



Granite Insurance Benefits Booklet

December 2020-2021 Plan Year Benefits
Out-of-State Employees



ANNUAL OPEN ENROLLMENT DATES:

11/01/2020 -11/30/2020

what you need to do

To make sure you have the benefits coverage you want for the 2020-2021 plan year:

- You will receive a welcome email with your log-in instructions to start your enrollment process from Granite HealthPro, powered by Maxwell Health.
- Read this brochure to see what's available to you
- Review the benefits and who you want to cover, discuss with your family
- Submit enrollment/change forms through Granite HealthPro or give them back to Human Resources

You are required to complete the enrollment process, even if you are waiving medical, dental and vision coverage. If you elect to waive all health coverages, you still need to provide beneficiary information for the company-paid life insurance benefit if Granite Insurance Brokers offers this coverage.

Granite Insurance Brokers waiting period is 1st of the month following 60 days. You must complete the probationary waiting period before you become eligible for benefits.

The only time you can change your elections during the plan year outside your eligibility period timeframe is when you experience a qualifying event, **you have 30 days to notify HR to change your benefits.** Examples of qualifying events include changes in:

- Marital Status (marriage, divorce, or legal separation)
- Number of dependent children (birth, adoption, placement for adoption, or being named legal guardian)
- Employment status (part-time to full-time or full-time to part-time)
- Dependent status (child reaches maximum age)
- Eligibility status (you or your spouse experience a change in hours, job loss, getting a new job, become entitled to Medicare or Medicaid)

common enrollment questions

Who is eligible for employee benefits?

All employees who work 30+ hours a week are considered full-time employees and are eligible for employee benefits with Granite Insurance Brokers.

What happens if I waive coverage during my eligibility period?

If you waive coverage with Granite Insurance Brokers during your initial eligibility period, you will only be able to enroll during the plan year if you experience a qualifying event. If you do not experience a qualifying event, you will need to wait until your company's next open enrollment to come on to the plan. You may also be subject to late entrant waiting periods for dental.

What is considered a qualifying event?

A qualifying event is a marriage, divorce, birth/adoption, loss of other coverage and change in work status such as full-time to part-time.

If I have questions regarding my health coverage or need assistance with my benefits program, who may I contact?

You may contact Human Resources, our broker, Granite Insurance Brokers, or you may contact the insurance carrier directly. We have provided carrier phone numbers and websites in this brochure for your reference.

Who can I cover under my plan?

You can cover yourself, your spouse or domestic partner, and your eligible dependent children (up to age 26), and any legal dependents.

Will I receive new ID cards?

You will receive new ID cards from your medical carrier if you enroll for the first time or make plan changes. If you've downloaded the Maxwell Health mobile app, important plan specifics will also be available there.

get in the know

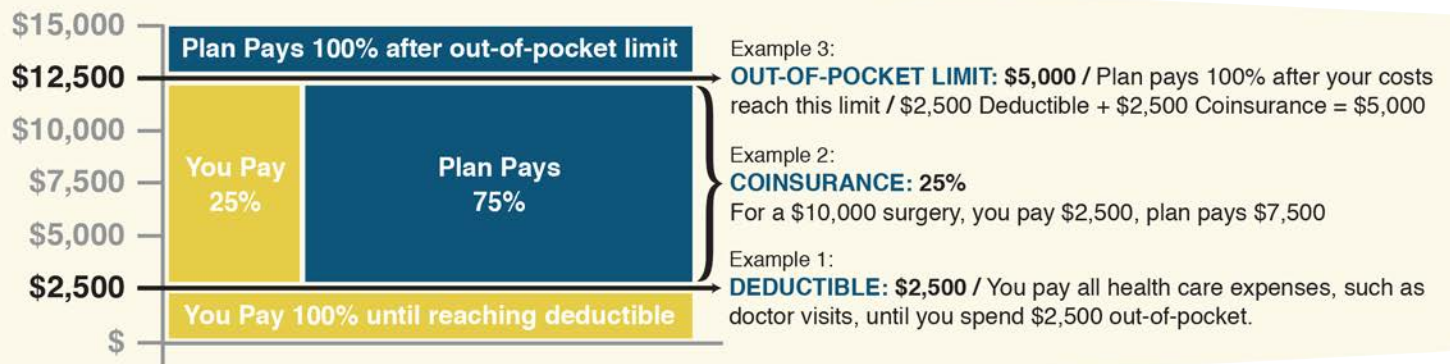
What is your premium? – Your cost of the insurance per paycheck.

Is my doctor in-network? – You receive the most benefits if your doctor is in-network. All carriers have a provider search that can be accessed from their website. Visit the carrier websites located at the end of the booklet to find a doctor within your network.

What is an In-Network Provider? – A group of doctors, hospitals and other health care providers that are approved and under contract with insurance plan, they provide services at discounted rates. You will generally pay less for services received from in-network providers.

What is an Out-Network/Non-Network Provider? – A health care professional, hospital or pharmacy that is not part of a health plan's network of health care providers. You will generally pay more for services received from out-of-network providers.

What is a Maximum Plan Benefit? – The most a plan will pay for benefits during the entire period you are enrolled in a plan. Typically applies to dental plans.



What is an Annual Deductible? – The amount you must pay out-of-pocket before the insurance company makes any benefits payments under a policy. Deductibles can vary whether you are in-network or out-of-network.

What is an Annual RX Deductible for Brand Name? – The amount you must pay out-of-pocket for brand name prescriptions before the insurance company begins to make payments for a brand name RX. Please check your plan's formulary on the insurance company's website to determine which tier your prescription falls under. The Formulary Rx Drug List is a list of prescription drugs that are covered by the plan. Some drugs require prior authorization from your plan. The four common prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary; Tier 4: Specialty Drugs. Your cost share will be determined by the tier.

What is a Copayment? – The flat dollar amount you pay each time you receive certain covered health services. Some services will require a copayment in lieu of a deductible. Example: \$45 office visit copayment.

What is a Coinsurance? – The percentage of the amount you pay for eligible services after you have met the annual deductible. The Insurance Company typically pays the larger percentage.

What is an Out-of-Pocket Maximum? – The most you will pay out-of-pocket each calendar year for covered health services in-network.

What is not included in the Out-of-Pocket Maximum? – Premiums, balance-billing charges, penalties for non-certification and health care the plan does not cover, including exclusions and limitations.

tips on maximizing your benefits

Emergency Room Visits – Depending on your plan benefits, you could be responsible for an Emergency Room copayment, your calendar year deductible and coinsurance for an emergency room visit. The ER is typically used for severe pain, heart attack, stroke, severe dehydration, and other "emergency" life-threatening conditions.

Urgent Care – You can avoid a long wait and save money by going to an urgent care center instead of the ER when possible. Urgent care centers typically handle broken bones, minor burns, cuts that require stitches or a stomach virus. Check with your plan as most in-network urgent care visits are treated like an office visit.

Preventive Care/Wellness Visits – Covered at no out-of-pocket costs to you:

CAUTION: Do not mix Preventive visits (routine physicals, well-child visits, immunizations, mammograms, etc.) with diagnostic visits (my shoulder or knee hurts) as the visit will no longer be considered a Preventive visit.



Take your benefits mobile
–Download the Maxwell Health Mobile app.



more tips

Try to stay In-Network when possible – There is no contracted rate with out-of-network providers. The Insurance Company uses Medicare or a negotiated fee schedule to determine the allowable charge out-of-network. You will pay the balance for amounts over the allowable charge and that balance will not count towards the out-of-pocket maximum.

RX Tips

- You can save time and money by using your plan's mail order RX program. Typically, you will pay twice the retail copay for a 90 day supply.
- Shop around for your RX as prices vary by retailer.
- Ask for generic instead of brand name RX to keep your costs down.
- Find therapeutic alternatives. Some brand-name drugs don't have a generic equivalent, but they may have a therapeutic equivalent, which is in the same class of drugs but is chemically a little different.
- Split your pills. Ask your doctor if you can save money by cutting any of your pills. For example, the 30 day cost for 20-mg tablets of Lipitor can be about the same as the 30-day cost for the 40-mg tablets. You may be able to order the larger Lipitor tablet and split it in half.
- Double Up. If you're taking a 20-mg pill twice a day, ask your doctor whether it would be safe to switch to a 40-mg pill once a day.

MOBILE APP STEP-BY-STEP GUIDE

1 INSTALL

2 LOG IN

Once you've downloaded the app, sign in using the same credentials you used to log into Granite HealthPro online. You'll need to have already created a password online before using the mobile app.

3 ALL PRODUCTS

Tap *All Products* to see all the products you're currently enrolled in. View policy numbers, effective dates, covered services, benefit details, and the total cost amount for each product. Even set favorites to have quick access to your most used benefits!

4 HELP

Tap *Help* to reach out for questions about your benefits. Help may include your benefits advisor, HR administrator, or Health Advocate.



medical coverage

The following chart summarizes the benefits for the medical plans offered to all eligible employees of Granite Insurance Brokers. Pediatric services - including oral & vision care for children up to age 19 - are included in all health plans as essential health benefits (EHBs). **Granite Insurance Brokers contributes 90% for eligible employees and 0% for their dependents of the UnitedHealthCare Silver PPO (BR-J7) 2020 base plan.**

LEARN MORE: Please note that the chart below is intended for comparison purposes only. For a comprehensive listing of what is covered and not covered under each plan, please refer to the Summary of Benefits Coverage.

	UnitedHealthcare Gold PPO (BR-J5) 2020	
	In-Network	Out-of-Network
Annual Deductible: Individual / Family	\$1,000 individual / \$2,000 family	\$2,000 individual / \$4,000 family
Annual Out-of-Pocket Max: Individual / Family	\$6,500 individual / \$13,000 family	\$13,000 individual / \$26,000 family
Professional Services		
Office Visits	\$25 / visit	50%*
Specialty Visits	\$50 / visit	50%*
Chiropractic Benefits	\$25 / visit (up to 24 visits per year)	50%*
Acupuncture Visits	\$25 / visit	50%*
Preventative Care	No Charge	Not Covered
Hospital Services		
Inpatient Hospitalization	\$250 + 20%* / admission	50%* / admission
Outpatient Surgery	20%* / procedure (+ \$250 applies to hospital based occurrences)	50%* / procedure
Diagnostic X-Ray & Lab		
Advanced Imaging (CT/MRI/PET)	20%* / procedure (+ \$250 applies to hospital based occurrences)	50%* / procedure
All Other X-Ray & Lab	Free Standing/Office: 20%* / Hospital: 40%*	50%* / encounter
Urgent/Emergency Care Visits		
Urgent Care	\$75 / visit	50%*
Emergency Room	\$250 + 20%* / visit	\$250 + 20%* / visit
Ambulance	20%* / trip	20%* / trip
Prescriptions		
Deductible: Individual / Family	\$250 individual / \$500 family (Waived for Tier 1)	N/A
Tier 1	\$15	Not Covered
Tier 2	\$40*	Not Covered
Tier 3	\$80*	Not Covered
Tier 4	25%* up to \$250 max per Rx	Not Covered

*After calendar year deductible or pharmacy deductible. NOTE: Deductibles and out of pocket maximums renew on calendar year, not plan renewal date.

Please note, the \$250 hospital-based copayment per occurrence for outpatient, diagnostics, and imaging applies only to services rendered at a hospital. The \$250 copayment does not apply to services rendered at freestanding facilities.

medical coverage

The following chart summarizes the benefits for the medical plans offered to all eligible employees of Granite Insurance Brokers. Pediatric services - including oral & vision care for children up to age 19 - are included in all health plans as essential health benefits (EHBs). **Granite Insurance Brokers contributes 90% for eligible employees and 0% for their dependents of the UnitedHealthcare Silver PPO (BR-J7) 2020 base plan.**

LEARN MORE: Please note that the chart below is intended for comparison purposes only. For a comprehensive listing of what is covered and not covered under each plan, please refer to the Summary of Benefits Coverage.

	UnitedHealthcare Silver PPO (BR-J7) 2020	
	In-Network	Out-of-Network
Annual Deductible: Individual / Family	\$1,500 individual / \$3,000 family	\$3,000 individual / \$6,000 family
Annual Out-of-Pocket Max: Individual / Family	\$8,150 individual / \$16,300 family	\$16,300 individual / \$32,600 family
Professional Services		
Office Visits	\$50 / visit	50%*
Specialty Visits	\$80 / visit	50%*
Chiropractic Benefits	\$40 / visit (up to 24 visits per year)	50%*
Acupuncture Visits	\$40 / visit	50%*
Preventative Care	No Charge	Not Covered
Hospital Services		
Inpatient Hospitalization	\$250 + 40%* / admission	50%* / admission
Outpatient Surgery	40%* / procedure (+ \$250 applies to hospital based occurrences)	50%* / procedure
Diagnostic X-Ray & Lab		
Advanced Imaging (CT/MRI/PET)	40%* / procedure (+ \$250 applies to hospital based occurrences)	50%* / procedure
All Other X-Ray & Lab	Free Standing/Office: 40%* / Hospital: 50%*	50%* / encounter
Urgent/Emergency Care Visits		
Urgent Care	\$80 / visit	50%*
Emergency Room	40%* + \$300 / visit	40%* + \$300 / visit
Ambulance	40%* / trip	40%* / trip
Prescriptions		
Deductible: Individual / Family	\$300 individual / \$600 family (Tier 1 Waived)	N/A
Tier 1	\$20	Not Covered
Tier 2	\$50*	Not Covered
Tier 3	\$100*	Not Covered
Tier 4	25%* up to \$250 max per Rx	Not Covered

*After calendar year deductible or pharmacy deductible. NOTE: Deductibles and out of pocket maximums renew on calendar year, not plan renewal date.

Please note, the \$250 hospital-based copayment per occurrence for outpatient, diagnostics, and imaging applies only to services rendered at a hospital. The \$250 copayment does not apply to services rendered at freestanding facilities.

Save money by using freestanding facilities



You should always talk to your doctor about your best options for medical care. Depending on your type of plan benefits, a freestanding facility not connected to a hospital may be a lower cost option than a hospital when you need outpatient care such as lab tests, radiology services, surgery or other services.

Save money by choosing a lower cost place of service

Generally, you will have a lower co-payment or no co-payment¹ when you use a freestanding network facility² instead of a hospital for health care services or treatments that do not require an overnight hospital stay. A freestanding facility performs outpatient services and submits claims separately from any hospital affiliation.

You will likely pay more when you receive outpatient care in a hospital or hospital-affiliated facility. Talk to your doctor about the options available to you for these services.

Ask your doctor

When you need lab tests, radiology or outpatient surgery outside of your doctor's office, always ask the following questions:

- ▶ Do you know the cost of the tests you are ordering?
- ▶ Is the provider or laboratory in my network?
- ▶ Since my share of the cost is less for services performed in a freestanding facility that is not connected to a hospital, can the test or service be performed at a freestanding facility?
- ▶ Can you recommend a freestanding facility in the UnitedHealthcare network?

Finding a freestanding network facility

Search for an outpatient center or laboratory on **myuhc.com**[®]. Choose a facility that is marked as “Freestanding Facility” to help reduce your out-of-pocket costs.



More information

Visit the Benefits & Coverage section of **myuhc.com** or call the member phone number on your health plan ID card for additional information about your plan and using freestanding facilities.



¹ Co-payments are the charge or set dollar amount that members are required to pay for certain services per their benefit plans. In addition to office visit co-payments, members may also be responsible for co-payments when they visit a facility or hospital. Facility and hospital co-payments are in addition to the calendar-year/policy-year deductible and co-insurance. Facility and hospital co-payments do not apply to the deductible and continue to apply after the deductible is satisfied. These co-payments may be referred to in plan documents as “per-occurrence co-payments” or “per-occurrence deductibles.” All member cost share for eligible expenses will apply to the out-of-pocket maximum.

² Freestanding facilities include any of the following: outpatient facility, diagnostic or ambulatory center or independent laboratory. At a freestanding facility, plan deductible and co-insurance may still apply. See plan benefit information for further details.

This guide is intended for members of UnitedHealthcare place-of-service/tiered benefit plans.

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dental coverage

The following chart summarizes the benefits for Guardian's DentalGuard Preferred network plans offered to all eligible employees of Granite Insurance Brokers. **Granite Insurance Brokers contributes 90% for eligible employees and 0% for their dependents of the BASE PLAN.**

LEARN MORE: Please note that the chart below is intended for comparison purposes only and provides only a brief overview of the most common benefits covered under your plan. For a comprehensive listing of what is covered and not covered (limitations and exclusions) under each plan, **please refer to your benefits summary.**

	DentalGuard Preferred Plan #1 Base Plan	
	In-Network	Out-of-Network
Deductibles and Benefit Maximums		
Annual Deductible Individual/Family	\$50 / 3 per family	\$50 / 3 per family
Annual Maximum	\$1,500	\$1,500
Claim Payment Basis	Negotiated Fee Schedule	Negotiated Fee Schedule
Diagnostic Services		
Oral Evaluations	100%	100%
X-Rays (Full-mouth series once/6 mos.)	100%	100%
Preventive Services		
Cleanings (once/ 6 mos.)	100%	100%
Fluoride Treatments (to age 19, once/6 mos.)	100%	100%
Sealants	100%	100%
Space Maintainers/Harmful Habit Appliances	100%	100%
Basic Dental Services		
Fillings (include posterior composites)	80%	50%
Periodontal Services (eg Scaling and Root Planing)	80%	50%
Periodontal Surgery	80%	50%
Simple Extractions	80%	50%
Surgical Extractions	80%	50%
Endodontic Services (eg. Root Canal)	80%	50%
Repair & Maintenance of Crowns, Bridges & Dentures	80%	50%
General Anesthesia	80%	50%
Oral Cancer Screens, includes Vizilite (age 40 or older, once/24 mos.)	80%	50%
Major Dental Services		
Bridges & Dentures, Implants, Single Crowns, Inlays, Onlays & Veneers	50%	25%

dental coverage continued

The following chart summarizes the benefits for Guardian's DentalGuard Preferred network plans offered to all eligible employees of Granite Insurance Brokers. **Granite Insurance Brokers contributes 90% for eligible employees and 0% for their dependents of the BASE PLAN.**

LEARN MORE: Please note that the chart below is intended for comparison purposes only and provides only a brief overview of the most common benefits covered under your plan. For a comprehensive listing of what is covered and not covered (limitations and exclusions) under each plan, **please refer to your benefits summary.**

	DentalGuard Preferred Plan #2 Buy-Up Plan	
	In-Network	Out-of-Network
Deductibles and Benefit Maximums		
Annual Deductible Individual/Family	\$0	\$50 / 3 per family
Annual Maximum	\$1,500 plus Maximum Rollover	\$1,500 plus Maximum Rollover
Claim Payment Basis	Negotiated Fee Schedule	UCR 90th
Diagnostic Services		
Oral Evaluations	100%	100%
X-Rays (Full-mouth series once/60 mos.)	100%	100%
Preventive Services		
Cleanings (once/ 6 mos.)	100%	100%
Fluoride Treatments (to age 19, once/6 mos.)	100%	100%
Sealants	100%	100%
Space Maintainers/Harmful Habit Appliances	100%	100%
Basic Dental Services		
Fillings (include posterior composites)	90%	80%
Periodontal Services (eg Scaling and Root Planing)	90%	80%
Periodontal Surgery	90%	80%
Simple Extractions	90%	80%
Surgical Extractions	90%	80%
Endodontic Services (eg. Root Canal)	90%	80%
Repair & Maintenance of Crowns, Bridges & Dentures	90%	80%
General Anesthesia	90%	80%
Oral Cancer Screens, includes Vizilite (age 40 or older, once/ 24 mos.)	90%	80%
Major Dental Services		
Bridges & Dentures, Implants, Single Crowns, Inlays, Onlays & Veneers	60%	50%

vision coverage

The following chart summarizes the benefits for the Guardian vision plan offered to all eligible employees of Granite Insurance Brokers. **Granite Insurance Brokers contributes 90% for eligible employees and 0% for their dependents.**

LEARN MORE: Please note that the chart below is intended for comparison purposes only and provides only a brief overview of the most common benefits covered under your plan. For a comprehensive listing of what is covered and not covered (limitations and exclusions) under each plan, **please refer to your benefits summary.**

	VSP Full Feature Choice B In-Network (Copay)	VSP Full Feature Choice B Out Network (Max After Copay)
Vision Exams		
Copay	\$10	\$10 copay / \$39 max
Service Frequencies		
Eye Exams	Once Every Calendar Year	Once Every Calendar Year
Lenses Benefit	Once Every Calendar Year	Once Every Calendar Year
Contact Lenses	Once Every Calendar Year	Once Every Calendar Year
Frames	Once Every Other Calendar Year	Once Every Other Calendar Year
Materials (lenses & frames, or contact lenses)		
Lenses Benefits		
Materials Copay	\$20	\$20
Single Vision	100%	\$23 max
Bifocal	100%	\$37 max
Trifocal	100%	\$49 max
Lenticular	100%	\$64 max
Contact Lenses Benefit**		
Medically Necessary	\$0	\$210 max
Elective	\$130 max	\$100 max
Frames Benefit	\$130 retail max + 20% off balance	\$46 max

**In lieu of complete set of glasses



life insurance

Granite Insurance Brokers provides all active employees with an employer-paid basic life insurance and accidental death and dismemberment (AD&D) benefit. This benefit provides valuable income protection in the case that you suffer a severe accident or loss of life. An accelerated death benefit is also included. For a complete benefit summary, please contact Human Resources. **Granite Insurance Brokers contributes 100% for eligible employees. Dependents are not eligible for this benefit.**

You must name a beneficiary for your life and AD&D benefits. Beneficiary changes can be done at any time during the plan year. Review your policy document for any benefit limitations that may apply.

	Guardian Life AD&D
Guarantee Issue (Can't be declined)	\$250,000
Life Benefit	\$250,000
AD&D Benefit	\$250,000
Common Carrier	Included
Accelerated Life	75% of the death benefit (Minimum: \$10,000; Maximum: \$250,000)
Waiver of Premium	If disabled, insurance will continue until age 65 or no longer disabled
Portability	Included with Evidence of Insurability
Conversion	Included
Benefit Reduction (of original amount)	
Age: 65	35% Reduction
Age: 70	60% Reduction
Age: 75	75% Reduction
Age: 80	85% Reduction



retirement plan

With our 401(k) retirement savings plan, Granite Insurance Brokers has established a tax favored program that will help you save for retirement. Planning now for your retirement will provide you the best opportunity to reach your financial goals. The sooner you begin contributing to a retirement savings plan, the better your chance of growing your investment over time.

The contributions you make are deducted from your pay before taxes are withheld. As a result, your taxable income is reduced and you pay less in current taxes. The money you have invested can also grow without being reduced by current taxes. This potential growth in savings is not taxed until the money is withdrawn, and is called tax-deferred compounding.

LEARN MORE: Please note that the information below gives a general overview only. For more comprehensive information, **please refer to the Summary Plan Description.**

Below are some highlights of our 401(k) plan:

	Plan Coverage
Funds Manager	Nationwide
Annual Contribution Limit	\$19,500
Company Match	Discretionary
Catch Up Contribution Limit for People over Age 50	\$6,500
Waiting Period	1 year of service (i.e. 12 months of employment with 1,000 hours of service)
Entry Date	1st of month following enrollment
Minimum Entry Age	21
Is a Roth 401(k) Available?	No



Employer Sponsored Supplemental Benefits

While the core benefits provided by your employer are excellent, there's opportunity to enhance your coverage's. Employees can do this through a *supplemental* benefit program underwritten by Colonial Life – the best in the business. **Your options include the following plans and pay you directly when you have a claim:**

- **Medical Bridge** - Pays direct to you even if you have coverage on your health plan. Pays a lump-sum amount for out-of-pocket expenses including: hospital confinement, outpatient surgeries, diagnostic tests and ER visits.
- **Disability Insurance** - Helps replace a portion of your income when you can't go to work, if you become disabled from an accident or an illness, (short term disability).
- **Life Insurance** – Extra life insurance that helps provide financial assistance for your family members as a result of the loss of your life.
- **Accident Insurance** – Pays direct to you even if you have coverage on your health plan. Helps offset unexpected medical expenses such as emergency room deductibles and copays that can result from a fracture, dislocation or other accidental injury.
- **Cancer Insurance** – Pays direct to you even if you have coverage on your health plan. Also helps offset the out-of-pocket medical and non-medical expenses related to cancer. This coverage also provides benefits for cancer-screening tests.
- **Critical Illness Insurance** – Supplements your medical coverage by providing a lump-sum benefit that can be used to pay the costs related to a critical illness, which can be expensive.

These types of coverage's are not available and are often more expensive outside of your workplace... No medical exams are required. Costs for these coverage's are payroll deducted, before tax (except life and disability coverages) which makes paying for these benefits easy.

Costs vary based on your age, sex and the coverage limits that you select. Granite's enrollment specialists will provide you with individual pricing and will help guide you through the selection process.

Additional FREE Perks Provided To All Employees By Granite + Colonial Life:

- **Wellcard Savings** - A discount card that saves you money on: doctor visits, prescription drugs, lab work, MRIs and X-rays, hearing and vision services, and more.
- **FREE \$10,000 AD&D** - Accidental Death and Dismemberment (AD&D) coverage pays when an employee is involved in a covered accident which results in loss of life, limb, sight, speech or hearing. The AD&D plan is provided by CHUBB and offers a maximum benefit of \$10,000.



wellness

At Granite Insurance Brokers, we take health and wellness very seriously. Once you've enrolled in our benefits program, you'll receive a Fitbit compliments of Granite Insurance Brokers that is integrated into our benefits program. Your device tracks steps, distance, and calories burned – and syncs those stats to your computer and smartphones. We encourage you to set goals, challenge friends, and go farther - one step at a time. That's how you turn everyday life into an awesome path to health and wellness. Throughout the year, Granite Insurance Brokers will have team challenges where you will receive rewards based on goals and your participation. Get ready, set your goals, and start every day more motivated, and see how small steps make a big impact.



employee assistance program

Granite Insurance Brokers has included an Employee Assistance Program through Guardian and IBH Work Life Matters, that supports employees and their family members with support services for a variety of issues associated with daily living. The following confidential services are available to you:

- Unlimited telephonic consultation with an EAP Counselor
- Referrals to local counselors – up to 3 sessions free of charge
- State of the art website access to over 3,400 helpful articles on topics like wellness and training courses
- Access to a legal and financial center
- And more

For more information on how to utilize your Employee Assistance Program, call 800-386-7055 or visit ibhworklife.com.

perks!

As an employee, you'll enjoy discounts on entertainment, amusement parks, home services and memberships throughout the United States.

To access your **GRANITE PERKS** membership, simply go to our website at graniteperks1.com and click on the Member Login link. It will ask you for your case sensitive User Name and Password.

User Name: granite
Password: one

If you have any questions, please contact customer service at **877-411-1876 ext 1007**.

Embrace Pet Insurance

Don't let expensive veterinary bills come between you and the best care for your pet. Our pets are our family here at Granite, we help protect them too.

Personalized policies to fit your budget & needs, industry-exclusive Healthy Pet Deductible, Wellness Rewards for routine care and nose-to-tail accident & illness coverage for cats and dogs.

Granite Insurance Brokers is proud to offer a 10% discount on Embrace Pet Insurance!

Visit EmbracePetInsurance.com/Partners/GraniteInsurance or call (800)511-9172



LifeLock

169 million records were exposed by data breaches in 2015. On top of that, more than 1 in 5 data breach victims became victims of identity theft in 2015. To help protect their employees from America's fastest growing crime, Granite Insurance Brokers offers LifeLock on a voluntary basis to all eligible employees. LifeLock is a leader in identity theft protection that focuses on helping protect identities in our privacy-challenged world.

LifeLock uses three steps to protect Granite Insurance Brokers employees:

- **Detect:** Technology that scans millions of transactions each second looking for potential threats to your identity.
- **Alert:** With their patented LifeLock Identity Alert system, they send a potential fraud alert by text, phone, or email. If it is confirmed that the suspicious transaction is fraudulent, the LifeLock team is on it.
- **Restore:** If you fall victim to identity theft, their U.S.-Based Identity Restoration Specialists are available to handle your case every step of the way

Coverage Tier	Benefit Elite	Ultimate Plus
Employee	\$8.49	\$25.49
Employee + Spouse / Domestic Partner	\$16.98	\$50.98
Employee + Children (up to age 26)	\$14.86	\$36.11
Employee + Family	\$23.36	\$61.61

important notices

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Congress passed the landmark Consolidated Omnibus Budget Reconciliation Act (COBRA) health benefit provisions in 1986. The law amends the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Service Act to provide continuation of group health coverage that otherwise might be terminated. COBRA provides certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific events. Group health coverage for COBRA participants is usually more expensive than health coverage for active employees, since usually the employer pays a part of the premium for active employees while COBRA participants generally pay the entire premium themselves. It is ordinarily less expensive, though, than individual health coverage. To be eligible for COBRA coverage, you must have been enrolled in your employer's health plan when you worked and the health plan must continue to be in effect for active employees. COBRA continuation coverage is available upon the occurrence of a qualifying event that would, except for the COBRA continuation coverage, cause an individual to lose his or her health care coverage.

Workers Compensation Medical Providers Network

Granite Insurance Brokers has implemented a Medical Provider Network (MPN). Medical treatment for work-related injuries will be provided by the MPN unless you properly pre-designate a physician or medical group prior to injury. Contact Human Resources if you would like to designate a personal physician for treatment of work-related injuries.

Patient Protection and Affordable Care Act (PPACA)

When the Patient Protection and Affordable Care Act (PPACA) was signed into law on March 23, 2010, we entered a new era of comprehensive health reform. The act includes several provisions which are designed to expand coverage, control health care costs, and improve the health care delivery system. Go to www.dol.gov/ebsa/healthreform/consumer for more information on changes that may affect you.

Health Insurance Marketplace Notice

You have the right to purchase health insurance through the Health Insurance Marketplace. If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Granite Insurance Brokers, then you may lose the employer contribution to the cost of the monthly premium. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan.

The Newborns' and Mothers' Health Protection Act (Newborns' Act)

If you have health coverage and are pregnant, you and your new child may be entitled to a 48-hour hospital stay following childbirth (96 hours in the case of a cesarean section). If your employer or your spouse's employer offers a health plan, birth, adoption, and placement for adoption may also trigger a special enrollment opportunity for you, your spouse, and your child, without regard to any open season for enrollment.

Health Insurance Portability and Accountability Act (HIPAA)

You have the right to receive Notice of Privacy practices for your health plans at either adoption of the privacy policy or upon initial eligibility for coverage, whichever was later. For a copy of the Notice describing your Privacy Rights under the medical plan, please contact your Human Resources team. For a copy of the Notice describing your Privacy Rights under the insurance plans, please contact the carrier directly.

important notices continued

Plan Administration

Granite Insurance Brokers sponsors all the plans in this summary. Granite Insurance Brokers reserves the right to change or discontinue any of the plans described in this summary and to implement changes as required by federal, state, or local law. You will be informed of any changes that are made to the plans. If a plan is terminated, your rights on the date of termination would be governed by the provisions of the plan document.

In certain instances, Granite Insurance Brokers may exercise discretion on an objective nondiscriminatory basis with respect to the administration of the plans described in this summary.

Metal Tiers

ACA specifies that beginning in 2014 insurance sold to individuals and small businesses **with fewer than 50 full-time equivalent employees** must be at one of four actuarial value levels: Platinum, Gold, Silver and Bronze. **These metal tiers do not apply to coverage already in existence meeting certain conditions (“grandfathered” or “grandmothered” plans).**

- The actuarial value is the percent of cost paid by the plan for covered benefits in-network.
- Platinum pays 90% of the costs for covered benefits **in-network**
- Gold pays 80% of the costs for covered benefits **in-network**
- Silver pays 70% of the costs for covered benefits **in-network**
- Bronze pays 60% of the costs for covered benefits **in-network**

Medicaid

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

You may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.

To see if any more States have added a premium assistance program since July 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/ebsa 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Ext. 61565
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Summary of Benefits and Coverage (SBC)

The ACA requires individual and group health plans to provide a uniform Summary of Benefits and Coverage (SBC) to all applicants and enrollees.

The SBC is not the same as the carrier’s Summary of Benefits.

The carriers offer SBCs in all required languages on their websites.

ERISA Summary Plan Description and Summary of Material Modifications

The Employee Retirement Income Security Act (ERISA) requires plan administrators to give plan participants in writing the most important facts they need to know about their retirement and health benefit plans. One of the most important documents participants are entitled to receive automatically when becoming a participant of an ERISA-covered retirement or health benefit plan or a beneficiary receiving benefits under such a plan is called the Summary Plan Description or SPD. The SPD tells participants what the plan provides, how the plan operates, when an employee can begin to participate in the plan, how services are calculated, when benefits become vested, when and in what form benefits are paid and how to file a benefits claim. If a plan is changed, participants must be informed, either through a revised SPD or in a separate document, called a summary of material modifications.

important notices continued

Family Medical Leave Act (FMLA)

FMLA applies to all public agencies, all public and private elementary and secondary schools and companies **with 50 or more employees**. These employers must provide an eligible employee with up to 12 weeks of unpaid, job-protected leave per year and requires that their group health benefits be maintained during the leave for any of the following reasons:

- For the birth and care of the newborn child of an employee
- For placement with the employee of a child for adoption or foster care
- To care for an immediate family member (spouse, child or parent) with a serious health condition
- To take medical leave when the employee is unable to work because of a serious health condition

Mental Health Parity and Addiction Equity Act (MHPAEA)

MHPAEA requires group health plans and health insurance companies to ensure that financial requirements (such as co-pays, deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the limitations applied to medical/surgical benefits. **MHPAEA applies to plans sponsored by private and public sector employers with more than 50 employees.**

Small Group Insurance Rating Structure

- Member Level Rating
 - Each individual will be rated (cap of 3 on children under 21)
- Single-year age bands (except 0-20 and 64+): no rate increases on birthday months, only on policy anniversaries

Key Contact Information		
Provider	Website / Email	Phone
Kaiser	https://healthy.kaiserpermanente.org	800-464-4000
UnitedHealthcare	https://www.uhc.com	877-542-8997
Guardian	https://www.guardiananytime.com	212-598-8000
Nationwide	http://www.nationwide.com/member-resources.jsp	877-669-6877
Colonial Life	https://coloniallife.com/	800-976-1272
IBH	http://ibhworklife.com/	800-386-7055
Embrace	embracepetinsurance.com/partners/GraniteInsurance	800-511-9172
Granite Perks	http://graniteperks.com/	877-411-1876 ext 1007
Maxwell Health IT support	support@maxwellhealth.com	866-629-7445
US Department of Labor	http://www.dol.gov/	866-487-2365

Additional information can be found on your carrier's website, within your SBC (Summary of Benefits and Coverages), your employee handbook, and at healthcare.gov.

questions?

Administrator	Benefit	Phone	Website or Email
Granite	Melissa Sanchez, Human Resource Manager	925.249.2856	msanchez@graniteins.com
Granite	Tina Baumgartner, VP, Employee Benefits	925.249.2845	tbaumgartner@graniteins.com
Granite	Stacilynn Gutierrez, Director of Employee Benefits	925.249.2855	sgutierrez@graniteins.com
Granite	Jason Mikkelsen, Employee Benefits Senior Account Manager	925.264.5148	jmikkelsen@graniteins.com
Granite	Ally Schiano, Employee Benefits Account Manager	925.264.5147	aschiano@graniteins.com
Granite	Shawn Edgington, President & CEO	925.462.8400	sedgington@graniteins.com

disclaimer

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

Granite Insurance Brokers intends to continue the benefit plan indefinitely; however Granite Insurance Brokers reserves the right to change, modify or terminate any benefits at any time for any reason, with or without prior notice. No statement in this, or any other document and no oral representation, should be construed as a waiver of this right.

This document is subject to change without notice. Granite Insurance Brokers does not warrant that the material contained herein is error-free. If you find any problems with this document, please report them to Granite Insurance Brokers's Human Resources department in writing.

Virtual Visits

Access to care online
at any time



When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/Urinary tract infection
- Diarrhea
- Rash
- Bronchitis
- Fever
- Sinus problems
- Cold/flu
- Migraine/headaches
- Sore throat
- Pink eye
- Stomach ache

Access virtual visits

Log in to **myuhc.com**[®] and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

To learn more, login to **myuhc.com**

Use virtual visits when:

- ▶ Your doctor is not available
- ▶ You become ill while traveling
- ▶ You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- ▶ Anything requiring an exam or test
- ▶ Complex or chronic conditions
- ▶ Injuries requiring bandaging or sprains/ broken bones




* Prescription services may not be available in all states.

Access to virtual visits and prescription services may not be available in all states or for all groups. Go to myuhc.com for more information about availability of virtual visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual visits are not an insurance product, health care provider or a health plan. Virtual visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for virtual visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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