$10 / $35 / $70 After Deductible	Not Covered
Mail Order	2 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	40% Coinsurance After Deductible
Primary Office Visit	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Specialist Office Visit	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Inpatient Hospital	20% Coinsurance After Deductible per Admission	40% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	20% Coinsurance After Deductible	40% Coinsurance After Deductible
Emergency Room (waived if admitted)	20% Coinsurance After Deductible	20% Coinsurance After Deductible
Urgent Care Center	20% Coinsurance After Deductible	20% Coinsurance After Deductible
Weekly Payroll Deductions		
Single	$38.04	
2-Person	$140.74	
Employee + Child(ren)	$110.61	
Family	$226.11	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

DISABILITY INSURANCE

Deductions per year: 12

These rates were prepared on 5/6/2022 and are valid for 90 days.

	Disability 1000 for NY Off-Job Accident, Off-Job Sickness 3 Month Benefit					
Elimination Period	Issue Age	$1,000*	$1,400*	$1,700*	$2,000*	$2,200*
7 days Accident / 7 days Sickness	17-49	$24.50	$34.30	$41.65	$49.00	$53.90
	50-64	$29.50	$41.30	$50.15	$59.00	$64.90
14 days Accident / 14 days Sickness	17-49	$16.50	$23.10	$28.05	$33.00	$36.30
	50-64	$20.50	$28.70	$34.85	$41.00	$45.10

**Monthly benefit amount*

	6 Month Benefit					
Elimination Period	Issue Age	$1,000*	$1,400*	$1,700*	$2,000*	$2,200*
7 days Accident / 7 days Sickness	17-49	$31.00	$43.40	$52.70	$62.00	$68.20
	50-64	$40.50	$56.70	$68.85	$81.00	$89.10
14 days Accident / 14 days Sickness	17-49	$22.50	$31.50	$38.25	$45.00	$49.50
	50-64	$30.00	$42.00	$51.00	$60.00	$66.00

**Monthly benefit amount*

	Disability 1000 for NY Off-Job Accident, Off-Job Sickness 3 Month Benefit					
Elimination Period	Issue Age	$2,500*	$2,800*	$3,100*	$3,500*	$4,000*
7 days Accident / 7 days Sickness	17-49	$61.25	$68.60	N/A	N/A	N/A
	50-64	$73.75	$82.60	N/A	N/A	N/A
14 days Accident / 14 days Sickness	17-49	$41.25	$46.20	$51.15	$57.75	$66.00
	50-64	$51.25	$57.40	$63.55	$71.75	$82.00

**Monthly benefit amount*

	6 Month Benefit					
Elimination Period	Issue Age	$2,500*	$2,800*	$3,100*	$3,500*	$4,000*
7 days Accident / 7 days Sickness	17-49	$77.50	$86.80	N/A	N/A	N/A
	50-64	$101.25	$113.40	N/A	N/A	N/A
14 days Accident / 14 days Sickness	17-49	$56.25	$63.00	$69.75	$78.75	$90.00
	50-64	$75.00	$84.00	$93.00	$105.00	$120.00

Important Notice Regarding Coverage

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Paul Revere benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices. Colonial Voluntary Benefits products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA.© 2022 Colonial Life & Accident Insurance Company

VISTA SECURITY GROUP

OPEN ENROLLMENT JUNE 2022

During open enrollment you are offered exciting choices in your benefits program. You are eligible to apply for supplemental insurance. Participation in these benefits plans is voluntary, however, we feel it is very important for you to understand the many advantages of the products available to you:

- The ability to choose benefits to meet your individual needs.
- The ability to provide coverage for you *and* your family, with most products.

Listed below are **the three plans** for which you can apply. These benefits are paid directly to you unless you specify otherwise, and most benefits are paid regardless of other coverages you may have with other insurance companies.

Dental Insurance - Colonial Life's Individual Dental PPO product provides benefits to America's workers and their families for preventive, basic and major dental services. Our dental plan covers a wide range of treatments, from routine cleanings to root canals and pays benefits based on a defined co-insurance percentage. You have the freedom to choose any provider, and by seeing an in-network provider they can even reduce their out-of-pocket costs.

Disability Insurance - Protecting your paycheck is the most important thing you can do for yourself and your family. Learn how Disability insurance can help provide financial security to meet financial obligations and also increased out-of-pocket medical costs.

Term Life Insurance - enables you to tailor coverage for your individual needs and helps provide financial security for your family members. Option to choose between Whole Life and/or Term Life.

ENROLLERS

JOHN JACKSON
716-432-9685
John.Jackson@ColonialLifeSales.com

MICHAEL McNELIS
716-228-6863
Michael.McNelis@ColonialLifeSales.com

UNIVERA HEALTHCARE

MEDICAL INSURANCE | V952680026

Monday – Friday: 8:00 am – 8:00 pm (Eastern Time)

TOLL FREE **1.800.499.1275**

LOCAL **716.847.1480**

univerahealthcare.com

EMPLOYEE GENERAL NOTICES

PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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 below, 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 following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ **Phone: 1-855-692-5447**	**Health First Colorado Website:** **https://www.healthfirstcolorado.com/** **Health First Colorado Member Contact Center:** **1-800-221-3943/ State Relay 711** **CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus** **CHP+ Customer Service: 1-800-359-1991/ State Relay 711** **Health Insurance Buy-In Program** **(HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program** **HIBI Customer Service: 1-855-692-6442**
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program **Website: http://myakhipp.com/** **Phone: 1-866-251-4861** **Email: CustomerService@MyAKHIPP.com** **Medicaid Eligibility:** **http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx**	**Website:** **https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html** **Phone: 1-877-357-3268**
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ **Phone: 1-855-MyARHIPP (855-692-7447)**	**Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp** **Phone: 678-564-1162 ext 2131**
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: **Health Insurance Premium Payment (HIPP) Program** **http://dhcs.ca.gov/hipp** **Phone: 916-445-8322** **Email: hipp@dhcs.ca.gov**	**Healthy Indiana Plan for low-income adults 19-64** **Website: http://www.in.gov/fssa/hip/** **Phone: 1-877-438-4479** **All other Medicaid** **Website: https://www.in.gov/medicaid/** **Phone 1-800-457-4584**

EMPLOYEE GENERAL NOTICES

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website:
http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718

Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711

Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -800-977-6740. |TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa

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/other-insurance.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
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website:
https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website:
http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website:
https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website:
http://www.nd.gov/dhs/services/medicalserv/medicaid/ | Phone: 1-844-854-4825

OKLAHOMA - Medicaid	UTAH – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, 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

EMPLOYEE GENERAL NOTICES

PATIENT PROTECTION NOTICE

The Plan Administrator generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the plan administrator or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

SPECIAL ENROLLMENT RIGHTS NOTICE

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).

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.

To request special enrollment or obtain more information, contact ***Mona Rinaldo, Co Owner, 716-745-4641, mona@buffalopi.com***

WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT (WHCRA) ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For Singles receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. If you would like more information on WHCRA benefits, call your plan administrator at ***1.800.499.1275.***

NEWBORN'S AND MOTHER'S HEALTH PROTECTION ACT (NMHPA) NOTICE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

TO REQUEST NOTICES OR MORE INFORMATION

To request a copy of the General Notices or more information, please contact:

Mona Rinaldo, Co Owner
Vista Security Group
60 Bryant Woods South
Amherst, NY 14228
716-745-4641
mona@buffalopi.com

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

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