



Effective January 1, 2026

Additional Plans for your health

FDM Group Inc.



Accident
Specified Disease
& Hospital Indemnity Insurance

Anthem

Accident coverage

Protect yourself from the unexpected



When an accident happens, most of us aren't financially prepared for the overwhelming costs of care — even if we have medical coverage. Accident coverage can help take care of those unexpected costs and provide peace of mind.

You can benefit from accident coverage if you:

- Have children who are active or play sports.
- Work at a physically demanding job.
- Participate in active hobbies.
- Enjoy working around the house.

How the accident plan works

If you or a covered family member is injured because of a qualifying accident, the plan pays out a cash benefit in one lump sum. The injury doesn't have to be severe. Some commonly covered accidental injuries include broken bones or dislocations, burns, and dental and eye injuries.

You decide how to use the benefits to best support your recovery. Use them to help pay for:

- **Out-of-pocket medical costs**, like your deductible, copays, or coinsurance (your percentage of the costs).
- **Other medical costs**, such as ambulance fees, physical therapy, X-rays, or crutches.
- **Daily expenses**, like rent, food, transportation, or help around the house.



Key plan features

- Cash benefit is paid directly to you in a lump-sum payment.
- No medical questions or exam needed to enroll.
- No limitations for preexisting conditions.¹
- Coverage is available for yourself, your spouse, and dependent children.
- You can take your coverage with you even if you leave your employer.²



Jennifer's story — An example of accident coverage:

Here's how Jennifer's accident coverage supported her after a fall.

The accident	Not-so-good-news	Post-ER	How Jennifer's accident coverage helped her
Jennifer fell from a ladder while painting her house and landed on her arm and shoulder. An ambulance took her to the nearest emergency room (ER) for treatment.	Computed tomography (CT) and X-rays showed she had a concussion and a fractured wrist.	Jennifer needed follow-up care with her doctor once a month. She also went through a six-week physical therapy treatment plan.	Jennifer received a \$2,000 benefit from her accident plan. She used \$1,500 to hire a painter to paint her house. She applied the remaining \$500 to her doctor and physical therapy copays.

Keep in mind, the coverage details discussed here are only examples. Please check your individual plan details for exact coverage information.



Connected benefits make things easier for you

When you have supplemental health coverage, you will have to submit a claim to be paid for your qualifying accidental injury. If you have a medical plan and accident coverage with us, we'll automatically let you know when you may have an eligible accident claim to file, based on the medical claims we see filed by your healthcare professionals. Just make sure you've created an account on the SydneySM Health mobile app or anthem.com and are signed up for email alerts.

¹ Covered accidents must occur after the effective date of coverage.

² Not available in all states. Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE[®] Managed Care, Inc. (RIT), Healthy Alliance[®] Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trademark of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Accident Low 24 Hour Plan

Accident coverage provides a cash benefit for qualifying accidental losses. It can help pay for out-of-pocket medical costs, costs that may not be covered under your medical plan, or daily expenses.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- No medical questions or exam needed to enroll.
- You can take your coverage with you even if you leave your employer.¹
- No limitations for pre-existing conditions.²

On the job accidents are covered

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
Monthly Cost	\$4.08	\$6.37	\$6.60	\$10.43

Hospital and Emergency Benefits

Benefit	Payment Limitation	Amount
Hospital Admission	Once/accident within 90 days	\$500
Daily Hospital Confinement	Up to 365 days/lifetime (total daily)	\$100
Ambulance – Air	Once/accident within 90 days	\$500
Ambulance – Ground	Once/accident within 90 days	\$200
Blood/Plasma/Platelets	Once/accident within 90 days	\$200
Emergency Room	Once/accident within 90 days	\$100
Diagnostic Exam	Once/accident within 90 days	\$100
Urgent Care	Once/accident within 90 days	\$100
X-Ray	Once/accident within 90 days	\$100

Follow Up Care Benefits

Benefit	Payment Limitation	Amount
Accident Follow-up	Up to 3 treatments/accident within 90 days	\$50
Acupuncture	Up to 10 visits/accident within 365 days	\$25
Child Care	Up to 30 days/accident while insured is confined	\$25
Chiropractic Care	Up to 10 visits/accident within 365 days	\$25
Transportation	Up to 3 trips/accident	\$200
Initial Physician Office Visit	Once/accident within 90 days	\$50
Medical Appliance	Once/accident within 90 days	\$100
Physical Therapy	Up to 10 visits/accident within 90 days	\$50
Rehabilitation Facility	Up to 15 days/lifetime within 90 days	\$100

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Looking for comprehensive health insurance? Visit HealthCare.gov or call 1-800-318-2596 (TTY:1-855-889-4325) to find health coverage options. To find out if you get health insurance through your job, or a family member's job, contact the employer. Questions about this policy? For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

Specified Injury & Surgery Benefits

Benefit	Amount
Abdominal/Thoracic Surgery	\$500
Arthroscopic Surgery	\$200
Concussion	\$100
Emergency Dental – Crown	\$150
Emergency Dental – Extraction	\$50
Eye Injury – Object Removal	\$100
Eye Injury – Surgery	\$300
Knee Cartilage – with repair	\$500
Knee Cartilage – without repair	\$100
Laceration – 2" to 6"	\$100
Laceration – 6" or greater	\$200
Ruptured Disc	\$500
Tendon/Ligament/Cuff – single	\$500
Tendon/Ligament/Cuff – 2 or more	\$750

Catastrophic Benefits

Benefit	Amount
Burn – 2nd degree (\geq 34% of body surface)	\$500
Burn – 3rd degree (\geq 18 sq. in. of body surface)	\$5,000
Burn – skin graft (for 3rd degree burn)	25% of 3rd Degree Burn Benefit
Home Health Care	\$50
Prosthesis – single	\$500
Prosthesis – 2 or more	\$1,000

Accidental Death & Dismemberment

Benefit	Payment Limitation	Amount
Accidental Death	Within 90 Days	\$50,000
Common Carrier Death	Spouse benefit payable at 50% of employee benefit	\$150,000
Both hands or both feet	Child(ren) benefit payable at 25% of employee benefit	\$50,000
Sight – both eyes		\$50,000
Speech & Hearing (both ears)		\$50,000
1 hand & 1 foot		\$25,000
1 hand/foot & sight of 1 eye		\$50,000
1 hand or 1 foot		\$25,000
Sight – 1 eye		\$25,000
Speech or Hearing (both ears)		\$25,000
Thumb & Index finger (same hand)		\$5,000
Coma (\geq 168] continuous hours)		\$5,000
Paralysis – quadriplegia		\$5,000
Paralysis – paraplegia		\$2,500

Dislocation Schedule

Benefit	Payment Limitation	Amount
Ankle, foot bones (except toes)	- Closed/non-surgical benefit is 50% of open benefit shown	\$700
Collarbone – acromio/separation	- Benefit for dependent spouse is 100% of the amount shown	\$160
Collarbone – sternoclavicular	- Benefit for dependent child(ren) is 100% of the amount shown	\$500
Elbow	- Incomplete dislocations and dislocation without anesthesia are 25% of the benefit shown	\$500
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$160
Hip		\$1,900
Knee		\$1,000
Lower Jaw		\$500
Shoulder (glenohumeral)		\$700
Wrist		\$700
Hand Bones (except fingers)		\$500

Fractures Schedule

Benefit	Payment Limitation	Amount
Ankle	- Closed/non-surgical benefit is 50% of open benefit shown	\$900
Foot Bones (except toes)	- Benefit for dependent spouse is 100% of the amount shown	\$900
Coccyx	- Benefit for dependent child(ren) is 100% of the amount shown	\$500
Collarbone/clavicle or sternum	- Chip fracture is payable at 25% of the benefit shown	\$900
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$200
Forearm – radius or ulna		\$900
Hip, thigh/femur		\$2,000
Kneecap/patella		\$900
Lower jaw/mandible (exc. alv. process)		\$700
Lower leg – fibula or tibia		\$1,100
Nose, facial bones (except jaw bones)		\$500
Pelvis (except coccyx)		\$1,800
Vertebrae – processes		\$500
Rib		\$500
Shoulder blade/scapula		\$900
Skull – depressed		\$1,800
Skull – non-depressed/simple		\$1,000
Upper arm/humerus		\$900
Upper jaw/maxilla (exc. alveolar process)		\$700
Vertebrae – body		\$1,800
Wrist, hand bones (except fingers)		\$900

How to file claims

You can file claims online at <https://supplemental-health.Anthem.com> or you can print a claim form from that website and file it by mail or fax. Contact us at (888) 828-2432 with any questions.

Exclusions

The information provided below is applicable in most states; however, please be aware that state variations may apply.

A benefit is not payable for any covered illness that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to them
- A covered person's taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed or administered by a Physician
- A covered person's being intoxicated as defined by the jurisdiction in which the cause of the loss was incurred
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests.
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven. This exclusion does not apply where the Covered Person is riding as a fare-paying passenger on a regularly scheduled commercial airline or as a passenger for transportation only and not as a pilot or crew member
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

Accident means a sudden, unforeseeable event that causes an injury and that: 1) occurs while this Certificate is in force; 2) occurs while the Covered Person's insurance is effective; and 3) is not subject to any exclusion in the Policy.

¹ Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

² Covered accidents or illness must occur after the effective date of coverage.

In Colorado and Georgia, members must be enrolled in comprehensive health benefits from a group health insurance plan, an employer sponsored plan, an HMO plan, or an individual health plan that provides essential health benefits.

Group Accident benefits provided by policy form SAI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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Specified disease coverage

Helping to ease your stress and protect your finances



Illness can happen to anyone at any time, regardless of age. That's why it's important to be prepared. Knowing your family history and risk factors can help give you peace of mind, and so can specified disease coverage.

How the specified disease plan works

Specified disease coverage offers a lump-sum cash benefit for unexpected costs and supports recovery if you or a covered family member are diagnosed with a specified disease, like a heart attack or cancer.

You decide how to use the benefits to best support your recovery. Use them to help pay for:

- **Out-of-pocket medical costs**, like your deductible, copays, or coinsurance (your percentage of the costs).
- **Other medical costs**, such as doctor bills, imaging, or rehabilitation.
- **Daily expenses**, like rent, food, transportation, or help around the house.

Our specified disease coverage provides benefits for up to 18 specified diseases, including heart attack, stroke, certain cancers, and major organ transplant. The coverage pays for the first diagnosis of certain illnesses after your coverage is effective.



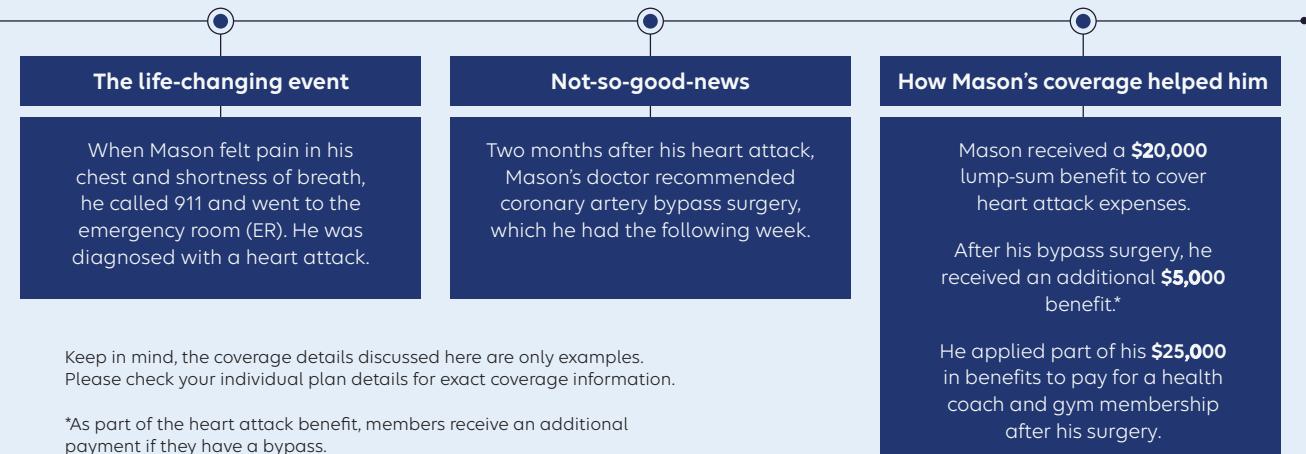
Key plan features

- Cash benefit is paid directly to you in a lump-sum payment.
- No limitations for preexisting conditions.²
- Coverage is available for yourself, your spouse, and dependent children.
- You can take your coverage with you even if you leave your employer.³
- You can earn \$50 each year for having an eligible health screening, such as a mammogram or colonoscopy. Complete your health screening and call the Claims line at **888-828-2432**. We'll confirm your screening and then send you a check.



Mason's story — An example of specified disease coverage:

Here's how Mason's specified disease coverage supported him after a heart attack.



Connected benefits make things easier for you to file a claim

When you have supplemental health coverage, you will have to submit a claim to be paid for your qualifying specified disease.

If you have a medical plan and specified disease coverage with us, we'll automatically let you know when you may have an eligible claim to file, based on the medical claims we see filed by your healthcare professionals. Just make sure you've created an account on the SydneySM Health mobile app or anthem.com and are signed up for email alerts.

1 Restrictions may apply.

2 Covered accidents or illness must occur after the effective date of coverage.

3 Not available in all states; insured will only be able to continue coverage while the policy is in-force with the policyholder, and the insured must pay premium if electing to continue coverage after leaving employer.

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Specified Disease \$10,000 Plan with Skin Cancer

With Skin Cancer Benefit

Specified Disease coverage provides the added layer of security you want and need when illness occurs—a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits: Help pay for out-of-pocket medical costs, prescriptions, hospital bills, X-rays, daily expenses, rent, food, or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Health screenings, such as a lipid panel or fasting glucose test.
- You can take your coverage with you even if you leave your employer.¹
- Benefits for covered spouse are 50% and children are 50% of the amount shown below, except for Health Screening and Skin Cancer

Cancer Benefits

Benefit	Amount
Invasive Cancer	\$10,000
Non-Invasive Cancer	\$2,500

Vascular Benefits

Benefit	Amount
Heart Attack (Myocardial Infarction)	\$10,000
Stroke	\$10,000
Coronary Artery Disease	\$2,500

Other Specified Disease Benefits

Benefit	Amount
Major Organ Failure	\$10,000
End Stage Renal Disease	\$10,000

IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care: the payment you get isn't based on the size of your medical bill; there might be a limit on how much this policy will pay each year; this policy isn't a substitute for comprehensive health insurance; since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. Looking for comprehensive health insurance? Visit HealthCare.gov or call 1-800-318-2596 (TTY:1-855-889-4325) to find health coverage options. To find out if you get health insurance through your job, or a family member's job, contact the employer. Questions about this policy? For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

Other key features

Benefit	Amount
Health screening benefit: per member, per calendar year	\$50, per covered person, per calendar year
Skin Cancer benefit, per member, once per lifetime	\$250
Additional occurrence of multiple conditions	Covered with no separation period
Pre-Existing Conditions Limitation	None
Lifetime Benefit Maximum - Employee	Lesser of \$500,000 or 2500%
Lifetime Benefit Maximum - Spouse	Lesser of \$500,000 or 2500%
Lifetime Benefit Maximum - Children	Lesser of \$500,000 or 2500%

How to file claims

You can file claims online at <https://supplemental-health.anthem.com> or you can print a claim form from that website and file it by mail or fax. Contact us at (888) 828-2432 with any questions.

Monthly Cost	Uni-Tobacco Rates				
Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family	
18-24	\$1.80	\$3.04	\$2.79	\$4.19	
25-29	\$2.39	\$3.94	\$3.38	\$5.09	
30-34	\$2.85	\$4.66	\$3.84	\$5.81	
35-39	\$3.70	\$5.93	\$4.69	\$7.08	
40-44	\$5.12	\$8.13	\$6.11	\$9.28	
45-49	\$7.58	\$11.96	\$8.57	\$13.11	
50-54	\$10.49	\$16.48	\$11.48	\$17.63	
55-59	\$14.24	\$22.33	\$15.23	\$23.48	
60-64	\$19.59	\$30.61	\$20.58	\$31.76	
65-69	\$26.45	\$41.26	\$27.44	\$42.41	
70-74	\$35.88	\$55.81	\$36.87	\$56.96	
75-79	\$47.67	\$73.69	\$48.66	\$74.84	
80-84	\$54.59	\$84.25	\$55.58	\$85.40	

Exclusions

A benefit is not payable for any covered illness that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

General Limitations

Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable Benefit Separation Period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a Recurrence provision
- For which a covered person has already received a benefit payment under the Recurrence provision

In addition, benefits are not payable for any specified disease not included as a covered illness in a covered person's certificate.

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

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Specified Disease \$20,000 Plan with Skin Cancer

With Skin Cancer Benefit

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35-39	\$6.49	\$10.09	\$7.77		\$11.59
40-44	\$9.26	\$14.31	\$10.54		\$15.81
45-49	\$14.10	\$21.78	\$15.38		\$23.28
50-54	\$19.86	\$30.69	\$21.14		\$32.19
55-59	\$27.28	\$42.22	\$28.56		\$43.72
60-64	\$37.87	\$58.58	\$39.15		\$60.08
65-69	\$51.47	\$79.58	\$52.75		\$81.08
70-74	\$70.23	\$108.47	\$71.51		\$109.97
75-79	\$93.72	\$144.06	\$95.00		\$145.56
80-84	\$107.54	\$165.10	\$108.82		\$166.60

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² Covered accidents or illness must occur after the effective date of coverage.

Group Critical Illness benefits provided by policy form SCI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager. If you have any questions, please contact your Human Resources/Benefits manager.

Earn \$50 for taking care of your health



Eligible tests include:¹

Abdominal aortic aneurysm ultrasound
Bone density screening
Bone marrow testing
Breast ultrasound
CA 15-3 (blood test for breast cancer)
CA 125 (blood test for ovarian cancer)
Carotid ultrasound
CEA (blood test for colon cancer)
Cervical cancer screening
Chest X-ray
Colonoscopy
CT angiography
Double-contrast barium enema
ECG/EKG
Fasting blood glucose test
Flexible sigmoidoscopy
Hemoccult stool analysis
Lipid panel
Mammography
PAD ultrasound
Pap test
PSA (blood test for prostate cancer)
SPEP (blood test for myeloma)
Serum cholesterol test
Stress test (bicycle or treadmill)
Thermography
Triglycerides blood test (HDL/LDL)

As part of your Anthem Specified Disease plans, you can earn \$50 for having a health screening, such as a mammogram, colonoscopy, fasting blood glucose test, or one of many common cancer screenings.

To take advantage of this benefit:

Step 1: Complete your health screening or test.

Step 2: Call the Claims line at **888-828-2432**. Be ready to share the following information:

- Social Security number
- Date of birth
- Address
- Name of doctor or facility
- Name of the test
- Date of the test

Step 3: We'll confirm your test and then send you a check.

You and your covered dependents can each earn one \$50 health screening benefit every calendar year.



For more information, call 888-828-2432.

¹Tests can vary by state and by the type of plan offered. Not available for all plans in all states. Please check your Certificate of Coverage for details.

Hospital indemnity coverage

Protect your financial well-being



Whether hospital stays are planned, unexpected, long, or short, the costs can add up quickly. Your medical plan may cover some of the costs, but you can expect to pay the rest out of pocket. Protect yourself from these unexpected expenses with hospital indemnity coverage.

How the hospital indemnity plan works

These supplemental health plans provide a lump-sum cash benefit to help with costs that can arise during a hospital stay, which your health plan may not cover. It's extra financial support when you or a covered family member need it most.

You decide how to use the benefits to best support your recovery. Use them to help pay for:

- **Out-of-pocket medical costs**, like your deductible, copays, or coinsurance (your percentage of the costs).
- **Other medical costs**, such as doctor bills, imaging, or rehabilitation.
- **Daily expenses**, like rent, food, transportation, childcare, or help around the house.



IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care: the payment you get isn't based on the size of your medical bill; there might be a limit on how much this policy will pay each year; this policy isn't a substitute for comprehensive health insurance; since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. **Looking for comprehensive health insurance?** Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options. To find out if you get health insurance through your job, or a family member's job, contact the employer. **Questions about this policy?** For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

Key plan features

- Covers hospitalization for the mother for pregnancy from day one, with no waiting period, and daily hospital stay for the newborn baby.
- Cash benefit is paid directly to you in a lump-sum payment based on a fixed daily benefit for the number of days you have an inpatient stay.
- No limitations for preexisting conditions.¹
- No medical questions or exam needed to enroll.
- Coverage is available for yourself, your spouse, and dependent children.
- You can take your coverage with you even if you leave your employer.²



Susan's story — An example of hospital indemnity coverage:

Here's how Susan's hospital indemnity coverage supported her after her baby's delivery.³



Keep in mind, the coverage details discussed here are only examples. Please check your individual plan details for exact coverage information.



Connected benefits make things easier for you to file a claim

When you have supplemental health coverage, you will have to submit a claim so you can get paid for your qualifying hospital stay.

If you have a medical plan and hospital indemnity coverage with us, we'll automatically let you know when you may have an eligible claim, based on the medical claims we see filed by your healthcare professionals. Just make sure you've created an account on the **SydneySM** Health mobile app or anthem.com and are signed up for email alerts.

¹Covered accidents or illness must occur after the effective date of coverage.

²Not available in all states; insured will only be able to continue coverage while the policy is in-force with the policyholder, and the insured must pay premium if electing to continue coverage after leaving employer.

³The people and situation in this example are not real. They're only used to show how the plan works.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of Anthem HealthChoice HMO, Inc. and Anthem HealthChoice Assurance, Inc. Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Hospital Indemnity High Plan with ICU - NY

Hospital Indemnity provides a lump-sum, tax-free cash benefit to help pay for costs that can come with a hospital stay that your health plan doesn't cover. Use your hospital indemnity coverage to help pay for out-of-pocket medical costs or daily expenses like rent, food or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Covers hospitalization for normal pregnancy from day one with no waiting period.
- You can take your coverage with you even if you leave your employer and keep the same rate for three years.¹
- No limitations for pre-existing conditions.²

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Children	Employee + Family
Monthly Cost	\$7.10	\$14.66	\$11.15	\$19.30

Benefits

Benefit	Amount
Hospital Confinement - First Day Benefit	\$165
First Day Hospital Confinement - Annual Max	5 days
Hospital Confinement - Daily Benefit	\$165
Daily Hospital Confinement - Annual Max	90 days
Intensive Care Unit Confinement - First Day Benefit	\$165
First Day Intensive Care Unit Confinement - Annual Max	5 days
Intensive Care Unit Confinement - Daily Benefit	\$165
Daily Intensive Care Unit Confinement - Annual Max	90 days

Other Key Features

Benefit	Amount
Pre-Existing Conditions Limitation	None
Pregnancy Waiting Period	None

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Looking for comprehensive health insurance? Visit HealthCare.gov or call 1-800-318-2596 (TTY:1-855-889-4325) to find health coverage options. To find out if you get health insurance through your job, or a family member's job, contact the employer. Questions about this policy? For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

How to file claims

You can file claims online at <https://supplemental-health.anthem.com> or you can print a claim form from that website and file it by mail or fax. Contact us at (888) 828-2432 with any questions..

HSA Compatibility

The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. Anthem offers the above plan designs that are designed to be HSA compatible. However, in any circumstance, please consult a tax and/or legal advisor to determine which supplemental insurance may be purchased by employees who participate in a HSA.

1. Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitatory care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confined means the assignment to a bed in a medical facility for a period of at least 20 hours. State variations may apply.
2. Assumes all eligible employees can enroll in the plan and/or increase existing benefits without providing evidence of insurability during the scheduled initial enrollment period and subsequent scheduled enrollment periods occurring annually thereafter.

Exclusions

A benefit is not payable for any illness or injury that results from or is caused by a covered person's:

- suicide or attempted suicide, whether sane or insane, or intentional self-infliction
- voluntary intoxication (as defined by the law of the jurisdiction in which the illness or injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a physician or medical professional
- voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption
- voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary participation in a riot, or voluntary engagement in an illegal occupation
- incarceration or imprisonment following conviction for a crime
- travel in or descent from any vehicle or device for aviation or aerial navigation, except as a fare-paying passenger in a commercial aircraft (other than a charter airline) on a regularly scheduled passenger flight or while traveling on business of the policyholder
- ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing
- participation in any organized sport in a professional or semi-professional capacity
- participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities
- travel or activity outside the United States or Canada
- active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, county or international organization, unless specifically allowed by a provision of the policy
- involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer

In addition, benefits are not payable unless required by law for:

- elective abortion or complications thereof
- artificial insemination, in vitro fertilization, test tube fertilization
- gender change, sterilization, tubal ligation or vasectomy, and reversal thereof
- aroma therapeutic, herbal therapeutic, or homeopathic services
- any mental and nervous disorder, unless specifically allowed by a provision of the policy
- substance abuse, unless specifically allowed by a provision of the policy
- medical mishap or negligence on the part of any physician, medical professional, or therapist, including malpractice
- treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a covered person
- custodial care, unless specifically allowed by a benefit provision in the policy or any rider attached to the policy (if applicable);
- elective or cosmetic surgery or procedures, except for reconstructive surgery:
 - incidental to or following surgery for disease, infection or trauma of the involved body part
 - due to congenital anomaly or disease of a dependent child which has resulted in a functional defect
- dental care or treatment, except for:
 - treatment due to an injury to sound natural teeth within 12 months of the accident
 - treatment necessary due to congenital disease or anomaly

State variations may apply.

THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

¹ Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

² Covered accidents or illness must occur after the effective date of coverage.

Group Hospital Indemnity benefits provided by policy form SHI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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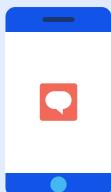
Using your supplemental health benefits

When you have an Anthem medical plan and our supplemental health plans, you can count on extra financial protection when you need it most.¹ Learn how to submit claims for qualifying events and take advantage of these benefits.

How do I know I have an eligible supplemental health claim?

If you sign up for email auto notifications, we can quickly notify you by email or an alert on your [anthem.com](#) account when you have an eligible claim.

You would then need to submit your supplemental health claim for the qualifying injury, illness and hospital stay. This process is different from medical claims where the care provider files the claim for you.



To sign up for email auto notifications, follow these steps:

1. Log in to your account on the Sydney Health mobile app or [anthem.com](#).
2. On **SydneySM Health**, type **Profile** in the chat feature. On [anthem.com](#), choose **Profile** in the top right corner. Go to My Account, and choose **Communications & Settings**.
3. Under *Plan Communications Settings*, confirm your email address is correct. You can change it or add a new one, if necessary.
4. Under *Go 100% Digital*, select **On**.
5. Then, **check the box for email** for Benefit Updates, Legal Information, and Annual Notice of Change under *Customize Going Digital*.



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How to submit a supplemental health claim

1. Gather your documents

You'll need to provide all the paperwork related to your supplemental health claim. You may have to ask your doctors or other care providers for these records:

- Doctor notes
- Lab reports
- Emergency room or hospital discharge papers
- Itemized hospital and/or doctor bills
- Medical explanation of benefits
- Child care, transportation, and/or lodging receipts
- Police reports (if your claim involves a car accident)



Scan this QR code with your phone's camera to submit your supplemental health claim online.

2. File your claim

Online

This is the fastest and easiest way to start the supplemental health claims process.

- Go to **supplemental-health.anthem.com** or scan the QR code below.
- Choose **Supplemental Health Claim** as the Type of Claim.
- Fill in the required information and choose **Start**.

Go one step at a time and be sure to provide all the information you have related to your claim. The system will confirm when your claim submission is complete.

By mail

Download a supplemental health claim form from our website at **anthem.com/forms**, or ask your Human Resources representative for a copy. Mail the completed form and all required documents to:

 Supplemental Insurance Benefit Department
P.O. Box 2076
Grapevine, TX 76099

Reach out if you have questions

You can contact your Human Resources department or call Anthem at **888-828-2432**.

1 Anthem HMO plans are not eligible for auto-notification.

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