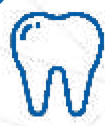
Carolina Biological Supply Company

2024 Plan Year

TEAM MEMBER BENEFITS PACKAGE



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DPC Plan

| DPC Plan

Plan Explanation

Our Direct Primary Care Plan (DPC) provides you with Concierge like medical care from a Physician that left the traditional system that focuses on volume and instead, allows them to have far fewer patients so they can focus on YOU. You can expect same day or next day appointments as well as the ability to treat you remotely or telephonically. In addition, you will never pay ANYTHING for your primary care, regardless if its your preventative care or you are ill. Any tests or procedures ordered by your DPC will also be covered at 100%. This plan does require you to get a referral from your DPC before specialist care will be covered.

DEDUCTIBLE	DPC & GUIDED PROVIDERS	ANY PROVIDER (REFERRALS REQUIRED)
Single	$0	$500
Family	$0	$1,000
COINSURANCE		
Member %	0%	20%
OUT OF POCKET MAXIMUM		
Single	$1,000	$1,000
Family	$2,000	$2,000
CO-PAY		
Primary Care Physician Office Visit	$0	n/a
Specialist Office Visit	$0	$50
PRESCRIPTION DRUG COVERAGE		
Generic (Tier 1)	$0 out of pocket	10% or $10 max (No Ded)
Brand Name (Tier 2)	$0 out of pocket	20% or $150 max (No Ded)
Non-Preferred (Tier 3)	$0 out of pocket	20% or $250 max (No Ded)
Specialty (Tier 4)	$0 out of pocket	20% or $250 max (No Ded)
Specialty (Tier 5)	No Cost Brand & Specialty	No Cost Brand & Specialty
PLAN INFORMATION		
Plan Year	June 1 - May 31	
Member Website	http://www.carolinabiobenefits.com/	
Concierge Email	carolinabio@benengage.com	
Concierge Phone Number	(866) 577-1068	

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

The Clearwater

DPC + Urgent Care

Employer Sponsored Plan

All of your primary care needs in accordance with the United States Preventative Services Task Force guidelines.

- **24/7 Access**
- **Personalized Care**
- **No surprise bills**
- **Extended visits**
- **Well Woman Exams**
- **Annual Wellness Exams**
- **Well Child Checks**
- **Sports Physicals**
- **35% Fullscript® Discount**
- **Cancer Screening**
- **Contraception**
- **IUD & Nexplanon**
- **Employment Physicals**
- **Wellness Planning**
- **Skin procedures**
- **Steroid joint Injection**
- **Ultrasound**
- **Telemedicine**
- **Cryosurgery**

More Information :

(910) 586-1960

Dr.Moore@ClearwaterHealthDPC.com

www.clearwaterhealthdpc.com

The Tall Glass

DPC + Urgent Care + Integrative Medicine

+ $54/mo

Integrative medicine is an individualized approach to care that combines conventional Western medicine with complementary and alternative therapies to provide a comprehensive and holistic approach to health. The primary goal is to address the physical, emotional, mental, social, and spiritual aspects of a person's well-being.

- **Rx Weight Loss**
- **Auricular Acupuncture**
- **Digestive Optimization**
- **Liver Detox**
- **Micronutrient Assessment**
- **Nutrition Counseling**
- **Bioidentical Hormonal Replacement**
- **IV Therapies**
- **Compounded Pharmaceuticals**

Any Provider Plan

| Any Provider Plan

Plan Explanation

This plan will allow you to see ANY licensed medical provider that is willing to submit claims to the plan the same as they do for any other plan. As long as the provider is willing to submit claims, you will have in-network like coverage at any provider you choose. If your provider is having trouble recognizing your plan, please call (866) 577-1068 or email carolinabio@benengage.com for assistance. This plan also provides for the opportunity to get imaging (x-rays, MRI's, etc), surgeries, infusions, durable medical equipment, name brand drugs and more at ZERO out of your pocket. To see if it is available for your needs, please call (866) 577-1068 or email carolinabio@benengage.com prior to the care being delivered. If you ever get a bill that exceeds the amount on your EOB, please call (866) 577-1068 or email carolinabio@benengage.com within 60 days of the first receipt of your bill.

DEDUCTIBLE	GUIDED PROVIDER	ANY PROVIDER
Single	$0	$2,000
Family	$0	$4,000
COINSURANCE		
Member %	0%	20%
OUT OF POCKET MAXIMUM		
Single	$4,000	$4,000
Family	$8,000	$8,000
COMMONLY USED SERVICES		
Primary Care Physician Office Visit	$25	$25
Specialist Office Visit	$50	$50
PRESCRIPTION DRUG COVERAGE		
Generic (Tier 1)	$0 Out of pocket	20% to $10 Max (No Ded)
Brand Name (Tier 2)	$0 Out of pocket	40% to $150 Max (No Ded)
Non-Preferred (Tier 3)	$0 Out of pocket	40% to $250 Max (No Ded)
Specialty (Tier 4)	$0 Out of pocket	40% to $250 Max (No Ded)
Specialty (Tier 5)	No Cost Brand and Specialty	No Cost Brand and Specialty
PLAN INFORMATION		
Plan Year	June 1 - May 31	
Member Website	http://www.carolinabiobenefits.com/	
Concierge Email	carolinabio@benengage.com	
Concierge Phone Number	(866) 577-1068	

Disclaimer

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Plan Explanation

This plan offers you the convenience of a PPO network while maintains the ability to waive deductibles and prescription co pays under certain circumstances. Call the concierge (866) 577-1068 or email carolinabio@benengage.com for more info.

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	$3,000	$6,000
Family	$6,000	$12,000
OUT OF POCKET MAXIMUM		
Single	$6,600	$13,200
Family	$13,200	$26,400
COMMONLY USED SERVICES		
Primary Care Physician Office Visit	$35	60% after deductible
Specialist Office Visit	30% after deductible	60% after deductible
Urgent Care	30% after deductible	60% after deductible
Emergency Room	30% after deductible	30% after deductible
PREVENTIVE CARE		
Preventive Services	0% no deductible	30% after deductible
MAJOR MEDICAL EXPENSES		
Outpatient Surgery	30% after deductible	60% after deductible
Inpatient Hospitalization / Surgery	$250 per admission, then 30% after deductible	$500 per admission, then 60% after deductible
CT scan, PT scan, MRI	30% after deductible	60% after deductible
PRESCRIPTION DRUG COVERAGE		
		DPC Dispense & Alternative Sourcing
Generic (Tier 1)	20% to $10 Max (No Ded)	$0 Out of pocket
Brand Name (Tier 2)	40% to $150 Max (No Ded)	$0 Out of pocket
Non-Preferred (Tier 3)	40% to $250 Max (No Ded)	$0 Out of pocket
Specialty (Tier 4)	40% to $250 Max (No Ded)	$0 Out of pocket
Specialty (Tier 5)	No Cost Brand and Specialty	No Cost Brand and Specialty
PLAN INFORMATION		
Plan Year	June 1 - May 31	
Team Member Website	http://www.carolinabiobenefits.com	
Concierge Email	carolinabio@benengage.com	
Concierge Phone Number	(866) 577-1068	

Disclaimer

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Carolina Biological Supply

Group Number: 22048756

5/1/2024

Secure Account Access

Online or Mobile App

Take advantage of our online tools and mobile app listed below, designed to assist you with your healthcare plan.

ONLINE

Our online services allow you to access your benefit information securely. Receive up-to-date information on your health benefits, view real-time claims, deductible information, benefit schedules, print temporary ID cards and more.

CAS MOBILE APP

Review your benefit information with our easy-to-access app! You MUST create an account on the website to access account information via the mobile app.

- **Visiting your doctor, but forgot your ID card?** No problem! Pull up your ID card from the app. You even have an option to email a copy of your ID card to your provider, while sitting in the waiting room.
- **Questioning a claim?** We've got you covered! View real-time claims history and EOBs in the palm of your hand.
- **Need to find a provider?** Let the app guide you through a list of providers and search your local area to find your best match.
- **What is the best feature of the CAS mobile app?** Email a CAS representative with your question and receive a quick response. All of this can be yours with the click of a button.

NEW MEMBER REMINDERS

- ✓ All new plan participants will receive an ID card in the mail. Each family unit will automatically receive two ID cards.
- ✓ Upon receiving your member ID card, please review and make sure there are no errors regarding your personal information.
- ✓ When visiting a provider, please make sure that they have your NEW member ID card.

866-577-1068

7am-4pm PST | Monday- Friday

casbenefits.com

866-577-1068

7am-4pm PST | Monday- Friday

casbenefits.com

Urgent Care Clinics

ER wait time is at an all-time high and it can cost you more out-of-pocket. If you need care right away and it is not a medical emergency, try other options.

When you can't see your primary care doctor, you can still get care without visiting the ER. Retail health clinics, walk-in doctor's offices and urgent care centers can take less time and cost about the same as a regular doctor visit. Plus, most are open weeknights and weekends.

- **Retail Health Clinic** — A clinic staffed by medical professionals who provide basic medical services to "walk-in" patients. Usually in a major pharmacy or retail store.
- **Walk-in Clinic** — A doctor's office where you don't already have to be a patient or have an appointment. Can handle routine care and common family illnesses.
- **Urgent Care Center** — Doctors who treat illnesses or injuries that should be looked at right away but aren't emergencies. Can often do x-rays, lab tests and stitches.

Take Care of Yourself

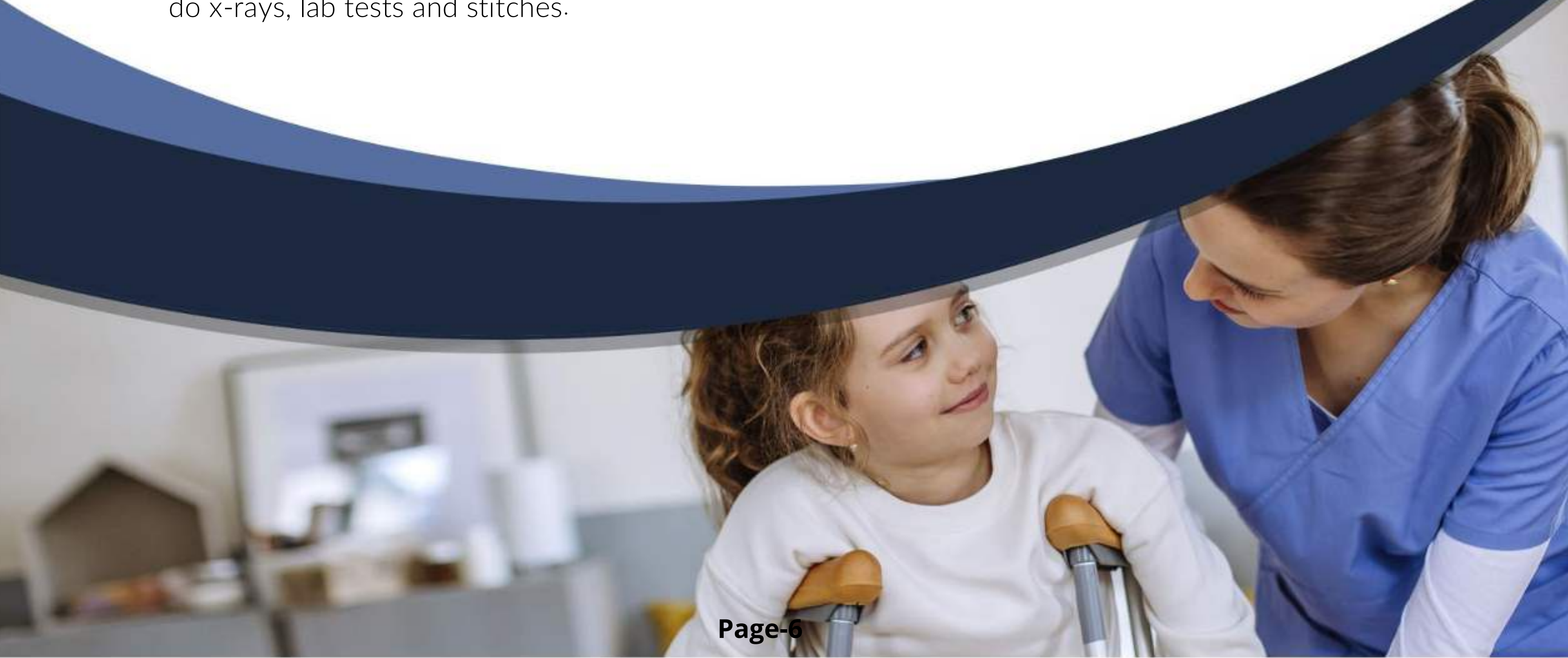
Use Your Preventative Care Benefits

Getting regular checkups and exams can help you stay healthy and catch problems early when they're easier to treat.

That's why health plans offer all the preventive care services and immunizations at no cost to you. As long as you see a doctor or use a pharmacy in the network, you won't have to pay anything for these services. If you want to visit a doctor or pharmacy outside the network, you may have to pay out-of-pocket charges.

Preventive vs. Diagnostic Care — What's the difference?

Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.



CALL AIMM REGARDING THE FOLLOWING:

- All Hospitalizations
- Transplant Services (including transplant evaluation)
- Inpatient Rehabilitation Facility Stays
- All Substance Abuse Treatment
- All Mental Disorder Treatment
- Skilled Nursing Facility Stays
- Home Health Care
- Hospice Care
- Physical Therapy (PT)
- PET Scans
- Dialysis
- Speech Therapy (ST)
- Occupational Therapy (OT)
- Cardiac Rehabilitation Therapy
- Outpatient Surgery
- Chemotherapy & Radiation Therapy
- Durable Medical Equipment Costing Over $500
- Pre-natal and Maternity Care
- MRI & CT Scans

PRECERTIFICATION IS EASY TO DO

THE PROCESS IS SIMPLE

As soon as you know you will be having the service, or as soon as possible after receiving an emergency service*:

1. **Call AIMM at 877-217-7695** between the hours of 9am and 5pm Eastern Time (or leave a message on the 24/7 confidential voice mail).
2. Provide the name and date of birth of **the patient**
3. Provide the name, group number, ID number, address and phone number of **the policy holder.**
4. Provide the name and phone number of **the facility** where the services will be performed.
5. Provide the name and phone number of **the doctor** ordering the services.
6. Give a **brief explanation to the nurse** of what service is being done and why.
7. **Write down the reference number** that the nurse gives to you and present it when you go for the services.

"Precertification is not a guarantee of benefits, eligibility, payment, nor a medical treatment decision or advice."

AIMM provides information, education, resources and support to members of the Health Plan and the medical professionals who provide care to them. AIMM is part of your health plan management to ensure that the medical care that is covered by the health plan meets the requirements of "medically necessary and appropriate" and that patients are getting the highest quality health care available based on nationally recognized evidence-based clinical care optimum recovery guidelines..

We know how important having a healthy baby is to you

Facts:

- 9.9% of babies are born preterm
- 7% of pregnant women develop "Gestational diabetes"
- 2%-8% of pregnant women develop Pre eclampsia / toxemia / high blood pressure
- Miscarriage in the first trimester occurs in 10-15 percent of pregnancies
- 1 out of 33 babies has a birth defect

Statistics from the March of Dimes

Maternity Management Program

CALL TOLL FREE

877-217-7695
Monday through Friday 9am to 5pm Eastern Time

1491 Polaris Parkway, PMB213 Columbus, OH 43240

www.aim-m.com

Maternity Management

Are you expecting a baby?

We are here to HELP!

Tel: 877-217-7695

How Maternity Management Can Help

The Maternity Management Program focuses on providing you the information, resources, guidance and support that you need to have the healthiest pregnancy and newborn possible.

Should a complication occur, we will be able to assist you and your health care providers with all of the latest information, research and treatment options available. We will also help you navigate the insurance system.

AIMM WILL NOT TELL YOU OR YOUR DOCTOR WHAT TO DO.

We are simply here to provide information and resources.

Upon enrollment in the program (which is free), a nurse will talk with you to help you discover what your needs, concerns, and risk factors are. Based upon this conversation, the nurse will develop a follow up plan with you.

Maternity Management Program Enrollment Form

Please complete and mail, or call toll free: 877-217-7695

Name

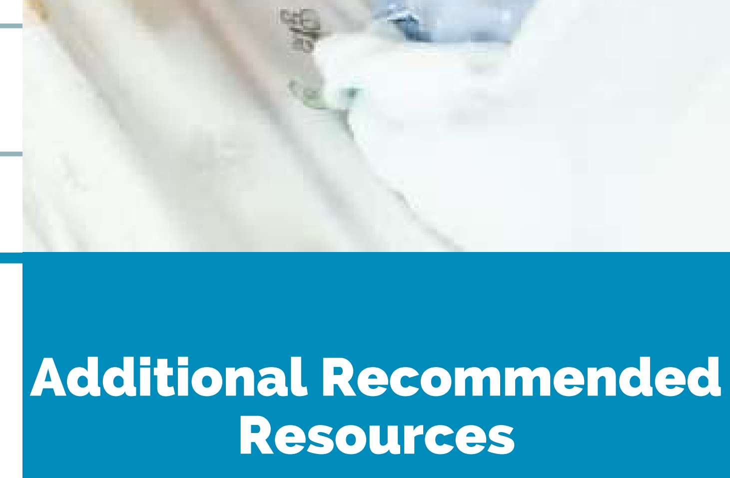
Address

Phone

PLEASE CHECK ALL THAT APPLY

O Need help choosing a doctor
O Nutritional concerns
O Need help to stop smoking
O Previous miscarriage
O Possible twins or triplets
O Maternal Diabetes
O Excessive vomiting
O Maternal Hypertension
O History of Pre-term Delivery/Birth
O General Information Needed

What is your due date? ____________



Additional Recommended Resources

U.S. Department of Health and Human Services Office on Women's Health
www.womenshealth.gov/pregnancy

March of Dimes
1550 Crystal Dr. Suite 1300
Arlington, VA 22202
www.marchofdimes.org

U.S. National Library of Medicine And the National Institutes of Health
www.medlineplus.gov

2024 New Member Pharmacy Benefits Kit

www.truerx.com
866-921-4047
hello@truerx.com

WELCOME TO YOUR NEW PHARMACY BENEFIT

You're more than a number. At True Rx Health Strategists, you become our patient. Our motivation is your health and quality of life.

Daniel W., PharmD, BCPS
Pharmacist

The trueDifference.

Smart medication choices are made by ethical health care providers. Our formularies are designed to keep you healthy and productive.

Affordable and personalized specialty for those taking specialty medication. Your dedicated case manager will share potential savings for your medication.

Our mobile app lets you compare your medication price at different pharmacies and access your medication history.

CALL OUR PATIENT CARE TEAM

Live representatives answer your call

866-921-4047
Monday - Friday 8 am to 9 pm ET

NEXT STEPS

1. **LOOK** for your new insurance card in the mail.
2. **TAKE** your new card to your pharmacy.
3. **CREATE** your account at truerx.com/member-portal.
4. **DOWNLOAD** the app by searching **"MyRxPlan"** in the App Store or Google Play.

FREQUENTLY ASKED QUESTIONS

How do I continue my mail order service?

If your employer offers home delivery options, you will need to contact WB Rx Express as soon as possible at **www.wbrxexpress.com/mail-order** or **833-391-0126**.

Is True Rx Health Strategists a pharmacy?

No, we're not a pharmacy. We're your pharmacy insurance provider. You will continue to receive medications at your local pharmacy while we work in the background to make sure you're getting prescriptions with ease and accuracy.

How much will my medication cost?

You can find the cost of your medication by using the member portal at **truerx.com/member-portal** or by downloading the **"MyRxPlan"** app to compare prices at different pharmacies in your area.

What should I do if my claim is delayed or denied?

If you're having difficulties, please give us a call. Our patient care representatives are experts in your pharmacy benefits plan.

We're here to answer any additional questions.

Reach us at **hello@truerx.com** or **866-921-4047**.

866-921-4047
hello@truerx.com
truerx.com

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YOUR PHARMACY BENEFIT MEMBER PORTAL INSTRUCTIONS

1. Visit truerx.myrxplan.com and Click on the Register Now button.

2. From your pharmacy or medical/pharmacy insurance card, enter the following:

   - Cardholder ID
   - Rx Group Number
     NOTE: Your Rx Group Number will start with the letters TRUE. Please enter TRUE and the numbers that follow it (shown).
   - First and Last Name
   - Date of Birth

   Click Continue

3. Enter your cell phone number, email address, and create a password. Click Finish to submit.

4. A verification code will be sent to your cell phone. Enter it. Click the Checkbox for Trust this Device Click Verify.

5. From the login screen in step one, click on the Log In button and enter your email address and password Click Continue to sign in.

We're here to answer any additional questions.

Reach us at hello@truerx.com or **866-921-4047**.

866-921-4047
hello@truerx.com
truerx.com

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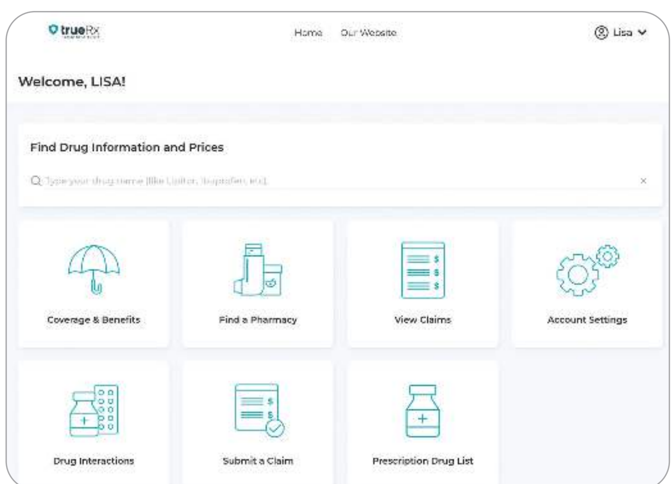
To View Medication Prices

- In the Find Drug Information and Pricing field near the top of the page, **enter your medication name**.
- **Choose the appropriate strength of the drug prescribed for you** (for example, 10 mg), the total quantity of pills, and the days supply (30 days, 60 days, etc.). Please note the quantity information button: this is not how many pills you take daily, but the quantity you pick up at the pharmacy.



To View Your Insurance Card

- **Click on Coverage and Benefits**. You will be able to see your insurance card, along with buttons that allow you to print the card or order a new card if needed.

To View Pharmacies Near You

- **Click Find a Pharmacy**.
- Enter your zip code and **Click Search**.
- Choose your favorite pharmacy by **Selecting Set as Default** under default status.

You can also view claims, change your account settings, see drug interactions, and submit a claim through the member portal.

We're here to answer any additional questions.

Reach us at **hello@truerx.com** or **866-921-4047**.

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truerx.com

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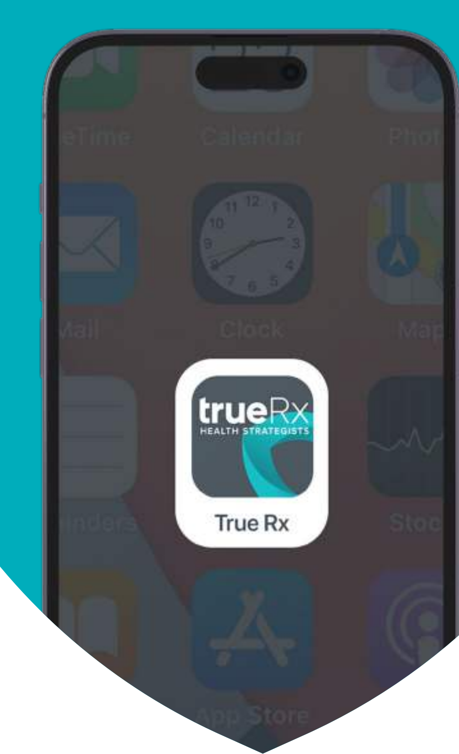
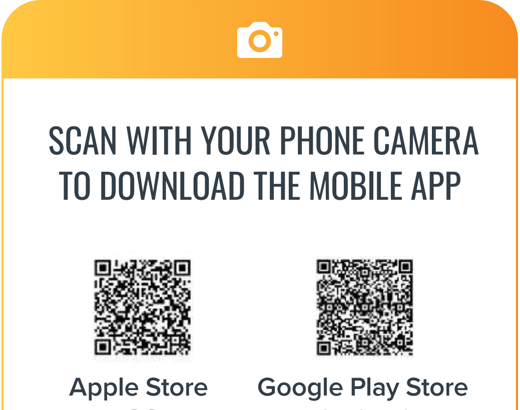
INSTANT ACCESS TO YOUR PHARMACY BENEFIT



It's easy to get started:

1. **DOWNLOAD** the app by searching **"MyRxPlan"** in your app store.
2. **REGISTER** for your online account with your Card Holder ID, Group Number, Your First and Last Name, and Date of Birth.
3. **CLICK SAVE** and Continue.
4. **FINISH** the Two-Step Verification Process.
5. **NOTICE** the MyRxPlan logo change to True Rx Health Strategists.



Everything at your fingertips:

- **View** prescription insurance card.
- **Compare** medication pricing.
- **See** coverage and limits.
- **Review** claim history.
- **Check** medication information.
- **Find** a pharmacy.

We're here to answer any additional questions.

Reach us at hello@truerx.com or **866-921-4047**.

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truerx.com

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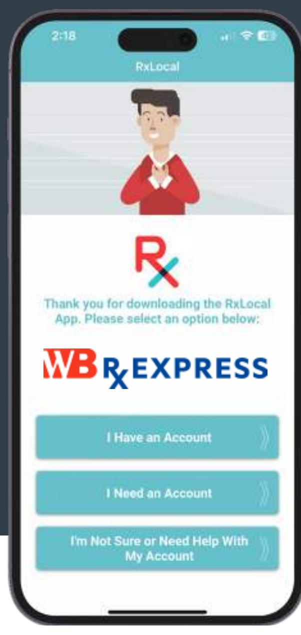
WELCOME TO YOUR PRESCRIPTION HOME DELIVERY SERVICE



True Rx Health Strategists Offers Mail Order Service with WB Rx Express

WB Rx Express is a mail order pharmacy offering you personalized care to ensure a seamless patient experience. We support you every step of the way to start your home delivery service. We make it easy to manage, refill, and get information about your medications.

How To Get Started

Your Prescription Home Delivery Service Starts May 2024.
Once your pharmacy benefits are active, you will:

1. **RECEIVE** an email and a text message notification containing mail order information for your current prescription(s).
2. **VISIT** wbrxexpress.com and click Login or download the RxLocal App by searching "RxLocal" and look for the icon: Rx
3. **CREATE** your RxLocal profile:
   - Enter your name, birth date, and phone number.
   - Use the prescription identification number provided in your email.
   - Click agree to terms and services.
   - View your medication profile and order your prescription(s).
4. **CALL** WB Rx Express at **833-391-0126**. This is an important initial call to ensure you receive personalized service, including your medication(s) delivery is on time, your shipping address is correct, and your payment information is updated.
5. **RECEIVE** a confirmation text with shipment notification and delivery tracking number.

If you do not receive an email with a prescription identification number, **VISIT wbrxexpress.com and click** Sign Up. Complete the form and WB Rx Express will contact you within two business days to start the enrollment process.

Monday-Friday, 8am-8pm ET
PHONE: 833-391-0126 | **FAX:** 855-899-3925 | wbrxexpress.com
1998 State St. Washington, IN 47501

The Easiest Way to Transfer Prescriptions

Ask your doctor to send your prescription(s) to WB Rx Express by electronic prescribing, calling 833-391-0126 or by fax at 855-899-3925.

Ordering Refills

Your Mail Order Service Starts January 2024. Once your first prescription has been received, you have three convenient ways to request future refills

- WB Rx Express will enroll you into an automatic refill program after your initial fill. This program is designed to ensure you do not miss any doses with the convenience of receiving your medications on schedule.
- Download the RxLocal App or visit wbrxexpress.com and click "Login RxLocal" to refill prescriptions from your phone.
- Refills may be ordered by phone by calling 833-391-0126. Please remember to have your credit card information and prescription number ready.

Please notify WB Rx Express 14 days prior to needing a refill or not wanting your medication to automatically refill. Expedited shipping is available for a fee.

Limitations of Mail Order

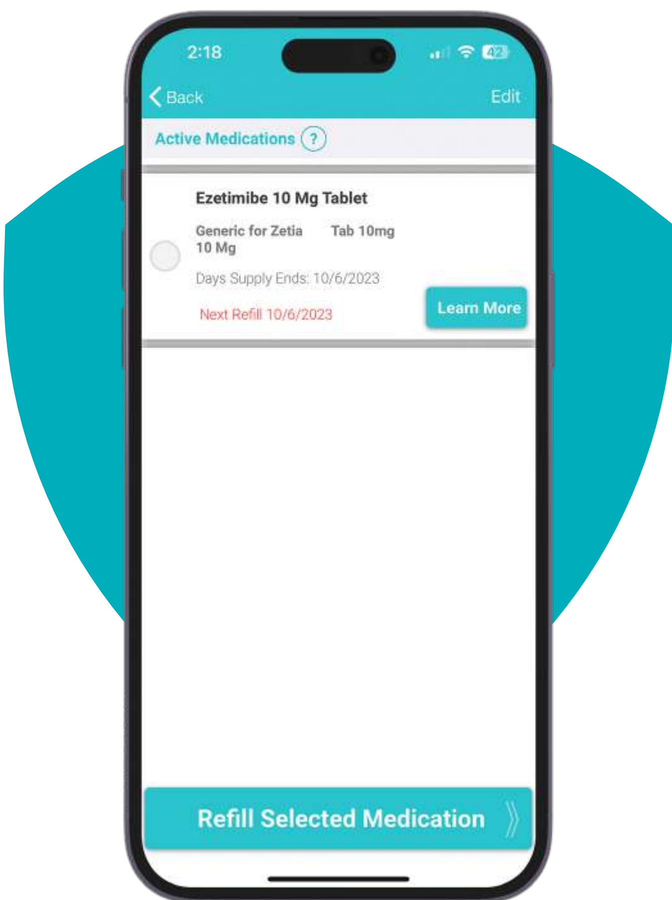
- Please use your local pharmacy for a 30-day or less supply of medication.
- For your safety, refill orders placed too early cannot be filled and may be put on hold until the earliest fillable date.
- True Rx Health Strategists and WB Rx Express take the opioid crisis seriously. To protect abuse of these medications, WB Rx Express does not deliver controlled substances via mail order. Please fill all controlled substances at your local pharmacy.

Payment Options

WB Rx Express accepts MasterCard, Visa, Discover, and American Express.

RxLocal App Features

- After initial setup, login to the App and simply select refill my prescriptions and follow the prompts.
- You can receive notifications when your medication is ready to be filled, set up reminders to take medications, view health information including drug allergies, or send a message to the pharmacy.



GENERICS: A SMART STEP TO LOWER YOUR PRESCRIPTION COSTS

Wondering if a generic drug will work just as well as the name brand?

CHECK OUT THESE FOUR FACTS ABOUT GENERIC MEDICATIONS.

1. Effectiveness
Generic medications are tested and thoroughly reviewed to make sure they are just as effective as the brand-name drug.

2. Safety
Generic medications must use the same active ingredients as the name brand.

3. Quality
The FDA requires that a generic drug manufacturing plant meets the same high standards as a plant for a brand-name drug. The FDA conducts more than 3,500 on-site inspections each year.

4. Cost
Generic drugs can cost 30 to 95% less than brand-name drugs. Brand-name drugs are pricier because they had to be developed from scratch, a process that takes 12 or more years.

Talk to Your Doctor About Generics

Talking to your doctor about generic versions of your medications is one step to lowering your prescription drug costs and saving money. Your doctor and your pharmacist can answer questions about generics for specific medications.

We're here to answer any additional questions.

Reach us at hello@truerx.com or **866-921-4047**.

866-921-4047
hello@truerx.com
truerx.com

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Have more questions?

Contact us at 866-921-4047 or hello@truerx.com.

866-921-4047
P.O. Box 431
Washington, IN 47501

If you suffer from an Orthopedic or Autoimmune Condition, then consider asking these questions to improve your health

Recon

R (risks & benefits):	What are the risks and benefits?
E (experience):	What is your experience/success rate with this treatment option?
C (cost):	What will it cost and what are the alternative costs?
O (other options):	What other options do I have? How do you know it will work?
N (nothing):	What are the risks of doing nothing?

R (readiness)	**If a doctor** tells you about a problem with your bones, joints, or your immune system, **then it's important** to ask questions to understand your options for treatment.
E (expertise)	**If a doctor** suggests surgery for your orthopedic problem without showing you proof that it's necessary, **then it might be** a good idea to ask another doctor for their opinion. Studies have shown that many of these surgeries aren't really needed.
C (consultation)	**If a doctor** gives you a special medicine without testing to make sure it's right for you, **then you might want** to get a second opinion from a doctor who will do this test. It can help figure out if the medicine will work well for you.
O (omission)	**If a doctor** suggests a special medicine for your immune system problem, **then ask to see proof** that it works. Also, ask how long it might take for the medicine to make you feel better.
N (not much time)	**If you feel rushed** during your doctor's visit and don't get to ask all your questions, **then it's okay** to see another doctor for another opinion.

Patient Advisor LLC
3365 Piedmont Rd, Suite 1400,
Atlanta, Georgia 30305
Email us with your questions: info@medadvisor.co **www.medadvisor.co**

Plan Explanation

Good dental care is critical to your overall well-being. With Unum Dental insurance, you can get the attention your teeth need — at a cost you can afford.

Unum Dental allows you to see any dentist you choose.

To get the most from your benefits and reduce out-of-pocket costs, choose an in-network provider by utilizing our large national network. These providers have agreed to file your claims and uphold the highest quality standards. You can find in-network providers at unumdentalcare.com.

DEDUCTIBLE	HIGH PLAN	LOW PLAN
Single	$25	$50
Family	$75	$100
MAXIMUM THE CARRIER WILL PAY		
Annual Maximum	$1,500	$1,250
FREQUENCIES		
Cleaning	2 per 12 months	
Exam	2 per 12 months	
DENTAL COVERAGE		
Cleanings	100%	100%
Exams	100%	100%
X-Rays	100%	100%
Sealants for children up to 16	100%	100%
Fillings	90%	80%
Simple Extractions	90%	80%
Root Canal	90%	80%
Repair of Crown, Denture or Bridge	90%	80%
Surgical Periodontics (Gum Treatments)	90%	80%
Crowns	60%	50%
Dentures	60%	50%
Bridges	60%	50%
Orthodontia	50%	n/a
Orthodontia Lifetime Maximum	Not included in Low Plan, $1,250 lifetime max for High Plan. Up to 25% of lifetime allowance may be payable on initial banding.	
Orthodontia Maximum Age	Dependent children to age 19 only.	
DENTAL CARRYOVER BENEFIT & HOW IT WORKS		
	Each benefit year a member must have one cleaning, one regular exam, and total dental claims for preventative, basic, and major covered procedures paid during the year below the threshold limit. If all three criteria are met, a portion of the annual maximum will carry over to the next year.	
PLAN INFORMATION		
Plan Year	June 1 - May 31	
Member Website	www.carolinabiobenefits.com	
Concierge Email	carolinabio@benengage.com	
Concierge Phone Number	(866) 577-1068	

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Carolina Biological Supply Company

Unum Dental™

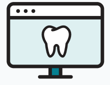
Dental Insurance can help you pay for dental exams, cleanings and other services.

How does it work?

Good dental care is critical to your overall well-being. With Unum Dental insurance, you can get the attention your teeth need — at a cost you can afford.

Unum Dental allows you to see any dentist you choose.

To get the most from your benefits and reduce out-of-pocket costs, choose an in-network provider by utilizing our large national network. These providers have agreed to file your claims and uphold the highest quality standards. You can find in-network providers at unumdentalcare.com.



Why is this coverage so valuable?

- Routine dental care keeps your mouth and whole body healthy.
- Your plan is backed by Unum's commitment to excellence in customer service.
- Personalized website to manage your benefits including claims information, ID cards and more.
- There's no waiting period for preventive and basic services.

What else is included?

Pregnancy benefit

An extra cleaning for expecting mothers in their 2nd or 3rd trimester.

Wellness benefits

Oral cancer screenings for patients 40 and older with high risk factors.

Unumdentalcare.com

Use unumdentalcare.com to search for providers, manage your benefits and learn about good dental health. Features include easy access to ID Cards, claims history and coverage information.

Virtual Dental Visits

24/7 dental care for dental emergencies when an in-person visit isn't an option. Available for active dental members*.

Visit unumdentalcare.com and click Virtual Dental Visits to get started.

Carryover benefits

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year.

The limits for this policy/certificate are:	Passive PPO	Passive PPO
Carryover benefit	$350	$300
Threshold limit	$700	$600
Carryover account limit	$1,250	$1,200

*Virtual dental visits are a preventive service and subject to policy year benefit maximum.

Coverage details and costs

Overview	Passive PPO		Passive PPO	
Benefit Year Maximum*	$1,500		$1,250	
Deductible**	$25 in-network and out-of-network Maximum 3 per family		$50 in-network and out-of-network Maximum 3 per family	
Plan Coinsurance	**In-network**	**Out-of-Network**	**In-network**	**Out-of-Network**
Class A Preventive	100%	100%	100%	100%
Class B Basic	90%	90%	80%	80%
Class C Major	60%	60%	50%	50%
Class D Orthodontics	50%	50%	N/A	N/A

*Applies to Class A, B and C Services, if applicable
**Waived for Class A (applies to Class B and C Services)

Dental carryover benefit and how it works

Each benefit year a member must have:

- One cleaning,
- One regular exam, and
- Total dental claims for preventive, basic and major covered procedures paid during the year below the threshold limit.
- If all three criteria above are met, a portion of the annual maximum will carry over to the next year.

Other Specifications:

- Each covered family member receives their own carryover benefit.
- Group carryover benefit rider must be in effect for one benefit year before any members can utilize carryover benefits.
- A member must be on the plan for a minimum of three months before accruing carryover benefits.
- Carryover benefit may be used toward preventive, basic and major covered services only
- A member's carryover account will be eliminated, and the accrued carryover benefits lost if the insured has a break in coverage for any length of time or any reason.

Dependent children

Dependent age guidelines vary by state. Please refer to your policy certificate or call our Contact Center at (888) 400-9304.

Services not listed

If you expect to require a dental service not included on this brochure, it may still be covered. Please call our Contact Center at (888) 400-9304 to confirm your exact benefits.

Alternate treatment

Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

Covered Procedures & Waiting Periods	Passive PPO	Passive PPO
CLASS A PREVENTIVE SERVICES	Waiting Period: None • Routine exams (2 per 12 months) • Prophylaxis (2 per 12 months) – (1 additional cleaning or periodontal maintenance per 12 months, if member is in 2nd or 3rd trimester of pregnancy) • Bitewing x-rays (maximum of 4 films; 1 per 12 months) • Fluoride treatment for children up to age 16 (1 per 12 months) • Sealants for children up to age 16 (permanent molars, 1 per 36 months) • Space Maintainers • Emergency Treatment (1 per 12 months) • Full mouth/panoramic x-rays (1 per 36 months) • Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+)	Waiting Period: None • Routine exams (2 per 12 months) • Prophylaxis (2 per 12 months) – (1 additional cleaning or periodontal maintenance per 12 months, if member is in 2nd or 3rd trimester of pregnancy) • Bitewing x-rays (maximum of 4 films; 1 per 12 months) • Fluoride treatment for children up to age 16 (1 per 12 months) • Sealants for children up to age 16 (permanent molars, 1 per 36 months) • Space Maintainers • Emergency Treatment (1 per 12 months) • Full mouth/panoramic x-rays (1 per 36 months) • Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+)
CLASS B BASIC SERVICES	Waiting Period: None • Simple restorative services (fillings) – Posterior composite restorations • Simple extractions • Oral Surgery (extractions and impacted teeth) • Anesthesia (subject to review, covered with complex oral surgery) • Repair of crown, denture or bridge • Non-Surgical periodontics • Surgical periodontics (gum treatments) • Periodontal maintenance (2 per 12 month in combination with prophylaxis) • Endodontics (root canals)	Waiting Period: None • Simple restorative services (fillings) – Posterior composite restorations • Simple extractions • Oral Surgery (extractions and impacted teeth) • Anesthesia (subject to review, covered with complex oral surgery) • Repair of crown, denture or bridge • Non-Surgical periodontics • Surgical periodontics (gum treatments) • Periodontal maintenance (2 per 12 month in combination with prophylaxis) • Endodontics (root canals)
CLASS C MAJOR SERVICES	Waiting Period: None • Inlays and onlays • Crowns, bridges, dentures and implants	Waiting Period: None • Inlays and onlays • Crowns, bridges, dentures and implants
CLASS D ORTHODONTICS	Waiting Period: 12 months †† • Separate Lifetime Maximum: $1,250 • Up to 25% of lifetime allowance may be payable on initial banding • Dependent children to age 19 only	

Refer to your certificate of coverage for the services covered under your plan.

Exclusions and Limitations

The following dental services are not covered unless stated otherwise in the Certificate of Coverage:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior elective or cosmetic restorations;
- replacement of a removable device or appliance that is lost, missing or stolen, and for the replacement of removable appliances that have been damaged due to abuse, misuse, or neglect. This may include but not be limited to removable partial dentures or dentures;
- replacement of any permanent or removeable device or appliance unless the device or appliance is no longer functional and is older than the limitation in the Schedule of Covered Procedures. This may include but not be limited to bridges, dentures and crowns;
- any appliance, service, or procedure performed for the purpose of splinting, to alter vertical dimension or to restore occlusion;
- any appliance, service or procedure performed for the purpose of correcting attrition, abrasion, erosion, abfraction, bite registration, or bite analysis;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, or dentures and any associated surgery, or other customized services or attachments;
- services provided for any type of temporomandibular joint (TMJ) dysfunction, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain.

Limitations:

- Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations. On any given day, more than 8 periapical x-rays or a panoramic film in conjunction with bitewings will be paid as a full mouth radiograph. Pre-estimates are recommended for any treatment expected to exceed $300.

Takeover benefits:

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us. Application of takeover benefits is subject to Underwriting review and approval. New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, Certificate of Creditable Coverage, etc.).

††Subject to takeover benefits

A Network Access plan is available.

THIS POLICY PROVIDES LIMITED BENEFITS

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental 20-GDN or contact your Unum Dental representative.

Underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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EN-2026 FOR EMPLOYEES (2-23)

unum.com

Plan Explanation

Members have the freedom to choose any provider from EyeMed's Insight Network. Our network offers the right mix of independent, national retail and regional retail providers like Lens Crafters, Pearle Vision, Target Optical and many more. Members can also purchase glasses and contact lenses online at Glasses.com and ContactsDirect.com.

VISION COVERAGE	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENTS
Eye Exam	$10 copay	Up to $40
Single Vision Lens	$10 copay	Up to $30
Lined Bi-Focal Lens	$10 copay	Up to $50
Lined Tri-Focal Lens	$10 copay	Up to $70
Lenticular Lens	$10 copay	Up to $70
Contact Lens Allowance	$150	Up to $150
Frame Allowance	$150	Up to $105
FREQUENCIES		
Exam Frequency	1 per 12 months	
Lens Frequency	1 per 12 months (in lieu of eyeglass lenses)	
Frame Frequency	1 per 12 months	
OUT OF NETWORK EXPLANATION		
	While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.	
PLAN INFORMATION		
Plan Year	June 1 - May 31	
Member Website	www.carolinabiobenefits.com	
Concierge Email	carolinabio@benengage.com	
Concierge Phone Number	(866) 577-1068	

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Carolina Biological Supply Company

Unum Vision®
Powered by EyeMed

Plan features:

Members have the freedom to choose any provider from EyeMed's Insight Network. Our network offers the right mix of independent, national retail and regional retail providers like Lens Crafters, Pearle Vision, Target Optical and many more. Members can also purchase glasses and contact lenses online at Glasses.com and ContactsDirect.com.

Covered benefits:

Exam: Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid at right.

Materials: Each member has coverage for covered services and materials. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame benefit:** You may choose any frame within a provider's collection, subject to the retail frame allowance listed at right. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Eyeglass lens benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal, trifocal, and specialty lenses are generally covered after any applicable materials copay. If covered by plan allowance, you are responsible for any cost greater than the plan's benefit.
- **Contact lens benefit:** Members electing contact lenses instead of eye glass lenses may apply the contact lens allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, you are responsible for the difference.

Laser vision correction: Discounts are available with participating surgery providers across the country (not an insured benefit)

EyeMed benefits:

Vision Care Services	In-network Member Cost	Out-of-network Reimbursements
Exam (1 per 12 months)	$10 co-pay	Up to $40
Retinal Imaging Benefit	Up to $39	Not covered
Standard Plastic Lenses (1 per 12 months)		
Single Vision	$10 co-pay	Up to $30
Bifocal	$10 co-pay	Up to $50
Trifocal	$10 co-pay	Up to $70
Lenticular	$10 co-pay	Up to $70
Standard Progressive	$75 co-pay	Up to $50
Premium Progressive Lens		
Premium Progressive Tier 1	$95 co-pay	Up to $50
Premium Progressive Tier 2	$105 co-pay	Up to $50
Premium Progressive Tier 3	$120 co-pay	Up to $50
Premium Progressive Tier 4	$75 co-pay (80% of charge less than $120 allowance)	Up to $50
Lens Options Polycarbonate Lenses (under age 19)	Covered	Up to $32
Frames (1 per 12 months) Members may select any frame available	$150 allowance	Up to $105
Contact Lenses (1 per 12 months) In lieu of eyeglass lenses		
Elective	$150 allowance	Up to $150
Non-Elective	Covered	Up to $210
Standard Contact Lens Fitting Exam Fee*	Up to $40	Not covered

*The standard contact lens fitting exam fee applies to a new or existing contact lens user who wears spherical disposable, daily wear, or extended wear lenses only.

Unum Vision Powered by EyeMed members will receive the following discounts on materials at in-network providers only:

- 40% off for a complete second pair of glasses.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.

Laser Vision Correction Network

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Login to www.eyemedvisioncare.com/unum for a list of participating laser vision correction providers.

Hearing Savings Plan included at no additional cost to the member!

Unum offers a Hearing Savings Plan at no additional cost, to all of its Unum Vision Powered by EyeMed members. Partnering with Amplifon, the Hearing Savings Plan provides:

- 40% off hearing exams at thousands of convenient locations nationwide
- Discounted set pricing on thousands of hearing aids, including those with the newest, most advanced technology
- Low price guarantee – if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%
- 60-day hearing aid trial period with no restocking fees
- Free batteries for 2 years with initial purchase
- 3-year warranty plus loss and damage coverage

Other Unum Vision Specifications

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (855) 652-8686.

Services not listed: If you expect to require a vision service not included on this brochure, it may still be covered. Refer to the member portal at www.eyemedvisioncare.com/unum, to confirm your exact benefits. This is a primary vision care benefit and is intended to cover only eye examinations and/or corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

No benefits will be paid for services, materials connected with, or charges arising from:

Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.

Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

A Network Access plan is available.
THIS POLICY PROVIDES LIMITED BENEFITS
This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series VI-2002, VI-2007 and VI-2019 or contact your Unum Vision representative.
Vision plans are marketed by Unum and EyeMed, administered by First American Administrators and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.
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Carolina Biological Supply Company

Term Life with Accidental Death & Dismemberment (AD&D) Insurance

How does it work?

You keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why Choose Unum?

Your employer is contributing to the cost of this coverage.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to $250,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 40 hours per week, you can receive coverage for:

You:	You can receive a benefit amount of $30,000. You can get up to $30,000 with no medical underwriting.
Your spouse:	If eligible, (see delayed effective date), your spouse can receive the following coverage: Get $5,000 of coverage for your spouse.
Your children:	If eligible, (see delayed effective date), your children can receive the following coverage: The maximum benefit for children from live birth to 6 months is $500. The maximum benefit for children 6 months and older is $5,000.

One policy covers all of your children until their 26th birthday.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can receive an AD&D benefit amount of $30,000.
Your spouse:	If eligible, (see delayed effective date), your spouse can receive the following AD&D coverage: Get $5,000 of coverage for your spouse.
Your children:	If eligible, (see delayed effective date), your children can receive the following coverage: The maximum benefit for children from live birth to 6 months is $500. The maximum benefit for children 6 months and older is $5,000.

No medical underwriting is required for AD&D coverage.

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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Plan Explanation

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more. AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

LIFE INSURANCE BENEFITS	
Life Insurance Coverage	Team Member: Choose from $10,000 to $500,000 in $10,000 increments, up to 5xyour earnings. Your Spouse: Get up to $500,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your Children: Get up to $10,000 of coverage in $2,000 increments, if eligible.
Accidental Death & Dismemberment	Team Member: Get up to $500,000 of AD&D coverage for yourself in $10,000 increments to a maximum of 5x your earnings. Your Spouse: Get up to $500,000 for your spouse in $5,000 increments. Your Children: $10,000 for your children in $2,000 increments, if eligible.
PLAN INFORMATION	
Plan Year	June 1 - May 31
Member Website	www.carolinabiobenefits.com
Concierge Phone Number & Email	(866) 577-1068 / carolinabio@benengage.com

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Carolina Biological Supply Company

Term Life and Accidental Death & Dismemberment (AD&D) Insurance

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you buy a minimum of $10,000 of coverage now, you can increase your coverage in the future up to $200,000 to meet your growing needs. There would be no medical underwriting to qualify for coverage.

What else is included?

A 'Living' Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to $250,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period of time.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 40 hours per week, you may apply for coverage for:

You:	Choose from $10,000 to $500,000 in $10,000 increments, up to 5 times your earnings. You can get up to $200,000. This is the amount of coverage you can qualify for with no medical underwriting.
Your spouse:	Get up to $500,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to $25,000 with no medical underwriting, if eligible (see delayed effective date).
Your children:	Get up to $10,000 of coverage in $2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is $1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	Get up to $500,000 of AD&D coverage for yourself in $10,000 increments to a maximum of 5 times your earnings.
Your spouse:	Get up to $500,000 of AD&D coverage for your spouse in $5,000 increments, if eligible (see delayed effective date).
Your children:	Get up to $10,000 of coverage for your children in $2,000 increments if eligible (see delayed effective date).

No medical underwriting is required for AD&D coverage.

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – 'Being intoxicated' means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age Reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Carolina Biological Supply Company

Whole Life Insurance

Whole Life Insurance can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.

How does it work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also builds cash value at a guaranteed rate of 3.75%.* You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

Why should I buy coverage now?

- It's more affordable when you're younger. Once you've purchased coverage, your premium remains the same as long as premiums are paid.
- You get better rates when you buy coverage through your workplace
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

What's included?

A "Living" Benefit

You can request an early payout of your policy's death benefit (up to $150,000 maximum) if you're diagnosed with a terminal illness and expected to live 12 months or less, 24 months in Washington. It can help cover your costs while you're still alive. The payout would reduce the benefit that's paid when you die.

Waiver of Premium

If you're disabled for at least six months before age 65 and you remain disabled, you won't have to pay premiums until you recover and return to work.

Long Term Care Rider

You may be able to use your death benefit to pay for long term care. Subject to rider conditions. See your plan administrator for more information.

Who can get coverage?

You:	You can purchase a minimum benefit amount of $10,000, $5,000 in Washington, to a maximum of $150,000 if you're between 15 and 80 years old. The cost is based on your age when coverage is issued and whether you use tobacco.
Your spouse: Individual coverage	Available for your spouse between the ages of 15 to 80, even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase a minimum benefit amount of $5,000, $5,000 in Washington, to a maximum of $35,000
Your children: Individual coverage	Your children and grandchildren can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a minimum benefit amount of $5,000, $5,000 in Washington, up to a maximum of $25,000 for each child.
Your children: Term Life coverage	You can also purchase a Child Term Life benefit up to $10,000, which can be added to an employee or spouse policy. Eligible children, legally adopted children and stepchildren are covered from 14 days until the earlier of their 25th birthday or the date your policy ends. At that time, the child has a right to buy an individual Whole Life policy at up to 5 times the amount of their rider. In Washington, the Child Term Life benefit is not available.

Sample coverage amounts**

Lifetime premium

You'll have coverage as long as you make your payments. Your premiums are spread out over your lifetime.

$25,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	$5.24	$9,660
35	$7.12	$8,623
45	$11.39	$6,994
$35,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	$7.33	$13,524
35	$9.96	$12,073
45	$15.94	$9,792
$45,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	$9.43	$17,388
35	$12.80	$15,522
45	$20.50	$12,589

**Sample amounts shown are for non-tobacco users.

Paid-up at 70

If you're between 15 and 50, you can pay an adjusted premium so your payments end when you turn 70. Then you'll continue to keep coverage, with no more payments due.

$25,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	$5.56	$11,104
35	$8.47	$10,678
45	$14.62	$9,879
$35,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	$7.78	$15,545
35	$11.85	$14,949
45	$20.46	$13,831
$45,000 coverage		
Issue age	Weekly cost	Guaranteed cash value at 65
25	$10.00	$19,986
35	$15.24	$19,220
45	$26.30	$17,783

What else can I add?

An Accidental Death Benefit

This increases the payment your family would receive if you die from a covered accident before age 70.

- Available for you and your spouse, age 15-65
- Doubles the death benefit, which could add up to $150,000 extra coverage

This option will increase your cost.

When you buy life insurance, you name the people who will receive the money from the policy when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account.
A Unum Retained Asset Account is a fund held in Unum's general account for the named minor beneficiary. The account accrues interest regardless of Unum's actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum.
For more information about the retained asset account, please contact Unum.
*The policy accumulates cash value based on a non-forfeiture interest rate of 3.75% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy.
Eligible employees must be actively at work to apply for coverage.
Employees must be U.S. citizens, Canadian citizens working in the U.S., or have a Green Card to receive coverage.
The benefit paid under the accelerated Living Benefit Option Rider may be taxable and may affect eligibility for benefits under state or federal law. Receipt of these types of accelerated death benefits are not expected to receive the same favorable tax treatment as the receipt of other types of accelerated death benefits. As with all tax matters, individuals should consult a tax advisor to assess the impact of this benefit.

Effective date of coverage
Your coverage will be effective on the first day of the month in which payroll deductions begin.

Exclusions
Life Insurance benefits will not be paid for deaths caused by suicide. If within two years from the policy effective date, the insured commits suicide, whether sane or insane, Unum will not pay the death benefit. The amount payable by us in place of all other benefits, shall be the sum of premiums paid, without interest, less the sum of any debt and the cost of any riders.

Termination of coverage
All coverage under this policy will terminate on the earliest of the following:

- Written request by you to terminate the policy;
- The insured dies;
- The policy matures; or
- The loan value exceeds the guaranteed cash value of this policy.

The Long Term Care rider is not available in HI, NY, and UT.
THIS LTC RIDER IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurer.
In Virginia, this life insurance does not specifically cover funeral goods or services and may not cover the entire cost of your funeral at the time of your death. The beneficiary of this life insurance may use the proceeds for any purpose, unless otherwise directed.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21848 or FUL-21848-20 in New York or contact your Unum representative.
Unum complies with state civil union and domestic partner laws when applicable.
Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, TN
First Unum Life Insurance Company, Garden City, New York
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Carolina Biological Supply Company

Short Term Disability Insurance

How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 24 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

What else is included?

Cesarean section benefit

If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of the time.

Consider your expenses

Utilities	$
Housing	$
Groceries	$
Transportation	$
Child care/Elder care	$
Medical/Personal care	$
Education	$
Insurance	$

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 40 hours per week. Cover 70% of your weekly income, up to a maximum benefit of $700 per week. The weekly benefit may be reduced or offset by other sources of income. *See the Legal Disclosures for more information.

If you don't sign up now but decide to apply later, you may have to answer health questions.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 24 week benefit duration.

Disability benefits worksheet

Calculate your weekly disability benefit

$_________	÷ 52 =	$_________	x	70%	= $__________
Enter your annual earnings		Your weekly earnings		(Max % of income covered)	Maximum weekly benefit available (If the amount exceeds the plan max of $700, enter $700.)

* The maximum covered annual income is $52,000.

Exclusions and Limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.
The loss of a professional or occupational license or certification does not, in itself, constitute disability.
'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.
Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Motor vehicle insurance policy or plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.
Underwritten by: Unum Life Insurance Company of America, Portland, Maine
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Plan Explanation

This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

LTD INSURANCE BENEFITS	
How does my insurance carrier define Disability?	You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.
Monthly Benefit	You are eligible for coverage if you are an active employee in the United States working a minimum of 40 hours per week. Cover 60% of your monthly income, up to a maximum payment of $3,500. The monthly benefit may be reduced or offset by other sources of income.
When do benefits start? (Elimination period)	Your elimination period is 180 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.
How long do my benefits pay out?	You can receive benefits up to the Social Security (SS) normal retirement age. If you become disabled after your normal retirement age, check with your employer for the maximum length of time applicable to you.
How does my plan cover pre-existing conditions?	This plan does not cover pre-existing conditions. See the disclosure section to learn more.
PLAN INFORMATION	
Plan Year	June 1 - May 31
Member Website	www.carolinabiobenefits.com
Concierge Phone Number & Email	(866) 577-1068 / carolinabio@benengage.com

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Carolina Biological Supply Company

Long Term Disability Insurance

How does it work?

This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Consider your expenses

Utilities	$
Housing	$
Groceries	$
Transportation	$
Child care/Elder care	$
Medical/Personal care	$
Education	$
Insurance	$

Hourly Employees

What else is included?

Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 40 hours per week. Cover 60% of your monthly income, up to a maximum payment of $3,500. The monthly benefit may be reduced or offset by other sources of income. *See the Legal Disclosures for more information.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

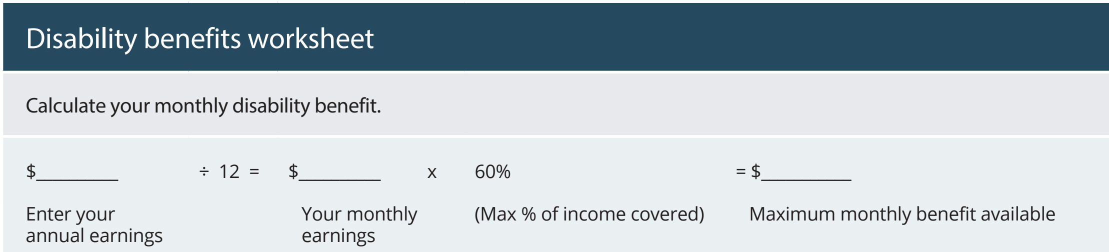
If you don't sign up now but decide to apply later, you may have to answer health questions.

Elimination period (EP)

Your elimination period is 180 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age. If you become disabled after your normal retirement age, check with your employer for the maximum length of time applicable to you.



Disability benefits worksheet

Calculate your monthly disability benefit.

$_________	÷ 12 =	$_________	x	60%	= $__________
Enter your annual earnings		Your monthly earnings		(Max % of income covered)	Maximum monthly benefit available

Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.
You must be under the regular care of a physician in order to be considered disabled.
The loss of a professional or occupational license or certification does not, in itself, constitute disability.
"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.
Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation law
- State compulsory benefit laws
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.
Unum will not pay a benefit for any period of disability during which you are incarcerated.
The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Disabilities based primarily on self-reported symptoms are limited to 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.
Unum's LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program. With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.
Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.
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Carolina Biological Supply Company

Long Term Disability Insurance

How does it work?

This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Consider your expenses

Utilities	$
Housing	$
Groceries	$
Transportation	$
Child care/Elder care	$
Medical/Personal care	$
Education	$
Insurance	$

Salaried Employees

What else is included?

Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 40 hours per week. Cover 60% of your monthly income, up to a maximum payment of $5,000. The monthly benefit may be reduced or offset by other sources of income. *See the Legal Disclosures for more information.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

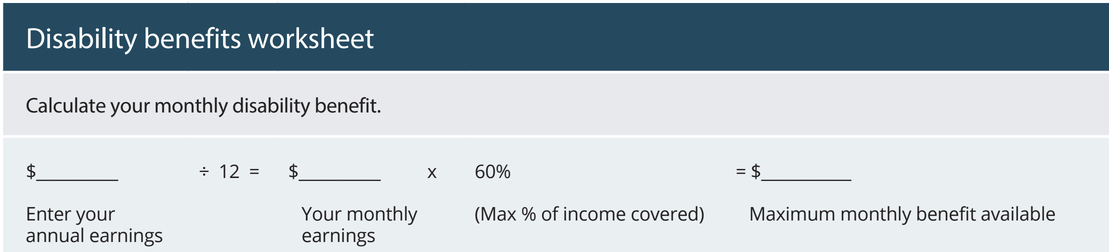
If you don't sign up now but decide to apply later, you may have to answer health questions.

Elimination period (EP)

Your elimination period is 180 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age. If you become disabled after your normal retirement age, check with your employer for the maximum length of time applicable to you.



Disability benefits worksheet						
Calculate your monthly disability benefit.						
$________	÷ 12 =	$________	x	60%	= $__________	
Enter your annual earnings		Your monthly earnings		(Max % of income covered)	Maximum monthly benefit available	

Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Benefit duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation law
- State compulsory benefit laws
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans, if applicable
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Disabilities based primarily on self-reported symptoms are limited to 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Unum's LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program. With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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Plan Explanation

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

INJURY	SCHEDULED BENEFIT
Burn - 2nd Degree	$1,000: At least 5%, but less than 20% of skin surface; $2,000: 20% or greater of skin surface
Burn - 3rd degree	$4,000: less than 5% of skin surface; $10,000: at least 5% but less than 20% of skin surface; $20,000: 20% or greater of skin surface.
Coma	$10,000
Concussion	$300
Dental Injury	$600 Crown; $200 Extraction; $150 Filling or Chip Repair
Dislocation - Hip	$6,000
Dislocation - Knee	$3,000 (other than patella); $900 Patella
Dislocation - Shoulder	$900
Fracture - Hip	$6,000
Fracture - Skull	$4,000 (except bones of face or nose)
Fracture - Arm	$1,200
Fracture - Hand	$800
Quadriplegia	$50,000
Paraplegia	$25,000
Loss of Speech	$25,000
Loss of Hearing	$25,000
PLAN INFORMATION	
Plan Year	June 1 - May 31
Member Website	www.carolinabiobenefits.com
Concierge Phone Number & Email	(866) 577-1068 / carolinabio@benengage.com

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Carolina Biological Supply Company

Group Accident Insurance

How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive $50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

Building Benefit

Your plan includes the building benefit, which continues to increase the value to your Accident plan each year you are insured. Your plan has the following building benefit: coverage inforce 13 - 36 months = 5%; coverage inforce 37 – 60 months = 5%; coverage inforce 61+ months = 15%.

SCHEDULE OF BENEFITS

Accidental Death and Dismemberment

AD&D	
Employee	$50,000
Spouse	$25,000
Children	$12,500
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)	
Employee	$50,000
Spouse	$25,000
Children	$12,500
Dismemberment	
Both Feet	$50,000
Both Hands	$50,000
One Foot	$25,000
One Hand	$25,000
Thumb and Index Finger of the same Hand	$12,500
Coma	
Coma	$10,000
Home & Vehicle Modifications	
Home & Vehicle Modifications	$1,500
Loss of Use	
Hearing (one ear)	$12,500
Hearing	$25,000
Sight of one Eye	$25,000
Sight of both Eyes	$50,000
Speech	$25,000
Paralysis	
Uniplegia	$12,500
Hemi/Paraplegia	$25,000
Triplegia	$37,500
Quadriplegia	$50,000

Hospitalization

Admission	$1,500
Admission – Hospital ICU (added to Admission)	$1,500
Daily Stay (365 days)	$250
Daily Stay – Hospital ICU (added to Daily Stay)	$500
Short Stay	$200

Injury

Injury due to felony & sexual assault	$250
Organized Sports	10%
Burns	

Injury

2nd Degree Burns - At least 5%, but less than 20% of skin surface	$1,000
2nd Degree Burns - 20% or greater of skin surface	$2,000
3rd Degree Burns - Less than 5% of skin surface	$4,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	$10,000
3rd Degree Burns - 20% or greater of skin surface	$20,000
Concussion	
Concussion	$300
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	$150
Dislocations	
Knee joint (other than patella)	$3,000
Ankle bone or bones of the foot (other than toes)	$3,000
Hip joint	$6,000
Collarbone (sternoclavicular)	$1,500
Elbow joint	$900
Hand (other than Fingers)	$900
Lower Jaw	$900
Shoulder	$900
Wrist joint	$900
Collarbone (acromioclavicular and separation)	$600
Finger or Toe (Digit)	$300
Kneecap (patella)	$900
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	$200
Fractures	
Skull (except bones of Face or Nose), Depressed	$8,000
Hip or Thigh (femur)	$6,000
Skull (except bones of Face or Nose), Non-depressed	$4,000
Vertebrae, body of (other than Vertebral Processes)	$2,400
Leg (mid to upper tibia or fibula)	$2,400
Pelvis	$2,400

Injury

Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	$1,200
Upper Arm between Elbow and Shoulder (humerus)	$1,200
Upper Jaw, Maxilla (other than alveolar process)	$1,200
Ankle (lower tibia or fibula)	$800
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	$800
Foot or Heel (other than Toes)	$800
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	$800
Kneecap (patella)	$800
Lower Jaw, Mandible (other than alveolar process)	$800
Vertebral Processes	$800
Rib	$800
Tailbone (coccyx), Sacrum	$800
Finger or Toe (Digit)	$400
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	$200
Lacerations	
No Repair	$85
Repair Less than 2 inches	$250
Repair At least 2 inches but less than 6 inches	$500
Repair 6 inches or greater	$1,000
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	$1,250
One Digit (a Thumb or Big Toe)	$1,875
Two or more Digits	$2,500
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	$250
Ruptured or Herniated Disc	
One Disc	$210
Two or more Discs	$350

Recovery

At-Home Care	$100
Physician Follow-Up Visits	$50
Physician Follow-Up Maximum Visits	2

Recovery

Prescription Drug	$25
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	$100
Behavior Health Therapy	$20
Behavior Health Therapy visits	15
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	$35
Therapy Services Maximum Days	15

Surgery

Dislocations	
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Anesthesia	
Epidural or Regional Anesthesia	$100
General Anesthesia	$250
Connective Tissue	
Exploratory without Repair	$100
Repair for One Connective Tissue	$800
Repair for Two or more Connective Tissues	$1,200
Eye Surgery	
Eye Surgery, Requiring Anesthesia	$300
Fractures	
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times
General Surgery	
Abdominal, Thoracic, or Cranial	$1,500
Exploratory	$150
Incidence per covered accident	1 Per Insured
Hernia Surgery	
Hernia Surgery	$150
Knee Cartilage	
Knee Cartilage (Meniscus) Exploratory without Repair	$150
Knee Cartilage (Meniscus) with Repair	$750
Outpatient Surgical Facility	

Surgery

Outpatient Surgical Facility	$300
Ruptured or Herniated Disc Surgery	
Exploratory without Repair	$125
One Disc	$675
Two or more Discs	$1,000

Treatment

Organized Sports	10%
Ambulance	
Air	$2,000
Ground	$400
Durable Medical Equipment	
Tier 1 (arm sling, cane, medical ring cushion)	$75
Tier 2 (bedside commode, cold therapy system, crutches)	$150
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	$300
Emergency Dental Repair	
Dental Crown	$600
Dental Extraction	$200
Filling or Chip Repair	$150
Imaging	
Tier 1: X-rays or Ultrasound	$100
Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	$400
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
Lodging	
Lodging (per night)	$250
Prosthetic Device	
One Device or Limb	$1,250
Two or more Devices or Limbs	$2,500
Skin Grafts	
For Burns - Payable as a % of the applicable Burn benefit	50%
Not Burns - Less than 20% of skin surface	$500
Not Burns - 20% or greater of skin surface	$1,000
Treatment	
Emergency Room Treatment	$250
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	$50
Pain Management Injections (epidural, cortisone, steroid)	$200

Treatment

Transfusions	$600
Transportation (per trip)	$150
Family Care	$50
Pet Boarding (per day)	$30
Treatment in a Physician's Office or Urgent Care Facility (initial)	$100

Organized Sports Benefit
This increased benefit payment will be applied if the covered Accident occurs while playing an organized sport that required formal registration to participate and is officiated by someone certified to act in that capacity.

Active employment
You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 40 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

Effective date of coverage
Coverage becomes effective on the first day of the month in which payroll deductions begin.

Exclusions and limitations
We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared; This does not include any acts of terrorism.
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
- infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.

The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
- being intoxicated; and
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug,alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician. For purposes of this exclusion, poison does not inlcude food poisoning.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of Coverage
If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:
- the date this policy is canceled by Unum or your employer;
- the date you are no longer in an eligible group;
- the date your eligible group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made;
- the last day you are in active employment.

However, as long as premium is paid as required, coverage will continue
- in accordance with the Continuation of your Coverage during Absences provision; or
- if you elect to continue coverage for you, your Spouse, and Children under Portability of Accident Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

THIS IS A LIMITED BENEFITS POLICY
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to certificate form GAC16-1 et al. and GAC16-2 and Policy Form GAP16-1 et al. in all states or contact your Unum representative.
Unum complies with state civil union and domestic partner laws when applicable.

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Carolina Biological Supply Company

Group Specified Disease Insurance

How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit	
Every year, each family member who has Specified Disease coverage can also receive $50 for getting a covered Be Well Benefit screening test, such as:	
• Annual exams by a physician include sports physicals, well-child visits, dental and vision exams • Screenings for cancer, including pap smear, colonoscopy • Cardiovascular function screenings	• Screenings for cholesterol and diabetes • Imaging studies, including chest X-ray, mammography • Immunizations including HPV, MMR, tetanus, influenza

Who can get coverage?

You:	Choose $10,000, $20,000 or $30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

What's covered?

Critical Illnesses	
• Heart attack • Stroke • Major organ failure • End-stage kidney failure • Sudden cardiac arrest	• Coronary artery disease Major (50%): Coronary artery bypass graft or valve replacement Minor (10%): Balloon angioplasty or stent placement

Cancer conditions	
• Invasive cancer — all breast cancer is considered invasive • Non-invasive cancer (25%)	• Skin cancer — $500

Progressive diseases	Supplemental conditions
• Amyotrophic Lateral Sclerosis (ALS) • Dementia, including Alzheimer's disease • Multiple Sclerosis (MS) • Parkinson's disease • Functional loss • Huntington's Disease • Lupus • Muscular Dystrophy • Myasthenia Gravis • Systemic Sclerosis (Scleroderma) • Addison's Disease	• Loss of sight, hearing or speech • Benign brain tumor • Coma • Permanent Paralysis • Occupational HIV, Hepatitis B, C or D • Occupational PTSD **Paid at 25%** • Infectious Diseases • Pulmonary Embolism • Transient Ischemic Attack (TIA) • Bone Marrow/Stem Cell

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

Exclusions and limitations

We will not pay benefits for any Covered Loss that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation;
- being engaged in an illegal activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot, or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- war or any act of war, whether declared or undeclared. This does not include any acts of terrorism;
- combat or training for combat while serving in the National Guard or the armed forces of any nation, state, authority, or organization;
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical substance or controlled substance unless taken as directed by the manufacturer, or as prescribed or directed by the Insured's Physician;
- a Covered Loss that occurs while an Insured is incarcerated in a penal or correctional institution,or under house arrest or confinement.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

Continuity of coverage

We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date. Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate. If you have not returned to Active Employment before any Insured's Date of Diagnosis, any benefits payable will be limited to what would have been paid by the prior carrier.
Date of diagnosis must be after the coverage effective date.

End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.
However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Specified Disease Insurance.
Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.
Unum complies with applicable civil union and domestic partner laws.
THIS INSURANCE PROVIDES LIMITED BENEFITS
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Certificate Form UIC-GCIC16-2 and Policy Form UIC-GCIP16-2 or contact your Unum representative.
Underwritten by: Unum Insurance Company, Portland, Maine
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Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 40 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

Carolina Biological Supply Company

Group Hospital Insurance

How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive $50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.

Coverage may vary by state. See exclusions and limitations.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

Hospital				
	Option 1 benefits		Option 2 benefits	
Hospital Admission	Payable for a maximum of 1 day per year	$1,500	Payable for a maximum of 1 day per year	$1,000
ICU Admission	Payable for a maximum of 1 day per year	$1,500	Payable for a maximum of 1 day per year	$1,000
Hospital Daily Stay	Payable per day up to 365 days	$200	Payable per day up to 365 days	$100
ICU Daily Stay	Payable per day up to 30 days	$500	Payable per day up to 30 days	$500
Short Stay	Payable for a maximum of 1 day per year	$100	Payable for a maximum of 1 day per year	$100

Additional Inpatient Care				
	Option 1 benefits		Option 2 benefits	
Rehab/Subacute Rehab Unit	Payable for maximum of 30 days per insured per calendar year	$100	Payable for maximum of 30 days per insured per calendar year	$100

Procedure, Treatment and Follow-Up Benefits for Covered Accidents				
	Option 1 benefits		Option 2 benefits	
Ambulance				
- Air	Payable for 1 day per calendar year	$500	Payable for 1 day per calendar year	$500
- Ground	Payable for 1 day per calendar year	$100	Payable for 1 day per calendar year	$100
Diagnostic and Imaging Procedures	Payable for 1 day per calendar year	$250	Payable for 1 day per calendar year	$250
Durable Medical Equipment				
- Tier 1	Payable for up to 5 days per calendar year	$100	Payable for up to 5 days per calendar year	$100
- Tier 2	Payable for up to 5 days per calendar year	$200	Payable for up to 5 days per calendar year	$200
- Tier 3	Payable for up to 5 days per calendar year	$400	Payable for up to 5 days per calendar year	$400
Physician Follow-up Visits	Payable for up to 2 days per calendar year	$25	Payable for up to 2 days per calendar year	$25
Surgery				
- Tier 1	Payable for up to 5 days per calendar year	$500	Payable for up to 5 days per calendar year	$500
- Tier 2	Payable for up to 5 days per calendar year	$1,000	Payable for up to 5 days per calendar year	$1,000
- Tier 3	Payable for up to 5 days per calendar year	$2,000	Payable for up to 5 days per calendar year	$2,000

Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

Active employment
You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 40 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Continuity of coverage
We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date of this certificate.
Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate.
If you have not returned to Active Employment before any Insured's covered loss, any benefits payable will be limited to what would have been paid by the prior carrier.
If the Employer replaces a Supplemental health policy with this Policy, or the employee becomes insured due to a merger, acquisition or affiliation, and the prior carrier's pre-existing condition requirement has been satisfied, the Pre-existing Condition requirement under this coverage will not apply. However, if the Unum certificate provides a higher level of coverage at the time it becomes effective, its Pre-existing Condition requirement will apply to any increase in coverage. If the prior carrier's pre-existing condition requirement has not been satisfied, periods of coverage applicable to the prior carrier's Pre-existing Condition will count towards satisfying the Pre-existing Condition requirement under this coverage.

Pre-existing Condition
We will not pay benefits for a claim when the Covered Loss occurs in the first 12 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by, or resulting from any of the following:
• a Pre-existing Condition; or
• complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.
An Insured has a Pre-existing Condition if, within the 12 months just prior to their Coverage Effective Date, they have an Injury or Sickness, whether diagnosed or not, for which:
• medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; or
• drugs or medications were taken, or prescribed to be taken during that period.
Pre-existing Condition requirements are not applicable to:

• Children who are newly acquired after your Coverage Effective Date; and
• any coverage applied for when an Insured is first eligible to enroll for coverage.
The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage or increases in coverage become effective.

Exclusions and limitations
We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
• Committing or attempting to commit a felony;
• Being engaged in an illegal occupation or activity;
• Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
• Active participation in a riot or, insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
• Participating in war or any act of war, whether declared or undeclared; This does not include any acts of terrorism
• Combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
• A Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
• Elective procedures or cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery as follows:
• when the service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part; and
• when due to Congenital Anomalies of a child.;
• Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
• Any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
• Voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician. For purposes of this exclusion, poison does not include food poisoning; and
• Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
• Stroke, Alzheimer's disease, trauma, viral infection; or
• Other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.
Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of employee coverage
If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.
Otherwise, your coverage under this certificate ends on the earliest of:
• the date the Policy is cancelled by us or your Employer;
• the date you are no longer in an Eligible Group;
• the date your Eligible Group is no longer covered;
• the date of your death;
• the last day of the period any required premium contributions are made; or
• the last day you are in Active Employment.
However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.
We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.
Unum complies with applicable civil union and domestic partner laws.

Underwritten by: Unum Insurance Company, Portland, Maine
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2024 Group Benefits Rates

DPC Plan

	Bi-Weekly Premium	Monthly Premium
Team Member	$62.31	$135.00
Team Member/Spouse	$233.08	$505.00
Team Member & Child(ren)	$154.62	$335.00
Family	$343.85	$745.00

Any Provider Plan

	Bi-Weekly Premium	Monthly Premium
Team Member	$108.46	$235.00
Team Member/Spouse	$330.00	$715.00
Team Member & Child(ren)	$230.77	$500.00
Family	$473.08	$1025.00

First Health 123 Plan

	Bi-Weekly Premium	Monthly Premium
Team Member	$64.62	$140.00
Team Member/Spouse	$237.69	$515.00
Team Member & Child(ren)	$159.23	$345.00
Family	$350.77	$760.00

Dental Low Plan

	Bi-Weekly Premium	Monthly Premium
Team Member	$17.94	$38.86
Team Member/Spouse	$35.88	$77.73
Team Member & Child(ren)	$43.84	$94.99
Family	$67.14	$145.48

Dental High Plan

	Bi-Weekly Premium	Monthly Premium
Team Member	$28.34	$61.40
Team Member/Spouse	$56.25	$121.88
Team Member & Child(ren)	$72.83	$157.79
Family	$108.99	$236.14

Vision Plan

	Bi-Weekly Premium	Monthly Premium
Team Member	$4.07	$8.82
Team Member + 1 Dependent	$7.89	$17.10
Team Member + 2+ Dependents	$11.58	$25.10

Term Life and AD&D Plan - Bi Weekly

Age Band	Team Member Life per $1,000	Spouse Life per $1000	Child per $1000
15-24	.03	.03	.11*
25-29	.03	.03	
30-34	.04	.04	
35-39	.05	.05	
40-44	.07	.07	
45-49	.11	.11	
50-54	.19	.19	
55-59	.28	.28	
60-64	.44	.44	
65-69	.80	.80	
70-74	$1.13	$1.13	
75+	$2.43	$2.43	

*Note: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have. Children are eligible up to age 26 or 26 if a full-time student.

Term Life and AD&D Plan - Monthly

Age Band	Team Member Life per $1,000	Spouse Life per $1000	Child per $1000
15-24	.06	.06	.24*
25-29	.06	.06	
30-34	.08	.08	
35-39	.10	.10	
40-44	.15	.15	
45-49	.24	.24	
50-54	.41	.41	
55-59	.60	.60	
60-64	.96	.96	
65-69	$1.73	$1.73	
70-74	$2.44	$2.44	
75+	$5.27	$5.27	

*Note: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have. Children are eligible up to age 26 or 26 if a full-time student.

Whole Life Plan – Paid up Age 120 - Monthly

Monthly premiums based on a volume purchase of $50,000

	Non Tobacco	Non Tobacco	Tobacco	Tobacco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	$44.20	$21,834	$73.76	$21,835
20	$45.07	$20,027	$77.09	$24,151
25	$45.42	$19,320	$79.09	$23,316
30	$51.31	$18,408	$86.24	$22,247
35	$61.67	$17,246	$96.51	$20,865
40	$76.70	$15,820	$119.17	$19,115
45	$98.67	$13,988	$158.39	$16,869
50	$128.70	$11,548	$208.57	$13,868
55	$178.62	$8.282	$279.42	$9,800
60	$228.41	$10,276	$372.11	$11,097

Monthly premiums based on a volume purchase of $100,000

	Non Tobacco	Non Tobacco	Tobacco	Tobacco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	$88.36	$43,669	$147.51	$43,669
20	$90.09	$40,054	$154.18	$48,302
25	$90.79	$38,640	$158.17	$46,632
30	$102.62	$36,815	$172.43	$44,494
35	$123.29	$34,493	$193.01	$41,730
40	$153.36	$31,641	$238.34	$38,229
45	$197.34	$27,976	$316.77	$33,737
50	$257.36	$23,097	$417.09	$27,735
55	$357.20	$16,563	$558.79	$19,599
60	$456.78	$20,551	$744.17	$22,194

Whole Life Plan – Paid up Age 70 - Monthly

Monthly premiums based on a volume purchase of $50,000

	Non Tobacco	Non Tobacco	Tobacco	Tobacco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	$44.38	$23,960	$73.97	$23,960
20	$45.63	$22,476	$77.53	$26,600
25	$48.15	$22,207	$83.38	$26,247
30	$58.29	$21,844	$90.57	$25,780
35	$73.37	$21,356	$111.28	$25,150
40	$95.42	$20,700	$141.01	$24,296
45	$126.67	$19,758	$192.45	$23,094
50	$175.72	$18,292	$238.55	$21,255
55	n/a	n/a	n/a	n/a
60	n/a	n/a	n/a	n/a

Monthly premiums based on a volume purchase of $100,000

	Non Tobacco	Non Tobacco	Tobacco	Tobacco
Issue Age	Premium	Cash Value	Premium	Cash Value
15	$88.75	$47,919	$147.94	$47,919
20	$91.26	$44,953	$155.01	$53,200
25	$96.29	$44,414	$166.75	$52,494
30	$116.53	$43,689	$181.09	$51,560
35	$146.69	$42,711	$222.52	$50,299
40	$190.84	$41,400	$282.02	$48,592
45	$253.29	$39,517	$384.85	$46,188
50	$351.44	$36,584	$477.10	$42,510
55	n/a	n/a	n/a	n/a
60	n/a	n/a	n/a	n/a

Short Term Disability

Age Band	Rates per $10 of Weekly Benefit
<25	$0.33
25-29	$0.68
30-34	$0.92
35-39	$0.74
40-44	$0.59
45-49	$0.68
50-54	$0.82
55-59	$1.10
60-64	$1.39
65+	$1.68

Long Term Disability

Age Band	Rates per $100 of Monthly Covered Payroll
<25	$0.12
25-29	$0.19
30-34	$0.34
35-39	$0.61
40-44	$0.93
45-49	$1.29
50-54	$1.45
55-59	$1.81
60-64	$1.67
65-69	$1.65
70+	$1.13

Accident Insurance - Monthly

Team Member	Team Member & Spouse	Team Member & Child(ren)	Team Member & Family
$17.45	$26.39	$29.04	$37.98

**actual billed amounts may vary due to rounding.

Specified Disease Insurance - Monthly

Monthly Specified Disease attained age rates per $1,000

Age	Team Member & Child(ren)	Spouse Rate
<25	$0.37	$0.51
25-29	$0.46	$0.60
30-34	$0.55	$0.69
35-39	$0.70	$0.84
40-44	$0.90	$1.04
45-49	$1.17	$1.31
50-54	$1.56	$1.70
55-59	$2.10	$2.24
60-64	$3.45	$3.59
65-69	$4.63	$4.77
70-74	$6.31	$6.45
75-79	$8.73	$8.87
80-84	$11.94	$12.08
85+	$17.66	$17.80

Hospital Insurance - Monthly

	Option One	Option Two
Team Member	$31.55	$22.35
Team Member/Spouse	$61.63	$43.85
Team Member & Child(ren)	$44.79	$32.82
Family	$74.87	$54.32

GETTING STARTED

EMPLOYEE SELF-SERVICE

Your online benefits portal is provided by E Powered Benefits. We'll walk you through the steps to get started. This process is designed to ensure your privacy. You should only need to complete this process once.

NEW USERS

1. Visit epowered.employeenavigator.com
2. Click "New User Registration"
3. Enter the requested information, including your Company ID: Construct
4. Next, enter your desired password using the password requirements.
5. You're all set! You should receive a final confirmation and now you can log in.

ENROLL

1. Visit epowered.employeenavigator.com
2. Log in and select "Start Benefits"

LOST PASSWORD?

1. Visit epowered.employeenavigator.com
2. Click the "Reset Password" link and enter your email
3. Check your email, including your junk folders.
4. Follow the link in your email to reset your password and log in.

QUESTIONS? CONTACT US AT CAROLINABIO@BENENGAGE.COM

Notes

Insurance Terms and Definitions

DEDUCTIBLE
The amount you pay before the insurance carrier starts sharing the expense of your medical care. Major medical expenses apply to the deductible like inpatient/outpatient surgeries, MRI's, CT Scans, etc…

DEDUCTIBLE PERIOD
This is the 12 month time period in which all medical expenses that would apply to your deductible accumulate. Your deductible will reset after this period ends. This time period is important to note, because it does not always align with your plan year

CO-INSURANCE
After you've reached your deductible for the year, the insurance carrier will split the balance of the major medical expense with you. They pay a percentage and you pay a percentage of your medical expense until you've reached your Out of Pocket Maximum

OUT OF POCKET MAXIMUM
This is the maximum amount you will pay for covered medical expenses during your deductible period

CO-PAYS
This is a set Dollar amount you pay when you receive medical care from a PCP, Specialist, Urgent Care, Emergency Room, or Pharmacy. It's called a CO-pay, because you pay the set dollar amount and your insurance carrier pays the rest of the actual charge from the doctor/facility. Co-pays DO NOT apply to the deductible

EXPLANATION OF BENEFITS
Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

Carolina Biological Supply Company

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Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.

- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing Purposes
- Sale of your Information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Special Notes: We never sell or market your personal information

Greater limits on disclosures: We will never share any substance abuse treatment records without your written permission.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of this notice: 2024-06-01

OHCA notice:

Privacy Official: Carolina Biological Supply Company, olga.siler@carolina.com, (336) 538-6295

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."

RETIREE COVERAGE ONLY:

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Carolina Biological Supply Company, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

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;
- Retiree coverage only: Commencement of a proceeding in bankruptcy with respect to the employer; 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 after the qualifying event occurs. You must provide this notice to: Carolina Biological Supply Company.

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, 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* 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.

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

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

Olga Siler, Benefits and Wellness Specialist, (336) 538-6295, olga.siler@carolina.com

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to $511 daily and $5,110 total;
- 2/3 for qualifying reasons #4 and 6 below, up to $200 daily and $2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reason #5 below for up to $200 daily and $12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
5. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.

For additional information or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, 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 dependents. However, you must request enrollment within after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Olga Siler, Benefits and Wellness Specialist, (336) 538-6295, olga.siler@carolina.com.

Patient Protection Model Disclosure

For plans and issuers that require or allow for the designation of primary care providers by participants or beneficiaries, insert:

generally REQUIRES 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. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Olga Siler, Benefits and Wellness Specialist, (336) 538-6295, olga.siler@carolina.com.

For plans and issuers that require or allow for the designation of a primary care provider for a child, add: For children, you may designate a pediatrician as the primary care provider.

For plans and issuers that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider, add: You do not need prior authorization from 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 Olga Siler, Benefits and Wellness Specialist, (336) 538-6295, olga.siler@carolina.com

Newborn's Act Disclosure

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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WHCRA Enrollment Notice

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 this plan. Therefore, the following deductibles and coinsurance apply: .

If you would like more information on WHCRA benefits, call your plan administrator (336) 538-6295

WHCRA Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at (336) 538-6295 for more information.

This Benefit Booklet

Presented by