



EMPLOYEE BENEFITS GUIDE

2022 - 2023

WELCOME!

ABOUT THIS BENEFITS GUIDE

James Marine Inc. and its affiliated companies (“James Marine”) know how important it is to provide quality employee benefits to our employees and their dependents. We strive to provide a total benefits package that meets your specific needs as well as the needs of our company. Please take the time to read the following benefits summary. The information enclosed will assist you in deciding the best selection of benefits for you and your family.

Open Enrollment happens once a year. It is the time of year when James Marine announces new benefits and changes to current benefits. It is also the time of year when you can make changes to your existing health and insurance benefits without any life event restrictions.

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WHEN TO ENROLL

Non-Vessel Employees: As a newly hired employee you are eligible to begin benefits after the waiting period, which is on the first day of the month following 60 days of active employment. Example: Hire date is April 5th, so eligibility date is July 1st.

Vessel Employees (Non Wheel House New Hires): As a newly hired employee you are eligible to begin benefits after the waiting period, which is on the first day of the month following 60 days of active employment. Example: Hire date is April 5th, so eligibility date is July 1st.

Vessel Employees (Wheel House Pilots, Captains and Engineers): As a newly hired employee you are eligible to begin benefits after the waiting period, which is on the first day of the month following active employment. Example: Hire date is April 5th, so eligibility date is May 1st.

Eligible employees must be working 30+ hours per week. If enrollment is not complete by the deadline, you will not be eligible for benefits until the next Open Enrollment. ANY LATE ENTRANTS WILL BE SUBJECT TO DENIAL BY THE INSURANCE COMPANY UNTIL OPEN ENROLLMENT. Some restrictions apply.

QUALIFYING EVENT: If you experience a Qualifying Event during the year, the deadline to complete and return any change forms to HR is 31 days from the date of that event. Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

TERMINATION OF BENEFITS: If you choose to enroll in benefits and your employment is terminated, benefit plans will end on midnight on the date of employment termination. There are exceptions for approved leave including but not limited to Workers Compensation, Jones Act, FMLA, Personal Leave of Absence, and those exceptions will be communicated if those circumstances arise. If on Company Provided Leave, benefits will continue as long as premium payments are made according to the deadline set forth in that policy. If premium payments are not received while off on a Company Provided Leave, benefits will be terminated back to midnight on the date of non-payment.



If you are enrolling any **NEW** dependents in your Health, Dental or Vision Plans see the instructions on the next page. For employees that currently have dependents enrolled in these plans and are not making changes, no documentation is required.

DEPENDENT VERIFICATION DETAILED INSTRUCTIONS

- Review the definition of an eligible dependent below.
- Collect ALL required documentation listed on this letter for each dependent that you are adding to your Health, Dental or Vision Plan.
- Make copies off ALL documentation to leave with a JMI HR representative. Documents will not be returned.
- Bring those copies to New Hire/Open Enrollment and provide them to the Enrollment Coordinator.

DEFINITION OF ELIGIBLE DEPENDENT

- **Spouse:** A person to whom you are legally married
- **Child:**
 - Age 0-18: Dependent child- son, daughter, stepchild, eligible foster child, adopted child or any child of whom the employee or employee's spouse has legal guardianship or custody.
 - Age 0-26: A dependent child as defined above and is not eligible to enroll in an employer sponsored health plan offered by the child's employer.
 - Disabled dependent: No age limit if permanently physically or mentally handicapped and incapable of self-sustaining employment.

REQUIRED DOCUMENTATION

All required documentation must include date and/or year, employee or spouse name, and dependent's name. Please blacken out any financial information.

Spouse: • Option 1:

- A copy of your Marriage Certificate **AND**
- A copy of one form of documentation establishing current marital status such as a joint household or utility bill, or separate household bills reflecting each spouse's name at the same address, joint bank account, or joint lease. This document must have been issued within the past 6 months.
- Option 2:
 - A copy of the front page of your previous year filed jointly or married filed separately federal tax return.

Child: • Option 1:

- A copy of the child's birth certificate, appropriate court order, or adoption decree naming you or your spouse as the child's parent, legal guardian or legal custodian.
- Option 2:
 - A copy of the front page of your or your child's previous year filed federal tax return confirming this child as a dependent.
- Option 3:
 - A valid court document showing that the employee or spouse must provide health insurance for the dependent.

Disabled Dependent Children:

- A copy of the child's birth certificate, appropriate court order, or adoption decree naming you or your spouse as the child's parent or legal guardian **AND**
- A copy of the front page of your previous year filed federal tax return confirming this child as a dependent.



Refer to the Summary of Benefits and Coverage located on the Employee Benefits site for detailed coverage.



MEDICAL BENEFIT HIGHLIGHTS		HEALTHWORKS	UNITED HEALTHCARE IN-NETWORK BENEFITS
Individual Deductible		No charge	\$4,000
Family Deductible		No charge	\$8,000
Coinsurance		No charge	0%
Individual Out-of-Pocket		No charge	\$4,000
Family Out-of-Pocket		No charge	\$8,000
Primary Care Office Visit		No charge	\$80 copay
Specialty Care Office Visit		No charge	\$100 copay
Urgent Care Visit		No charge	\$100 copay
Emergency Room Visit		No charge	\$400 copay
Inpatient Hospital		No charge	You must pay your deductible then 0% coinsurance
Outpatient Surgery		No charge	You must pay your deductible then 0% coinsurance
PRESCRIPTION DRUGS			
Generic Drugs		No charge	Retail: \$10 copay, Mail Order: \$20 copay
Preferred Brand Drugs		No charge	Retail: \$35 copay, Mail Order: \$70 copay
Non-Preferred Brand Drugs		No charge	Retail: \$55 copay, Mail Order: \$110 copay
Specialty Drugs		No charge	25% coinsurance
Bi-Weekly Rates			
Employee			\$66.57
Employee + Spouse			\$123.70
Employee + Child(ren)			\$113.17
Family			\$181.19



The following Expanded Services, **as approved and scheduled by a HealthWorks Medical Clinician**, are available to all JMI employees, spouses, and dependents that utilize **HealthWorks Medical** and are covered under the **JMI group health insurance plan**.



DIAGNOSTIC SERVICES

- CT Scans
- MRI Scans
- X-rays
- Mammograms
- Holter Heart Monitor
- Stress Echo
- Non-invasive Arterial Studies
- Venous Scans

PHARMACY SERVICES

- Assistance with Provision of Tier 4 Medications
- Mail Order Pharmacy Benefits

Current Pharmacy Services Providers:

- Strawberry Hills Pharmacy
- Walters Pharmacy

DURABLE MEDICAL EQUIPMENT

Supplies ordered through HealthWorks including: crutches, braces, sleep apnea supplies, etc.

THERAPY SERVICES

Visits limited according to condition & deemed necessary by a HealthWorks Medical Clinician.

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Sensory Therapy

BEHAVIORAL HEALTH SERVICES

- Maintaining Mental Wellness
- Post Traumatic Stress Disorder
- Alcohol and Drug Abuse
- Eating Disorders
- Marriage, Family, and Group Therapy

HOSPITAL SERVICES

As approved and scheduled by a HealthWorks Medical Clinician.

CHIROPRACTIC SERVICES

Visits limited according to condition & deemed necessary by a HealthWorks Medical Clinician.

Adjustments, alignments, and general maintenance limited to 20 visits per insurance year.

REFERRALS TO SPECIALIST

Visits limited according to condition & deemed necessary by a HealthWorks Medical Clinician.

Audiology, Cardiology, ENT, Gastrology, Neurology, OB-GYN, Podiatry, Respiratory, Rheumatology, Urology, and Vascular.

LAB SERVICES

Labs limited according to condition & deemed necessary by HealthWorks Medical Clinician.

Labs as ordered and scheduled by a HealthWorks Medical Clinician.

ONSITE CLINIC

ADDITIONAL SERVICES COMING

JUNE 1, 2022

*Sports Medicine, IV, OI services
More details to come*

If Medical Services are NOT approved & scheduled by HealthWorks Medical, the Patient's Medical Insurance will be filed. To receive the benefit, you must contact the Wellness Coordinator:

Phone: 270-408-9355

Toll Free: 1-844-895-9355

Fax: 270-408-1643

Wellness Coordinator - For questions or concerns regarding expanded medical services, finding a provider or LabCorp location outside of the HealthWorks Medical Coverage area, etc., call the Wellness Coordinator at 270-408-9355 OR 1-844-895-9355.

James Marine, Inc. NEVER receives personal health information about any employees, spouses, or dependents.

WHAT IS APTA HEALTH?

Dear Apta Health Member,

Congratulations! You are a member of an exciting new way of managing your healthcare. Your employer has chosen Apta Health to bring amazing benefits that are usually reserved for Fortune 500 Companies to its employees. The Apta Health program brings together some of the best healthcare vendors in the country and combines it into a single package to help you get the best care at the best prices.

Care Coordination is at the heart of our program. This unique approach to healthcare allows you access to a real, live person to talk to about your health concerns and is available **completely free of charge** whenever you need help. Think of your Care Coordinators as healthcare warriors that will fight for you to make sure you get the best care possible! They are based in Ohio, USA and available Monday through Friday, 8:30AM to 10PM Eastern Time. You can call them for anything from replacing a lost ID card, to help finding an in-network physician, to help with an upcoming medical procedure, and questions or issues with your medical bills. They are also available through your company's custom web portal, or through the MyQHealth App on the Apple App Store or Google Play. Your care coordinators are the best place to start whenever you have questions or need help.

Apta Health includes the standard components that you would expect from a healthcare program like a network of doctors and hospitals as well as prescription drug insurance. Your company may also choose additional components that further enhance your coverage. These additional components are included and explained in this benefit guide.

The great news is that your care coordinators are trained experts in all your benefits and will guide you through your benefit decisions. Your care coordinators will help you move along your healthcare journey and make the process as smooth as possible.

We hope you will enjoy your healthcare benefits and wish you a happy and healthy year!

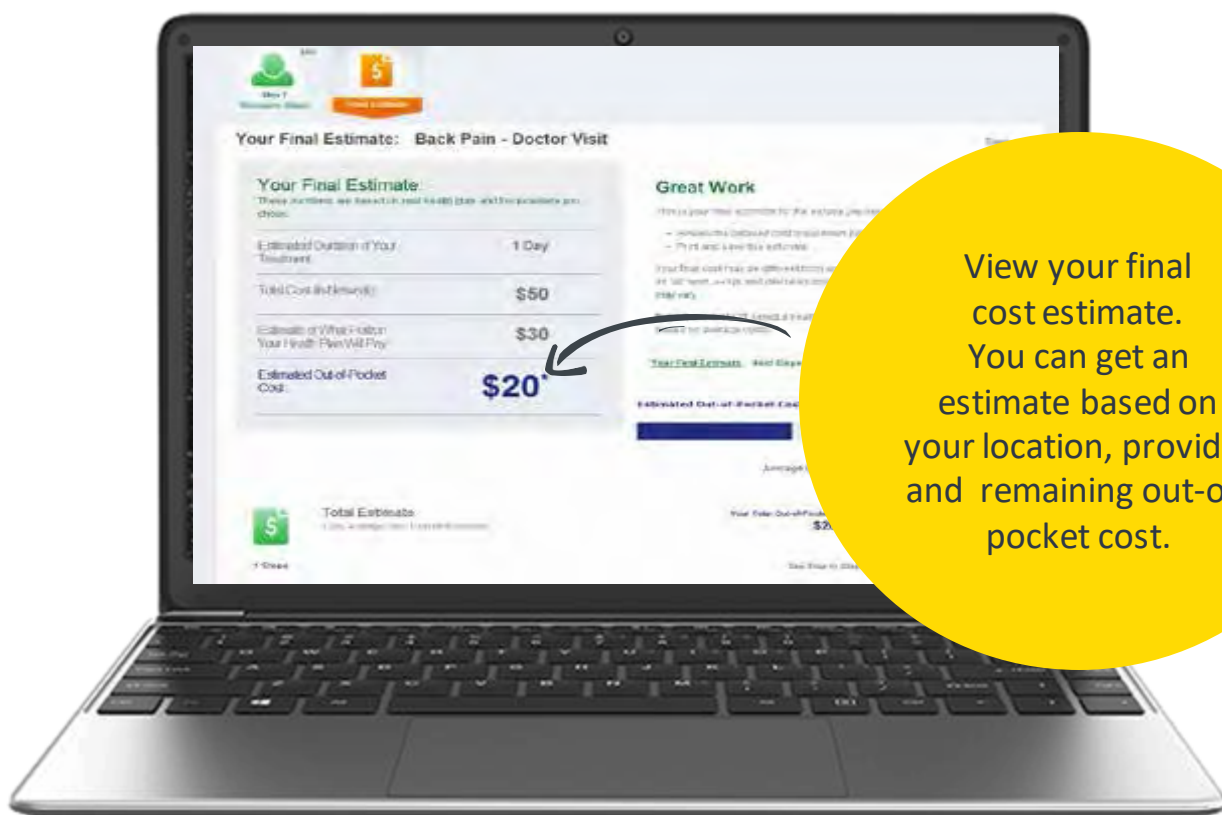
Sincerely,

The Apta Health Team



myHEALTHCARE COST ESTIMATOR (myHCE)

myHCE allows you to research treatment options and learn about the recommended care and estimated costs employed with your selected treatment option. You can even access quality and efficiency measurements for participating providers.



MEDICAL COSTS CAN VARY A LOT FROM ONE DOCTOR TO ANOTHER – SO IT PAYS TO SHOP AROUND.

Your Care Coordinator can help you with the health cost estimator and can:

- Search for the type of service you need
- Compare the true costs of care using real data from real doctors
- Check which providers earned our UnitedHealth Premium rating for cost and quality
- See the total charge for your treatment, and know what to expect from beginning to end



It's easy to get started. Just look for the Health cost estimator tile on your personal home page

MEET YOUR APTA CARE COORDINATORS

Care Coordinators are an expert team of nurses, patient services representatives and benefits specialists who are ready to help you before, during and after any health event. Think of Care Coordinators as your personal healthcare team. They fight hard to help you save money and make sure you get the best possible care for you and your family. You can contact them via the website, toll-free number listed on your ID card, or through the myQHealth app.

CARE COORDINATORS CAN HELP WITH:

- Ordering ID Cards
- Claims, billing and benefit questions
- Finding in-network providers
- Nurse coaching to help you stay or get healthy
- Reducing out-of-pocket costs
- Anything that can make the healthcare process easier for you

CARE COORDINATORS ARE MOBILE

Download the MyQHealth mobile app that lets you:

- Find in-network providers
- Access your ID card
- Check claims information
- Schedule a call with a Care Coordinator
- Send texts/chat with Care Coordinators
- And so much more

**ACCESS YOUR
APTA HEALTH WEBSITE:**
<https://JMI.myaptahealth.com>

**CONTACT YOUR
CARE COORDINATORS:**
+1-877-610-8817

Monday–Friday,
8:30 A.M.–10:00 P.M. ET



CARE COORDINATORS
BY QUANTUM HEALTH

REFERRAL PROCESS FOR A SPECIALIST



COORDINATE YOUR CARE THROUGH YOUR PRIMARY CARE PHYSICIAN (PCP)

- Obtain a referral from your PCP before seeing a specialist to save money on member out-of-pocket costs and get alerts for not fully covered benefits
- Helps avoid visits to the wrong specialist
- Helps avoid referrals to an out-of-network specialist
- Get in to see specialist faster
- All referrals obtained are valid for 12 months.
- The PCP must provide the referral to the Care Coordinators.

PRE-CERTIFICATION

Before you receive certain medical services or procedures, your health plan requires a doctor to confirm that these requested services are considered medically necessary under your plan. This verification process is called "pre-certification." Even if some services or therapies are performed in your doctor's office, you may still need a pre-certification. Pre-certification requests must be submitted by your physician directly to the Apta Care Coordinators.

SERVICES REQUIRING PRE-CERTIFICATION

Inpatient Hospitalizations & Skilled Nursing Facility Admissions	Home Health Care and Services	Oncology Care & Services (chemotherapy, radiation therapy, etc.)	MRI's, MRA's and PET Scans
Hospice Care	Dialysis	Transplants – Organ and Bone Marrow	Durable Medical Equipment (DME) purchases over \$1500 and all rentals
Out-Patient Surgeries (includes Colonoscopies)	Genetic Testing		

- A \$500 penalty will be applied for all services rendered that do not have pre-certification completed.



Dental benefits are administered through Delta Dental.

PLAN HIGHLIGHTS		DELTA DENTAL PPO IN-NETWORK	
Individual Plan Year Deductible		\$50	
Family Plan Year Deductible		\$150	
BENEFITS		PLAN PAYS	
Annual Maximum		\$1,000	
Diagnostic & Preventative Services <ul style="list-style-type: none"> Exams, cleanings, fluoride and space maintainers Sealants Emergency Palliative Treatment Brush Biopsy Radiographs - X-rays		100%, no deductible	
Basic Services <ul style="list-style-type: none"> Fillings and crown repair Endodontic Services (root canals) Periodontic Services Oral Surgery Denture Repair 		80% after deductible	
Major Services <ul style="list-style-type: none"> Crowns Bridges Dentures Implant Repair Prosthodontic Services 		50% after deductible	
Orthodontia <ul style="list-style-type: none"> Braces (only for dependent children to the end of the month of age 19) 		50% after deductible	

FIND A DENTIST



With Delta Dental's PPO plan, you can see any dentist. To find a dentist in Delta Dental's PPO Preferred Network, log on to www.deltadental.com and click on "Find a Dentist".

Bi-Weekly Rates

Employee	\$8.40
Employee + Spouse	\$19.41
Employee + Child(ren)	\$20.26
Family	\$31.28

Vision coverage is offered through Humana Vision.

PLAN HIGHLIGHTS		FREQUENCY	IN-NETWORK	OUT-OF-NETWORK
BENEFITS			YOU PAY	PLAN ALLOWANCE/ REIMBURSEMENT
Eye Exam		Once every 12 months	\$10 copay	Up to \$30
Frames		Once every 12 months	\$130 allowance	\$65 allowance
Lenses: Single vision Bifocal Trifocal Lenticular		Once every 12 months	\$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Contacts Lens Exam		Once every 12 months	\$10 copay	Up to \$30
Additional Plan Discounts				
<ul style="list-style-type: none"> Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. 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. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price. Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location. 				

Bi-Weekly Rates	
Employee	No charge
Employee + Spouse	\$2.02
Employee + Child(ren)	\$1.82
Family	\$4.01



Questions? Check out [Humana.com](https://www.humana.com) or call 1-866-995-9316.

BASIC LIFE/AD&D



James Marine provides Basic Life and AD&D to you at no cost.

Life insurance from Lincoln Financial Group provides your loved ones with financial protection if you die. It can help pay your final expenses like funeral and burial; everyday living expenses like mortgage or rent, car payments and groceries; future expenses like college tuition payments.

AD&D provides additional financial protection for the unexpected. AD&D pays a benefit if you are dismembered as the result of an accident, or an additional benefit to your life insurance benefit if you die as the result of an accident. It will also provide benefits for accidental; loss of eyesight, hearing or speech, loss of a limb, loss of limb use due to paralysis, disfiguring third-degree burns, or coma. Your basic coverage will reduce to 35% of your original amount at age 65, an additional 20% of your original amount at age 70 and additional 10% of your original amount at age 80 and an additional 5% of the original amount at age 85 and benefits terminate at retirement.

Full Time Active Employees

Guaranteed Issue for Life & AD&D

\$20,000

VOLUNTARY LIFE INSURANCE

You can purchase additional life insurance from Lincoln Financial Group for yourself, your spouse, and your children.

Full Time Active Employees

Guaranteed coverage amount during initial offering or special enrollment period

\$100,000

Newly hired employee guaranteed coverage amount

\$100,000

Continuing employee guaranteed coverage annual increase amount

Choice of \$10,000 or \$20,000

Maximum Coverage Amount

5 times your annual salary (\$500,000 maximum in increments of \$10,000)

Minimum Coverage Amount

\$10,000

Spouse

Guaranteed coverage amount during initial offering or special enrollment period

\$20,000

Newly hired employee guaranteed coverage amount

\$20,000

Continuing employee guaranteed coverage annual increase amount

Choice of \$5,000 or \$10,000

Maximum Coverage Amount

50% of the employee coverage amount (\$500,000 maximum in increments of \$5,000)

Minimum Coverage Amount

\$5,000

VOLUNTARY LIFE CONTINUED



Dependent Children

6 months to age 19 (to age 25 if full-time student) guaranteed coverage amount	\$10,000
Age 14 days to 6 months guaranteed coverage amount	\$250

Age Reduction Schedule: For Employee/Spouse: Your benefit will reduce to 35% of your original amount at age 70, an additional 20% of your original amount at age 75 and additional 15% of your original amount at age 80 and an additional 15% of the original amount at age 85 and benefits terminate at retirement.

BI-WEEKLY RATE PER \$1,000 OF COVERAGE	NON-SMOKER EMPLOYEE	NON-SMOKER SPOUSE	SMOKER EMPLOYEE	SMOKER SPOUSE
0-24	\$0.037	\$0.037	\$0.065	\$0.065
25-29	\$0.037	\$0.037	\$0.065	\$0.065
30-34	\$0.037	\$0.037	\$0.069	\$0.069
35-39	\$0.055	\$0.055	\$0.097	\$0.097
40-44	\$0.092	\$0.092	\$0.152	\$0.152
45-49	\$0.129	\$0.129	\$0.286	\$0.286
50-54	\$0.222	\$0.222	\$0.466	\$0.466
55-59	\$0.378	\$0.378	\$0.840	\$0.840
60-64	\$0.595	\$0.595	\$1.025	\$1.025
65-69	\$0.937	\$0.937	\$1.652	\$1.652
70-74	\$1.495	\$1.495	\$2.626	\$2.626
75-79	\$3.102	\$3.102	\$4.417	\$4.417
80-99	\$3.102	\$3.102	\$4.417	\$4.417
Child(ren)	\$0.092			

How to Calculate your Bi-Weekly Rate:

	Bi-weekly Rate per \$1,000		Benefit in \$1,000s		
Non-Smoker Employee (Age 35):	\$0.055	X	50	=	\$2.75 per pay check for \$50,000 benefit

VOLUNTARY AD&D

Full Time Active Employees

Maximum Coverage Amount	10 times your annual salary (\$500,000 maximum) in \$10,000 increments
Minimum Coverage Amount	\$10,000

Your employee AD&D coverage amount will reduce by 35% when you reach age 70, an additional 25% of the original amount when you reach age 75, and an additional 15% of the original amount when you reach age 80. Benefits end when you retire.

Bi-Weekly Rate per \$1,000	
Employee	\$0.023
Family	\$0.037

SHORT-TERM DISABILITY



The Lincoln Short-Term Disability Plan provides a cash benefit when you are out of work for up to 26 weeks due to injury, illness, surgery, or recovery from childbirth and provides a partial cash benefit if you can only do part of your job or work part time.

SHORT-TERM DISABILITY BENEFITS	
Weekly Benefit	Available in increments up to 60% of your weekly salary, limited to \$1,150 per week
Sickness Elimination Period	14 days
Accident Elimination Period	14 days
Maximum Coverage Period	26 weeks

Sickness/Accident Elimination Period: You must be out of work for 14 days due to an illness or accidental injury before you can collect disability benefits. You can begin collecting benefits on day 15.

Pre-Existing Condition: If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 12 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.



BI-WEEKLY RATE PER \$10 WEEKLY BENEFIT	
0-39	\$0.360
40-49	\$0.328
50-59	\$0.438
60+	\$0.623

How to Calculate Bi-Weekly Cost for Short-Term Disability

$$(\text{Your yearly salary} / 52) \times \$0.60 / 10 \times \text{Rate listed above for your age} = \text{Cost per paycheck}$$

Please note: Actual payroll deductions may vary slightly due to rounding.

LONG-TERM DISABILITY



The Lincoln Long-Term Disability Plan provides a cash benefit after you are out of work for 180 days or more due to injury, illness, or surgery.

LONG-TERM DISABILITY BENEFITS	
Weekly Benefit	Available in increments up to 60% of your monthly salary, limited to \$5,000 per month
Elimination Period	180 days
Coverage period for your occupation	24 months
Maximum Coverage Period	Up to age 70

Elimination Period: This is the number of days you must be disabled before you can collect disability benefits. The 180-day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).

Coverage Period for Your Occupation: This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation). You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period (benefit duration).

Maximum Coverage Period: This is the total amount of time you can collect disability benefits (also known as the benefit duration). Benefits are limited to 24 months for mental illness; 24 months for substance abuse.

Pre-Existing Condition: If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 12 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 24 months, unless you received no treatment of the condition for 12 consecutive months after your effective date.

BI-WEEKLY RATE PER \$100 MONTHLY BENEFIT	
0-29	\$0.328
30-39	\$0.522
40-44	\$0.715
45-49	\$1.038
50-54	\$1.482
55-59	\$2.058
60+	\$7.540

How to Calculate Bi-Weekly Cost for Long-Term Disability

(Your yearly salary / 12)

X \$0.60

/ 100

X Rate listed for your age

= Cost per paycheck

Please note: Actual payroll deductions may vary slightly due to rounding.

ACCIDENT



James Marine offers off the job accident benefits through Transamerica. When you are injured, accident benefits pay benefits over and above what your medical plan may pay. These benefits are important because accidents happen out of the blue with no time to prepare for the associated medical costs. Your employer offers accident benefits for you to consider for your peace of mind in the result of an accident.



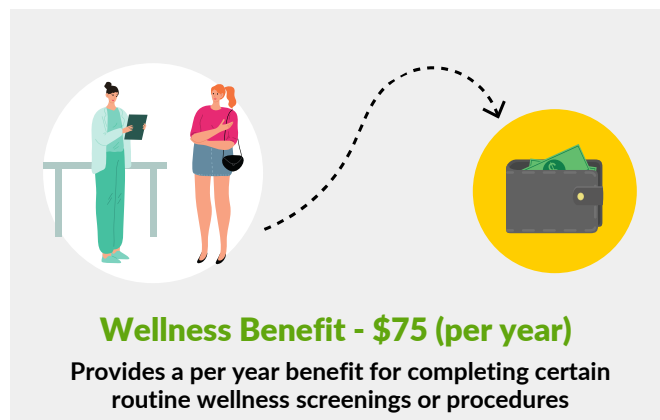
BENEFIT HIGHLIGHTS		BENEFIT AMOUNT	LIMITATIONS
Wellness Benefit		\$100 for employee/spouse	per calendar year
Emergency Room Treatment		\$250	per visit
Urgent Care		\$250	per visit
Follow-up Visits		\$150	Up to 3 visits per accident
Therapy Services		\$150	Up to 10 visits per accident
Major Diagnostic Exams		\$250	per service
Ground Ambulance		\$750	per service
Air Ambulance		\$2,250	per service
Major Surgery		Up to \$2,500	depending on severity
Dislocations		Up to \$12,000	depending on severity
Fractures		Up to \$12,000	depending on severity
Lacerations		Up to \$1,250	depending on severity
Concussions		\$500	per concussion
Coma		\$25,000	per coma
Eye Injury		Up to \$500	depending on severity
Hospital Admission		\$3,000	per admission
ICU Admission		\$3,000	per admission
Daily Hospital Confinement		\$450	per day, up to 365 days per accident
Intensive Care Daily Confinement		\$900	per day, up to 15 days per accident
Employee Accidental Death		\$75,000	---
Common Carrier Accidental Death		\$225,000	---
Dismemberment		\$Up to \$75,000	depending on severity
Transportation		\$500	Up to 3 trips per accident
Lodging		\$150	per day up to 30 days per accident
Employee		Employee + Spouse	Employee + Child(ren)
Family			
Bi-weekly Rates	\$6.94	\$12.35	\$14.64
			\$20.04

Above is a summary of the most utilized accident benefits. For a full plan description, please refer to your certificate of coverage if you enroll.

CRITICAL ILLNESS



Critical Illness through Transamerica, pays a lump-sum cash benefit directly to the insured following the diagnosis of a covered critical illness or event, including (but not limited to) invasive cancer, heart attack, kidney failure, stroke, permanent paralysis, and major organ transplants. The plan also provides an annual cash benefit (per calendar year) for eligible health screenings and prevention measures. Since these screenings are often paid at 100% under the medical plan, you could walk away with cash in your pocket for practicing good preventive care.



GUARANTEED ISSUE	EMPLOYEE	SPOUSE / ADULT DEPENDENT	CHILD(REN)
Guaranteed Issue Amount	\$30,000	100% of the employee elected amount	50% of the employee elected amount
CONDITION	BENEFIT PERCENTAGE- 1ST OCCURENCE	BENEFIT PERCENTAGE- 2ND OCCURENCE	
Invasive Cancer	100%	100%	
Non-Invasive Cancer	25%	25%	
Benign Brain Tumor	100%	100%	
Skin Cancer	\$750	\$750	
Heart Attack	100%	100%	
Stroke	100%	100%	
Coronary Arteriosclerosis (Major)	25%	25%	
Coronary Arteriosclerosis (Minor)	10%	10%	
Major Organ Transplant	100%	100%	
End-Stage Kidney Failure	100%	N/A	
Loss of Hearing, Sight or Speech	100%	N/A	
Alzheimer's Disease	100%	N/A	
Quadriplegia, Paraplegia, Hemiplegia	100%	N/A	

For your specific rate, please speak to an AGM benefits counselor during open enrollment.



HOSPITAL INDEMNITY



Transamerica's Hospital Indemnity plan can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds that can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, copays, and deductibles. This plan also allows you to continue coverage even if your employment ends or when the policy is terminated and not being replaced.

HOSPITAL BENEFITS	BENEFIT AMOUNT	LIMITATION
Hospital Admission	\$1,500	1 day per calendar year
Daily In-Hospital Benefit	\$100	per day up to 31 days/year
ICU Daily Confinement	\$200	per day up to 10 days/year
BI-WEEKLY RATES		
Employee Only	\$10.94	
Employee + Spouse	\$23.51	
Employee + Child(ren)	\$16.18	
Family	\$26.64	





There is no way to know what will happen tomorrow. But there is a way to help ensure you are protected against the unexpected. Transamerica's universal life insurance can help meet your family's future financial needs in the event of your premature passing. Prudent financial planning can help protect your family's future, offering them peace of mind.

UNIVERSAL LIFE GUARANTEED ISSUE AMOUNTS	
Employee	\$100,000
Spouse	\$20,000
Child UL	\$25,000
Child Term Life Rider	\$10,000
BENEFIT AMOUNTS	
Employee Benefit Amounts	Up to \$500,000 (not to exceed 5x your salary)
Spouse Benefit Amounts	Up to \$100,000
Child UL Benefit Amounts	N/A
Child Term	N/A
ADDITIONAL BENEFITS	
Waiver of Monthly Deductions for Layoff or Strike Ride	Included
Accelerated Death Benefit for Chronic Condition Rider - Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump-sum payment	Included
Extension of Benefits Rider - Accelerates 4% for monthly benefit or 5% of one-time lump-sum payment/paid-up benefit of 25% of face amount	Included

For your specific rate, please speak to an AGM benefits counselor during open enrollment.



CONTACTS



Benefit	Provider	Phone Number	Website
Medical	UMR	1-877-233-1800	www.umar.com
Dental	Delta Dental	See back of dental card	www.deltadental.com
Vision	Humana	1-877-877-1051	www.humana.com
Basic Life and AD&D	Lincoln Financial Group	1-877-275-5462	www.lfg.com
Short-Term Disability	Lincoln Financial Group	1-877-275-5462	www.lfg.com
Long-Term Disability	Lincoln Financial Group	1-877-275-5462	www.lfg.com
Accident	AGM / Transamerica	1-844-880-6774	www.transamerica.com
Critical Illness	AGM / Transamerica	1-844-880-6774	www.transamerica.com
Hospital Indemnity	AGM / Transamerica	1-844-880-6774	www.transamerica.com
Universal Life	AGM / Transamerica	1-844-880-6774	www.transamerica.com

New Hire Benefit Education and Enrollment Support

As a New Hire, James Marine is making available a personalized benefit education and enrollment support.

Please contact AGM at:

1-844-880-6774

Monday – Friday: 8:30 AM – 5:00 PM CST





This benefit package contains information about various benefits offered to employees. We encourage you to spend some time reviewing the package to determine which benefits would best serve you and/or your family. Please keep in mind that the information contained in this package is intended to be a summary. All benefits are governed by their respective Plan Document or Policy. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this guide, contact Human Resources.
