



Benefits Guide

Effective Dates | May 1, 2016 – April 30, 2017 | Remote-Based Employees

ASSOCIATION FOR
Financial Professionals

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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 is May 1st.**

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 change.

2016–2017 Summary of Employee Benefits

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 2016, \$6,000 catch-up contribution for 2016 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 contributes 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.

ADP Flexible Spending Accounts

Coverage effective on the 1st of the month following the date of hire. Plan Year runs from May 1st through April 30th.

Health Care FSA

\$2,550.00 annual maximum for eligible healthcare expenses not reimbursed through your health care plan.

Dependent Care FSA

\$5,000.00 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.

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 \$140.00. Additional amounts over the \$140.00 paid benefit are considered a pre-tax payroll deduction and cannot exceed \$255.00.

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.

- \$255.00 monthly limit for qualified parking or transportation costs
- \$255.00 monthly limit for WMATA Smart Benefits

Vision Care | Group Vision Service

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

- Provides routine vision services, including eye exams, lenses, frames and contact lenses
- Ability to select from independent optometrists, ophthalmologists and nationwide retail providers
- Access to over 75,000 network providers
- 40% discounts on complete pairs of glasses beyond the covered benefit

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 (<http://member.lifecare.com>)
- Up to three face-to-face or over the phone counseling sessions per issue with unlimited issues per year
- Child Care & Parenting
- Senior care & Aging
- Emotional Health
- Legal & Financial
- Health & Wellness

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

Paid Holidays

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

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).
- Accrued vacation or personal leave can be used in the event a death occurs outside one’s family that doesn’t qualify for bereavement leave from the family members mentioned above.

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.

Sport and 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 05/01/2016)



Medical Benefits

CareFirst BluePreferred PPO OOA

BluePreferred

Summary of Benefits

Services	In-Network You Pay ^{1,2}	Out-of-Network You Pay ^{1,3}
Visit www.carefirst.com/findadoc to locate providers		
24/7 FIRSTHELP™ NURSE ADVICE LINE		
Free advice from a registered nurse	When your doctor is not available, call FirstHelp™ to speak with a registered nurse about your health questions and treatment options. Call (800) 535-9700.	
BLUE REWARDS		
Visit www.carefirst.com/bluerewards for more information	Blue Rewards is an incentive program where you can earn up to \$600 per adult and \$1,500 per family 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 as indicated above. 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/BP/EOC (10/07); MD/GHMSI/DOL APPEAL (R. 9/11); MD/BP/DOCS (10/07); MD/CF/BP/SOB (R. 4/08); MD/CF/ATTC (R. 7/09); MD/CF/RX (R. 7/12) and any amendments.

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

A Healthy Incentive for your Employees

At CareFirst BlueCross BlueShield (CareFirst), we know how important the health of your employees is to the overall well-being of your business. That's why we include our exclusive incentive program—Blue Rewards—with every fully insured medical plan.*



Blue Rewards encourages your employees to take an active role in their own health by offering them financial rewards. By completing four important steps and achieving certain health measures, employees can earn up to \$600 per adult or up to \$1,500 per family.

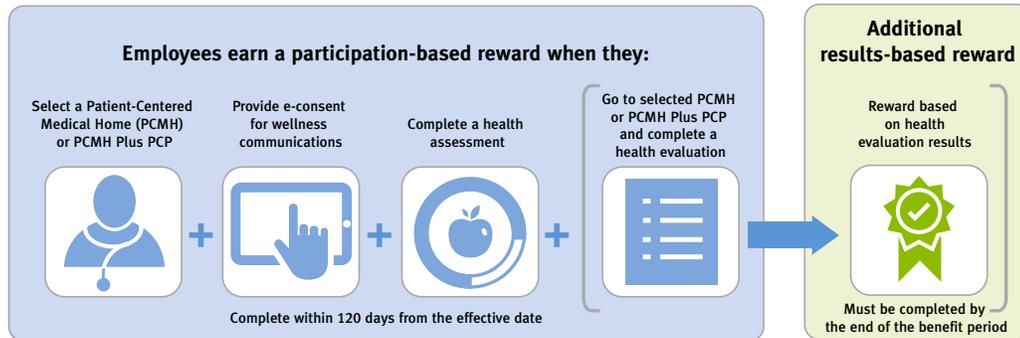
How Blue Rewards benefits your business

- Blue Rewards offers your employees financial incentives for taking an active role in getting and staying healthy—saving both of you money.
- The Blue Rewards program emphasizes high-quality, high-value health care. By driving your employees to primary care providers (PCPs) who participate in the Patient-Centered Medical Home (PCMH) program—a program that has demonstrated both cost-savings and improved quality of care—we help support their health and reduce your overall costs.
- New for 2016, employees can choose a PCMH Plus PCP to earn a greater reward. PCMH Plus PCPs belong to a practice that has participated in the PCMH program for at least three years and has met additional criteria for both quality and efficiency.

**Blue Rewards is not available for grandfathered plans or over 65 plans.*

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered marks of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.

Here's how it works



The Blue Rewards program consists of two parts

1. Participation-based reward:

Your employees must complete these steps within 120 days of their effective date.

- Select a PCMH or PCMH Plus PCP (ages 2+)
- Agree to receive wellness-related communications electronically (ages 18+)
- Complete an online health assessment (ages 18+)
- Visit their selected PCMH or PCMH Plus PCP and complete the Health and Wellness Evaluation Form (ages 2+)

2. Results-based reward:

Your employees have until the end of their benefit period to achieve this additional reward.

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

Measure	Results-based goals	
	Adult (ages 18+)	Child (ages 2–17)
Weight (Body Mass Index—BMI)	BMI between 19 and less than 30	BMI is in the 5th to 85th percentile
Flu vaccine	Received within the last 18 months	Received within the last 18 months
Tobacco use	Must be a “non-smoker” (never smoked or quit for more than 30 days)	N/A
Blood pressure	<ul style="list-style-type: none"> ■ Less than 140/90 (ages 18–59) ■ Less than 150/90 (ages 60+) 	N/A
Blood glucose	Fasting blood glucose is less than 100	N/A

Note: Age is defined as the age of the member on the date their health coverage begins.

- If your employees do not meet these health measures during the initial visit with their PCP, they will need to work with their doctor to develop a goal and a plan of action. Employees should schedule a rescreening visit with their PCP to check their progress before the end of the benefit period. If their rescreening results are within the range the doctor established, they will earn the results-based reward.

Incentive amounts if members select a PCMH PCP

	Participation-based reward		Results-based reward		Total reward
Adult (ages 18+)	\$100	+	\$200	=	\$300
Children (ages 2-17)	\$25	+	\$50	=	\$75
Family maximum	\$500	+	\$1,000	=	\$1,500

Incentive amounts if members select a PCMH Plus PCP

	Participation-based reward		Results-based reward		Total reward
Adult (ages 18+)	\$200	+	\$400	=	\$600
Children (ages 2-17)	\$50	+	\$100	=	\$150
Family maximum	\$500	+	\$1,000	=	\$1,500

CareFirst Blue Rewards Visa® Incentive Card

- Once your employees complete the four participation-based steps, they will receive an incentive card in the mail.
- Incentive cards should be retained as long as your employees remain CareFirst members. Incentive cards will be replenished with funds once employees earn another Blue Reward.
- The incentive card may be used toward annual deductibles and out-of-pocket costs like copays or coinsurance related to eligible expenses (medical, prescription drug, dental and vision) under their CareFirst health plan.
- Employees with a health savings account (HSA) plan typically receive the incentive card once they have met the Internal Revenue Service (IRS) minimum deductible for an HSA plan—\$1,300 for an individual or \$2,600 for a family. To receive their incentive card right away, eligible employees can choose to certify either:
 - No employee or employer contributions will be made to the HSA for the current benefit period; or
 - They will only use the card for CareFirst dental and vision expenses until they meet their minimum deductible*.
- As long as the card is used correctly, there are no tax reporting obligations.



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

Get rewarded!

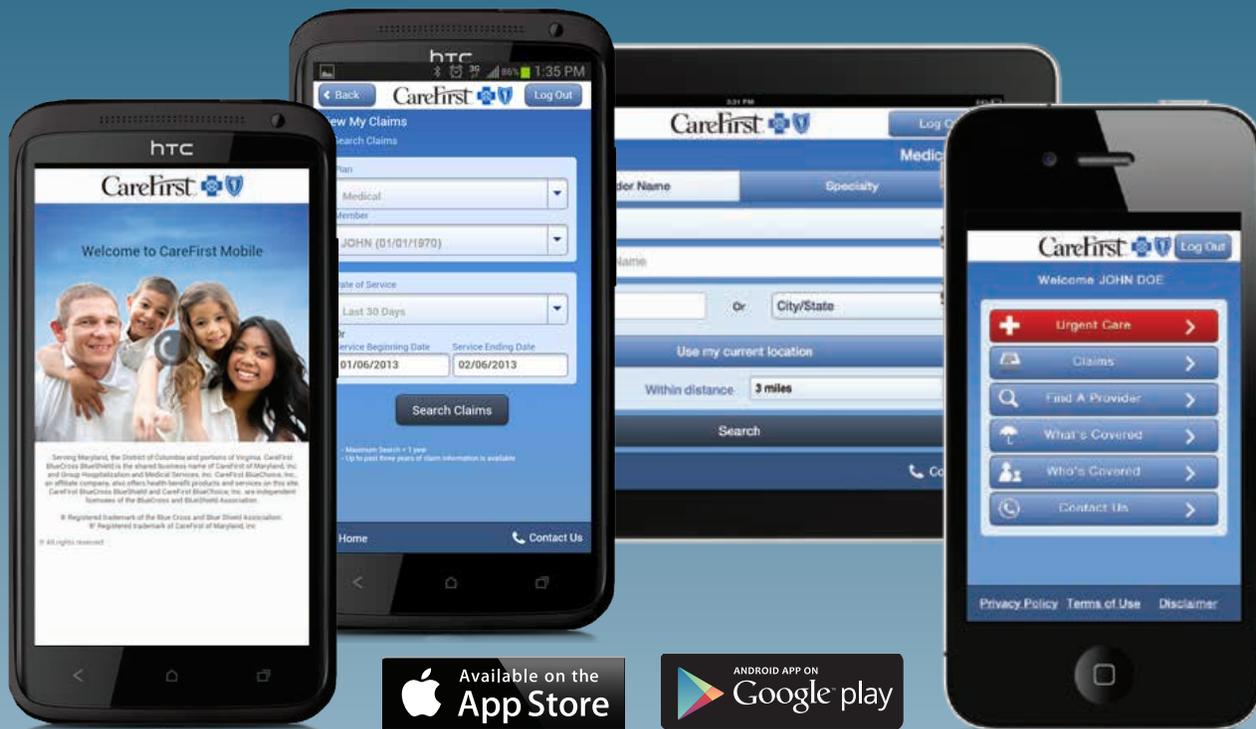
When you choose CareFirst, everyone benefits! Blue Rewards can help improve your employees' health, reduce absenteeism and decrease your health care spending over time. Contact your CareFirst sales representative or broker for more information.

For PPO or Advantage Plans Only: Your employees outside Maryland, D.C. or Northern Virginia can select a provider who specializes in general practice, family practice, internal medicine, pediatrics or geriatrics from the BlueCard® PPO network. When employees select a PCP in the BlueCard network, they can earn up to \$300 per adult and \$75 per child for a family maximum up to \$1,500. Employees must select a provider in these specialties to earn their reward.

The CareFirst Blue Rewards Visa Incentive Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. This card may not be used everywhere Visa debit cards are accepted. No cash access permitted. The Bancorp Bank; Member FDIC.

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.
 ® Registered trademark of the Blue Cross and Blue Shield Association. ®' Registered trademark of CareFirst of Maryland, Inc.



Dental Benefits

Cigna

Cigna Healthcare Financial Exhibit for:
Association for Financial Professionals

Effective Date: May 01, 2016



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

Effective Date: May 01, 2016

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

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) • 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 contactsdirect.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



ASSOCIATION FOR FINANCIAL PROFESSIONALS

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.



Basic Life/AD&D

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.



Short Term Disability

Cigna



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.



Long Term Disability

Cigna



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. Just when you think you have it figured out, along comes a challenge. But whether those challenges are big or small, your Life Assistance Program is available to help you and your family find a solution and restore your peace of mind.

Call us anytime, any day.

We're just a phone call away whenever you need us – at no cost to you. An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources in your community and online tools, including an article library.

Visit a specialist.

For face-to-face assistance, you have three sessions available to you and your household members. Call us to request a referral.

Reward yourself.

Access your Healthy Rewards^{®1} discount program for discounts on a range of health and wellness services and products from participating providers.

Achieve work/life balance.

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



Legal consultation.²

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



Parenting.

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



Senior care.

Learn about challenges and solutions associated with 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.



Temporary back-up care.

Don't let an unplanned event get the best of you – find back-up child care.

Life Assistance Program 24/7

These are just a few examples of the support available to you. Call to get the assistance you need to help resolve life's challenges.

800.538.3543 | Visit us at: www.CignaBehavioral.com/CGI

Self-service support – at your fingertips. Educational materials on work/life topics such as caregiving, daily living and working smarter are available online, as well as personal assessments and interactive tools, including a savings center and relocation center.

Additional features. Try using the online skill builders or attend a webinar to help you learn new skills and adopt positive work/life balance habits – for good.

Call us anytime, any day or go online for information or resources to help resolve life's challenges.

GO YOU[®]



1. 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.

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

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Value Added Programs & Services

Cigna

Three valuable programs designed for one valuable person: YOU.



Find out how you can get savings, prepare your will and other legal documents, and help protect your identity. These programs are available to you if you have a Cigna life, accident, disability, critical illness or accident injury plan.

Health and wellness discounts¹

Get big discounts and special offers on products and services you use every day with the Cigna Healthy Rewards[®] program. Save on weight management and nutrition, vision and hearing care, fitness clubs, quitting tobacco programs and more.

Start saving: Cigna.com/rewards (password: savings)

Will preparation and estate planning²

Help protect your and your family's financial future. This simple, online will preparation tool lets you create a customized will built around your state-specific laws. You can also create other legal documents, like a living will and power of attorney document. It's easy, safe and secure.

Get prepared: CignaWillCenter.com

Identity theft³

Use our online tips and prevention kit to help stop identity theft before it happens. If your identity is stolen, we can help. Just call our personal case managers for step-by-step help with everything from identity theft to credit card fraud to emergency travel arrangements. Real-time support is available anytime, from anywhere in the world.

Get help: 1.888.226.4567. Let your case manager know you're in the Cigna Identify Theft program, group #57.

- 1 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. Healthy Rewards programs are separate from your medical benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.
- 2 Will Preparation Services are independently administered by ARAG[®]. Cigna does not provide legal services and makes no representations or warranties as to the quality of the information on the ARAG website or the services of ARAG.
- 3 Cigna Identity Theft services are provided under a contract with Europ Assistance USA. Presented here are highlights of the Identity Theft Program. Full terms, conditions and exclusions are contained in applicable service agreement.

GO YOUSM



Offered by: Connecticut General Life Insurance Company, Life Insurance Company of North America and Cigna Life Insurance Company of New York.

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PROTECTION WHEN YOU TRAVEL.

Cigna Secure Travel. For added security when you travel domestically or internationally.



Emergencies can happen while traveling on vacation or company business but help is now only a phone call away with Cigna Secure Travel.

Cigna Secure Travel® is available to customers covered under Cigna's Accidental Death & Dismemberment plan.¹ Our customer service center is available 24 hours a day, 365 days a year. In an emergency, the center can even accept collect calls. All of the program services are available when you travel over 100 miles from home on company business or vacation.

To learn more call
888.226.4567

Emergency medical assistance*

Cigna Secure Travel will pay to arrange:

- Transportation to a hospital or medical facility
- Emergency medical evacuation
- Repatriation of remains
- Referrals to physicians, dentists and medical facilities
- Prescription refill services²
- New travel plans for a companion who lost existing arrangements due to delays caused by your emergency
- Travel of a dependent child (under age 16) who is left unattended as a result of your illness or injury
- Round-trip (economy class) transportation for a family member if you're expected to be hospitalized for more than 10 days
- Up to \$10,000 cash advance for payment of emergency medical services

GO YOUSM



Cigna Secure Travel

From the U.S. and Canada, call 1.888.226.4567
From other locations, call collect 202.331.7635
By fax: 202.331.1528
By email: Cigna@europassistance-usa.com



Emergency services must be coordinated through Cigna Secure Travel. Services coordinated outside of this program may not be eligible for payment.

Policyholder name: _____

Policy # _____ Group# 57

Help with the unexpected*

In time of emergency, Cigna Secure Travel can provide:

- Emergency cash – advance of up to \$1,500²
- Emergency changes to travel plans
- Emergency message center
- Assistance with lost or stolen items, including luggage, prescriptions and other personal belongings²
- Legal referrals to local attorneys, embassies and consultants
- Translation and interpretation assistance
- 24-hour multilingual assistance
- Advancement of bail²

Pre-trip planning*

These services include:

- Immunization requirements
- Visa and passport requirements
- Foreign exchange rates
- Embassy/consular referrals
- Travel/tourist advisories
- Temperature and weather conditions
- Cultural information



* The Cigna Secure Travel program is provided under a contract with Europ Assistance USA, Inc. This summary outlines the highlights of the Cigna Secure Travel program. Complete details, including any limitations and both covered and not-covered services, can be found in the applicable agreement.

1. Secure Travel is available for customers covered under a group or blanket accident insurance policy underwritten by Life Insurance Company of North America or Cigna Life Insurance Company of New York be an acceptable replacement.
2. You are responsible for repaying these funds to Cigna Secure Travel as this program does not cover these expenses.

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Payroll Deductions (bi-weekly)

CareFirst BluePreferred PPO OOA	
Employee	\$81.59
Employee + Child	\$163.17
Employee + Spouse	\$163.17
Family	\$224.35
Cigna Dental	
	100% Employer Paid
GVS Vision	
Employee	\$0.44
Employee + Child(ren)	\$3.68
Employee + Spouse	\$3.38
Family	\$7.49
Cigna Life and Disability	
Basic Life/AD&D	100% Employer Paid
STD	100% Employer Paid
LTD	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	888-567-9155 www.carefirst.com
Dental	Cigna	800-244-6224 www.mycigna.com
Vision	GVS	866-265-4626 www.gvsmd.com
Basic Life/AD&D, STD, and LTD	Cigna	800-36-Cigna www.cigna.com
Life Assistance Program	Cigna	800-538-3543 www.Cignabehavioral.com/CGI
Travel Assistance Program	Cigna	888-226-4567 cigna@europassistance-usa.com
Association for Financial Professionals	Beth Gunzel Managing Director, People and Training	301-961-8853 bgunzel@afponline.org
The Meltzer Group	Philip Seils Vice President	301-581-7379 pseils@meltzergroup.com
The Meltzer Group	Nick Spithas Client Advocate	301-214-7011 nspithas@meltzergroup.com

This benefit brochure is only intended as a brief summary of your benefits. Please note that all Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts of the carriers. If this summary conflicts in any way with the carrier Certificate of Coverage (COC), Riders and/or Amendments, those documents shall prevail. It is highly recommended that you review the carrier COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.