American Association of Airport Executives

2024-2025 Benefits Guide

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your organization. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources Department.

In This Guide

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 50 for more details.

Benefits Overview

At the American Association of Airport Executives we consider our employee benefits program to be one of our most important investments. Because we recognize the value our employees bring to our organization, we are committed to providing you with a complete benefits program as part of your total compensation.

This guide has been prepared to assist you in making informed decisions regarding your employee benefits. We urge you to read this guide carefully and keep it as a reference. If you are well-informed, you will be better able to make the benefit choices that best meet your needs.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Eligibility

You and your dependents are eligible for AAAE benefits on the first of the month following date of hire.

Dependent Eligibility

Your eligible dependents include your legally married spouse, registered domestic partner, and children. Due to the Affordable Care Act, your medical, dental, and vision plans cover dependents to age 26. However, for other plans, different age limits may apply.

Coverage may be available for a mentally or physically disabled child who is age 26 or older. Requirements for such coverage and documentation of disability depend on the insurance carrier. Please contact HR if you believe this issue applies to your family.

Open Enrollment

Login to https://ktbsonline.com to make any changes, terminate coverage, or enroll for the first time starting **September 10, 2024.**

Open Enrollment ends **September 24, 2024.**

Medical Benefits

Cigna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	Open Access Plus In-Network Only (OAPIN HSA)	Open Access Plus High Plan (OAP HSA)	
WHAT YOU PAY	**IN-NETWORK ONLY PLAN**	**IN-NETWORK**	**OUT-OF-NETWORK**
Plan Year Deductible (Single/Family)	$3,000 / $6,000*	$2,000 / $4,000*	$4,000 / $8,000*
Out-of-Pocket Maximum (Single/Family)	$6,000 / $12,000**	$4,000 / $8,000**	$8,000 / $16,000**
Coinsurance (Cigna/You)	100% / 0%	100% / 0%	80% / 20%
Preventive Services	No Charge	No Charge	Not Covered
Office Visits (Primary/Specialist)	$10 copay after ded. / $20 copay after ded.	0% after ded. / $10 copay after ded.	20% after ded./ 20% after ded.
Lab/X-ray/Complex Radiology	0% after ded.	0% after ded.	20% after ded.
Inpatient Hospital Services	0% after ded.	0% after ded.	20% after ded.
Outpatient Surgery	0% after ded.	0% after ded.	20% after ded.
Urgent Care	$50 copay after ded.	$50 copay after ded.	20% after ded.
Emergency Room (Waved if admitted)	$250 copay after ded.	$250 copay after ded.	Covered as In-Network
Ambulance (Emergency Only)	0% after ded.	0% after ded.	0% after ded.
Physical, Speech, Occupational Therapy	$10 copay after ded.	0% after ded.	20% after ded.
Chiropractic	$10 copay after ded.	0% after ded.	20% after ded.
MENTAL HEALTH AND SUBSTANCE ABUSE			
Inpatient Mental Health	0% after ded.	0% after ded.	20% after ded.
Outpatient Mental Health	$20 copay after ded.		
Inpatient Substance Abuse	0% after ded.		
Outpatient Substance Abuse	$20 copay after ded.		
MATERNITY			
Pre-Natal and Post Natal Care	0% after ded.	0% after ded.	20% after ded.
Deliver	0% after ded.	0% after ded.	0% after ded.
OTHER			
Durable Medical Equipment	0% after ded.	0% after ded.	Not covered
Home Healthcare	0% after ded.	0% after ded.	20% after ded.
PRESCRIPTION DRUGS			
Plan Year Drug Deductible	Medical Deductible, then	Medical Deductible, then	Medical Deductible, then
Generic (30-day / 90-Day)	$0 copay / $0 copay	$0 copay / $0 copay	50% / Not covered
Preferred Brand (30-day / 90-Day)	$25 copay / $75 copay	$25 copay / $75 copay	50% / Not covered
Non-Preferred Brand (30-day / 90-Day)	$45 copay / $135 copay	$45 copay / $135 copay	50% / Not covered
Speciality (30-day)	50%	50%	50%

*All family members contribute toward the family deductible. An individual cannot have claims covered under the plan until the total family deductible has been satisfied.

** After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.

Ded = Deductible

WELCOME TO CIGNA

Simple ways to make the most of your plan

Cigna resources are designed to help you make smarter choices to improve your whole health and health plan spending.

First, register on myCigna.com®[1] to access your digital ID cards and activate all available programs

When your plan year begins, register on **myCigna.com**. That way you're ready to go whenever you need to find in-network health care providers, estimate costs or use My Health Assistant.

Register now

Access virtual care

Conveniently connect with board-certified doctors, therapists, psychiatrists and dermatologists via video or phone.[2]

Connect with Cigna One Guide®

Our friendly guides have forward-thinking technology to answer questions on your plan, offer personalized advice and connect you to the right care. They can also proactively reach out.[3]

Ensure in-network care

myCigna and Cigna One Guide can help you stay in-network, maximize savings and avoid any surprises.

Get preventive care

Preventive care, such as check-ups, biometric screenings and wellness screenings, is available at no additional cost to you.[4] It's even available virtually for maximum convenience.

Prioritize behavioral support

229K+ behavioral health and substance use providers[5] can help, either in person or virtually. We also have 24/7 therapy, including Talkspace and Ginger for Cigna, and digital tools, such as iPrevail and Happify™.[6]

Call our 24/7 Health Information Line

Talk with a clinician who can help you choose the right care, whenever you need it – late nights, holidays and more.

Simplify with mail-order medications

Express Scripts® is one of the largest pharmacies in the United States and offers convenience, savings and stress-free prescription management.

Identity Theft protection

At no additional cost.

Bounce back with RecoveryOne™ for Cigna®

Virtual physical therapy from the comfort of home is convenient and available at no additional cost to you.

Utilize case management programs

Complex medical conditions can be overwhelming. Our trained teams can help you coordinate care, understand benefits and reach goals through online coaching.

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Offered by Cigna Health and Life Insurance Company.

Make sure to get approval from your plan before getting care (known as prior authorization) for routine hospital stays or outpatient procedures.

Learn more at **myCigna.com** or by calling the number on your ID card.

First, register on myCigna.com or the myCigna® App[7]

Once you've registered, you can:

- Access your digital ID cards for yourself and any dependents. You can download the card images to save, share, print or email directly to your dependents and to your providers.
- Understand what's covered in your plan
- Find in-network doctors, hospitals and facilities and sort them by location, reviews and Cigna's quality rating
- Get cost estimates for appointments, procedures and medications
- Compare costs for 30- and 90-day medications and see if lower-cost alternatives are available
- Find retail pharmacies that offer a 90-day supply
- Manage and track claims
- Get alerts when new plan documents are available
- Access a variety of health and wellness resources, including an online health assessment, health tracking tools and My Health Assistant digital coaching

Virtual care[2]

Virtual care can be a convenient and affordable option for a wide range of care. For appointments, you can work with an in-network provider or connect with an MDLIVE®[2] provider at **myCigna.com**.

Right from your phone, tablet or computer, you can:

- Access board-certified doctors, psychiatrists, dermatologists and licensed therapists
- Get virtual urgent care 24/7/365 – even on weekends and holidays with MDLIVE
- Access virtual primary care for preventive care, routine care and specialist referrals
- Access dermatologists[8] for fast, customized care for skin, hair and nail conditions – no appointment required
- Schedule an online virtual behavioral health appointment in minutes through MDLIVE
- Have a prescription sent directly to your local pharmacy if appropriate

Virtual primary care

- Preventive care check-ups/wellness screenings are available at no additional cost[9] and can help identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Access MDLIVE by logging in to **myCigna.com** and clicking on "Talk to a doctor." You can also call MDLIVE at **888.726.3171**.
- Select the type of care you need: Medical care or counseling. The cost will be displayed on both **myCigna.com** and MDLIVE.
- Appointments are available via video or phone, whenever it's most convenient for you. No appointments are required for dermatology care.

Cigna One Guide

Combining digital technology with our personalized customer service, over the phone or on the myCigna App,[7] the Cigna One Guide support tool can help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find the right hospitals, dentists and other health care providers in your plan's network
- Get cost estimates
- Understand your bills
- Navigate the health care system

In-network care

Save money when you use doctors, hospitals and health facilities that are part of your plan's network. Chances are there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care at myCigna.com.

Preventive care

It's important to catch any issues while they're still small. That's why we cover eligible preventive care services at no extra cost, including:[4]

- Screenings for blood pressure, cholesterol and diabetes
- Testing for colon cancer
- Clinical breast exams and mammograms
- Pap tests
- Additional covered procedures listed on myCigna.com

Since your physical and emotional health are connected, make sure to talk about how you're feeling at your annual check-up.

Behavioral care

You have access to 229K+ behavioral health and substance use providers,[5] and 75K+ of those are virtual.[5] Whether you're dealing with a behavioral health condition, going through a rough time or looking for substance use support, you can find the one that fits your needs, either in person or virtually. To find a virtual provider:

- Go to **myCigna.com** > Find Care & Cost
- Search for "Behavioral Health Counselor" under "Doctor by Type"
- Call to make an appointment with your selected provider

Online visits with our behavioral health network providers cost the same as in-office visits. Costs vary by plan.

24/7 Health Information Line

At no extra cost, you can speak to a clinician to make more-informed decisions about your care. Whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your plan's network, you can call the number on your Cigna ID card, day or night.

Specialty medications

We can help you understand, manage and treat complex conditions that require a specialty medication. Our therapy management teams, made up of health advocates with nursing backgrounds as well as pharmacists, are specially trained to help with your specific needs.[10]

- Personalized, 24/7 support
- Condition-specific education on medication therapy and side effects
- Help with the medication approval process
- Financial assistance programs if needed

For more information, call **800.351.3606**.

Identity Theft Protection

- We're committed to the physical, emotional and financial well-being of those we serve. That's why Cigna teamed up with IdentityForce, a top-rated provider of identity theft protection.[11]
- We'll help protect you and your children against identity theft and help fix any identity theft compromises – at no additional cost for all medical subscribers.
- Three ways to register:
  - **Visit https://cigna.identityforce.com/starthere**
  - Call 833.580.2523
  - If you are new to a Cigna Medical plan and you provide your email address on **myCigna.com**, you may also receive emails from IdentityForce that will provide you links to register for services.

Once registered, you and your children can access IdentityForce directly through the IdentityForce app or website.

RecoveryOne for Cigna includes:[6]

- Virtual physical therapy at no additional cost[12]
- A private video consult with a virtual physical therapist
- Customized plans to meet your needs – from the comfort and convenience of wherever you are
- A multimedia app that guides you through your personalized exercises
- Video, voice and chat conversations with your support team
- Motion-tracking technology

Case management programs

Take advantage of our personal services to help you with your personal health needs. A Cigna case manager, trained as a nurse, can work closely with you and your doctor to check on your progress. You can get help with conditions and illnesses, such as cancer and end-stage renal disease, as well as with neonatal care and pain management.

You also have access to My Health Assistant on **myCigna.com** to help you:

- Control stress
- Lose weight and eat better
- Enjoy exercise
- Quit tobacco
- Manage diabetes, chronic obstructive pulmonary disease, asthma and other conditions

Enroll online today. Go to **myCigna.com** > Wellness > Health Assistant.

TIPS TO HELP YOU SAVE MONEY

Find where to get prescription drugs

- Find the complete list of covered medications on **myCigna.com**
- Use cost-comparison tools on myCigna to compare prices and purchase mail-order prescriptions[13]
- Use generics when possible
- Know what brand-name drugs are covered in your plan
- Ask your doctor about a 90-day supply for your maintenance medication(s) through our home delivery pharmacy service

Know where to go for care

- Use an emergency room for true emergencies
- Don't wait: Locate an in-network convenience care clinic, sometimes found within a grocery store, or urgent care center near you, before you need it
- For minor medical conditions, connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit **myCigna.com**, or call MDLIVE at 888.726.3171 to talk with a doctor 24/7[2]
- Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area

Choose the right provider

- Know which providers are in your network by going to **myCigna.com** > Find Care & Costs
- Choose providers who have received the Cigna Care Designation – high-performance recognition given to physicians in certain specialties who meet Cigna quality and medical cost-efficiency standards[14]
- Opt to connect with a board-certified doctor, therapist or psychiatrist via video or phone[2]
- Use in-network national labs to help save money

Be proactive about your health

- Get information on the cost of medications and treatments to avoid surprises
- Use your preventive care benefits, learn your core health numbers (blood pressure, cholesterol and blood glucose), and make use of the health improvement tools at **myCigna.com**

Find your way to better health.

Get more information on all the programs that are available to you.

When your plan year begins, register on myCigna.com.

Call the 24/7 customer service number on your ID card.

Download the myCigna App.[7]

1. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. 2. Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs. 3. Not available with all plans. 4. Not all preventive care services are covered, and different plans may cover different things. For example, immunizations for travel are usually not covered. See your plan materials for a complete list of covered preventive care services. 5. Internal unique provider data as of December 2021. Subject to change. 6. The program and services are provided by an independent company and not by Cigna. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. 7. The downloading and use of any mobile App is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply. 8. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days but usually within 24 hours. 9. For legacy clients that have a non-zero preventive care benefit, customers' preventive benefit will be applied when receiving a virtual wellness screening. 10. Not all plans offer all of these programs and services. Please log in to the myCigna App or website, or check your plan materials, to learn more about what your plan offers. The providers in Cigna's pharmacy network don't work for Cigna and are solely responsible for any treatment they provide. 11. White, A. "Best identity theft protection services of September 2021." CNBC.com. August 27, 2021. https://www.cnbc.com/select/best-identity-theft-protection-services/. Frankel, RS. "Best Identity Theft Protection Services Of 2021." Forbes Advisor. June 10, 2021. https://www.forbes.com/advisor/personal-finance/best-identity-theft-protection-services/. The program and services are provided by Sontiq, Inc. and not by Cigna Corporation or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. References to third-party organizations or companies, and/or their products, processes or services, do not constitute an endorsement or warranty thereof. Your use of such products, processes or services is at your sole risk. Product may be updated or modified prior to availability. 12. Cost and usage of this program is covered by your plan administrator; no additional out-of-pocket expense applies for you or your covered dependents (ages 18+). 13. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information. 14. Patient experience, quality designations, cost-efficiency and other ratings found in Cigna's online provider directories are a partial assessment of quality and should not be the only basis for decision-making (as such measures have a risk of error). They are not a guarantee of the quality of care that will be provided to individual patients. Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Providers are solely responsible for any treatment provided and are not agents of Cigna.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna representative.

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Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to virtual medical and behavioral care.

Whether it's late at night and your doctor or therapist isn't available or you just don't have the time or energy to leave the house, you can:

- Access care from anywhere via video or phone.
- Get minor medical virtual care 24/7/365 – even on weekends and holidays.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Connect with quality board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to your local pharmacy, if appropriate.

Convenient? Yes. Costly? No.

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

Together, all the way.®

Cigna®

Virtual medical care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

Virtual behavioral care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral health conditions, such as:

- Addictions
- Bipolar disorders
- Child/Adolescent issues
- Depression
- Eating disorders
- Grief/Loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women's issues

Connect with virtual care your way.

- Contact your in-network provider or counselor
- Talk to an MDLIVE medical provider on demand on **myCigna.com**
- Schedule an appointment with an MDLIVE provider or licensed therapist on **myCigna.com**
- Call MDLIVE 24/7 at 888.726.3171

To connect with an MDLIVE virtual provider, visit myCigna.com and click on the "Talk to a doctor" callout.

To locate an Evernorth Behavioral Health provider, visit myCigna.com, go to "Find Care & Costs" and enter "Virtual counselor" under "Doctor by Type," or call the number on the back of your Cigna ID card 24/7.

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* Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs.

Take control of your medication fills.

Choose how often and where you want to fill your prescriptions.

Having options can help make the things you do on a regular basis a little easier – such as refilling your prescriptions. With the Cigna 90 Now℠ program, you decide how and where you fill your maintenance medications.

Choose how much you want to fill.

- **30-day supply.** You have the option of switching to a 90-day (or 3-month) supply at any time.
- **90-day (or 3-month) supply**.[1] You'll make fewer trips to the pharmacy for refills (four times a year instead of every month). And you're more likely to stay healthy – with a 90-day supply on hand, you're less likely to miss a dose.[2]

Choose where you want to fill.

Retail pharmacies

There are thousands of pharmacies in your network – including local independent pharmacies, grocery stores, retail chains and wholesale warehouse stores. To find an in-network pharmacy near you, log in to the **myCigna® App**[3] or **myCigna.com®**.

- Every pharmacy in your network can fill **30-day** prescriptions.
- Select retail pharmacies can fill **90-day** prescriptions. For example, **CVS Pharmacy®** is approved to fill 90-day supplies. If you choose to fill this amount, make sure you use an approved pharmacy.

Home delivery with Express Scripts® Pharmacy[4]

Home delivery is a convenient option when you're taking a medication on a regular basis. It's simple, safe – and saves you trips to the pharmacy.

What are maintenance medications?

They're the medications you take on a regular basis to treat an ongoing health condition, such as asthma, diabetes, high blood pressure or high cholesterol.

By choosing home delivery, you can:

- **Easily manage** your medications from your phone or online
- Get standard shipping **at no extra cost**[5]
- Fill up to a **90-day supply** at one time
- Talk to **helpful pharmacists**, 24/7
- Sign up for **free automatic refills** or refill reminders so you don't miss a dose
- Use a **flexible payment plan** to make it easier to pay for your medication

To learn more, go to **Cigna.com/homedelivery**.

cigna healthcare

All sources and disclosures appear at the end of this document.

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Offered by Cigna Health and Life Insurance Company or its affiliates. In Utah, plans are offered by Cigna Health and Life Insurance Company.

How to fill a 90-day supply.

Ask your doctor for a 90-day prescription (with refills).

Ask their office to send it electronically to an approved in-network retail pharmacy or to Express Scripts® Home Delivery.

Get your 90-day supply of medication. You'll fill again in 3 months.

How to fill a 30-day supply.

Ask your doctor for a 30-day prescription.

Ask their office to send it electronically to any in-network retail pharmacy.

Get your 30-day supply of medication. You'll fill again in a month.

1. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
2. Internal Cigna Healthcare analysis performed Jan 2019, utilizing 2018 Cigna Healthcare national book of business average medication adherence (customer adherent > 80% Proportion Days Covered), 90-day supply vs. those who received a 30-day supply taking antidiabetics, blood pressure medications and statins.
3. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
4. Not all plans offer Express Scripts® Pharmacy as a covered pharmacy option. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
5. Standard shipping costs are included as part of your prescription plan.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

Health benefit plans vary, but in general to be eligible for coverage, a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT) (CHLIC), Connecticut General Life Insurance Company, Express Scripts, Inc., or their affiliates, and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna Healthcare of Arizona, Inc., Cigna Healthcare of California, Inc., Cigna Healthcare of Colorado, Inc., Cigna Healthcare of Connecticut, Inc., Cigna Healthcare of Florida, Inc., Cigna Healthcare of Georgia, Inc., Cigna Healthcare of Illinois, Inc., Cigna Healthcare of Indiana, Inc., Cigna Healthcare of St. Louis, Inc., Cigna Healthcare of North Carolina, Inc., Cigna Healthcare of New Jersey, Inc., Cigna Healthcare of South Carolina, Inc., Cigna Healthcare of Tennessee, Inc. (CHC-TN), and Cigna Healthcare of Texas, Inc. In Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT). Policy forms: OK – HP-APP-1 et al., OR – HP-POL38 02-13, TN – HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN).

Health Savings Account

Paying For Healthcare

AAAE's medical plans are considered Qualified HSA High Deductible Health Plans. If you enroll in either of the AAAE Cigna plans, a Health Savings Account will automatically be opened for you through HSA Bank. If you have not had an account previously with them, they will send you a welcome kit in the mail that will include your HSA bank cards and instructions on how to manage your Health Savings Account. You can set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses.

	HSA
What medical plan can I choose?	Both AAAE Plans are HSA Eligible
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)
When can I use the funds?	Funds are available as you contribute to the account. These funds never expire and you can use the funds to pay for expenses once the money is in the account.
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)
How do I pay for eligible expenses?	With your HSA Bank debit card (You can also submit claims for reimbursement online at www.hsabank.com)
How much can I contribute each year?	You can contribute **$4,150** for individual coverage or **$8,300** for family coverage in calendar year 2024. This includes any funds that AAAE Contributes. You can contribute $4,300 for individual coverage or $8,550 in calendar year 2025. Employees 55 or older may also be eligible to make a $1,000 catch up contribution.
Can I change my contributions throughout the year?	Yes, you can log on to www.hsabank.com to change your HSA contributions at any time.
Can I sign up for an FSA?	The only FSA you are eligible for if you have a Health Savings Account is a Limited Purpose FSA which covers only dental and vision.

Does AAAE Contribute to my Health Savings Account?

AAAE generously contributes to your Health Savings Account. Please see the amounts based on enrollment below. Note that the AAAE contribution applies to the IRS Annual Maximum!

Plan	Open Access Plus In-Network Only (OAPIN HSA)	Open Access Plus High Plan (OAP HSA)
Single	$2,250	$2,000
Single + Dependents	$3,250	$3,000

How to use your HSA

An HSA from HSA Bank doesn't just make it easy to save money on your healthcare expenses — it makes it easy to manage your account, too.

Manage your account online

Sign up to access your account balances, transaction history, and statements, as well as track your expenses.

1. **HSA Bank Mobile App** – Download to check available balances, view HSA transaction details, save and store receipts, scan items in-store to see if they're qualified, and access customer service contact information.

2. **myHealth Portfolio℠** – Track your healthcare expenses, manage receipts and claims from multiple providers, and view expenses by provider, description, and more.

3. **Account preferences** – Designate a beneficiary, add an authorized signer, order additional debit cards, and keep important information up to date.

Visit **hsabank.com** or call the number on the back of your debit card for more information.

Deposit funds into your HSA

To maximize tax and savings benefits, fund your HSA as soon as you can. There are a few convenient ways to contribute.

- **Payroll deduction** – Money is deducted from your paychecks, pre-tax, and transferred to your HSA. Talk to your employer to sign up.
- **Online transfer** – Visit the Member Website to transfer funds from your personal checking or savings account to your HSA.
- **Check** – Mail your personal check and completed contribution form found on the Member Website to: HSA Bank, PO Box 939, Sheboygan, WI 53082

Pay for healthcare expenses

Whether you want to reimburse yourself for an IRS-qualified medical expense paid out of pocket or pay directly from your HSA, there are a few ways to get your funds.[1]

NOTE: Transactions are limited to your available cash balance.

- **HSA Bank Health Benefits Debit Card** – Access your HSA funds when you use your debit card at qualified merchants or ATMs for withdrawals.[2] You can add your debit card to your mobile wallet using Apple Pay or Samsung Pay.
- **Online transfer** – Visit the Member Website or use the mobile app to reimburse yourself for out-of-pocket expenses. Schedule a one-time or recurring online transfer from your HSA to your personal checking or savings account.
- **Online bill pay** – Use this feature to pay medical providers directly from your HSA.

Invest your HSA today to benefit tomorrow

Health Savings Accounts (HSAs) are often thought of just for healthcare savings. But they can also be a powerful addition to your investment portfolio. Investing your HSA funds can help you grow your account to save for future healthcare expenses or your retirement nest egg.

Investing your HSA: A healthy boost for your future

1. **The only way to get three tax perks:** You don't pay federal taxes on contributions, withdrawals for qualified medical expenses, or investment earnings.
2. **Build long-term retirement savings:** Investments cover future healthcare costs and build your retirement savings.
3. **The money is yours — for life:** HSA funds carry over every year, even if you change jobs or retire.
4. **Move funds as needed:** You can transfer investment funds back into your HSA cash account at any time to pay for IRS-qualified healthcare expenses.

Your self-directed investment options

Devenir Guided Portfolio self-directed investment program[1]: This is a user-friendly program that combines professional guidance with an easy-to-use platform. Perfect for new investors, this helps you create a customized investment allocation that fits your lifestyle and HSA investment goals.

- Competitive fund lineup with professionally selected, low-cost, no-load mutual funds covering a range of asset classes and families.
- Easy-to-use online planning tool to help you start investing and manage your investment account.
- Options to automatically adjust your investments following your preferred schedule and auto-rebalance to align with goals.
- Quarterly performance review of mutual fund selections by FINRA-registered investment advisors.
- Online access to account history, balance information, future elections, trades, and more through the Member Website.
- Access to Morningstar® pages, fund fact sheets, and prospectuses.
- Low-cost with no minimum investment, free transfers between your investment and cash accounts, and no commission on investment trades. Devenir's quarterly asset-based fees may be applied on the amount invested and deducted pro rata from the investment account.

TD Ameritrade self-directed brokerage account: This is ideal for experienced investors looking for more control and flexibility.

- Wide selection of investment choices like stocks, bonds, ETFs, and thousands of mutual funds.
- Online access to real-time data[2], customizable charts, and one-click integrated trading, balance information, and more through the Member Website.
- Option to place trades by website, telephone, mobile device, and broker.
- Access to independent research tools, such as Morningstar® to help you make informed trades.
- Trading fees may be applied by TD Ameritrade, as well as possible additional fees by program, location, or arrangement.

SECURITIES AND INVESTMENTS

Not Insured by FDIC or Any Other Government Agency	Not Bank Guaranteed	Not Bank Deposits or Obligations	May Lose Value

You may be required to keep a minimum balance in your HSA cash account to invest funds.

HSA Bank does not provide brokerage/investment services; brokerage services are provided by TD Ameritrade, Inc., member FINRA/SIPC/NFA, and investment services are provided by Devenir. HSA Bank, TD Ameritrade, and Devenir are separate, unaffiliated companies and are not responsible for each other's services or policies. Self-directed investment accounts are the sole responsibility of the account owner. Carefully weigh the advantages and disadvantages of investing your HSA funds before investing. HSA Bank and other business entities receive compensation for providing various services to the funds including an annual asset-based fee for services rendered in association with the investment account. Your ability to replace losses in the investment account may be limited by the annual contribution limits of your HSA. HSA Bank does not offer investment advice.

Performance data and ratings represent past performance and are not a guarantee of future results. Investment returns and principal value will fluctuate and investors' shares, when sold, may be worth more or less than their original cost.

[1] Neither HSA Bank, nor Devenir Group, LLC, the third party, can provide investment advice to you on this program. Once you transfer funds from your HSA cash account to HSA investment account, these dollars are no longer covered by applicable FDIC or NCUA insurance. We recommend you speak with a licensed investment advisor or consult the prospectus should you have questions about any investment.

[2] Access to real-time market data is conditioned on acceptance of the exchange agreements. Professional access differs and subscription fees may apply. Research provided by unaffiliated third-party sources is deemed reliable to TD Ameritrade. However, TD Ameritrade does not guarantee accuracy and completeness and makes no warranties with respect to results to be obtained from use. TD Ameritrade does not recommend disabling the order preview screen when using the one-click feature. TD Ameritrade is not responsible for orders placed inadvertently. Past performance does not guarantee future results. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and the Toronto-Dominion Bank. Used with permission. HSA Bank receives compensation from TD Ameritrade for performing certain services.

Visit **hsabank.com** or call the number on the back of your debit card for more information.

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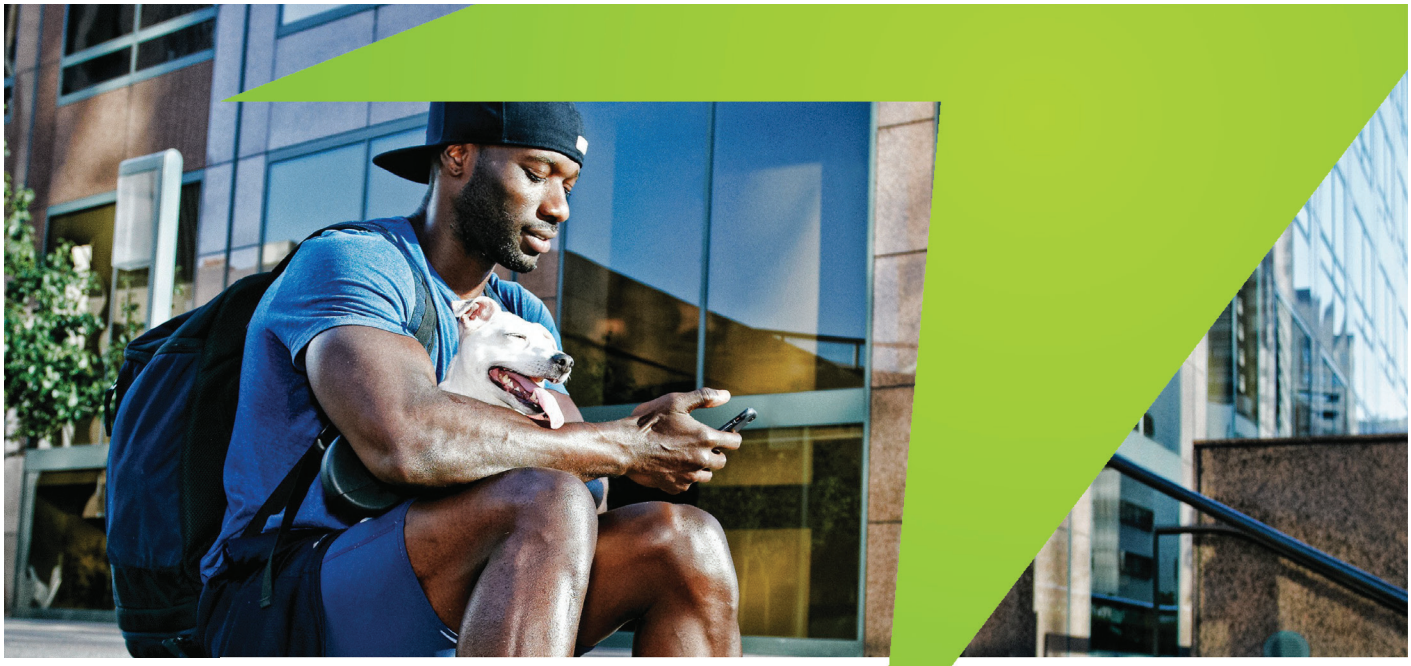
A Division of Webster Bank, N.A., Member FDIC



Health savings in the palm of your hand

HSA Bank Mobile

HSA Bank Mobile is all about giving you the tools to take control and better manage your health accounts. Safe and secure, the app offers instant access for all your account needs, 24/7. It's simple, intuitive and convenient.

The faster, easier way to manage your HSA Bank accounts

- Simple and secure login
- Check account balances and view activity
- Enter and track expenses
- Make a payment from your account
- Scan for IRS-qualified medical expenses
- Schedule HSA contributions
- File a claim
- Contact the Client Assistance Center

Download HSA Bank Mobile

GET IT ON Google Play

Download on the App Store

The mobile app is free to download at Google Play or the App Store. Message and data rates may apply.

Visit **www.hsabank.com** or call the number on the back of your debit card for more information.

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You enrolled in your HSA

What happens next?

We'll show you the way to a healthier financial future by helping you plan, save and pay for healthcare.

Getting started

- Use your HSA as soon as your qualified health plan is effective. If your effective date is mid-month, your HSA eligibility begins the first day of the following month.
- Pay for any IRS-qualified medical expenses that you incur once your HSA is active with funds in your HSA.
- Log in to the Member Website to add authorized signers and order debit cards.

Verifying your identity

In accordance with the USA Patriot Act, you may receive a letter verifying your identity. HSA Bank may close your account if you don't supply the proper forms of identification within 90 days of your account opening.

Watch your mail

Keep an eye out for two important mailings that should arrive at your mailbox 7-10 business days after your HSA application has been processed:

1. **Your welcome kit**
2. **Your debit card** — and additional cards for any authorized signers on your account

HSA Bank does not provide tax or legal advice. This communication is for informational purposes only and not intended as tax or legal advice. If tax or legal advice is needed, please consult with a qualified professional.

Visit **www.hsabank.com** or call the number on the back of your debit card for more information.

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A Division of Webster Bank, N.A., Member FDIC

Flexible Spending Account

OptumBank effective 10/1/2024

Paying for Healthcare

AAAE provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for the plan each year. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

A healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. If you have an HSA, you may only contribute to a Limited Purpose FSA for Dental and Vision expenses. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

How Flexible Spending Accounts Work

- Each year during Annual Enrollment, you decide how much to set aside for health and/or dependent care expenses.
- Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the year.
- After you incur eligible expenses throughout the benefit year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account. For some healthcare expenses, you may also use your FSA debit card to pay at the point of sale.

	Healthcare Flexible Spending Account	Dependent Care Flexible Spending Account	Limited Purpose Flexible Spending Account
Eligibility	All eligible employees are able to enroll in this benefit. You do not need to be enrolled in our medical coverage to elect Medical FSA unless you have a Health Savings Account	All eligible employees are able to enroll in this benefit ONLY if both spouses are working or in school full-time	Employees enrolling in one of the AAAE Medical plans with a Health Savings Account
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)	Childcare expenses for children up to age 14 (preschool, summer camp, before and after care, etc.) and elder care.	Dental and vision care expenses ONLY
When can I use the funds?	All of the funds you elect for the year are available October 1, 2024 – September 30, 2025	The funds are only available to use only if you have contributed to the fund.	All of the funds you elect for the year are available October 1, 2024 - September 30, 2025.
Can I roll over funds each year?	Yes, you can rollover up to $640 into the next plan year	No. It is use it or lose it!	Yes, you can rollover up to $640 into the next plan year
How do I pay for eligible expenses?	With your debit card (you can also submit claims for reimbursement online at www.optumbank.com)	With your debit card (you can also submit claims for reimbursement online at www.optumbank.com)	With your debit card (you can also submit claims for reimbursement online at www.optumbank.com)
How much can I contribute each year?	Up to **$3,200** for the 2024 plan year	Up to **$5,000** for the 2024 plan year	Up to **$3,200** for the 2024 plan year
Can I change my contributions throughout the year?	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

Dental Benefits

United Concordia

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the **American Association of Airport Executives** dental benefit plan.

DENTAL PPO PLAN BENEFITS	WHAT YOU PAY	
	IN-NETWORK[1]	OUT-OF-NETWORK[2]
PLAN MAXIMUMS		
Calendar Year Deductible	$50 Single $150 Family	$50 Single $150 Family
Calendar Year Maximum Benefit	$10,000	
PREVENTIVE & DIAGNOSTIC CARE		
Cleanings, Topical Fluoride, X-Rays, Bitewings, Sealants, Palliative Treatment (Emergency)	100%	100%
BASIC RESTORATIVE CARE		
Fillings, Simple Extractions, Periodontics, Scaling & Root planning, General anesthesia, Space Maintainers	10% after deductible	10% after deductible
MAJOR RESTORATIVE CARE		
Bridges/Dentures, Inlays, Onlays and Crowns	40% after deductible	40% after deductible
Implants	50% after deductible	50% after deductible
ORTHODONTIA		
Orthodontia Lifetime Maximum (No age Limit)	$2,500	
Orthodontia Benefit (No age Limit)	50%	

[1] PPO = Dentists agree to PPO contracted fees. No balance billing. Lowest out-of-pocket costs for the participant

[2] Out-of-network = Reimbursement is based on 90% UCR. Possibly subject to balance billing.

Visit www.unitedconcordia.com for:
Online Services, Find a Dentist,
Dental Plan Support Guide,
SmileWay Wellness Site, and more!

Vision Benefits

VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

SERVICE	IN-NETWORK
Eye Exam once every 12 months	$10 copay
LENSES (in lieu of contacts) once every 12 months	
Single Vision Lenses	$25 copay
Lined Bifocal Lenses	
Lined Trifocal Lenses	
FRAMES ONCE EVERY 12 MONTHS	
Frames	$130 allowance for wide selection $150 allowance for featured frame brands; 20% savings on amount over allowance
CONTACTS (IN LIEU OF LENSES) – ONCE EVERY 12 MONTHS	
Fitting and Follow-up Care (after exam)	Up to $60
Medically Necessary	Covered in Full
Elective Conventional **Elective Disposable**	$130 Allowance

To find a provider, please go to https://www.vsp.com/eye-doctor and input your parameters. Then click SEARCH.

Provider choices you want.

vsp PREMIER edge

With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.

eyeconic a vsp vision company

Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

More Ways to Save

Extra

$20

to spend on Featured Frame Brands†

bebe · Calvin Klein · COLE HAAN · DRAGON. · FLEXON · LONGCHAMP PARIS · and more

See all brands and offers at **vsp.com/offers**.

+

Up to

40%

Savings on lens enhancements‡

vsp VISION™

ADDITIONAL SAVINGS

Glasses and Sunglasses
- Discover all current eyewear offers and savings at **vsp.com/offers**.
- 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.

Laser Vision Correction
- Average of 15% off the regular price; discounts available at contracted facilities.

Exclusive Member Extras for VSP Members
- Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**.
- Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers**/special-offers/hearing-aids for details.
- Enjoy everyday savings on health, wellness, and more with VSP Simple Values.

COVERAGE WITH AN OUT-OF-NETWORK PROVIDER

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam ..... up to $45	Lined Bifocal Lenses ..... up to $50	Progressive Lenses ..... up to $50
Frame ..... up to $70	Lined Trifocal Lenses ..... up to $65	Contacts ..... up to $105
Single Vision Lenses ..... up to $30		

first stop health®

Care you will love. | (888) 691-7867 | fshealth.com

Talk to a Counselor via Phone or Video

Virtual Counseling from AAAE

Sometimes talking about it can make all the difference. With First Stop Health from AAAE you can talk to a counselor via phone or video.

Talk to a counselor

Sometimes, you just need someone to talk to. Get short-term counseling to work through:

- Depression & Anxiety
- Work/Life Stress
- Family & Anxiety
- Substance Use
- Grief & Loss
- And More

Visits occur on your time! Get support via phone or video anytime between 8 a.m. to 8 p.m. Monday-Friday.

No cost to you

There are no fees or copays! AAAE foots the bill.

Care for your family

Provided to all employees and your immediate family members.

"My counselor is fantastic. I give her a 5 out of 5. She is very calm, kind and Understanding. She's really helped me pull through a really hard time."

– First Stop Health Member

Get the app

Download on the App Store

GET IT ON Google Play

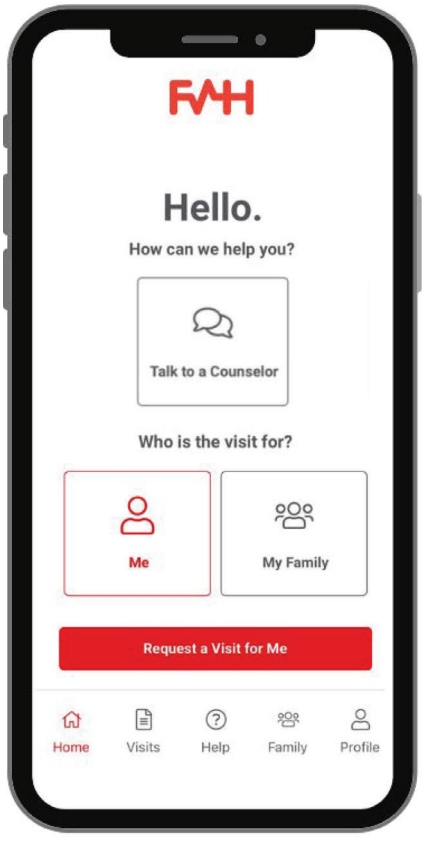
first stop health®

Care you will love. | (888)691-7867 | fshealth.com

You'll LOVE our mobile app!

Did you know that talking to a counselor can be even EASIER with the First Stop Health mobile app?

- Request a visit in a few clicks
- View your past visits
- Update your profile and add family members
- Get answers to FAQs



App Store Google Play

Get the app!

1. Download the First Stop Health mobile app
2. Log into your account using the last 4 digits of your SSN
3. Explore the features or request a visit!

Life Insurance Benefits

Life and Accidental Death & Dismemberment Insurance

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by AAAE. The company provides basic life insurance of 3X Salary to $500,000 at no cost to you. All eligible employees are automatically enrolled in both the Life and AD&D.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES provides AD&D coverage at 100% of the Basic Life benefit.

Benefits After Age 65

Your life benefits will reduce after age 65, and the reduction schedule is as follows:

- Age 70 – reduced 35%
- Age 75 – reduced 50%
- Benefits will terminate at retirement

Supplemental Life and AD&D Insurance

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage without answering medical questions if you enroll when you are first eligible up to the guaranteed issue amounts.

Employee

Employees may purchase additional coverage in $10,000 increments, not to exceed 5 times annual salary or $500,000, whichever is less.

- Guaranteed Issue amount is up to $100,000 if you are a new hire

Spouse

You may purchase additional coverage for your spouse in $5,000 increments, not to exceed 50% of employee coverage or $100,000, whichever is less

- Guaranteed Issue amount of $25,000 if you are a new hire
- Benefits terminate at age 70
- Spouse coverage may only be elected if the employee is enrolled

Children

You may purchase additional coverage for your child(ren) in the following amounts:

- 15 days to 6 months: $100
- 6 months to 19 (or 26 if full time student): $1,000, $2,000, $4,000, $5,000 or $10,000
- Child coverage may only be elected if the employee is enrolled

RATES ARE BASED ON YOUR AGE AND YOUR ELECTION AMOUNT!

Sample Rates:

30 Year Old Employee with $10,000 Coverage: $1.13 Per Month

40 Year Old Employee with $100,000 Coverage: $16.90 Per Month

54 Year Old Employee with $250,000 Coverage: $97.00 Per Month

55 Year Old Employee with $100,000 Coverage: $58.80 Per Month

Disability Benefits

These benefits are paid for 100% by the EMPLOYEE, 100% participation is required.

Long-Term Disability Insurance

Eligible employees are automatically covered for those unexpected situations that may keep you from performing the daily responsibilities of your job. Your disability plan is available to help supplement your income when you are not able to continue employment for a certain period of time. Please note that this is a separate benefit from the Worker's Compensation coverage for work-related injuries and illnesses.

MetLife Long-Term Disability	
Monthly Benefit	60% of monthly salary to a maximum of $10,000 per month
Benefit Begins	91st day of disability
Maximum Duration	Social Security Normal Retirement Age (SSNRA)

Helping employees plan for their families' needs.

- **Will Preparation[1]** — **Ensuring final wishes are clear.** Employees can choose to work one-on-one with an attorney, in-person or on the phone, to prepare or update a will, living will, or power of attorney. Or, they can do-it-themselves with our online[2] will preparation services.
- **Funeral Discounts and Planning Services[3]** — **Alleviating the burden of making funeral arrangements** from their loved ones. Employees get exclusive access to the largest network of funeral homes and cemeteries to pre-plan with a counselor and receive discounts on funeral services.
- **Digital Legacy[4]** — **Sharing important documents is easy with *MetLife Infinity*®.** Employees can store important documents such as deeds, wills, and personal photos and videos safely on a secure online portal.
- **Retirement Planning[5]** — **Helping employees retire with confidence.** Employees can attend workshops that offer comprehensive retirement and financial education to help them plan for the future through ***Retirewise*®.**

26%
of survivors reported their spouse/partner had a will at the time of their death[6]

Offering compassionate support through difficult times.

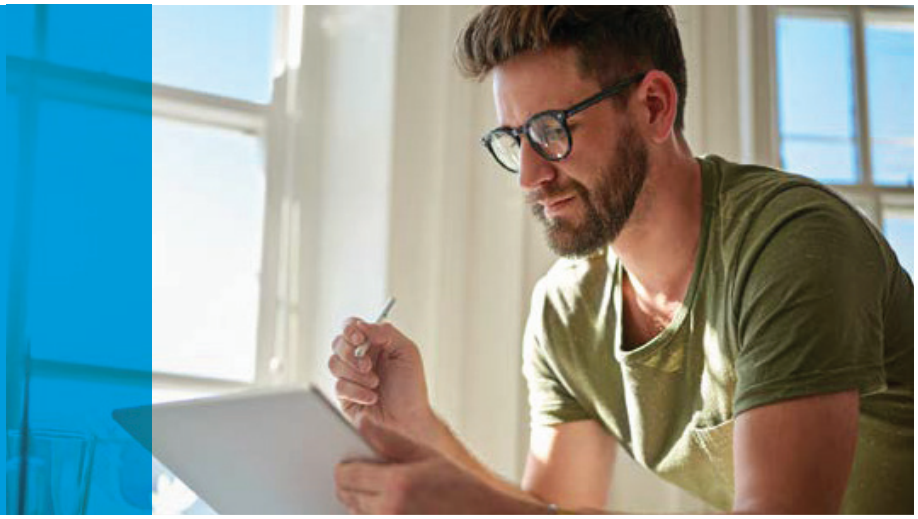
- **Grief Counseling[7]** — **Offering professional support in times of need.** Face-to-face sessions with a licensed counselor to help employees cope with a loss or major life change. Or employees can speak to a licensed counselor in the comfort of their home through the helpline.
- **Funeral Assistance[8]** — **Helping to simplify funeral arrangements.** Employees work can customize funeral arrangements with the help of compassionate counselors through a personalized, one-on-one service.
- **Beneficiary Claim Assistance[9]** — **Making the claims process easy.** Beneficiaries receive guidance from experts as they work through their options and financial needs with our ***Delivering The Promise*®** services.
- **Estate Resolution Services[1]** — **Settling an estate with confidence.** With unlimited consultations, either face-to-face with an attorney or by phone, your employees and/or their beneficiaries can settle an estate with assurance.
- **Life Settlement Account[9]** — **Reducing the pressure of immediate financial decisions.** Beneficiaries can take their time to make the right decision with the flexible settlement option that gives them full access to policy funds while earning a guaranteed minimum interest rate through ***Total Control Account.***

Employee Assistance Program (EAP)

Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search "TELUS Health" on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

Expert advice for work, life, and your well-being

The program's experienced counselors provided through TELUS Health — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Convenient and confidential help when you want it, how you want it

Your program includes up to 5 in person, phone or video consultations with licensed counselors for you and your eligible household members per year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to one.telushealth.com, user name: metlifeeap and password: eap

MetLife

Navigating life together

Answers to important questions

Are Employee Assistance Program services confidential?
Yes. Any personal information provided to TELUS Health stays completely confidential.*

How do I get help?
Getting professional help is just a phone call away. Simply call 1-888-319-7819 to speak with a counselor or to schedule an in person, phone, or video conference appointment. These services are available 24 hours a day, 7 days a week.

When is the right time to call?
That's up to you. Counselors are here whenever you need them —whether you simply need to talk or want guidance on something you are going through.

Is my Employee Assistance Program included with my MetLife coverage?
Yes. There is no cost to you because your employer pays for the services provided within our program. While we offer a broad range of services, there may be some assistance that's not included. You can still work with counselors for these services by arranging to pay for them directly.

Does the program have any limitations?
While we offer a broad range of services, we may not cover all services you may need. Your Employee Assistance Program does not provide:

- Inpatient or outpatient treatment for any medically treated illness
- Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not TELUS Health providers
- Counseling required by law or a court, or paid for by Workers' Compensation

Does the program offer Cognitive Behavioral Therapy (CBT)?
Many TELUS Health EAP providers are trained in this type of counseling and the foundation of TELUS Health' CareNow digital programs, available through the programs website and mobile app, are built upon Cognitive Behavioral Therapy (CBT) techniques. CareNow provides instant access to a range of self-service programs developed by world leading experts, focused on behavior change in the areas of anxiety, stress, depression, and more.

When you need some support, we're here to help.

Phone
1-888-319-7819

Web
one.telushealth.com
user name: metlifeeap
and password: eap

Mobile App
user name: metlifeeap
and password: eap

*MetLife and TELUS Health abide by federal and state regulations regarding duty to warn of harm to self or others. In these instances, the consultant may have a duty to intervene and report a situation to the appropriate authority.

MetLife

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
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Voluntary Short-Term Disability Coverage

Short-Term Disability insurance can help replace a portion of your income when you're unable to work. It helps when you're sidelined with an illness or injury lasting a few weeks to a few months.

MetLife Voluntary Short-Term Disability	
Weekly Benefit	60% to a maximum of $3,000 per week
Elimination Period	14 days for illness 14 days for injury
Maximum Duration	14 Weeks

Coverage with Your Best Interests in Mind

When you are ill or injured for a short period, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, and financial incentives.

Services to Help You Get Back to Work Can Include

Nurse Consultant or Case Manager Services:

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications:

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:

Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:

Allow you to receive Disability benefits or partial benefits while attempting to return to work.

Employees will receive a personalized enrollment packet to enroll in this plan.

Accident Insurance

Accident Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

American Association of Airport Executives

Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive[1]. Here are just some of the covered events/services[2].

Benefit Type	Low Plan Benefits	High Plan Benefits
Accidental Injury Benefits		
Fracture Benefit*	$50 – $3,000 depending on the fracture and type of repair	$100 – $6,000 depending on the fracture and type of repair
Dislocation Benefit*	$50 – $3,000 depending on the dislocation and type of repair	$100 – $6,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	$50 – $5,000 depending on the degree of the burn and the percentage of burnt skin	$100 – $10,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	$200	$400
Coma Benefit	$5,000	$10,000
Laceration Benefit	$25 – $200 depending on the length of the cut and type of repair	$50 – $400 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: $100 Filling: $25 Extraction: $50	Crown: $200 Filling: $50 Extraction: $100
Eye Injury Benefit	$300	$400
Accident - Medical Services & Treatment Benefits		
Ambulance Benefit	Ground: $300 Air: $1,000	Ground: $400 Air: $1,250
Emergency Care Benefit	$25 – $50 depending on location of care	$50 – $300 depending on location of care
Non-Emergency Initial Care Benefit	$75	$100
Physician Follow-Up Visit Benefit	$50	$100
Therapy Services Benefit (including physical therapy)	$35	$50
Medical Testing Benefit	$100	$200
Medical Appliance Benefit	$75 – $750 depending on the appliance	$150 – $1,000 depending on the appliance
Transportation Benefit	$300	$400
Pain Management Benefit (for epidural anesthesia)	$50	$100
Prosthetic Device Benefit	One device: $500 More than one device: $1,000	One device: $750 More than one device: $1,500
Modification Benefit	$1,000	$1,500
Blood/Plasma/Platelets Benefit	$400	$500

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Accident Insurance

Surgical Repair Benefit	$100 – $1,500 depending on the type of surgery	$200 – $2,000 depending on the type of surgery
Exploratory Surgery Benefit	$100	$200
Other Outpatient Surgery Benefit	$150	$300
Accidental Death Benefit		
Accidental Death Benefit*	$25,000 $75,000 for accidental death on common carrier	$50,000 $150,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss & Paralysis Benefits		
Dismemberment/Functional Loss	$250 – $10,000 depending on the injury	$500 – $50,000 depending on the injury
Paralysis	$5,000 – $10,000 depending on the number of limbs	$25,000 – $50,000 depending on the number of limbs
Other Benefits		
Health Screening Benefit* - benefit provided for certain screening/prevention tests	$50 Paid 1 time per calendar year	$50 Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	$ per day	$ per day
Waiver of Premium Benefit – if you become disabled, premiums will be waived if requirements for waiver are met	Not Included	Not Included

Organized Sports Activity Injury Benefit Rider
This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

* Notes Regarding Certain Benefits

- Fracture and Dislocation benefits - Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.
- Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Accidental Death Benefit – Common carrier refers to airplanes, trains, buses, trolleys, subways and boats.
- In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam , digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill , successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography , two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.

Accident Insurance

Benefit Payment Example

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event[3]	Benefit Amount
Ambulance (ground)	**$400**
Emergency Care	**$300**
Physician Follow-Up ($100 x 2)	**$200**
Medical Testing	**$200**
Concussion	**$400**
Broken Tooth (repaired by crown)	**$200**
Benefits paid by MetLife Group Accident Insurance	**$1,700**

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

Questions & Answers

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members![4] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.[5] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: mybenefits.metlife.com.

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[1] Covered services/treatments must be the result of a covered accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
[2] Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.
[3] Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.
[4] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Children may be covered to age 26. There are benefit reductions that may begin at age 65.
[5] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.]

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Critical Illness Insurance

Critical Illness Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

American Association of Airport Executives

Critical Illness Insurance

Eligible Individual	Initial Benefit	Requirements
Coverage Options		
Employee	**$10,000, $20,000 or $30,000**	Coverage is guaranteed provided you are actively at work. [1]
Spouse/Domestic Partner[2]	**50% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]
Dependent Child(ren)[3]	**50% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]

Benefit Payment

Your **Initial Benefit** provides a lump-sum payment upon the first verified diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit[4] for the following Covered Conditions: Heart Attack[5], Stroke,[6] Coronary Artery Bypass Graft,[7] Full Benefit Cancer[8] and Partial Benefit Cancer.[8] A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or $30,000, $60,000 or $90,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer[8]	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer[8]	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack[5]	100% of Initial Benefit	50% of Initial Benefit
Stroke[6]	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft[7]	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease[9]	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit[10]	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one benefit payment for one Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal

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meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of $20,000 and has a Total Benefit of 3 times the Initial Benefit Amount or $60,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack — first verified diagnosis	Initial Benefit payment of $20,000 or 100%	$40,000
Heart Attack — second verified diagnosis, two years later	Recurrence Benefit payment of $10,000 or 50%	$30,000
Kidney Failure — first verified diagnosis, three years later	Initial Benefit payment of $20,000 or 100%	$10,000

This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the three months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first six months of coverage. The preexisting condition limitation does not apply to heart attack or stroke.

Supplemental Benefits

MetLife provides coverage for the Supplemental Benefits listed below. This coverage does not count towards the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit[12]

MetLife will provide an annual benefit of $50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage with your employer

Q. Who is eligible to enroll?

A. Regular active full-time employees who are actively at work along with their spouse/domestic partner and dependent children can enroll for MetLife Critical Illness Insurance coverage.[1]

Q. How do I pay for coverage?

A. Coverage is paid through payroll deduction.

Q. What is the coverage effective date?

A. The coverage effective date is 10/01/2023

Q. If I Leave the Company, Can I Keep My Coverage?[13]

A. Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800-GET-MET8 (1-800-438-6388), *Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.*

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Critical Illness Insurance

[1] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.
[1] Coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.
[2] Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
[3] Dependent Child coverage varies by state. Please contact MetLife for more information.
[4] We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.
[5] The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
[6] In certain states, the covered condition is Severe Stroke.
[7] In certain states, the Covered Condition is Coronary Artery Disease.
[8] Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-sitused cases and NH residents, there is an initial benefit of $100 for All Other Cancer.
[9] Please review the Outline of Coverage for specific information about Alzheimer's disease.
[10] In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details.
[12] The Health Screening Benefit is not available in certain states. In some states, there is a separate mammogram benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.
[13] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most plans, there is a preexisting condition exclusion. After a covered condition occurs, there is a benefit suspension period during which benefits will not be paid for a recurrence, except in the case of individuals covered under a New York certificate. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. A more detailed description of the benefits, limitations, and exclusions applicable can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

Hospital Indemnity

Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

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Hospital Indemnity Insurance Benefits

Hospital Indemnity Benefits provide lump sum cash payments for covered events regardless of any other payments you may receive from your medical plan. Here are just some of the covered benefits/services[B], when an accident or illness puts you in the hospital.[A]

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amount
Hospital Benefits			
Admission Benefit	1 time(s) per calendar year	Admission	$500
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	$1,000
Confinement Benefit	31 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement[4]	$100
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$100
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care[5]	$25
Inpatient Rehabilitation Benefit*	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	$100
Other Benefits			
Health Screening Benefit[7]	1 time(s) per calendar year per covered person	Health Screening	$50

*Any benefit(s) marked with an asterisk requires a prior Hospital Admission or Confinement.
[4] If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.
[5] Payable for the period of newborn confinement for a newborn child who is not sick or injured.
[7] In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam , digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill , successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography , two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.

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Hospital Indemnity Insurance

Benefit Payment Example for Low Plan

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit	Benefit Amount
Regular Hospital Admission (1x)	$500
ICU Supplemental Admission (1x)	$1,000
Regular Hospital Confinement (3 total days)	$300
ICU Supplemental Confinement (1 day)	$100
Benefits paid by MetLife Group Hospital Indemnity Insurance	$1,900

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage with your employer.

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

A. You are eligible to enroll yourself and your eligible family members. [C] You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

Q. How do I pay for my Hospital Indemnity coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier. [D]

Q. What is the coverage effective date?

A. The coverage effective date is 10/01/2023

Q. Who do I call for assistance?

A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant. Or visit our website: ***www.mybenefits.metlife.com***

[A] Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
[B] Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
[C] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions may apply to dependents serving in the armed forces or living overseas."
[D] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary

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Hospital Indemnity Insurance

or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

Voluntary Legal Services

Everyone deserves legal protection. And now, with Legal Resources, everyone can access it. Proven, professional advice is just a phone call away on all matters, from the trivial to the traumatic.

Plan members may receive services through a nationwide network of more than 14,000 attorneys, or from an out-of-network attorney for $19/month.

Extensive Legal Services

Legal Resources provides easy, direct access to a national network of attorneys who provide telephone advice and office consultations on an unlimited number of personal legal matters and fully covered services for the most frequently needed personal legal matters (excluding employment issues). Participants may also receive services from out-of-network attorneys.

General Advice and Consultation

- Unlimited in-person or telephone advice and consultation for fully covered services

Family Law

- Uncontested domestic adoption
- Uncontested divorce
- Uncontested name change

Elder Law

- Estate advice
- Powers of attorney for members' parents

Criminal Matters[2]

- Defense of misdemeanor
- Misdemeanor defense of juveniles

Fully covered for first offense involving alcohol or illegal drugs

Wills and Estate Planning

- Will preparation and periodic updates
- Advance medical directive
- Financial powers of attorney
- Contingent trust for minor children

Traffic Violations

- Traffic infractions and misdemeanors
- Speeding
- Reckless driving
- Driving under the influence

1st Offense

Civil Actions

- Representation as defendant
- Representation as plaintiff
- Insurance matters
- Initial administrative hearing
- Small Claims Court advice

Preparation and Review of Routine Legal Documents

- Unlimited pages and occurrences

Real Estate

- Purchase, sale, or refinance of primary residence
- Deed preparation
- Tenant-Landlord matters
- Landlord-Tenant consultation

Consumer Relations and Credit Protection

- Warranty disputes
- Billing disputes
- Collection agency harassment

Identity Theft

- Prevention assistance
- Education services
- Identity recovery assistance

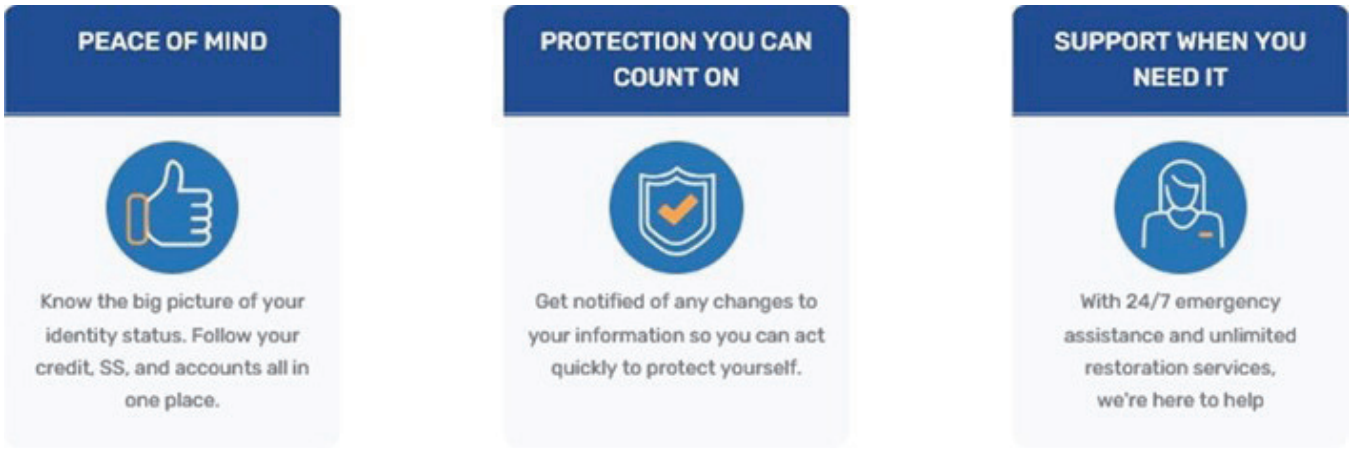
LEGAL® RESOURCES

Voluntary Identity Theft Protection

IDShield℠

3 million cases of fraud were reported in 2019 alone. Identity theft is upsetting and can hurt you financially for years to come. IDShield offers a comprehensive tool to monitor your presence online and be notified of any unusual activity so you can take action before you become a victim of identity theft.

We're here for you, to protect and help you restore your identity.



- 877.235.0638
- Covers all 7 types of Identity Theft!
- 24/7 Access to Investigators, Credit Score Tracker
- Continuous Daily Credit Monitoring with Immediate Notification

10 Family Members are covered

Employee, Spouse and up to 8 children to age 26
$3.68/week | $15.95/month

Individual
$1.95/week | $8.45/month

American Association of Airport Executives is offering Total Pet Plan to employees.

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering **Total Pet Plan**, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

$11.75/month for one pet or
$18.50/month for a family plan

For more details and how to enroll, visit:
petbenefits.com/land/aaae

TOTAL PET PLAN INCLUDES:

PETplus

Discounts on products & Rx

- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

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PetAssure

Discounts on veterinary care

- Instant 25% savings on all of your pet's in-house medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet

Visit petbenefits.com/search to locate a participating vet.

AskVet

24/7 pet telehealth

- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more

PetTag

Lost pet recovery service

- Durable ID tag helps lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag

Plus, additional savings at popular pet retailers and service providers through our PBS perks program!

Pet Benefit Solutions | customercare@petbenefits.com | (800) 891-2565 pbs

Employee Contributions

Employee Per Pay Contributions

Cigna Medical Rates	Open Access Plus HDHPQ Plan	Open Access Plus IN HDHPQ Plan
Employee	$23.95	$76.71
Employee + Spouse	$124.98	$350.01
Employee + Child(ren)	$91.30	$258.91
Family	$154.92	$430.97

United Concordia Dental Rates	
Employee	$10.35
Employee + Spouse	$20.51
Employee + Child(ren)	$22.40
Family	$34.87

VSP Vision Rates	
Employee	$1.58
Employee + Spouse	$2.67
Employee + Child(ren)	$2.72
Family	$4.38

Legal Plan Rates	
Legal Resources	$8.77

ID Theft—ID Shield Rates	
Individual	$3.90
Family	$7.36

Pet Insurance Rates	
Employee—One Pet	$5.42
Family	$8.54

MetLife Voluntary Accident Rates		
	Low Plan	High Plan
Employee	$4.26	$8.30
Employee + Spouse	$8.35	$16.28
Employee + Child(ren)	$9.63	$18.82
Family	$11.80	$23.02

MetLife Voluntary Hospital Indemnity Rates	
Employee	$8.30
Employee + Spouse	$17.07
Employee + Child(ren)	$13.02
Family	$21.79

https://www.myalex.com/aaae/aaae2024

AGE RATED PLANS Cost varies on your age at enrollment
Voluntary Life/AD&D—MetLife
Voluntary Critical Illness w/ Cancer—MetLife
Supplemental Individual Short-Term Disability Insurance—MetLife

Summary of Benefits

Benefit Available	Waiting Period	Effective Date	Notes
Medical	End of the month, following date of hire; No wait period if hired on 1st of the month	1st of the month, following the wait period	Employees select 1 of the 2 plans
Dental	End of the month, following date of hire; No wait period if hired on 1st of the month	1st of the month, following the wait period	1 plan
Vision	End of the month, following date of hire; No wait period if hired on 1st of the month	1st of the month, following the wait period	1 plan
Life/AD&D	None	Date of hire	Employer paid, 3 x annual salary, max $500,000
Long-Term Disability	90 Days	Date of hire	Employee Paid, 60% of your monthly salary to a max of $10,000 per month
FSA (Health, Limited Purpose, Dependent Care)	End of the month, following date of hire	1st of the month, following the wait period	Employee paid
Vacation	Accrues immediately	Date of Hire	Full-time employees accrue: 0-5 years, 5.23 hours per pay; 5-10 years, 7.07 hours per pay; 11-20 years, 8.0 hours per pay. Special part-time employees accrue .051 per hour. Roll-over to sick leave at year end.
Sick Leave	Accrues immediately	Date of Hire	Full time employees accrue 3.7 hours of sick leave per pay. Special part-time employees accrue .036 per hour. Up to 1,040 hours may be carried over.
Vacation Bonus	Must be employed here on Jan 1	Jan 1 after hire date in a previous year	Eligible employees may take 4 vacation days in a row and earn a $1,500 vacation bonus (1 time/year)
401(k)	Can contribute own funds after 90 days; automatic enrollment at 6%; AAAE contributes 3% after 1 year + beginning of next quarter and contributes up to 8% according to schedule	See HR	6 year vesting period for discretionary contribution
Holidays	No waiting period	Date of hire	11 Federal holidays
Family Medical Leave Act	12 months of employment with AAAE and must have worked 1250 hours within that time	Available the 1st day of qualifying event as long as all eligible requirements have been met	Employee must complete required paperwork and notification. For detailed information about this benefit contact HR.
Tuition Assistance	2 years of employment with AAAE	Based on meeting eligibility	Must be approved by Supervisor & HR, must make a "C" or better, and 75% upon course completion, 25% on 2nd anniversary after course completion, up to $5,250 per year
Student Loan Forgiveness	1 year of employment with AAAE	Based on meeting eligibility	AAAE contributes $1,000 annually up to $5,000 to the student loans of eligible employees with qualified loans
Tuition Savings Contribution	1 year of employment with AAAE	Based on meeting eligibility	AAAE contributes $1,000 annually up to $5,000 to a qualified Section 529 Tuition Savings Plan of the employee's choice provided the employee is eligible

Additional Benefits and Resources

Employee Development

Training/Seminars: Eligible Date of Hire

- Throughout the year, AAAE provides live instructor led trainings and lunch-n-learn sessions for staff.
- Job specific professional development can be requested and provided upon approval by your supervisor.
- All training and certification programs provided to members such as our ACE programs, leadership development trainings, and Airport 101 training are available to interested staff.
- AAAE provides all interested staff with a LinkedIn Learning account for virtual trainings.

Performance Appraisals: "Strategic Goals"

- Formal performance feedback concerning staff member's Strategic Goals. This occurs twice annually with employees providing input to supervisor.

Memberships: Eligible Date of Hire

- Membership to the American Society of Association Executives (ASAE)

Voluntary Employee Benefits

Legal Resources Legal Services

ID Shield Identity Theft Protection

Total Pet Plan Pet Insurance

MetLife Voluntary Life/ADD Insurance

Metlife Voluntary Short-Term Disability Benefit elected at open enrollment only

MetLife Accident Insurance Benefit elected at open enrollment only

Metlife Critical Illness Insurance Benefit elected at open enrollment only

Metlife Hospital Indemnity Benefit elected at open enrollment only

Other Paid Leave

Maternity and Paternity Paid Leave

Benefits eligible after one year of employment

- 20 days of paid leave for new mothers
- 20 days of paid leave for new fathers

Caregiver Paid Leave

All employees eligible for FMLA leave to care for the serious health condition of an immediate family member

- 5 days of paid leave

Bereavement Paid Leave

- 15 days of paid leave for immediate family
- 5 days of paid leave for extended family
- Option to use an additional 5 days of sick leave in either case

Volunteer Leave

All employees may use leave to volunteer for a 501(c)(3) organization of their choosing

- 8 hours of paid leave

Miscellaneous (No waiting period)

Wellness Reimbursement Program

Available for fitness, weight management, or stress management related expenses. Up to $80/month paid quarterly.

Virtual Mental Healthcare

Unlimited virtual sessions provided through First Stop Health

Fully Equipped Gym and Showers

On site for employee use

Other Automatically Applied Benefits (No Cost to Employee)

- Paid parking or Metro transportation contribution of $115 per month available for most public commuting methods
- Assist America: Emergency International Travel Assistance with medical, financial or legal emergencies while traveling on corporate Amex card
- Direct Deposit to your savings or checking account

Annual Enrollment Notices & Disclosures

Patient Protections Disclosure

The American Association of Airport Executives Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Cigna designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Cigna at **866.494.2211** or **www.mycigna.com**.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Cigna at **866.494.2211** or **www.mycigna.com**.

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Open Access Plus In-Network Only (OAPIN HSA) (Individual: 100% / 0% coinsurance and $3,000 deductible; Family: 100% / 0% coinsurance and $6,000 deductible)

Plan 2: Open Access Plus High Plan (OAP HSA) (Individual: 100% / 0% coinsurance and $2,000 deductible; Family: 100% / 0% coinsurance and $4,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at **703.797.2528** or **maria.bremis@aaae.org**.

Newborns' and Mothers' Health Protection Act

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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov.**

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **866.444.EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ | 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 | Fax: 916.440.5676| Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 | State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 | State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.mycohibi.com/ HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ | 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ | 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members | 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki | 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp | 888.346.9562
KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884 | HIPP Phone: 800.967.4660
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 | KIHIPP.PROGRAM@ky.gov KCHIP: https://kynect.ky.gov | 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 | TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 | TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 | TTY: 711| Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 | Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access 800.250.8427
VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid and CHIP
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

American Association of Airport Executives is committed to the privacy of your health information. The administrators of the American Association of Airport Executives Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Maria Bremis – Vice President, Compliance, Diversity & Human Resources at 703.797.2528 or maria.bremis@aaae.org.

HIPAA Special Enrollment Rights

American Association of Airport Executives Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the American Association of Airport Executives Health Plan (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Maria Bremis – Vice President, Compliance, Diversity & Human Resources at **703.797.2528** or **maria.bremis@aaae.org**.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from American Association of Airport Executives About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with American Association of Airport Executives and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **American Association of Airport Executives has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current American Association of Airport Executives coverage may be affected. You may keep your coverage if you elect Part D and this plan may coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current American Association of Airport Executives coverage, be aware that you and your dependents may not be able to get this coverage back. The plan will follow the eligibility guidelines as stated in plan documents.

If you do decide to join a Medicare drug plan and drop your current American Association of Airport Executives coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with American Association of Airport Executives and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through American Association of Airport Executives changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 800.772.1213 (TTY 800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 01, 2024
Name of Entity/Sender:	American Association of Airport Executives
Contact:	Maria Bremis Senior Vice President, Compliance, Diversity & HR
Address:	The Barclay Building 601 Madison St. Alexandria, Virginia 22314 United States
Phone Number:	703.797.2528

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)
**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Maria Bremis.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, **Children's Health Insurance Program (CHIP),** or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov.**

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you.**

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa.** (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov.**

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

American Association of Airport Executives
Maria Bremis – Senior Vice President, Compliance, Diversity & HR
The Barclay Building
601 Madison St.
Alexandria, Virginia 22314
United States
703.797.2528

1 https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start

Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

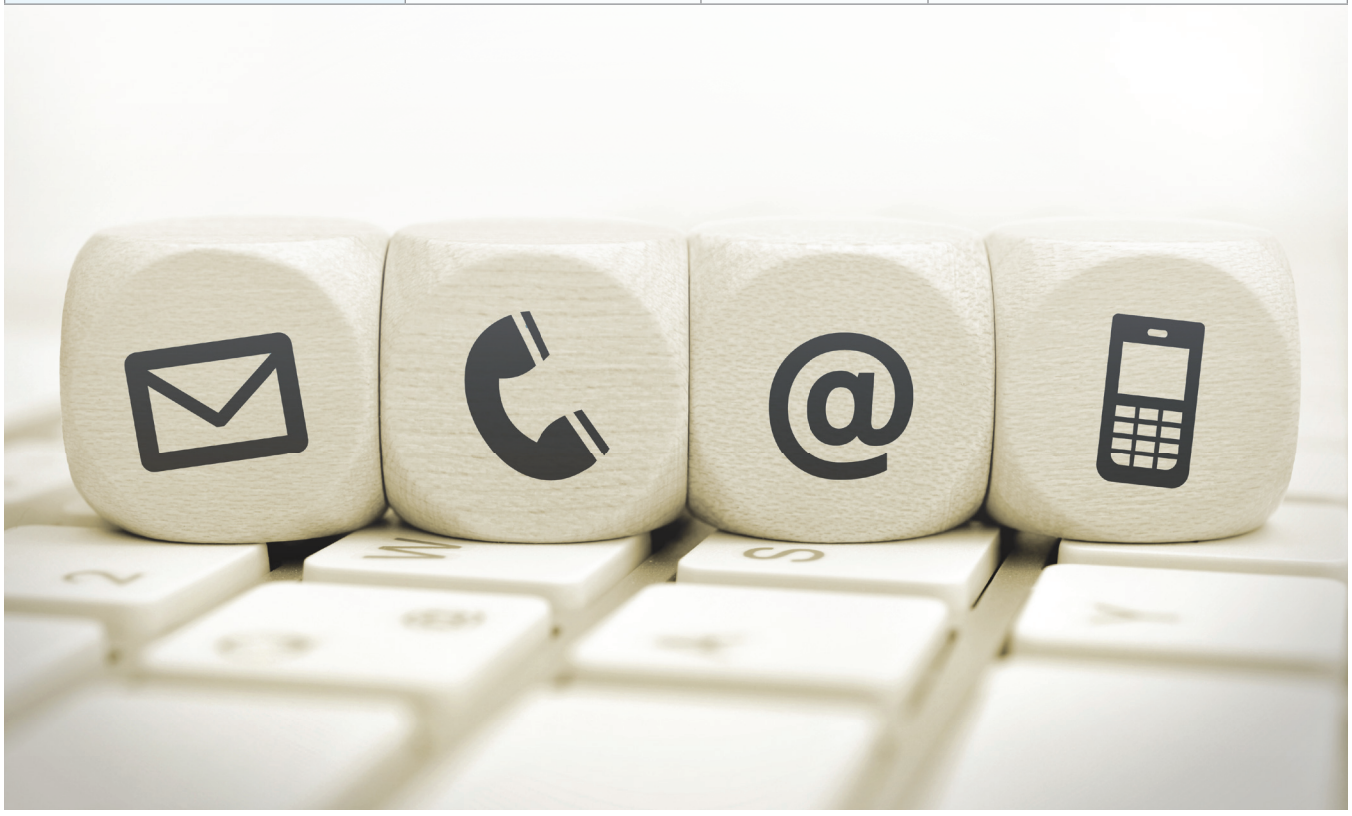
This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

BENEFIT	CARRIER	PHONE	WEBSITE/EMAIL
Medical	Cigna	866.494.2211	www.mycigna.com
Virtual Mental Health Provider	First Stop Health	888.691.7867	www.fshealth.com
Dental	United Concordia	800.332.0366	www.unitedconrodia.com
Vision	VSP	800.877.7195	www.vsp.com
Life/AD&D **Voluntary Life/AD&D** **Long-Term Disability** **Voluntary Short-Term Disability** **Voluntary Accident Insurance** **Voluntary Critical Illness** **Voluntary Hospital Indemnity**	MetLife	800.275.4638	www.metlife.com
Pre-Paid Legal Services	Legal Resources	877.924.3967	www.legalresources.com
ID Theft	ID Shield	877.235.0638	www.idshield.com
Pet Health Discount Program	Total Pet Benefits	800.891.2565	www.petbenefits.com
Flexible Spending Account (FSA)	OptumBank	TBD	www.optumbank.com
Health Savings Account (HSA)	HSA Bank	800.357.6246	www.hsabank.com
Benefit Advocate Center	Gallagher	833.202.8900	bac.aaaeadvocates@ajg.com



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This benefits guide prepared by

Gallagher

Insurance | Risk Management | Consulting

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