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THE
MELTZER
GROUP



ASSOCIATION FOR
FINANCIAL
PROFESSIONALS

BENEFITS GUIDE

Effective Dates | May 1, 2017 – April 30, 2018

Remote Employees



TABLE OF CONTENTS

Welcome	3
Summary of Employee Benefits	4
Medical Benefits	
CareFirst BluePreferred PPO.....	7
CareFirst BlueRewards	10
CareFirst Mobile Access	13
CareFirst Health & Wellness Discounts.....	14
Dental Benefits	
Cigna	16
Vision Benefits	
GVS	19
Life & Disability	
Cigna Basic Life/AD&D	23
Cigna Short Term Disability	24
Cigna Long Term Disability.....	25
Life Assistance Program	26
Value Added Programs & Services	28
Transamerica AccidentAdvance®	30
Payroll Contributions	38
Notes	39
Key Contacts	40



Come In
WE'RE
OPEN

WELCOME TO YOUR BENEFITS

The benefits offered by the Association for Financial Professionals are designed to provide a comprehensive package for our employees. These benefits are valuable and are provided to assist in managing the health of you and your family.

We encourage you to evaluate and select benefits that best suit the needs for you and your eligible dependents. This benefits guide highlights the many benefit options available to you and explains how to enroll in the benefits you choose. Please read this guide carefully, make your decisions, and enroll.

ELIGIBILITY

All regular, full-time employees are eligible for benefits through the Association for Financial Professionals. For benefits purposes only, a regular full-time employee is an employee who is scheduled to work 30 or more hours per week.

Lawful spouses and dependent children may be covered under the Association for Financial Professionals benefits. For a child to be considered a dependent, he or she must be less than 26 years of age regardless of student status. Stepchildren who reside with you, the employee, and who are primarily dependent upon you for support are also considered eligible dependents. Stepchildren are also subject to the age limitations. A child who has a physical or mental disability may be eligible for coverage at any age with proof of disability.

Coverage is effective on the first of the month following your date of hire. Open enrollment takes place each year. This is the time, other than for a qualifying life event (as listed below), when you can change your benefits elections. During this period, you must determine if you want to make changes to your benefits. If you wish to do so, you must enroll and/or decline coverages for the coming year. **The effective date for this plan year is May 1, 2017.**

QUALIFYING LIFE EVENTS

- Marriage, legal separation or divorce
- Birth or adoption of a child
- Change in employment status for you or your spouse
- Change in a dependent's benefits eligibility status (i.e. a dependent's child exceeding the maximum age for coverage)
- A significant change in the cost or coverage of your spouse's benefits
- Change in place of residence causing a loss of eligibility (i.e. moving outside of the service area)
- Change in the cost of dependent care (only for the Dependent Care Spending Account)
- Loss of a dependent (death)
- Open enrollment for your spouse

If you qualify for a change in your benefits, please notify the Association for Financial Professionals within 30 days of the change in status. You will need to provide proof of the qualifying life event.

2017-2018 SUMMARY OF EMPLOYEE BENEFITS

MEDICAL CARE | CAREFIRST

Employees have their medical plan through CareFirst.

CareFirst BluePreferred PPO OOA

DENTAL CARE | CIGNA

Dental insurance is 100% paid by AFP for employees and their dependents.

VISION CARE | GROUP VISION SERVICE (GVS)

Provides routine vision services including eye exams, lenses, frames, and contact lenses.

ADP FLEXIBLE SPENDING ACCOUNTS

Coverage effective on the 1st of the month following the date of hire. The plan year is May 1, 2017 – April 30, 2018.

Health Care FSA

\$2,600 annual maximum for eligible healthcare expenses not reimbursed through your health care plan.

Dependent Care FSA

\$5,000 annual maximum for eligible dependent care expenses. Reimbursement made in pre-tax dollars.

Grace Period

Can use any leftover money for expenses incurred within 2 months and 15 days after plan year end.

TRANSAMERICA ACCIDENT INSURANCE

Transamerica's AccidentAdvance plan pays benefits, directly to you, in the event that you or a covered family member are injured in an accident. Covered injuries can result from minor accidents (for example: cutting your finger while making dinner), to major accidents (for example: being in a car accident). All of the benefits are paid to you, even if you are receiving support from other sources such as health insurance, short-term disability, etc. This portable coverage allows you to take the plan with you wherever you go, at the same rate.

AFP RETIREMENT PLAN | PROFESSIONAL CAPITAL SERVICES

Employees must be 21 years of age. They may join the plan on the 1st of any month after completing six (6) months of service. New Hires will be automatically enrolled in the 401(k) plan with a 4% employee contribution deferral. The plan has 4 components. Investments are directed by the employees. Contributions are funded to your account every pay period.

Employee Contribution

Employee through payroll deductions, can make pre-tax and post-tax contributions up to 80% of their eligible compensation, not to exceed the maximum annual contribution allowed by the EGGTRA limits (\$18,000 annual limit for 2017, \$6,000 catch-up contribution

for 2017 for employees who are 50 years of age or older). Employee contributions are 100% vested immediately. Contributions are deposited every pay period and you may increase or decrease the amount of your contribution at any time.

Safe Harbor Contribution

AFP contributes 3% of your salary every pay period.

Matching Contribution

AFP will match dollar for dollar up to 4%. If employee contributes 0%, employer match is 0%. If employee contribution 2%, employer match is 2%. If employee contributes 5%, employer match is 4%.

Profit Sharing Contribution

AFP may make a discretionary profit sharing contribution annually in September.

You are always 100% vested in your personal contributions, employer safe harbor contributions and any rollover into the plan. You are vested over 4 years (25% per year) for any employer matching or profit sharing contributions. We provide individualized education and support from an investment advisor from MV Financial to all employees.

AFP PAID MONTHLY PARKING OR SMART BENEFITS

Beginning the first of the month following 2 years of employment for all full time staff. The AFP paid monthly benefit is \$140. Additional amounts over the \$140 paid benefit are considered a pre-tax payroll deduction and cannot exceed \$255.

QUALIFIED TRANSPORTATION PLAN

Coverage effective on the 1st of the month following the date of hire.

This plan gives employees the opportunity to pay for a portion of their qualified parking or commuting costs with a pre-tax deduction.

- \$255 monthly limit for qualified parking or transportation costs
- \$255 monthly limit for WMATA Smart Benefits

EMPLOYEE ASSISTANCE PROGRAM | ADP LIFECARE

Coverage effective on the 1st of the month following the date of hire. Life Care Strategies provides employees with an Employee Assistance Program (EAP) that gives you access to confidential assistance in resolving problems that affect our personal lives and job performance.

- 24 hr/7 access (1-800-697-7315), or web access at <http://member.lifecare.com>
- Senior Care & Aging
- Emotional Health
- Legal & Financial
- Health & Wellness
- Up to three face-to-face or over the phone counseling sessions per issue with unlimited issues per year
- Child Care & Parenting

2017-2018 SUMMARY OF EMPLOYEE BENEFITS

EDUCATION ASSISTANCE PROGRAM

Employees who have completed one year of full time employment may pursue a degree under this plan. Following 90 days of full time permanent employment, the employee is eligible to enroll in a professional certification course that is related to their current position, with prior approval. Maximum: \$5,250 per year.

EMPLOYEE INCENTIVE PLAN

Eligible employees have the opportunity to earn additional income based upon excellent individual and Association performance during the Association's fiscal year. In order to be eligible, you must be employed in a role that includes an incentive plan component for at least six months of the fiscal year and must be employed on the date bonus checks are distributed.

PAID VACATION

Non-exempt employees

- Two (2) weeks (75.00 hours) per calendar year for the 1st five years (60 months) of employment
- Three (3) weeks (112.50 hours) per calendar year beginning on the 61st month of employment
- Four (4) weeks (150.00 hours) per calendar year beginning on the 121st month of employment

Exempt employees

- Three (3) weeks (112.50 hours) per calendar year for the first five years of employment
- Four (4) weeks (150.00 hours) per calendar year beginning on the 61st month of employment
- Five (5) weeks (187.50 hours) per calendar year beginning on the 121st month of employment

PAID SICK LEAVE

- 10 days per year (75.00 hours)
- Unused leave can carry over year to year for a maximum balance of 600 hours

PAID PERSONAL LEAVE

- 2 days per year (15.00 hours total)
- Must be used by the end of each year

HOLIDAYS

New Year's Day	Independence Day	Thanksgiving	Your Birthday
Martin Luther King Jr. Day	Labor Day	Thanksgiving Day After	
President's Day	Columbus Day	Christmas Eve	
Memorial Day	Veteran's Day	Christmas Day	

COMPASSIONATE (BEREAVEMENT) LEAVE

5 paid days per year maximum

- Up to 5 days of leave for an immediate family member (mother, father, sister, brother, child, spouse).
- Up to 3 days of leave for an extended family member (grandparents, in-laws, uncle, aunt, cousin, niece and nephew).

JURY DUTY

Paid leave for jury duty with a maximum of 20 business days per calendar year.

PAID MATERNITY/PATERNITY LEAVE

Upon completion of 12 months employment on AFP's payroll, all staff are eligible for this benefit. AFP will compensate staff out on maternity/paternity leave 60% of their salary for a period of eight weeks of leave after the birth or adoption of a child. This benefit may be combined with accrued vacation/sick/personal leave and runs concurrent with FMLA.

PAID VOLUNTEER LEAVE

AFP is committed to supporting its employees' contributions to enriching our communities of residence, work and the global community as a whole. AFP will grant up to 37.5 hours per calendar year for employees who wish to serve as volunteers in community service programs. Employees are only allowed to take up to three volunteer days consecutively. If the employee wishes to take more consecutive time off to volunteer, they can combine eligible volunteer leave with other available leave options (vacation, personal).

SPORT&HEALTH CLUB

All AFP employees and their immediate family members are eligible to join. Discounted corporate rates available. Employee payroll deductions available for the monthly rates.

FLEXIBLE SCHEDULES

New staff members are eligible after 90 days with satisfactory performance.

DRESS CODE

Casual dress unless otherwise notified.

OTHER BENEFITS

Bagels on Wednesdays	Summer Staff Appreciation Picnic	Holiday Party
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AFP reserves the right to amend, modify, revise or discontinue any or all benefits at its discretion at any time without prior notice to the employees and staff. This benefit summary supersedes in all respects any prior benefit summary.

(As of 05/01/2017)



MEDICAL BENEFITS

CareFirst

BluePreferred

Summary of Benefits

Services	In-Network You Pay ^{1,2}	Out-of-Network You Pay ^{1,3}
Visit www.carefirst.com/doctor to locate providers		
FIRSTHELP—24/7 NURSE ADVICE LINE		
Free advice from a registered nurse. Visit www.carefirst.com/needcare to learn more about your options for care.	When your doctor is not available, call FirstHelp at 800-535-9700 to speak with a registered nurse about your health questions and treatment options.	
BLUE REWARDS		
Visit www.carefirst.com/bluerewards for more information	Blue Rewards is an incentive program where you can earn up to \$300 for taking an active role in getting healthy and staying healthy.	
ANNUAL DEDUCTIBLE (Benefit period)⁴		
Individual	\$250	\$500
Family	\$500	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period)⁵		
Medical ⁶	\$1,500 Individual/\$3,000 Family	\$3,000 Individual/\$6,000 Family
Prescription Drug ⁶	\$4,500 Individual/\$9,000 Family	All drug costs are subject to in-network out-of-pocket maximum
LIFETIME MAXIMUM BENEFIT		
Lifetime Maximum	None	None
PREVENTIVE SERVICES		
Well-Child Care (including exams & immunizations)	No charge*	20% of Allowed Benefit
Adult Physical Examination (including routine GYN visit)	No charge*	Deductible, then 20% of Allowed Benefit
Breast Cancer Screening	No charge*	CareFirst pays 100% of Allowed Benefit
Pap Test	No charge*	CareFirst pays 100% of Allowed Benefit
Prostate Cancer Screening	No charge*	CareFirst pays 100% of Allowed Benefit
Colorectal Cancer Screening	No charge*	CareFirst pays 100% of Allowed Benefit
OFFICE VISITS, LABS AND TESTING		
Office Visits for Illness	\$10 per visit	Deductible, then 20% of Allowed Benefit
Imaging (MRA/MRS, MRI, PET & CAT scans)	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Lab	No charge* after deductible	Deductible, then 20% of Allowed Benefit
X-ray	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Allergy Testing	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Allergy Shots	\$5 per visit	Deductible, then 20% of Allowed Benefit
Physical, Speech and Occupational Therapy	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Chiropractic	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Acupuncture	Not covered (except when approved or authorized by Plan when used for anesthesia)	Not covered (except when approved or authorized by Plan when used for anesthesia)
EMERGENCY SERVICES		
Urgent Care Center	\$10 per visit	Deductible, then 20% of Allowed Benefit
Emergency Room—Facility Services	Deductible, plus \$50 per visit (waived if admitted)	In-network deductible, plus \$50 per visit (waived if admitted)
Emergency Room—Physician Services	No charge* after deductible	No charge* after in-network deductible
Ambulance (if medically necessary)	No charge* after deductible	Deductible, then 20% of Allowed Benefit

Services	In-Network You Pay ^{1,2}	Out-of-Network You Pay ^{1,3}
HOSPITALIZATION (Members are responsible for applicable physician and facility fees)		
Outpatient Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Inpatient Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
HOSPITAL ALTERNATIVES		
Home Health Care (limited to 40 visits per benefit period)	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Hospice (Inpatient—limited to 30 days; Outpatient—unlimited during Hospice eligibility period)	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Skilled Nursing Facility (limited to 60 days/benefit period)	No charge* after deductible	Deductible, then 20% of Allowed Benefit
MATERNITY		
Preventive Prenatal and Postnatal Office Visits	No charge*	Deductible, then 20% of Allowed Benefit
Delivery and Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Nursery Care of Newborn	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Artificial and Intrauterine Insemination ⁷	No charge* after deductible	Deductible, then 20% of Allowed Benefit
In Vitro Fertilization Procedures ⁷ (limited to 3 attempts per live birth up to \$100,000 lifetime maximum)	No charge* after deductible	Deductible, then 20% of Allowed Benefit
MENTAL HEALTH AND SUBSTANCE ABUSE (Members are responsible for applicable physician and facility fees)		
Inpatient Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Outpatient Facility Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Office Visits	No charge*	Deductible, then 20% of Allowed Benefit
Medication Management	No charge*	Deductible, then 20% of Allowed Benefit
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	No charge* after deductible	Deductible, then 20% of Allowed Benefit
Hearing Aids for ages 0-18 (limited to 1 hearing aid per hearing impaired ear every 3 years)	No charge*	No charge*
VISION		
Routine Exam (limited to 1 visit/benefit period)	\$10 per visit at participating vision provider	Total charge minus \$33
Eyeglasses and Contact Lenses	Discounts from participating vision centers	Not covered

Note: Allowed Benefit is the fee that participating providers in the network have agreed to accept for a particular service. The participating provider cannot charge the member more than this amount for any covered service. Example: Dr. Carson charges \$100 to see a sick patient. To be part of CareFirst's network, he has agreed to accept \$50 for the visit. The member will pay their copay/coinsurance and deductible (if applicable) and CareFirst will pay the remaining amount up to \$50.

* No copayment or coinsurance.

¹ When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.

² In-network: When covered services are rendered by a provider in the Preferred Provider network, care is reimbursed at the in-network level. In-network coinsurances are based on a percentage of the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueCross BlueShield (CareFirst), however, in certain circumstances, the Allowed Benefit for a Preferred Provider may be established by law.

³ Out-of-network: When covered services are rendered by a provider not in the Preferred Provider network, care is reimbursed as out-of-network. Out-of-network coinsurances are based on a percentage of the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment of covered services. These payments are established by CareFirst, however, in certain circumstances, the Allowed Benefit for an out-of-network provider may be established by law.

When services are rendered by Non-Preferred Providers, charges in excess of the Allowed Benefit are the member's responsibility.

⁴ For family coverage only: When one family member meets the individual deductible, they can start receiving benefits. Each family member cannot contribute more than the individual deductible amount. The family deductible must be met before the remaining family members can start receiving benefits.

⁵ For Family coverage only: When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the Allowed Benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the Allowed Benefit.

⁶ Plan has separate out-of-pocket maximums for medical and drug expenses which accumulate independently.

⁷ Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment options for infertility. Preauthorization required.

Not all services and procedures are covered by your benefits contract. This summary is for comparison purposes only and does not create rights not given through the benefit plan.

The benefits described are issued under form numbers: CFMI/51+/GC (R. 1/13); CFMI/51+/EOC (4/09); CFMI/DOL APPEAL (R. 9/11); CFMI/51+/DOCS (4/09); CFMI/51+/PPO SOB (4/09); CFMI/VISION RIDER (10/11); CFMI/51+/RX (R. 7/12); CFMI/51+/ELIG (R. 1/10) and any amendments, MD/CF/GC (R. 1/13); MD/BB/EOC (10/07); MD/GHMSI/DOL APPEAL (R. 9/11); MD/BB/DOCS (10/07); MD/CF/BB/SOB (R. 4/08); MD/CF/ATTC (R. 7/09); MD/CF/RX (R. 7/12) and any amendments.



CareFirst BlueCross BlueShield is the business name of CareFirst of Maryland, Inc. which is an independent licensee of the Blue Cross and Blue Shield Association.
 ® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.

Pharmacy Program

\$100 Deductible ■ \$0/10/25/45 Retail Copays
50% Injectables Coinsurance

Summary of Benefits

Plan Feature	Amount	Description
Individual Deductible	\$100	If you meet your deductible, you will pay a different copay or coinsurance depending on the drug tier. Drugs not subject to any deductible are noted below.
Family Deductible	\$200	If your family has met the deductible, all members will pay the copays associated with the drugs prescribed. No one family member may contribute more than the individual deductible amount to the family deductible.
Out-of-Pocket Maximum	See medical summary of benefits for annual out-of-pocket amount	If you reach your out-of-pocket maximum, CareFirst or CareFirst BlueChoice will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All deductibles, copays, coinsurance and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.
Preventive Drugs (Affordable Care Act) (up to a 34-day supply)	\$0 (Not subject to deductible)	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List (ACA).* (Examples: Folic Acid, Fluoride and FDA approved contraceptives for women.)
Oral Chemotherapy Drugs Diabetic Supplies (up to a 34-day supply)	\$0 (not subject to deductible except for HSA Plans)	Diabetic supplies include needles, lancets, test strips and alcohol swabs.
Generic Drugs – (Tier 1) (up to a 34-day supply)	\$10	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (up to a 34-day supply)	\$25	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (up to a 34-day supply)	\$45	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Self-administered Injectable (excluding insulin) (Tier 4) (up to a 34-day supply)	50% coinsurance up to a maximum payment of \$75	All self-administered injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
Maintenance Drugs (up to a 90-day supply)	Generic: \$20 Preferred Brand: \$50 Non-preferred Brand: \$90 Self-Administered Injectables: 50% coinsurance, up to a maximum payment of \$150	Maintenance drugs of up to a 90-day supply are available for twice the copay through Mail Service Pharmacy or a retail pharmacy. Injectables (excluding insulin) are covered at 50% coinsurance up to a maximum payment of \$150.
Restricted Generic Substitution	Yes	If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay or coinsurance. Also, if your prescription is written for a brand-name drug and DAW (dispense as written) is noted by your doctor, you will only pay the copay.



Visit www.carefirst.com/rx for the most up-to-date Preferred Drug List and Formulary (list of covered drugs), including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Policy Form Numbers: MD/CFBC/RX (R. 7/12) • MD/CF/RX (R. 7/12) • CFMI/51+/RX (R. 7/12)



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.



Blue Rewards

Healthy Habits Can Earn You Money

At CareFirst BlueCross BlueShield (CareFirst), your health is important to us. That's why we include our exclusive incentive program—Blue Rewards—as part of your medical plan.



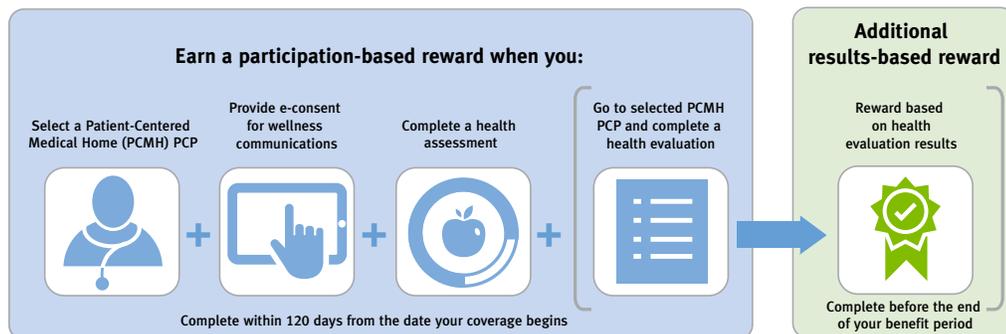
With Blue Rewards, you have the opportunity to earn financial incentives for taking an active role in your health. By completing four important steps and achieving certain health measures, you and your covered spouse/domestic partner can each earn up to \$300.

How Blue Rewards works

Blue Rewards gives you the opportunity to be rewarded twice! First, you can earn a participation-based reward for completing four important steps. Then, you can also earn a results-based reward by meeting certain health measures.

Get started by logging in to *My Account* at carefirst.com/myaccount and clicking on *Blue Rewards*. To begin each step, click on *Start*. Once you've completed step one, you can finish the remainder of the steps in any order.

Steps to earn your reward



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Participation-based reward

Blue Rewards encourages you and your covered spouse/domestic partner to select and visit primary care providers (PCPs) who participate in our Patient-Centered Medical Home (PCMH) program—a program that provides your PCP with resources and tools to coordinate all your health care; leading to better health, better communication and better results.

To earn your participation-based reward, complete these 4 steps within 120 days from the date your coverage begins.

- Select a PCP who participates in our PCMH program
- Agree to receive wellness emails
- Complete an online health assessment
- Visit your selected PCMH PCP and complete the Health and Wellness Evaluation Form

Results-based reward

You have until the end of your benefit period to achieve this additional reward.

- The results from your Health and Wellness Evaluation will be measured against the following results-based goals. As long as your results fall within all of the recommended ranges, you will earn an additional reward.

Measure	Results-based goals
Weight (Body Mass Index—BMI)	BMI between 19 and less than 30
Flu vaccine	Received within the last 18 months
Tobacco use	Must be a “non-smoker/user” (never smoked/used or quit for more than 30 days)
Blood pressure	<ul style="list-style-type: none"> ■ Less than 140/90 (ages <60) ■ Less than 150/90 (ages 60+)
Blood glucose	Fasting blood glucose is less than 126

- If you do not meet these health measures during the initial visit with your PCP, you will need to work with your doctor to develop a goal and a plan of action. You should schedule a rescreening visit with your PCP to check your progress before the end of the benefit period. If your rescreening results are within the range the doctor established, you will earn the results-based reward once you enter your new measures. To do so, log in to *My Account* before the end of your benefit period and enter the new measure along with the date of the rescreening appointment.

Incentive amounts

Participation-based reward		Results-based reward		Total reward
\$100	+	\$200	=	\$300

Note: If you have a PPO or Advantage Plan and you live outside Maryland, D.C. or Northern Virginia, you can select a provider from the BlueCard® PPO network who specializes in general practice, family practice, internal medicine, pediatrics or geriatrics. While PCP selection is not required as part of the plan, you must select a provider in these specialties to earn a reward.

CareFirst Blue Rewards Visa® Incentive Card

- Once you complete the four participation-based steps, you will receive an incentive card in the mail. Only one card is issued to the policyholder but it can be used by everyone covered under your policy.
- Incentive cards should be retained as long as you remain a CareFirst member. Incentive cards will be replenished with funds once you earn another Blue Reward.
- You have until the end of your benefit period to use your incentive card toward annual deductibles and out-of-pocket costs like copays or coinsurance related to eligible expenses (medical, prescription drug, dental and vision) under your CareFirst health plan.
- If you have a plan with a health savings account (HSA) option, typically you will receive the incentive card once you have met the Internal Revenue Service (IRS) minimum deductible for an HSA plan—\$1,300 for an individual or \$2,600 for a family. In some circumstances, you may be able to receive your card right away.

To receive the incentive card right away, you can choose to certify either:

- No contributions will be made (by you or your employer) to the HSA for the current benefit period; or
- The card will only be used for CareFirst dental and vision expenses until meeting the IRS minimum deductible.¹
- You should always save your receipts as proof of your expense. As long as the card is used correctly, there are no tax reporting obligations.

¹ Once the IRS minimum deductible has been met, the card can be used for all qualified expenses (including medical) incurred after meeting the deductible.



Get started now by logging in to *My Account* at
www.carefirst.com/myaccount.

CareFirst Mobile Access

Keep us with you wherever you go!



With CareFirst's new app and mobile website, you can:

- access claims information
- find a doctor or urgent care center
- view your ID card
- manage your health plan, and more!

Download our free app to your Apple® or Android® mobile device by searching for "CareFirst" in your favorite app store. Or, type www.carefirst.com into your mobile web browser, and you will be directed to our mobile site.*

To view your personal information, register for *My Account* at www.carefirst.com. If you haven't registered, you can still view the mobile site or use the app to look for regional health care providers and nearby urgent care centers, or to contact a CareFirst customer service rep.

For more information, visit www.carefirst.com/mobile.

Get Active with Our Free Pedometer App

This app is available to anyone who has an iPhone®, iPod Touch® or Android® smartphone. Visit your favorite app store and search for "Ready, Step, Go!"

*Enter m.carefirst.com if you are not automatically redirected.

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Discounts on Health & Wellness Services

Our discount programs offer the health and wellness information, support and services you need — while providing you with special savings.

For details on the health and wellness discounts available to you, visit www.carefirst.com/options.

Discount Program Directory

Health and Wellness Service	Discount/Special Offer	Provider
Alternative Therapies and Wellness	Up to 30% off chiropractic care, acupuncture, massage therapy, nutritional counseling, personal training, yoga, guided imagery, spa services, and more.	Healthways WholeHealth Networks, Inc. (800) 514-6502 http://options.wholehealthmd.com
Eldercare Services	Free service to find referrals and information for elders and their families.	ElderCarelink www.eldercarelink.com/carefirst SeniorLink Care (866) 797-2341
Financial Services	Help successfully manage health care costs while maintaining a healthy financial future.	H&R Block Experian
Fitness Apparel and Gear	Exclusive discounts on fitness apparel, workout gear and equipment.	Sportline (866) 324-4438 Fitness Gear and Equipment Leisure Fitness (866) 324-4438 Polar Balance Walking Gaiam
Fitness Centers	Discounts on membership fees, initiation fees and more depending on the fitness network and location you choose.	Healthways Fitness Your Way (888)242-2060 Snap Fitness (877) 474-5422

Discounts on Health & Wellness Services

Discount Program Directory

Health and Wellness Service	Discount/Special Offer	Provider
Gifts and Office Supplies	Various discounts on personal gifts as well as office supplies.	Red Envelope Cheap Office Supplies Personal Creations ProFlowers Restaurant.com
Hearing Care	Free screenings, discounts on hearing aids and more.	Beltone (888) 896-2365 TruHearing (877) 343-0745
Laser Vision Correction and Contact Lenses	Discounts on mail-order contact lenses, laser vision correction and 100% patient financing with approved credit.	QualSight LASIK (877) 285-2010 or www.qualsight.com/-carefirst LasikPlus (866) 713-2044 TruVision (800) 398-7075 www.truvision.com/carefirst/LASIK.htm
Magazine Discounts	Up to 90% off the cover prices on magazine subscriptions.	MagazineLine
Medical IDs	22% discount on personalized medical ID bracelets and necklaces.	American Medical ID (800) 363-5985 www.americanmedical-id.com/extras/carefirst.php
Nutritional Foods	Discounts on organic and specialty foods.	Frontier Simply Organic Shari's Berries Cherry Moon Farms
Recreation and Travel	Enjoy savings on travel and leisure expenses.	Travelocity
Weight Loss and Management	Nationally recognized weight loss plan discounts.	Jenny Craig® (800) 96-JENNY Medifast (800) 209-0878

The Options and Blue365 programs are not offered as an inducement to purchase a policy of insurance from CareFirst. CareFirst does not underwrite these programs because they are not insurance products. No benefits are paid by CareFirst under these programs.



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees of the Blue Cross and Blue Shield Association.
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DENTAL BENEFITS

Cigna

Cigna Healthcare Financial Exhibit for:
Association for Financial Professionals



This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Plan Design	Total Cigna DPPO	Out-of-Network
Policy Year Maximum (Class I, II, III Expenses)	\$1500, Class I Applies	\$1500, Class I Applies
Policy Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-Rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-Rays Emergency Care to Relieve Pain	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Oral Surgery - Simple Extractions Major Periodontics Minor Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Brush Biopsy	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care		
Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Crowns / Inlays / Onlays Dentures Bridges Stainless Steel/Resin Crowns	60%, After Deductible	60%, After Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children Only Lifetime Maximum	60%, No Ortho Deductible \$1000	60%, No Ortho Deductible \$1000
Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for a specified time period; thereafter, considered a Class III expense.	
Late Entrant Limit	50% coverage on Class III and IV for a specified time period.	
Pretreatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed.	
Dental Plan Reimbursement Levels	Based on Contracted Fees	90th Percentile
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between Billed Charges and the plan reimbursement
Student/Dependent Age	26/26	

Cigna Healthcare Financial Exhibit for:
Association for Financial Professionals

Cigna Dental PPO / Indemnity Exclusions and Limitations:

Procedure	Exclusions & Limitations
Exams	Two per policy year
Prophylaxis (cleanings)	Two per policy year
Fluoride	1 per policy year for people under 19
X-Rays (routine)	Bitewings: 2 per policy year
X-Rays (non-routine)	Full mouth: 1 every 3 policy years. Panorex: 1 every 3 policy years
Model	Payable only when in conjunction with Ortho workup
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns and Inlays	Replacement every 5 years
Prosthesis Over Implants	1 per 5 years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
Bridges	Replacement every 5 years
Dentures and Partials	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years up to age 14
Space Maintainers	Limited to non-Orthodontic treatment
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Orthodontia	For dependent children, up to age 19.

Benefit Exclusions:

- * Services performed primarily for cosmetic reasons
- * Replacement of a lost or stolen appliance
- * Replacement of a bridge or denture within five years following the date of its original installation
- * Replacement of a bridge or denture which can be made useable according to accepted dental standards
- * Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- * Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- * Bite registrations; precision or semi-precision attachments; splinting; Surgical implant of any type
- * Instruction for plaque control, oral hygiene and diet
- * Dental services that do not meet common dental standards
- * Services that are deemed to be medical services
- * Services and supplies received from a hospital
- * Charges which the person is not legally required to pay
- * Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- * Experimental or investigational procedures and treatments
- * Any injury resulting from, or in the course of, any employment for wage or profit
- * Any sickness covered under any workers' compensation or similar law
- * Charges in excess of the reasonable and customary allowances
- * To the extent that payment is unlawful where the person resides when the expenses are incurred;
- * Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- * For charges which would not have been made if the person had no insurance; For charges for unnecessary care, treatment or surgery;
- * To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- * To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- * In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

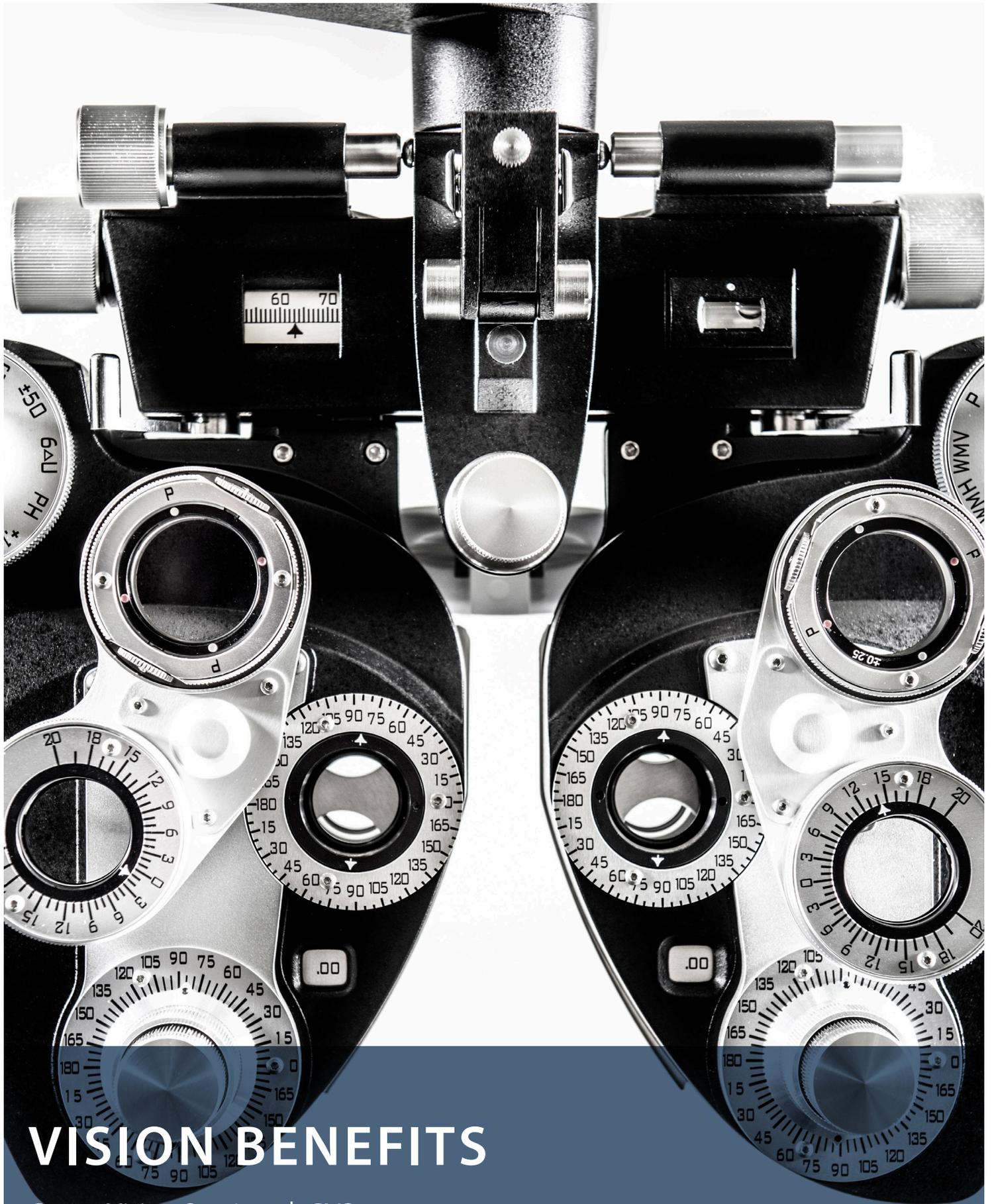
In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.

Benefits are insured and/or administered by Cigna HealthCare.

Did you know that all of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides 100% reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can receive discounts on prescription dental products targeted at high risk patients as well as articles on behavioral conditions that impact oral health.

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VISION BENEFITS

Group Vision Services | GVS



Vision Benefit Summary

This plan provides coverage for a vision examination eyeglass lenses and frame or contact lenses. Vision benefits are available from an extensive national network of participating providers powered by Eye Med Vision Care. You can easily find a conveniently located provider near you. You have a choice of independent optometrists and ophthalmologists, as well as retail locations such as Lens Crafters, most Pearle Vision, Sears, Target Optical and JC Penney Optical. Members will receive additional savings from Network Providers for lens upgrades and additional pair purchases.

NETWORK PROVIDERS - By using a network provider, you minimize your out-of-pocket costs and receive the benefit of our paperless claims processing. Network Providers verify your eligibility and obtain all the necessary information to validate your level of coverage. You simply pay your copayment and any remaining balance for non-covered services or materials at the time of your appointment. In addition, Network Providers offer you discount pricing which is significantly below retail. You receive substantial savings of 15%-40% or more on most additional pair purchases, conventional contact lenses, lens treatments, specialized lenses and various accessory items.

Benefits from a Network Provider*		Copayment
Vision Examination – includes dilation as indicated	Once Every 12 Months*	\$ 10.00
Eyeglass Lenses - single vision, bifocal, or trifocal in standard/basic plastic w/ Standard Scratch Resistance	Once Every 12 Months*	\$ 25.00
Frame –covered in full up to a \$ 130.00 retail value . Members receive 20% off balance for selection costing more than the plan allowance Frames also available through glasses.com	Once Every 12 Months*	N/A
Contact Lenses - in lieu of spectacle lenses (does not include fitting and follow-up) <ul style="list-style-type: none"> • Elective – Disposable or Conventional, covered in full up to \$ 130.00 Allowance. Conventional lenses: members receive 15% discount off balance over plan allowance. • Contacts available through contactdirect.com • Medically Necessary – Covered in full up to \$ 250.00 	Once Every 12 Months*	N/A
* Benefits are available 12 months from last date of service		

Out of Network Benefits** – If you choose to go to a non-network provider, you must pay the provider his or her full charges at the time of service. Members will be responsible for submitting a claim for reimbursement for the amount indicated in the member reimbursement schedule.

Member Reimbursement for services/materials obtained from a Non-Network Provider	
Vision Examination	Up to \$ 32.00
Lenses	
Single Vision	Up to \$ 30.00
Bifocal	Up to \$45.00
Trifocal	Up to \$ 75.00
STD. Scratch Resistance	Up to \$ 12.00
Frame	Up to \$ 57.00
Elective Contact Lenses (in lieu of spectacle lenses)	Up to \$105.00
Medically Necessary Contact Lenses	Up to \$200.00

*In-network services and materials may be subject to a copayment at the time of amenity. **Out-of-Network amounts are thoroughgoing reimbursable amounts paid to members after the claim is filed. Co-pay doesn't apply to OON reimbursement.

Additional Savings Program			
Pricing available in conjunction with funded benefits			
Lens Options	Member Pricing	Other Options/Services	Member Pricing
Tint (solid & gradient)	\$15.00	Other Lens Add-Ons and Services	20% off Retail
UV Coating	\$15.00	Additional Complete Pair Purchases ***	40% off Retail
Standard Scratch Resistance*	Covered	Conventional Contact Lenses	15% off Retail
Standard Polycarbonate Adult	\$40.00	Premium Contact Lens Fitting and Follow-up	10% discount
Children	\$40.00		
Standard Anti-Reflective	\$45.00	Standard Contact Lens Fitting and Follow-up	\$40.00
Standard Progressive Lens	\$65.00	Retinal Imaging	\$39.00
Premium Progressive Lens**	20% off Retail	EPIC Hearing Aid Savings Program	Fixed fee schedule
** Premium Progressive lenses are not covered benefits – however when upgrading in conjunction with your funded benefit the bifocal lens amount will be applied. Members are responsible for the lens copayment and any additional charges. (bifocal co-pay + \$65 + 80% of retail less \$120 *** Discount applies on complete pair purchase once funded benefit is used.			

To access the Hearing aid savings plan contact:
 EPIC Hearing Healthcare at
 T: 877-606-3742



Vision Benefit Summary

Limitations & Exclusions

Fees charged by a provider for services other than a covered benefit must be paid in full by the insured to the provider. Such fees or materials are not covered under the policy. Benefit allowances provide no remaining balance for future use within the same benefit frequency. No benefits will be paid for services or materials connected with/or charges arising from

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures
- Any corrective eyewear, required by a policyholder as a condition of employment, safety eyewear, services provided as a result of any Worker's Compensation law, or similar legislation or required by any governmental agency or program whether federal, state or subdivision thereof
- Plano (non-prescription) lenses; non-prescription sunglasses
- Two pair of glasses in lieu of bifocal
- Services or materials provided by another group benefit plan providing vision care
- Services rendered after the date an insured ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the insured are within 31 days from the date of such order
- Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available.
- Certain frame brands in which the manufacturer imposes a no-discount policy
- Covered benefits may not be used in conjunction with coupons or other provider discount offers
- If an Insured and the Insured Spouse are both Insured by the plan, one Insured party may request to be a Dependent spouse of the other. A Dependent child may not be covered by more than one Insured.

Visit the GVS web site to “Locate a Provider” or “View your Benefits” and learn more about our Additional Savings Program

Web Site – www.gvsmd.com

Customer Service and IVR – at 866-265-4626
Call customer service to ask about your benefits or to locate a provider.

Access 7 Days a Week	<u>Call Center Hours</u>
	8:00 a.m. to 11:00 p.m. EST-Monday – Saturday 11:-- a.m. to 8:00 p.m. EST - Sunday



Network Providers

1. Find network provider at www.gvsmd.com click on “Provider Locator”.
2. Schedule an exam with the provider of your choice. When scheduling your appointment inform the provider that you are a GVS/Eye Med member and provide your name and date of birth (DOB). The provider will verify your eligibility and plan benefits prior to your appointment.
3. If you have already made an appointment show your ID card at the time of service or provide your name and DOB for quick verification of eligibility and plan coverage.
4. Members will be responsible to pay the provider at the time of service for any applicable copayment /costs that exceed the plan coverage.

Out-of-Network Providers

1. Visit non network provider
2. Members are required to pay the entire amount for exam and eyewear at the time of service.
3. Members must obtain an OON claim form from the GVS website at www.gvsmd.com.
4. Members must submit OON claim form and provider receipt to the Claims Address indicated on the form.
5. Member will be reimbursed based on OON benefits indicated in their benefit summary.



LIFE & DISABILITY BENEFITS

Cigna



Summary of Group Life/AD&D Benefits for the Employees of:

Association For Financial Professionals

Benefits – All Active Full Time Employees working a minimum of 20 hours/week

- Basic Group Term Life Insurance equals the lesser of 2 times annual compensation rounded up to the nearest \$1,000 to a maximum of \$600,000. Guaranteed Issue amount is the lesser of 2 times annual compensation to a maximum of \$400,000.
- Accidental Death and Dismemberment (AD&D) insurance which would pay an additional benefit, up to the amount of your Life benefit, if you suffer a covered loss due to an accident.
- Benefits are reduced to 65% at age 65, 40% at age 70, 25% at age 75, 15% at age 80. Coverage is discontinued at termination of employment or retirement.
- Accelerated Benefits that help offset expenses at a critical time. You may collect a portion of your benefits during your lifetime if you become terminally ill.
- Emergency Travel Assistance gives you immediate access to doctors, hospitals and other services when faced with a medical-related emergency while traveling internationally or domestically more than 100 miles away from home. This program can also assist with pre-trip planning, lost luggage, prescription refill needs, etc.
- If you leave your employer, you may be able to convert your Group Life and AD&D coverage to an individual insurance policy.

No Cost to You

- Your employer pays your Group Life and AD&D premium.

How to Enroll

- Basic Group Term Life coverage begins automatically when you meet the eligibility requirements.

For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is *not* a complete description of plan provisions. Receipt of this flyer does *not* certify eligibility for benefits under this plan.
- When you become eligible for benefits, your employer will provide you with the Cigna booklet containing complete plan details.



Summary of Short Term Disability Benefits for the Employees of:

Association For Financial Professionals

Benefits - All Active Full Time Employees working a minimum of 20 hours/week

- 60% of your weekly earnings to a maximum benefit of \$100 per week.
- Benefits begin after you have been absent from work for 30 days or more because of a covered accident and 30 days for a covered sickness.
- Maximum benefit duration is 9 weeks.

No Cost to You

- Your employer pays your Short Term Disability premium.

How to Enroll

- Short Term disability coverage begins automatically when you meet the eligibility requirements.

For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is *not* a complete description of plan provisions. Receipt of this flyer does *not* certify eligibility for benefits under this plan.
- When you become eligible for benefits, your employer will provide you with the Cigna booklet containing complete plan details.



Summary of Long Term Disability Benefits for the Employees of:

Association For Financial Professionals

Benefits - All Active Full Time Employees working a minimum of 20 hours/week

- 66.67% of your monthly earnings up to a maximum of \$10,000 per month.
- Benefits begin after you have been absent from work for 90 days or more because of a covered accident or sickness.
- Maximum benefit duration is to Social Security Normal Retirement Age.

No Cost to You

- Your employer pays your Long Term Disability premium.

Additional Services Included Under This Plan at NO Additional Cost to You

- Will Preparation Services: Online interactive tool helps covered employees and their covered spouses create a will and other legal documents. The site also provides access to other valuable financial educational materials.
- Healthy Rewards: Offers discounts on a range of health and wellness-related services and products, including discounts on Weight Watchers and smoking cessation programs, chiropractic care, anti-cavity products, power toothbrushes, fitness club memberships, hearing and vision care, massage therapy, acupuncture, pharmacy, vitamins, and more.
- Cigna Life Assistance Program: Assistance and Life Events program for covered employees and family members. Features include in-person behavioral health counseling as well as telephonic and online assistance 24/7.

How to Enroll

- Long Term Disability coverage begins automatically when you meet the eligibility requirements.

For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is *not* a complete description of plan provisions. Receipt of this flyer does *not* certify eligibility for benefits under this plan.
- When you become eligible for benefits, your employer will provide you with the Cigna booklet containing complete plan details.



LIFE ASSISTANCE PROGRAM

Cigna

WHATEVER LIFE THROWS AT YOU - THROW IT OUR WAY.



Life Assistance Program

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Call us anytime, any day.

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a specialist.

You have three face-to-face sessions with a behavioral counselor available to you - and your household members. Call us to request a referral.

Reward yourself.

Access our Healthy Rewards** discount program. You can get discounts on health and wellness products and services.

Achieve work/life balance.

If you'd like help handling life's demands, call us for extra support. We can refer you to a service in your community. Or provide guidance on topics such as:



Legal consultation.** Receive a free 30-minute consultation. And up to a 25% discount on select fees.



Parenting. Get guidance on child development, sibling rivalry, separation anxiety and much more.



Senior care. Learn how to solve the challenges of caring for an aging loved one.



Child care. Whether you need care all day or just after school, find a place that's right for your family.



Pet care. From grooming to boarding to veterinary services, find what you need to care for your pet.



Financial Services & Referral. Receive a free 30-minute consultation and 25% discount on select fees with network providers.



Life Assistance Program - 24/7 support

800.538.3543

www.cignabehavioral.com/cgi

Together, all the way.™



* Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.

** Legal consultations and discounts are excluded for employment-related issues.

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TRAVEL ASSISTANCE PROGRAM

Cigna

Cigna Group Insurance®

ADDITIONAL PROTECTION WHEN YOU TRAVEL



Emergencies can happen while traveling but help is only a phone call away with Cigna Secure Travel®.

Cigna Secure Travel offers pre-trip planning, assistance while traveling, and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away 24/7/365 – in an emergency you can even call collect.

PRE-TRIP PLANNING*	TRAVELING ASSISTANCE*	EMERGENCY ASSISTANCE*
Immunization requirements	24-hour multilingual assistance and referral to interpretation and translation services	Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility***
Visa and passport requirements	Referrals to physicians, dentists, medical facilities and legal assistance providers	Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency
Embassy/consular referrals	Arrangements for payment of medical expenses up to \$10,000 if required prior to treatment**	Cover round-trip transportation as well as accommodation up to \$150 per day for up to seven days for a family member or friend to visit a covered person who is hospitalized more than 100 miles away from home for more than seven days
Foreign exchange rates	Assistance with lost or stolen items, including luggage and prescription replacement services	Arrange and cover the costs associated with returning a deceased covered person's remains to his/her place of residence for burial
Travel advisors and weather conditions	Emergency cash – advance up to \$1,500**	Emergency message relay toll-free
Cultural information	Advancement of bail**	Assistance with making emergency travel arrangement**

Cigna Secure Travel

From the U.S. and Canada, call 888.226.4567
 From other locations, call collect 202.331.7635
 By fax: 202.331.1528
Emergency services must be coordinated through Cigna Secure Travel®. Services coordinated outside of this program may not be eligible for payment. This program is NOT insurance.



Policyholder name: _____
 Policy # _____ Group# 57



To learn more call 888.226.4567

- * Services for medically necessary transport, return of dependent children, return of travel companion, visit of a family member/friend and repatriation of remains are covered by the Cigna Secure Travel program. Expenses for medical care are not covered.
- ** Covered person is responsible for any advances, payments, travel-related or replacement costs and must provide confirmation of reimbursement. Credit card(s) used to guarantee reimbursement must have sufficient available limit to cover the amount of the advance.
- *** Initial transport by ambulance following a Covered Medical Emergency is excluded.

Together, all the way.®



Offered by: Life Insurance Company of North America or Cigna Life Insurance Company of New York.

The Cigna Secure Travel program is NOT insurance and does not provide reimbursement of expenses for financial losses. This program is provided under a contract with Generali Global Assistance Inc. Presented here are highlights of the Cigna Secure Travel program. Full terms, conditions and exclusions are contained in the Cigna Secure Travel service agreement.

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ACCIDENTADVANCE®

Transamerica®



Underwritten by Transamerica Life Insurance Company

Customer Service: 1-888-763-7474 or www.tebcs.com



George enrolls himself, his wife and his kids in the accident insurance offered at the car dealership where he works, joking that his wife is such a klutz that they'll get plenty of use out of it. A few weeks later, he drops a cinder block on his foot while working in his garage, breaking a bone. He ends up with a cast, crutches and a joke his wife will never let him live down.

Get benefits to spend on what you need.

George's health insurance pays for many of his medical expenses, but he still has copays and a high deductible. He doesn't make commissions for sales on the days he misses work, and visiting the orthopedic specialist's office 50 miles away costs a lot in gas.

Because he has accident insurance, he has help recovering financially without dipping into their family savings or using a credit card. Accident insurance benefits are paid directly to the insured, letting him use them where and how they're most needed.

Get the benefits that fit your needs.

George gets specific amounts for his emergency care (including X-rays and physician care received within 96 hours of the accident), for follow-up visits and for his physical therapy while recovering. He would have gotten additional help had he needed an ambulance, initial hospitalization or intensive care. See this brochure for in-depth information about what benefits are paid for specific injuries or procedures.

Help protect yourself and your family.

George liked the ability to add his wife and kids to his policy. Because kids can be especially accident-prone, a family accident policy provides extra peace of mind. Employees and their spouses can be insured after reaching age 18, and eligible dependent children can keep their insurance through age 25.

Enjoy our hassle-free online claims process.

Our easy-to-navigate website allows you to update your information, keep track of your policies, submit claims and more from your PC or mobile device.

Up-to-date information regarding our compensation practices can be found in the Disclosure section of our website at tebcs.com.

This is a brief summary of AccidentAdvance® Insurance policy form series CPACC100 and CCACC100. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusion apply. Refer to the policy, certificate and riders for complete details.

Product Highlights

Pays benefits directly to you

Family options available

Payroll-deducted premiums

PRODUCT DETAILS

Plan 1
24 Hour

Module 1 Accident Emergency Treatment		5.00 Units	
Accident Emergency Treatment Benefit For physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.		\$125	
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$200	
Dislocation Benefit Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid at 25% of the joint's benefit amount. Multiple reduced dislocations are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	Dislocated Joint	Reduction	
		Open	Closed
	Hip	\$4,000	\$1,350
	Knee or Shoulder	\$1,350	\$550
	Collar Bone	\$2,150	\$400
	Ankle or Foot (except toes)	\$1,350	\$400
	Lower Jaw	\$1,350	\$700
	Wrist or Elbow	\$1,100	\$550
	Toe or Finger	\$300	\$150
Fractures Benefit For repair of a fracture sustained in an accident. A chip fracture is paid at 10% of the fracture's benefit amount. Multiple repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	Fractured Bone	Reduction	
		Open	Closed
	Coccyx	\$700	\$350
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$1,700	\$850
	Hip	\$5,000	\$1,700
	Leg	\$2,100	\$1,700
	Nose, Heel or Fingers	\$1,700	\$350
	Ribs	\$3,350	\$350
	Skull	\$2,700	\$1,000
	Toes	\$700	\$350
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$2,000	\$850
	Vertebrae, Pelvis	\$850	\$850
	Vertebral Processes	\$3,350	\$500

For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid. No other dislocation or fracture benefit is paid.

PRODUCT DETAILS

Module 2 Follow-Up Visits and Physical Therapy		4.00 Units
Accident Follow-Up Treatment Benefit Maximum of three (3) follow-up visits per accident. Original treatment must have been within 96 hours of the accident. Treatment must be provided by a physician in their office or in a hospital on an outpatient basis; begin within 30 days of, and be completed within the 6 months following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.		\$40
Physical Therapy Benefit For treatments by a licensed physical therapist under a physician's advice that begin within 120 days of the accident and are completed within 1 year of the accident, not to exceed 10 treatments per accident.		\$40
Module 3 Initial Accident Hospitalization		3.50 Units
Initial Accident Hospitalization Benefit Payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		\$1,050
Ambulance Benefit For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	\$210
	Air Ambulance	\$1,050
Additional Riders		
Accidental Death and Dismemberment Rider (Form No. CRADD300)		2.50 Units
Accidental Death Benefit Death must result from and occur within 90 days of the accident. Only one of the following benefits will be paid per covered person per accident and will be reduced by any dismemberment benefits previously paid for the same accident. Child benefit is 50% of the benefit amount.		
Common Carrier Accidental Death For death resulting from a covered accident that occurs while riding as a fare-paying passenger on a mode of public transportation		\$75,000
Automobile Accidental Death If the covered person was:		
wearing and properly utilizing a seat belt and was seated in a position protected by an air bag system that deployed during the accident, as evidenced by police report.		\$55,000
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.		\$50,000
not wearing a seat belt.		\$37,500
<i>Benefits are not payable if a covered person was driving without a valid drivers' license</i>		
Other Accidental Death Other than those described above.		\$25,000
Transportation of Remains Benefits For transporting remains to a mortuary near the covered person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.		\$1,000

PRODUCT DETAILS

Additional Benefits for Accidental Death

If an accidental death benefit is payable, the following benefits will be paid to the survivor. A reduced benefit will be paid to the beneficiary if no eligible survivor. Benefits do not require a spouse or child to be covered under this rider.

<p>Surviving Child Educational Benefit Payable for each eligible child ages 17 through 21, who is a full-time student at an accredited college, university, 2-year college, vocational or trade school within 365 days of the accidental death. Payable each year for up to 4 years while the child remains a full-time student.</p>		\$2,000
<p>Licensed Day Care Center Benefit Child must be between newborn and 12 years old, attend a licensed day care, which is not an immediate family member, within 90 days from the accidental death date. Day care must be necessary for the survivor to work or obtain training for work.</p>		\$750
<p>Career Enrichment Benefit Survivor must be a full-time student at a professional or trade training program from an accredited college, university, 2-year college, vocational, or trade school within 24 months of the accidental death. Training must be for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. This benefit will be paid for up to 4 years while the survivor remains a full-time student. Benefit not available for children.</p>		\$2,000
<p>Accidental Dismemberment Benefits Dismemberment must occur within 90 days of the accident. If accidental death benefit is payable after dismemberment benefits have been paid for the same accident, we will deduct the dismemberment benefits paid from the accidental death benefit due. Child benefit is 50% of the benefit amount.</p>	One or more fingers or toes	\$1,250
	One eye, hand, foot, arm or leg	\$5,000
	Two eyes, hands or feet	\$12,500
	Speech <u>or</u> hearing in both ears	\$12,500
	Two arms or two legs	\$12,500
	Speech <u>and</u> hearing in both ears	\$25,000
	Both arms and both legs	\$25,000
Total dismemberment benefits per covered person per accident will not exceed:		\$25,000
Accident Hospital and ICU Income Rider (Form No. CRHICU00)		5.00 Units
<p>Accident Hospital Income Benefit For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.</p>		\$125
<p>Accident ICU Benefit For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.</p>		\$375

PRODUCT DETAILS

Expanded Benefits Rider (Form No. CREXPB00)		6.00 Units
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.		
Burns Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.	Second-degree burns of body surface: At least 25%, but not more than 35%	\$360
	More than 35%	\$900
	Third-degree burns of body surface: 6 through 10 square centimeters	\$900
	10 through 25 square centimeters	\$2,400
	25 through 35 square centimeters	\$5,400
	more than 35 square centimeters	\$7,200
	Lacerations Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures
Single laceration less than 7.5 centimeters		\$48
Lacerations 7.6 to 20 centimeters		\$180
Lacerations over 20 centimeters		\$360
Eye Injury	With surgical repair	\$240
	Non-surgical removal of foreign body by physician	\$42
Emergency Dental Work	One or more broken teeth repaired with crowns	\$180
	One or more broken teeth resulting in extractions	\$48
Brain Concussion Must be diagnosed by a physician within 96 hours of the accident.		\$120
Coma Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.		\$9,000
Paralysis Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$9,000
	Paraplegia (paralysis of lower limbs)	\$4,500
Tendons, Ligaments and/or Rotator Cuffs Must be detached, torn, ruptured or severed and surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Arthroscopic surgery with: No repair	\$120
	One repair	\$300
	Two or more repairs	\$600
Ruptured Discs and/or Torn Knee Cartilage Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Shaved cartilage or arthroscopic surgery with: No repair	\$120
	One repair	\$300
	Two or more repairs	\$600

PRODUCT DETAILS

Major Surgery For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		\$900
Appliance For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers. This benefit is not payable for prosthetic devices.		\$120
Prosthetic Devices For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee.	One prosthetic device	\$450
	Two or more prosthetic devices	\$900
Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		\$240
Transportation Benefit is payable for up to 2 round trips to the hospital per accident per covered person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or covered person's residence.		\$360
Wellness Benefit Rider (Form No. CRWELB00)		5.00 Units
After a 30-day waiting period, benefit is payable per calendar year for one annual health screening test listed for the covered employee and one test for a covered spouse.		
Blood test for triglycerides	Flexible sigmoidoscopy	\$50
Bone marrow testing	Hemocult stool analysis	
Breast ultrasound	Mammography	
CA 125 (blood test for ovarian cancer)	Pap Test	
CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)	
CEA (blood test for colon cancer)	Serum cholesterol test to determine HDL/LDL level	
Chest X-ray	Serum Protein Electrophoresis (blood test for myeloma)	
Colonoscopy	Stress test on a bicycle or treadmill	
Fasting blood glucose test	Thermography	

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for losses caused by or as a result of a covered person:

- Driving any taxi for wage, compensation or profit;
- Mountaineering, parachuting or hang gliding;
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
- Alcoholism or drug addiction;
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of this exception.

Termination of Insurance

Subject to the Portability Option, insurance on the employee will end on the earliest of:

- the date of his or her death;
- the date he or she ceases to be eligible for insurance;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date he or she terminates employment;
- the date the group master policy terminates;
- the date he or she sends us a written notice to cancel insurance.

The insurance on a dependent will cease on the earliest of:

- the date of the employee's death;
- the date the employee's insurance terminates;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date the dependent no longer meets the definition of dependent;
- the date the certificate is modified so as to exclude dependent insurance;
- the date the employee sends us a written notice to cancel insurance on a dependent.

Extension of Benefits

Whenever termination of insurance under this section occurs due to termination of employment, such termination will be without prejudice to:

- any hospital confinement which began while insurance was in force; or
- any covered treatment or service for which benefits would be provided and which began while insurance was in force; provided, however that the covered person is and continues to be hospital confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

- 30 days; or
- the date on which the covered person is no longer hospitalized or receiving treatment.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue your insurance.

BI-WEEKLY PAYROLL DEDUCTIONS

CareFirst BluePreferred PPO

Employee Only	\$90.27
Employee + Child(ren)	\$181.47
Employee + Spouse/Partner	\$181.47
Family	\$249.65

Cigna Dental

100% Employer Paid

GVS Vision

Employee Only	\$0.44
Employee + Child(ren)	\$3.68
Employee + Spouse/Partner	\$3.38
Family	\$7.49

Cigna Life & Disability

Basic Life/AD&D	100% Employer Paid
Short Term Disability	100% Employer Paid
Long Term Disability	100% Employer Paid

KEY CONTACTS

HAVE QUESTIONS, PROBLEMS OR CONCERNS?

Should you need any personal assistance understanding your benefits, claims or other insurance related information, the following are your carrier contact numbers and websites. There is a wealth of information regarding your plans, claims and other online resources. We recommend that your first step be to call the insurance carrier. You will need your ID number or Social Security Number along with the date of service and provider name (when applicable). If you require further assistance, please contact your Client Advocate at The Meltzer Group or Human Resources. Please have the same information available when contacting The Meltzer Group or Human Resources.

Medical	CareFirst Group #1D8K	888-567-9155 www.carefirst.com
Dental	Cigna Group #3335922	800-244-6224 www.mycigna.com
Vision	GVS Group #12029-126	866-265-4626 www.gvsm.com
Life & Disability	Cigna Basic Life Group #SGM603215 STD Group #SGD603142 LTD Group #SGD603143	800-362-4462 www.cigna.com
Life Assistance Program	Cigna	800-538-3543 www.cignabehavioral.com/cgi
Travel Assistance Program	Cigna	U.S. & Canada 888-226-4567 Other locations, collect 202-331-7635
AccidentAdvance®	Transamerica®	888-763-7474 www.tebcs.com
Association for Financial Professionals	Natalie Mazzei Human Resources Generalist	301-961-8854 nmazzei@afponline.org
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