



2019-2020

Employee Benefits Guide



Welcome to your 2019-2020 Benefits Enrollment

We are honored to present your 2019-2020 Benefit Options! The elections you make during your enrollment will be effective through **November 30, 2020**.

JM Bozeman offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Important Notice

- Current benefit with Guardian and 5-Star will not longer be offered through payroll deduction. Similar benefits will be offered through Transamerica and can replace your current policies. Employees who wish to keep their current coverages with Guardian or 5-Star, may do so on a direct bill basis.
- *All Medical Plan options have a Calendar Year deductible. If you select the Base High Deductible Health Plan option, your deductible will increase for the month of December and reset on January 1, 2020.*

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When can I Enroll?

Open enrollment allows for employees of the JM Bozeman to enroll or make changes in any of the plans without a qualifying event.

In order to make changes outside of the annual open enrollment period, there would need to be a qualifying event such as the birth of a child, change in marital status, death, or loss of coverage due to no fault of your own. An enrollment application must be submitted to the insurance carrier via the Treasurer's office within thirty (30) days of the qualifying event in order for coverage to be effective.

Benefit Basics



Who's Eligible for Benefits and When Do Benefits Begin?

Full-time employees are eligible to enroll in benefits. Benefits begin on the 1st day of the month following the first 60 days of employment.

Which dependents may I enroll in the Benefit Programs?

- Your legal spouse, which includes same-sex couples that are legally married. *If your spouse is offered other group insurance through their employer, there is a \$125 monthly surcharge to cover them on the JM Bozeman medical plan.*
- Your dependent children up to age 26.
- Your unmarried children who become totally disabled before the age of 19, are incapable of self-sustaining employment by reason of physical or mental handicap, and who are dependent on you for their principal support.

Making Changes During the Year

You may add or remove dependents to your existing coverage within 30 days after a qualifying event or during Open Enrollment.

Qualifying Events to Add Dependents

- Marriage
- Dependent's loss of other coverage
- Birth of a new child
- Adoption

Qualifying Events to Remove Dependents

- Divorce
- Death
- Dependent has obtained other coverage
- Dependent is no longer eligible for coverage
- Covered dependent no longer qualifies as a dependent
- Coverage becomes effective the first day of the month following date of qualifying event.
- Changes to benefit coverage may only be made during Open Enrollment, aside from adding or removing dependents after a Qualifying Event or as otherwise noted.

WHEN TO ENROLL



When you're first hired

Your coverage begins on the 1st day of the month following the first 60 days of employment. This is the time to enroll in any of the plans without a qualifying event.



If you have a life change

Certain life events like birth or adoption of a child, change in marital status, death, or loss of coverage due to no fault of your own may allow you to change your coverage during the year.

You must make your requested changes and provide your supporting documentation within 30 days of the qualifying event.



At Open Enrollment

Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year.

Changes made during Open Enrollment will have a December 1st effective date.

Open Enrollment

Nov 18 - Nov 22

ENROLLMENT DETAILS

- You will speak with a benefits counselor via the Enrollment Call Center. This is your opportunity to ask questions and learn about any changes. You will confirm your elections during this meeting.
- You will confirm all data entered in the new enrollment system is accurate to include demographic, elections and beneficiary information.
- Bring your SSN information and dates of birth for all covered dependents to verify.
- *You will be introduced to our new Benefits Mobile App, assistance with downloading this App is also available, changing the way benefits are communicated!*

Enrollment Meetings

All benefit eligible employees must speak with Explain My Benefits in order to receive benefits for the new plan year.

Call Center Information
Nov 18 - Nov 22
9:00am - 6:00pm

(800) 578 - 1467

Visit our new benefits website to review the Benefit Guide, new H.S.A information, important documents and watch benefit education videos.

www.JMB-Benefits.com

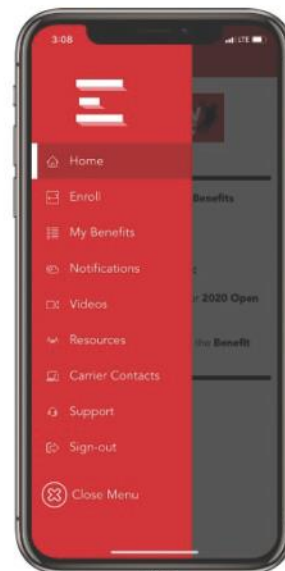
Mobile App



NEW! BENEFITS ENROLLMENT APP

JM Bozeman has provided you a brand new app to manage your benefits that allows you to:

- ✓ Enroll in your benefits from your phone
- ✓ View your current benefits
- ✓ Watch benefit education videos, review benefit guides and plan summaries
- ✓ Receive important message notifications about your benefits



Benefits at your fingertips!

TO DOWNLOAD:

1. Visit the Apple or Android App Store
2. Search for: **Explain My Benefits**
3. Download the free app!
4. Enter company code: **jmb**



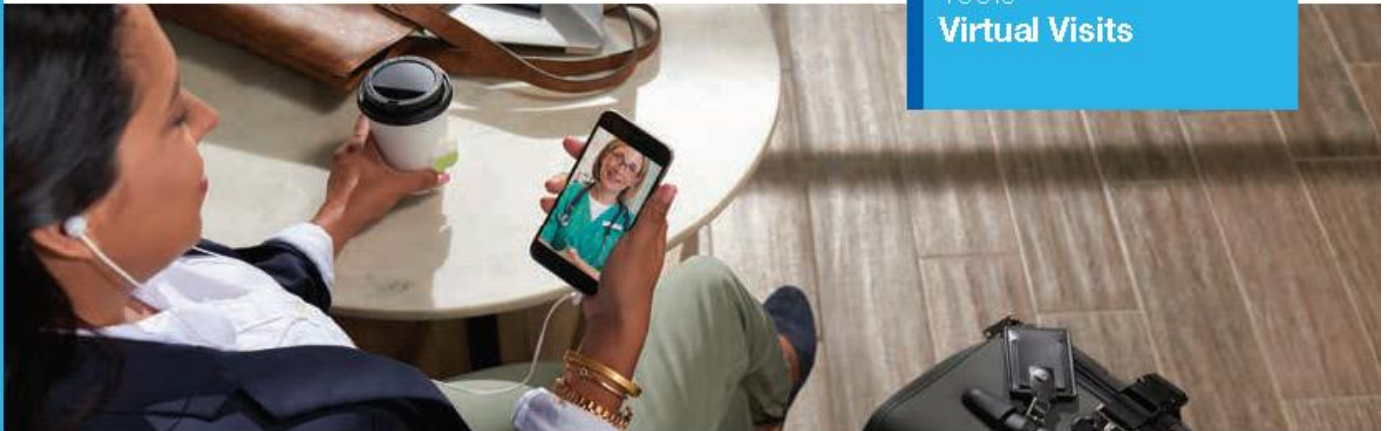
Medical

****Please Note:** All Medical Plan options have a Calendar Year deductible. If you select the Base High Deductible Health Plan option, your deductible will increase for the month of December and reset on January 1, 2020.

United Healthcare							
		Basic HDHP Plan		Buy-Up PPO Plan			
		In Network	Out of Network	In Network	Out of Network		
Deductible							
Individual		\$4,000	\$8,000	\$2,500	\$2,500		
Family*		\$8,000	\$16,000	\$5,000	\$5,000		
Coinsurance		0%	25%	20%	40%		
Out of Pocket Maximum							
Individual		\$4,000	\$8,000	\$6,500	\$16,000		
Family		\$8,000	\$16,000	\$13,000	\$32,000		
Professional Services							
Primary Care Physician visit		0% after deductible	25% after deductible	\$35 copay	40% after deductible		
Specialty Physician Visit		0% after deductible	25% after deductible	\$75 copay	40% after deductible		
Preventive Services (adult wellness and routine physical)		Covered 100%	25% after deductible	100% coverage	20% after deductible		
Children's Preventive Services (immunizations covered 100%)		0% after deductible	25% after deductible	100% coverage	20% after deductible		
Professional fees for inpatient surgical and medical services		0% after deductible	25% after deductible	20% after deductible	40% after deductible		
Professional fees for outpatient surgical and medical services		0% after deductible	25% after deductible	20% after deductible	40% after deductible		
Hospital and other medical facility services							
Hospital visit (inpatient)		0% after deductible	25% after deductible	20% after deductible	40% after deductible		
Hospital (outpatient) includes surgery, diagnostics, and therapeutic care		0% after deductible	25% after deductible	20% after deductible	40% after deductible		
Emergency room visit		0% after deductible	25% after deductible	20% after deductible	20% after deductible		
Maternity and obstetrics		0% after deductible	25% after deductible	20% after deductible	40% after deductible		
Other Services							
Durable Medical Equipment		0% after deductible	25% after deductible	20% after deductible	40% after deductible		
Diabetic Supplies		0% after deductible	25% after deductible	20% after deductible	40% after deductible		
Mental Health		0% after deductible	25% after deductible	20% after deductible	40% after deductible		
Therapeutic services							
Physical and Occupational		0% after deductible	25% after deductible	\$30 copay	40% after deductible		
chiropractic		0% after deductible	25% after deductible	\$50 copay	40% after deductible		
Speech		0% after deductible	25% after deductible	\$30 copay	40% after deductible		
Ambulance Services							
Ground: up to \$1,000 per trip		0% after deductible	25% after deductible	20% after deductible	20% after deductible		
Air: up to \$5,000 (limit one air ambulance trip per year)		0% after deductible	25% after deductible	20% after deductible	20% after deductible		
Prescriptions							
Tier 1		0% after deductible	25% after deductible	\$15	\$15		
Tier 2		0% after deductible	25% after deductible	\$45	\$45		
Tier 3		0% after deductible	25% after deductible	\$70	\$70		
Tier 4		0% after deductible	25% after deductible	\$120	\$120		
Weekly Payroll Deductions							
Employee		Employee + Spouse		Employee + Child(ren)		Family	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Basic HDHP	\$50.88 / \$57.80	\$181.53 / \$188.45	\$109.21 / \$116.13	\$227.28 / \$234.20			
Buy-Up PPO	\$71.10 / \$78.02	\$203.63 / \$210.55	\$139.54 / \$146.46	\$282.08 / \$289.00			



Tools Virtual Visits



See a doctor whenever, wherever. Virtual Visits

Get access to care 24/7 with Virtual Visits. A Virtual Visit lets you see a doctor from your mobile device or computer without an appointment.

Choose from an AmWell or Doctor on Demand network provider and pay \$50 or less for the visit.

To learn more and start a visit, go to uhc.com/virtualvisits. You can also go directly to amwell.com or doctorondemand.com—or the AmWell or Doctor On Demand mobile apps.

Virtual Visits are covered under your health plan benefits either way you decide to access care.



AmWell app



Doctor On Demand app*

Tips for registering:

1. Locate your member ID number on your health plan ID card.
2. Have your credit card ready to cover any costs not covered by your health plan.
3. Choose a pharmacy that's open in case you're given a prescription.**



To learn more about Virtual Visits, go to uhc.com/virtualvisits or myuhc.com.

*Doctor On Demand does not support any version of Internet Explorer®.

** Prescription services may not be available in all states.

All trademarks are the property of their respective owners.

Virtual Visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. The Designated Virtual Visit Provider's reduced rate for a virtual visit is subject to change at any time.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

Facebook.com/UnitedHealthcare Twitter.com/UHC Instagram.com/UnitedHealthcare YouTube.com/UnitedHealthcare

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Health Savings Account (HSA)

A High Deductible Health Plan (HDHP) is a health insurance plan with lower premiums and a higher deductible. HDHP's are plans that are designed for use with HSAs. All expenses under an HDHP must apply to the annual deductible, except for preventative services. HDHPs must cover in-network preventative services at 100%.

The HSA is a savings account that allows you to make pre-tax contributions to be used for future medical expenses. Any funds contributed to the HSA account remain available to you.

JM Bozeman will match dollar for dollar any contributions you make into your HSA account up to \$1,000 per year. Minimum employee contribution is \$10 per week. Match will be paid quarterly, in advance, on the first of the month 12/1, 3/1, 6/1 and 9/1. Match will be based on 25% of the annualized pledge. The maximum quarterly payment is \$250.

Example: An employee pledges \$10 per week (\$520 annually), JM Bozeman will contribute \$130 at the beginning of each quarter.

HSAs offer you the following advantages:

Tax Savings. You contribute **pre-tax dollars** to the HSA. Interest accumulates tax-free, and funds are tax-free to withdraw for medical expenses.

Reduce your out-of-pocket costs. You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you satisfy your plan's annual deductible.

Invest the funds and take them with you. Unused account dollars are yours to keep even if you retire or leave the company. Additionally, you can invest your HSA funds, so that your available health care dollars can grow over time.

The opportunity for long-term savings. Save unused HSA funds from year to year - money you can use to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

Maximum Annual HSA Contributions (total of Core Molding and employee contributions):

Individual - \$3,550 Family - \$7,100

If you are 55 years or older, you may contribute an additional \$1,000 annually

If you answer YES to any of the following questions, you are NOT eligible to open or fund a Health Savings Account:

1. In 2020, will you be covered by another non-qualified medical plan such as a PPO, Medicare or Tricare?
2. In 2020, will you or a spouse participate in a *General Purpose* Flexible Spending Account?
3. In 2020, will you be enrolled in either Medicare Part A, Part B, Part C or Part D?
4. In 2020, if you are under age 26, will you be claimed as a dependent on your parents tax return, or covered under your parents health insurance plan?



Voluntary Benefits



What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- Ownership – Policies are fully portable and belong to you if you leave your employer, same price and same plan
- Benefits are payroll deducted
- **Cash benefits are paid directly to you, not to a hospital or to a doctor**
- **Benefits are paid regardless of any other coverage you may have**
- Level premiums—Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills



Transamerica Accident Plan

A plan that helps pay for the unexpected expenses that result from an accident

- On and off the job coverage - 24 hours per day, 7 days a week
- Family coverage available
- Sports related injuries covered as well

Just a few examples of benefit included in the plan:

- Emergency Room Visits - \$175
- Hospitalization - \$1,050 admission benefit, \$225 per day benefit
- Fractures - up to \$7,000
- Dislocations - up to \$5,600
- Health Screening Benefit - \$50 per insured per year
- See brochure for a complete list of benefits



Weekly Payroll Deductions	Employee	Employee & Spouse	Employee & Children*	Family*
	\$4.95	\$7.69	\$6.33	\$9.29

**Dependents up to age 26 can be covered regardless of student status.*



Voluntary Benefits

Critical Illness

Critical Illness through **Transamerica**, is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer, or stroke. The cash benefit is provided upon first diagnosis of a covered condition to help you with associated costs and beyond. You may elect up to \$25,000 of coverage. You may also cover your spouse and children at 50% of your covered amount.



Guaranteed Issue at Initial Offering
\$25,000 Employee / \$12,500 Spouse / \$12,500 Children

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

Examples of Covered Conditions

100% Benefit: Invasive Cancer, Bone Marrow Failure, Heart Attack, Stroke, Major Organ Failure, End Stage Renal Failure, Loss of Vision, Hearing or Speech and 8 other diseases

30% Benefit: Alzheimer's Disease

25% Benefit: Carcinoma In Situ, Prostate Cancer with TNM Classification of T1, Coronary Artery Bypass Graft

5% Benefit: Angioplasty/Stent, Skin Cancer

Also included is a **Recurrence Benefit** pays a second cash payment in the event a covered person gets diagnosed for a second time with the same condition or critical illness. The Recurrence Benefit pays an additional 50% of the original benefit.

An Annual Health Screening Benefit is included in your policy and Transamerica pays \$50 for each insured. Each covered person will be one health screening benefit per calendar year.

Examples of Health Screening Tests

- Mammogram
- Pap Smear
- Stress Test
- Colonoscopy
- Serum Cholesterol
- PSA Test

Rates: This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. See brochure for more details. **Your specific rate will be calculated for you in the electronic enrollment system.**

Dental



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

Your dental plan allows you to visit any licensed dentist you like but, choose a **Delta Dental** dentist and you'll experience a greater benefit and a lower cost for care. Locate a participating provider at www.deltadental.com.



Delta Dental	
Benefit	In-Network
Deductibles and Maximums	
Calendar Year Deductible	\$50 per person
Annual Benefit Maximum	
Individual / Family	\$1,500 per person
Covered Services	
Preventive Care (cleaning, x-rays, fluoride treatments, sealants)	100%
Basic Services (lab tests, white composite fillings, extractions, space maintainers, endodontics, oral surgery, minor emergency treatment)	80%
Major Services (crowns, bridges, dentures, inlays, posts, periodontics, implants, denture repair)	50%
Orthodontics	
Lifetime Maximum for Dependent Children under Age 19	50% \$1,500
ADDITIONAL BENEFITS	
Carry Over Benefit:	<ul style="list-style-type: none"> Member receives annual maximum January 1st. Member must have one covered dental service during the year. Paid claims for the benefit year must be less than half of the annual maximum. A quarter of the annual maximum will be carried over for future use. Carry Over Benefit Maximum is up to \$3,000.
Limitations:	The benefit allowance for services of an out of network dentist will be reduced by 10% for eligible services as determined by Delta Dental after applying the applicable deductibles, copays, and maximums. This means your out of pocket expense may be greater if you choose an out of network dentist. There is a 12 month waiting period on the replacement of existing appliances for employees not covered for 12 months on a previous group dental plan. After 12 months replacement of an existing appliance will be covered if it is more than 5 years old.

Weekly Payroll Deductions	Employee	Employee + Spouse	Employee + Child(ren)	Family
	\$2.93	\$9.70	\$12.62	\$19.82

*Dependents ages up to age 26.

Vision



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

When you use a provider who participates in the **Superior Vision** network, you will experience a greater benefit and a lower cost for care. Locate a participating provider at www.SuperiorVision.com.

	In-Network	Out-of-Network
Comprehensive Eye Exam	<i>Once Every 12 Months</i>	<i>Once Every 12 Months</i>
Exam (ophthalmologist)	\$10 copay	Up to \$42 retail
Exam (Optometrist)	\$10 copay	Up to \$36 retail
Eyeglass Lenses (standard) per pair	<i>Once Every 12 Months</i>	<i>Once Every 12 Months</i>
Single Vision	\$15 copay	Up to \$28 retail
Bifocal	\$15 copay	Up to \$42 retail
Trifocal	\$15 copay	Up to \$56 retail
Progressives lens upgrade	\$15 copay + cost different between progressives and standard retail lined trifocal	Up to \$56 retail
Eyeglass Frames	<i>Once Every 12 Months</i>	<i>Once Every 12 Months</i>
Frames	\$100 retail allowance	Up to \$45 retail
Contact Lenses	<i>Once Every 12 Months</i>	<i>Once Every 12 Months</i>
Contact Lenses	\$120 retail allowance	Up to \$100 retail
Contact Lens Fitting (Standard)	\$15 copay	Not covered
Contact Lens Fitting (specialty)	\$50 retail allowance	Not covered

Weekly Premiums	
Employee	\$1.94
Employee & Spouse	\$3.81
Employee & Child(ren)	\$3.44
Family	\$5.50

Coverage terminates for dependents at the end of the month in which they turn 26.

Basic Life and Voluntary AD&D



Basic Term Life and Accidental Death & Dismemberment

The amount of life insurance that is right for you depends on a variety of factors, including your age, family status, personal savings, financial commitments, etc. JM Bozeman offers a variety of programs to meet your life insurance needs. JM Bozeman provides a basic life and accidental death and dismemberment (AD&D) insurance coverage of \$10,000 through SunLife to all benefit eligible employees at no cost to the employee.

Voluntary Accidental Death & Dismemberment (AD&D)

You also have the opportunity to purchase Voluntary Accidental Death & Dismemberment coverage through Lincoln Financial for yourself, your spouse and dependent children. You may elect up to a maximum of \$400,000 in increments of \$100,000.

Family AD&D

Eligible employees may elect to insure their dependents. The amount of AD&D insurance for dependents is equal to a percentage of the employee's AD&D insurance, as follows:

Spouse & Children: 50% for spouse
15% for each dependent child, not to exceed \$50,000

Lincoln Financial Group will pay the benefit if:

1. An injured person sustains an accidental bodily injury while insured under this provision; and
2. That injury directly causes one of the following non-fatal losses within 365 days after the date of the accident. The loss must result directly from the injury and from no other causes.

Amount Payable	
Loss of Life	Principal Sum
Loss of one Member (Hand, Foot or Eye)	1/2 Principal Sum
Loss of Thumb & Index Finger	1/4 Principal Sum
Loss of Two or More Members	Principal Sum
Loss of Speech & Hearing in both Ears	Principal Sum
Loss of Either Speech or Hearing	1/2 Principal Sum
Loss of Hearing in One Ear	1/4 Principal Sum
Quadriplegia	Principal Sum
Paraplegia	3/4 Principal Sum

The amount of AD&D insurance will reduce:
35% at age 70, 20% at age 75, 15% at age 80 and 15% at age 85

Benefits will terminate upon retirement.

For family coverage, spouse coverage will terminate when the spouse attains age 70 or when employee retires, whichever comes first.

How much can I get? (Weekly Payroll Deductions)

\$100,000 Coverage

Employee:	\$.92
Employee & Child:	\$1.38
Employee & Spouse:	\$1.38
Family:	\$1.38

\$200,000 Coverage

Employee:	\$1.84
Employee & Child:	\$2.76
Employee & Spouse:	\$2.76
Family:	\$2.76

\$300,000 Coverage

Employee:	\$2.76
Employee & Child:	\$4.15
Employee & Spouse:	\$4.15
Family:	\$4.15

\$400,000 Coverage

Employee:	\$3.69
Employee & Child:	\$5.53
Employee & Spouse:	\$5.53
Family:	\$5.53

Coverage is 24 Hours



Transamerica Universal Life

As your life changes (marriage, birth of a child, new job, retirement or medical emergency), so do your life insurance needs. A universal life policy has the flexibility to adjust to your changing needs. You will also have the ability to build cash value with a guaranteed tax-deferred interest rate of 3%.



- Transamerica Universal Life is a permanent life insurance that is designed to match your needs throughout your lifetime.
- The Universal Life is priced to remain the same cost to you until age 100.
- Transamerica Universal Life includes a Long Term Care benefit that pays 4% of the death benefit per month for up to 25 months or 20% of the death benefit amount as a one-time lump sum payment.
- The policy also includes an Accelerated Death for Terminal Condition which accelerates the lesser of up to \$100,000 or 75% of the death benefit if you are diagnosed with a terminal illness.
- If you use the Long Term Care benefit, your death benefit will be reduced.
- Coverage available for spouse and children as well.

Guaranteed Issue
\$75,000 Employee
\$15,000 Spouse
\$25,000 Child(ren)

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. **Your specific rate will be calculated for you in the electronic enrollment system.**





Being unable to work should not hurt your bank account.

You are going to miss work for several weeks because of an injury, accident or illness. You may have a week or two of sick leave or earned time off, but after that, what happens?

Fortunately, you have the opportunity to purchase Short Term Disability from **Sunlife Financial**. It can pay you a percentage of your income if you become disabled due to a covered illness or off-the-job accident.

How does the benefit work?

Short Term Disability benefits begin on the **8th day of disability due to an injury or illness**. Your benefit will pay **60% of your weekly earnings to a maximum of \$1,500 per week** and you may receive this benefit for **up to 26 weeks**.

If you decline to elect STD coverage as a new hire and decide you would like to elect this benefit at a later date, you will need to complete medical questions, and undergo medical review for approval.

How much does it cost?

The cost is \$0.117 per \$10 of weekly benefit. **Your specific weekly rate will be calculated in the enrollment system.**





Long Term Disability



What happens if you get sick or seriously hurt?

What would happen if you were seriously injured in a car accident or diagnosed with cancer? You may eventually get better, but it could take a long time. It is possible you may never be able to return to work.

In addition to dealing with health issues, how would you make your house and car payments, buy food, clothing and other essentials? Much depends on your paycheck and that is why you have the opportunity to purchase Long Term Disability through **SunLife Financial**.

How does the benefit work?

If your injury or illness prevents you from returning to work for **180 days**, your Long Term Disability benefits will pay **60% of your monthly salary to a maximum of \$3,000 per month**. Your LTD benefits are payable for the period during which you continue to meet the definition of disability.

Pre-Existing Conditions: If you have a pre-existing condition in which you received treatment during the **3 months** prior to your effective of insurance, benefits will not be payable for that disability until you have been covered under this plan for **12 consecutive months**.

Survivor Benefit: Your eligible survivor will receive a lump sum benefit equal to three months of your gross disability payment if, on the date of our death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to payments under the plan.

How much does it cost?

The cost is \$0.117 per \$100 of weekly benefit. **Your specific weekly rate will be calculated in the enrollment system.**



U.S. Legal Services, Inc.

The CDL Defender®

U.S. Legal Services offers a legal benefit that pays your attorney's fees for all covered legal matters. With the **CDL Defender Plan**, you and your spouse are covered for all non-criminal moving, non-moving, and DOT violations in both your personal and commercial vehicles.



- Coverage includes a discount off attorney's hourly rate for non-CDL related matters. This coverage is extended to employee, spouse, and dependent children*.
- Nationwide network of attorneys to assist in any continental state a violation is issued.
- Free Identity Theft Restoration Program and Financial Coaching.

Covered legal services include, but are not limited to:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Speeding • Failure to Obey Traffic Signs • Incomplete/Inaccurate Log Book • No Medical Card • Failure to Yield • Inadequate Brake System • Tire Tread • Unsecure Load | <ul style="list-style-type: none"> • Hazardous Materials • Overweight • Overlength • Invalid Placard • Bypassing Weigh Station • Following Too Closely • Careless Driving • Major Accident Representation |
|--|---|
- Pre-existing citations, as well as non-pointable and criminal violations, are subject to 33.3% discount.
- To be a "fully covered" citation, you must utilize a network attorney. Out-of-network benefits available.
- Some limitations may apply. See Policy Certificate for coverages.
- Must be a properly licensed CDL holder.
- *Dependent children must be under age 23, unmarried, and a full-time student.

NATIONWIDE NETWORK

We contract with over 10,000 attorneys nationwide, with an average of over 17 years experience practicing law.

BROAD COVERAGE

Enrolling in this legal plan covers you and your spouse. This plan offers a 33.3% discounted rate off attorney's fees for other, non-CDL related legal matters.

PAID ATTORNEY'S FEES

Attorney's fees are paid in full for all covered matters when you utilize a network attorney. This does not include fines, court costs or other incidentals relating to the legal matter.

DISCLAIMER

Once you enroll in coverage, you will receive a certificate describing the exact coverage benefit purchased. This flyer explains the general purposes of the insurance, but in no way changes or affects the insurance afforded under the policy issued. All coverage is to be subject to actual policy conditions and exclusions.

Not sponsored or approved by the United States Government or any Department or Agency thereof.

Start defending yourself **TODAY!**

CDL Defender \$7.61 per week

For more information, visit www.uslegalservices.net

Or call **(800) 356-LAWS**



Important Contacts

Vendor	Phone	Website
Medical United Healthcare	800-357-0978	www.uhc.com
Dental Delta Dental	800-462-5410	www.deltadental.com
Vision Superior Vision	800-507-3800	www.superiorvision.com
Basic Life and AD&D SunLife Financial	800-786-5433	www.sunlilfe.com
Voluntary AD&D Lincoln Financial	800-444-2363	www.lfg.com
Short and Long Term Disability SunLife Financial	800-786-5433	www.sunlilfe.com
CDL Defender U.S. Legal Services	800-356-LAWS	www.uslegalservices.net
Voluntary Benefits Transamerica	888-763-7474	www.transamericaemployeebenefits.com
Transamerica Claims Assistance Explain My Benefits	888-734-6937, Option 2	service@explainmybenefits.com





Benefit Guide Description

This summary of benefits is not intended to be a complete description of JM Bozeman's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although JM Bozeman maintains its benefit plans on an ongoing basis, JM Bozeman reserves the right to terminate or amend each plan in its entirety or in any part at any time.

For questions regarding the information provided in this overview, please contact your human resources representative.