

GMN

GM NAMEPLATE

2021 Employee Benefit Guide



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This Benefit Guide is designed to help you understand the various benefits available to you so you can select the coverage that best meets your needs. Enclosed you will find brief summaries of the plans available to you this year, as well as resources to help you better understand and use your benefits during the year. Please read through the enclosed materials carefully, share the guide with your family, and refer to it when you have questions about our benefits program.

Please note that this overview is a summary of benefits. For a more detailed description of benefit provisions including a complete definition of eligibility, refer to your summary plan description (SPD). In the event of a discrepancy between this overview and the SPD, benefits will be paid as outlined in the SPD.

If you have questions about your benefits, please contact the AssuredPartners MCM Employee Service Center. AssuredPartners MCM's Employee Service Center is the primary contact for any and all health benefit related questions, such as claims assistance and resolution, you or your family may have. This service is free and confidential to you and all of your family members enrolled on the GMN insurance plans. Contact details are provided on page 17. Please see the following pages of this overview for more information.

To find a provider,
jump to page 16.



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This plan intends to comply with all federally mandated benefit changes and patient protections required by the federal health care reform law. This Summary of Benefits is based on current interpretations/guidance on health care reform and could change based on future determinations and/or final regulations.

Who is Eligible?

Regular U.S. based employees working at least 20 hours per week are eligible for medical, dental, vision, life, AD&D and disability benefits the first of the month following or coinciding with their date of hire. Eligibility for temporary employees, seasonal employees, and interns will be determined by the guidelines set by the Affordable Care Act; see Human Resources for additional information.

Eligible dependents are limited to the following:

- The employee's lawful spouse*, unless legally separated. Lawful spouse means a legal union of two persons that was validly formed in any jurisdiction.
- The employee's domestic partner*. Domestic partnerships that are not documented in a state registry must meet all requirements as stated in the signed Affidavit of Domestic Partnership, which can be obtained from Human Resources.
- The employee's eligible dependent child under age 26. An eligible child is one of the following:
 - A biological offspring of either or both the subscriber or spouse/domestic partner.
 - A legally adopted child of either or both the subscriber or spouse/domestic partner.
 - A child placed with the subscriber and/or spouse/domestic partner for the purpose of legal adoption.
 - A child for whom you and/or your spouse/domestic partner is the legal guardian.

Ineligible employees include the following:

- Regular part-time employees working less than 20 hours per week
- Any individual who the employer does not classify as an employee for payroll tax purposes, regardless of whether such individual is later determined (by a court, government agency, settlement or otherwise) to be or have been a common law employee of the employer

* Spouses and domestic partners who have access to employer sponsored medical coverage through their employer are not eligible dependents under the GMN medical plan. If their employer is providing a subsidy to purchase insurance coverage on a health exchange, that will be considered employer sponsored coverage, meaning they will not be eligible under the GMN plan.

Open Enrollment and Election Changes

As an eligible new hire and each year at open enrollment, you have the opportunity to enroll yourself and your eligible dependents in these benefits. Please note, if you do not enroll in benefits when initially eligible as a new hire, you will not be able to enroll until the next open enrollment period in October/November, for a January 1st effective date, unless you or your dependents experience a permitted election change event according to federal regulations.

If you experience a permitted election change event, you must notify Human Resources and provide appropriate documentation of the event within 60 days to avoid having to wait to make changes until next Open Enrollment.

How to Enroll

Please log on to your employee portal (Kronos) user account: www.gmnameplate.com/employeeportal to select or make changes to your benefits.

Navigate to the **My Account** tab, click the **My Benefits** tab, and choose **Review/Select Benefits**. Follow the prompts in order to see each benefit option available to you. Remember to have the name, birthdate and Social Security Number for any family members you plan to enroll in your benefit plans.

Cost of Coverage

GMN funds the majority of the cost of our medical/prescription drug plan and pays 100% of the cost of eligible employees' Basic Life, Accidental Death and Dismemberment, Short Term Disability and Long Term Disability coverage.

The amounts below will be deducted from your paycheck each pay period if you elect medical coverage.

Medical Rates Per Pay Period (26)	2021 Cigna Open Access - Base Plan		2021 Cigna Open Access - Buy-Up Plan	
	Regular Rate	Healthy Lifestyles Rate	Regular Rate	Healthy Lifestyles Rate
Employee Only	\$100.15	\$30.46	\$129.69	\$60.00
Employee + Spouse	\$242.77	\$173.08	\$308.77	\$239.08
Employee + Child(ren)	\$183.69	\$114.00	\$235.38	\$165.69
Employee, Spouse, Child(ren)	\$283.38	\$213.69	\$371.54	\$301.85

Employees may also choose to participate in the dental and vision insurance plans. The employee cost to participate is as follows:

Dental Rates Per Pay Period (26)	Employee
Employee Only	\$16.74
Employee + 1	\$31.34
Employee + 2 or more	\$47.14

Voluntary Vision Rates Per Pay Period (26)	Employee
Employee Only	\$3.54
Employee + Spouse	\$5.67
Employee + Child(ren)	\$5.78
Employee, Spouse, Child(ren)	\$9.33

Premiums are automatically deducted pre-tax unless you instruct HR otherwise.

If you cover a domestic partner or a domestic partner's children, deductions will be taken on a post-tax basis unless they qualify as tax dependents. In addition, unless your domestic partner or their children qualify, GMN's contribution to their premium will be included in your taxable income.

Healthy Lifestyles Premium Discount Plan

GMN is building a workplace culture dedicated to improving our employees' health and well-being. *Healthy Lifestyles* encourages employees to create healthy habits for a lifetime. Employees are encouraged to complete annual preventive screenings with their primary care physician and use the results to set personal well-being goals for the year ahead. Participating in *Healthy Lifestyles* rewards employees for taking an active role in managing their well-being.

Current GMN employees earned their 2021 *Healthy Lifestyles* rate by completing activities in 2020.

Employees newly hired or enrolled in medical benefits during 2021 will receive the *Healthy Lifestyles* rate on Cigna medical payroll deductions in 2021.

All employees hired before August 2, 2021 are required to complete *Healthy Lifestyles* activities before November 30, 2021 to earn the *Healthy Lifestyles* Rate in 2022. Those hired August 2, 2021 and after will receive the *Healthy Lifestyles* Rate on Cigna medical payroll deductions during 2022.

Medical Benefits

GMN offers a comprehensive medical plan through Cigna. You will get the highest level of benefits when you receive covered services and supplies from a network provider. If the provider you see does not contract with Cigna, you will be responsible for amounts over the allowable charge, in addition to applicable copays, deductibles, coinsurance, etc. Below is a brief description of what you will pay when medical services are received under this plan.

In-Network	2021 Cigna Open Access Base Plan	2021 Cigna Open Access Buy-Up Plan
Annual Deductible	\$2,000 Individual \$4,000 Family	\$1,000 Individual \$2,000 Family
Annual Out-of-Pocket Maximum <i>(Includes Deductible)</i>	\$6,000 Individual \$12,000 Family	\$4,000 Individual \$8,000 Family
Coinsurance	20%	20%
Annual Maximum	No Annual Maximum	No Annual Maximum
Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum
Common Services	You Pay	You Pay
Preventive Care	Covered In Full	Covered In Full
Primary Care Office Visits	\$35 copay	\$30 copay
Specialist Office Visits	\$60 copay	\$45 copay
Telehealth Visits	\$10 copay	\$10 copay
Inpatient Professional Services	Deductible, then 20%	Deductible, then 20%
Outpatient Lab & X-Ray	Deductible, then 20%	Deductible, then 20%
Rehabilitation - Outpatient <i>(30 days per calendar year)</i>	\$35 copay	\$30 copay
Mental Health/Substance Abuse	You Pay	You Pay
Outpatient Physician's Office	\$35 copay	\$30 copay
Inpatient Facility Care	Deductible, then 20%	Deductible, then 20%
Emergency Care Options	You Pay	You Pay
Urgent Care	\$65 copay	\$65 copay
Ambulance Transportation	Deductible, then 20%	Deductible, then 20%
Emergency Room <i>(Copay waived if admitted to inpatient facility)</i>	\$250 copay, then 20% after deductible	\$250 copay, then 20% after deductible
Alternative Care	You Pay	You Pay
Manipulations (Spinal and other) <i>(20 days per calendar year)</i>	\$35 copay	\$30 copay
Acupuncture <i>(12 days per calendar year)</i>	\$35 copay	\$30 copay
Massage Therapy <i>(12 days per calendar year)</i>	\$35 copay	\$30 copay

Out-of-Network	2021 Cigna Open Access Base Plan	2021 Cigna Open Access Buy-Up Plan
Annual Deductible	\$4,000 Individual \$8,000 Family	\$2,000 Individual \$4,000 Family
Annual Out-of-Pocket Maximum	No Maximum	No Maximum
Coinsurance for most services, unless listed below	50%	50%
Preventive Care	Not Covered	Not Covered
Emergency Room <i>(Copay waived if admitted to an inpatient facility)</i>	\$250 copay, then 20% after deductible	\$250 copay, then 20% after deductible
Ambulance Transportation	Deductible, then 20%	Deductible, then 20%
Transplants	Not Covered	Not Covered

Prescription Drug Benefits

When you enroll in either of the medical plans, you also receive coverage for prescription drugs. Cigna's prescription drug plan gives you coverage for a wide range of prescriptions. You can view GMN's prescription drug formulary by visiting www.mycigna.com. You can also contact Cigna or HR. Below is a brief description of your prescription drug benefits under this plan.

	Retail (30-day supply; any Cigna in-network pharmacy)	Retail (90-day supply; Cigna 90 Now network pharmacy)	Mail Order (90-day supply; Express Scripts Pharmacy)
Individual Annual Deductible	\$0		
Annual Out-of-Pocket Maximum	Combined with Medical		
Annual Benefit Maximum	Unlimited		
	You Pay	You Pay	You Pay
Preventive Generics*	\$0	\$0	\$0
Non-Preventive Generics	\$15	\$30	\$30
Preferred Brands	20%, \$35 min, \$50 max	20%, \$85 min, \$125 max	20%, \$85 min, \$125 max
Non-Preferred Brands	30%, \$75 min, \$90 max	30%, \$185 min, \$225 max	30%, \$185 min, \$225 max

*There are many preventive generic prescription options available in the following drug classes: high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, prenatal nutrient deficiency, and selective serotonin reuptake inhibitors.

Certain prescriptions may require prior authorization, step therapy (where the plan requires that certain prescriptions are tried before others), or have dispensing limits. Specialty prescriptions (e.g. injectables) are required to be purchased through Accredo.

In addition, if you choose to purchase a brand-name drug when a generic is available, you will pay the applicable brand coinsurance in addition to the difference in cost between the brand-name drug and the generic equivalent. However, your provider can request a medical necessity review if you cannot tolerate the generic equivalent drug or if the generic equivalent is not effective in treating your condition.

Cigna 90 Now

Cigna contracts with retail pharmacies nationwide that will provide you with a 90-day supply of your maintenance medication at the same cost as if you went through the mail order program. This network includes Target, Walmart, CVS, and Kroger as well as many independent pharmacies. Contact Cigna to confirm your pharmacy's participation in this network.

Mail Order Pharmacy

Cigna has a mail order prescription program. Under the program, you can get 3 months of medication for the price of 2-2.5 months, and the prescription is delivered right to your door. This is a great way to save money on your ongoing medications. Out-of-network mail order is not covered.

Specialty Pharmacy

Specialty pharmaceuticals are a growing piece of our pharmacy costs. These are very expensive medications that often cost thousands of dollars per month. While these drugs are sometimes offered through a retail pharmacy, Cigna's specialty pharmacy program can often provide these medications for far less money, as well as offer support and education on how the drugs are administered. Because of this, GMN's plan requires members to fill specialty prescriptions through Accredo. Contact Cigna to start receiving your specialty medications through Cigna's specialty pharmacy program.

Did you know...

- Generics cost on average 63%-75% less than brand name drugs
- Generics have to meet the same strict manufacturing standards as brands
- Generics approved by the US FDA are just like brand name drugs and work for most people

Ask your doctor if a generic will work for you, and save yourself and GMN money!

Cigna Tools and Resources

GMN is Self-Insured

GMN self-insures our medical plan. This means GMN pays the amount of the claims incurred by our population rather than paying a flat monthly premium to an insurance company. GMN pays fees to Cigna to administer the plan, give members access Cigna's network, and protect us from very large claims. The majority of our plan cost is made up of the claims we pay. If we work together to be wise healthcare consumers, we can help control the cost of our plan. Cigna has many products and services that are available to you at no cost.

Find a Provider

Cigna's provider search tool allows you to not only search for providers in your area, but to read patient reviews and see estimated costs for common services. This can save you and the plan significant money. Be sure to look for doctors with the Cigna Care Designation. These providers provide the highest quality care at the lowest cost. Visit page 16 of this benefit guide for step by step instructions on how to find a provider.

Choosing the Correct Healthcare Facility

Another way to save yourself and GMN money is to only use the emergency room in true emergencies as it is the most expensive place to obtain the care you need. See below to determine how to get the right care at the right price.

24-Hour Health Information Line - Employee Copay: \$0 - Total GMN Cost: \$0

Cigna's 24-Hour Health Information Line is free and available to everyone enrolled on the Cigna plan. This is a great resource when you're unsure if an ER visit is appropriate. You can talk with a nurse 24 hours a day, seven days a week. You can get help deciding where and when you should get treatment or get information on general or specific health concerns. Many times, at-home care is appropriate and will save you the hundreds of dollars that an ER visit would cost.

Cigna Telehealth Connection - Employee Copay: \$10 - Total GMN Cost: \$40

Whether you're sick or don't have time to wait for a doctor's appointment, get access to care for non-life threatening conditions 24 hours a day, 7 days a week, 365 days a year for only \$10 a visit. American Well and MDLIVE utilize a nationwide network of board certified physicians contracted to electronically consult, treat, and issue prescriptions to members with routine medical conditions. Some conditions MDLive/American Well physicians are able to treat are: acne, allergies, bronchitis, cold and flu, pink eye, rashes, fever, sore throat, ear infection, UTI, nausea and vomiting, and many more.

After your medical coverage begins, register for Telehealth at www.mycigna.com and select either American Well or MD Live.

Primary Care Visit - Employee Copay: \$30-35 - Average Total GMN Cost: \$110-150

Primary care physicians are available for ongoing, non-urgent symptoms. Some examples are prolonged pain, chronic symptoms, fever, or similar concerns. A primary care doctor is your partner in health, providing you with preventive care and medical treatments. They will be able to spend more time with you in a more relaxed environment than visiting the ER.

Urgent Care Facility - Employee Copay: \$65 - Average Total GMN Cost: \$350-400

Cigna has an extensive network of in-network Urgent Care centers. Urgent Care centers are appropriate when you're experiencing urgent, but not emergency symptoms, or need after-hours care. Examples include sore throat, ear aches, sinus infections, flu or cold symptoms, urinary tract infections, insect bites, and more.

Emergency Room - Employee Copay: \$250 then 20% after the deductible - Average Total GMN Cost: \$1,200-\$1,500

If you are experiencing a true emergency, please use our emergency room benefit. However, most ailments can be handled in less expensive facilities. Please remember to assess your situation before visiting an ER, and utilize the 24-Hour Health Information Line when in doubt.

Your Health First

Your Health First is Cigna's chronic condition management program and helps people who have ongoing conditions, such as asthma, diabetes, depression, and weight complications, better manage their health. This resource provides comprehensive health management tailored to each individual, and it's delivered through the continuous, personalized support of a dedicated health advocate. Focusing on each person's health needs, preferences, and goals, the health advocate's one-on-one approach helps create stronger relationships, establish trust and drive positive behavior changes. Call (800) Cigna-24 to speak with a Cigna health advocate.

Dental Benefits

We are pleased to offer you a dental plan through Delta Dental of Washington, one of the leading dental insurance providers. Below is a brief description of the dental benefits you can receive under this plan.

	Delta Dental PPO	Delta Dental Premier	Non-participating	Dental Rates Per Pay Period (26)	Employee
Annual Individual Benefit Maximum	\$1,000 - \$1,500			Employee Only	\$16.74
Annual Deductible	No Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family	Employee + 1	\$31.34
	You Pay	You Pay	You Pay	Employee + 2 or more	\$47.14
Type 1: Preventive Care <i>(does not apply to individual benefit maximum)</i>	Covered in Full	Covered in Full, after deductible	Covered in Full, after deductible	<p>If you are having extensive dental work done, ask your dentist for a pre-determination of benefits. Your dentist will provide Delta Dental with an estimate of services to be performed. Delta Dental will calculate the amount they will cover and your out of pocket costs.</p>	
Type 2: Basic Services	20%	20% after deductible	20% after deductible		
Type 3: Major Services	50%	50% after deductible	50% after deductible		
Orthodontia	Not covered	Not covered	Not covered		

Non-participating dentists may bill you for the difference between their full fee and the maximum allowable amount paid by Delta Dental.

Our dental plan rewards you for using your preventive dental benefits. Every year you receive a Class 1 service, your annual maximum will increase by \$100 in the subsequent year. Every year you do not receive a Class 1 service, your annual maximum will decrease by \$100. However, your annual maximum will never fall below \$1,000 or rise above \$1,500.

Vision Benefits

We offer a voluntary vision care benefit through VSP. Coverage includes benefits for routine eye exams and vision hardware. While you are able to see any vision provider, you receive the best benefit if you see a VSP Provider or a VSP Retail Affiliate Provider. VSP Retail Affiliate providers include Costco, Pearle Vision, Shopko and Visionworks. Routine eye exams not only help you see better, but can also detect a number of other serious health conditions. As a VSP member, you may receive extra discounts and savings on laser vision correction, prescription glasses and contacts.

	VSP Provider or VSP Retail Affiliate Provider	
	Frequency	You Pay
Vision Exam	Every 12 months	\$20 copay
Prescription Glasses		\$20 copay
Basic Lenses*	Every 12 months	Included in glasses copay
Premium Lenses**	Every 12 months	See Benefit Summary
Frames	Every 24 months	Included in glasses copay up to \$130, or up to \$70 at Costco
Contact Lenses <i>(contacts and exam)</i>	Every 12 months <i>In lieu of Prescription Glasses</i>	Covered up to \$130

Voluntary Vision Rates Per Pay Period (26)	Employee
Employee Only	\$3.54
Employee + Spouse	\$5.67
Employee + Child(ren)	\$5.78
Employee, Spouse, Child(ren)	\$9.33

Note: Costco is part of the affiliate network. However, the optician at Costco optical centers are independent contractors. Before seeking services, it is important to confirm the optician is part of the VSP affiliate network.

* Basic lenses include single vision, lined bifocal, lined trifocal, and standard progressive lenses. Basic lenses also include polycarbonate lenses for dependent children.

** Premium lenses include premium progressive lenses, custom progressive lenses, and all other lens options.

Flexible Spending Accounts (FSAs)

Navia Benefit Solutions administers our Health Care and Dependent Care Flexible Spending Accounts (FSAs). These accounts allow GMN employees to pay for certain medical and dependent care expenses before federal income taxes and other taxes are withheld, enabling you to pay less in taxes and have more disposable income. The money you elect to contribute will be deducted out of your paychecks on a pre-tax basis.

Health Care FSA

A Health Care FSA helps you pay for qualified medical, dental or vision out-of-pocket health care expenses. Examples include plan deductibles, copays and coinsurance amounts and other non-covered healthcare costs for you and your tax dependents.

Health Care Spending Account Maximum: \$2,750

Dependent Care FSA

Contributing to a Dependent Care FSA allows you to pay for qualified out-of-pocket dependent care expenses. Qualified expenses may include day care centers, in-home child care and before or after school care for your dependent children under age 13, while both you and your spouse work or go to school full time. Other individuals may qualify if they are considered your tax dependents and are incapable of self-care.

It is important to note that you can access money only after it is placed into your Dependent Care FSA. **Participation in a Dependent Care FSA may reduce or eliminate your ability to use the Child Care Tax Credit.** Consult your tax advisor to determine whether you should enroll in this plan.

Dependent Care Spending Account Maximum: \$5,000 (per household)

Run-Out Period

Receipts for expenses incurred are due prior to **March 31, 2022**.

Run-Out Period Due Dates	
	2021 Plan Year
Incur Claims Until	December 31, 2021
Receipts are Due	March 31, 2022

How Much Should I Contribute?

Before you enroll in the Health Care FSA, use this worksheet to estimate your out-of-pocket expenses for the plan year.

Medical	
Deductibles	\$
Coinsurance	\$
Office Visit Copays	\$
Prescription Drug Copays	\$
Dental	
Deductibles	\$
Coinsurance	\$
Vision	
Copays	\$
Examinations	\$
Lenses	\$
Frames	\$
Miscellaneous	
Other Qualified Medical Expenses	\$
ANNUAL TOTAL	\$

FSA Rules

Specific IRS rules govern the operation of FSAs, including the following:

- Transfers of money from one account to another are not allowed.
- **“Use It or Lose It”** - You will forfeit any money left in a Health Care or Dependent Care FSA at the end of the run-out period.
- If you terminate employment, only expenses incurred before the end of the month in which you terminated are eligible for reimbursement from your FSA, unless you elect to continue your Health Care FSA through COBRA.
- All caregivers paid through the Dependent Care FSA must have a tax ID or Social Security number. This information must be included on your federal tax return.

Life and AD&D Benefits

Life insurance pays your beneficiary a benefit if you die when covered by these plans. Accidental death and dismemberment (AD&D) insurance will pay a benefit if your death results from an accident or if you are severely injured in an accident.

Basic Life/AD&D Insurance

Eligible employees are automatically enrolled in basic life and AD&D insurance through Symetra at no cost to you. Your basic life and AD&D benefit is equal to 1 times your annual earnings rounded up to the next \$1,000 (minimum \$50,000) to a maximum of \$300,000. In the event of an accidental dismemberment, a benefit is provided up to a scheduled amount corresponding to the loss. Benefit reductions begin at age 70. Please see your Symetra policy for more information.

Supplemental Life/AD&D Insurance

We recognize that individuals have different financial situations, and the basic life and AD&D insurance provided by GMN may not meet the needs of you and your family. GMN offers you the option to purchase life insurance for your dependents and supplemental life and AD&D Insurance for yourself through Symetra at competitive group rates through convenient payroll deductions. Additional information and enrollment materials are available through Human Resources.

Benefit	Amount
Employee Life/AD&D Insurance Benefit Amount	Up to 5 times your annual earnings in increments of \$10,000, not to exceed \$500,000
Spouse Life Insurance Benefit Amount	Up to 100% of Employee's supplemental life coverage amount in increments of \$5,000, not to exceed \$500,000
Child(ren) Life Insurance Benefit Amount (15 days to 6 months)	\$1,000
Child(ren) Life Insurance Benefit Amount (6 months and over)	Can elect \$5,000 or \$10,000

Guarantee Issue	Amount
Employee	\$200,000
Spouse	\$50,000
Children - 15 days to 6 months	\$1,000
Children - 6 months and over	\$10,000

In order to elect life coverage for your dependents, you must elect at least an equal amount of supplemental life coverage for yourself.

Benefit reductions begin at age 70.

Important: If you or your spouse decide not to purchase Supplemental Life/AD&D coverage within 31 days of your initial eligibility, you will be required to provide evidence of good health for any amount selected later. If you do purchase Supplemental Life/AD&D coverage when initially eligible, you will be able to increase your election up to the guaranteed issue amount during annual enrollment periods.

Supplemental Life/AD&D Rates

Supplemental Life Rates		
Age	Monthly Employee Rate per \$10,000	Monthly Spouse Rate per \$5,000
15-24	\$ 0.48	\$ 0.205
25-29	\$ 0.55	\$ 0.235
30-34	\$ 0.68	\$ 0.295
35-39	\$ 0.96	\$ 0.430
40-44	\$ 1.37	\$ 0.620
45-49	\$ 2.18	\$ 0.965
50-54	\$ 3.48	\$ 1.510
55-59	\$ 5.36	\$ 2.315
60-64	\$ 8.39	\$ 3.955
65-69	\$ 14.60	\$ 6.765
70-74	\$ 26.07	\$ 12.050
75+	\$ 50.90	\$ 24.120
Monthly Child(ren) Supplemental Life Rate		
All ages	\$1.14 per \$5,000 (covers all eligible children)	
Monthly Employee Supplemental AD&D Rates		
All Ages	\$ 0.32 per \$10,000	N/A

Things to Consider:

Who depends on your income?
How much financial support would they need if you die?

How adequate would your current savings be in meeting the needs of your dependents without your income?

What might be needed to cover death expenses for you? Would your dependents be able to pay for those expenses?

Are you covered under a personal life insurance policy?

How to Calculate Rates

The following is an example of the monthly cost for a 30 year old employee, 30 year old spouse, and two dependent children to purchase voluntary life insurance.

Coverage Elections:

Employee: \$180,000 Spouse: \$50,000 Child #1: \$10,000

	Coverage Elections	Increment	Rate	Monthly Cost
Employee	\$180,000	\$10,000	\$0.68 x 18	\$ 12.24
Spouse	\$50,000	\$5,000	\$0.295 x 10	\$ 2.95
Children	\$10,000	\$5,000	\$1.14 x 2	\$ 2.28

* \$2.28 is the cost per \$10,000 of coverage for all of your eligible children. Therefore, in the example above, the monthly cost for \$10,000 of coverage for your first child would be \$2.28 x 1. Additional children, regardless of how many there are, can be covered under the plan at no additional cost per month.

Note: If, on the date you are to become covered under the policy, for increased benefits, or for a new benefit, you are not actively at work due to a physical or mental condition, such coverage will not start until the date you are actively at work. If, on the date your dependent (other than a newborn), is to become covered under the policy, for increased benefits or for a new benefit, he or she is confined to a hospital or confined elsewhere, such coverage will not start until he or she is discharged from the hospital or is no longer confined elsewhere and has engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.

Disability Income Benefits

Most of us insure our material possessions, such as our homes and cars, but forget to insure what is probably our most valuable asset - our ability to work and earn an income. If you become disabled and unable to work, no benefit is more important to the financial security of you and your family than disability income protection.

Short Term Disability

Short Term Disability (STD) insurance pays you a portion of your earnings if you are unable to work due to a disabling injury or illness. GMN provides STD insurance to all eligible employees at no additional cost. Your benefit begins on the 15th day of continuous absence from work as a result of injury or illness. The plan pays 60% of weekly earnings to a maximum weekly benefit of \$2,500 for up to 11 weeks. GMN's STD plan does not replace or affect the requirements for coverage of state disability insurance. However, the GMN plan is entitled to offset for any amount of state disability benefits you may receive.

Long Term Disability

GMN provides eligible employees with Long Term Disability (LTD) insurance through Symetra, which replaces a portion of your income if you were to become sick or injured and unable to work.

Your benefits begin after a 90 day elimination period of continuous disability from the date of your disabling condition. The plan will pay 60% of your covered pre-disability earnings up to a maximum monthly benefit of \$10,000 per month up to your Social Security Retirement Age.

You are considered disabled under this plan for up to 24 months if you cannot perform the duties of your regular occupation. If you are unable to perform the duties of any occupation you are trained and educated for after the first 24 months, you could be eligible for benefits up to your Social Security Retirement Age. You must be under the care and treatment of a licensed physician.

Important Note:

The plan will not pay benefits for a disability that results from a pre-existing condition for your first 12 months of coverage. A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received in the 3 months prior to your enrollment date.

Employee Assistance Program (EAP)

GMN provides a completely confidential Employee Assistance Program (EAP) through Cigna for all employees who are eligible for the Cigna medical plan and their immediate family members.

Your EAP is available when you need it, 24/7/365. Cigna's dedicated staff of personal advocates can get you the information you need and guide you toward the right solution. They can:

- Assess your needs and find a solution to help resolve your concerns
- Get you the help you need when you're in a crisis situation
- Provide up to 3 face-to-face sessions per issue per year with an EAP professional
- Connect you with the right mental health or substance use resources in your plan's network
- Show you how to get discounts on many health and wellness products through the Healthy Rewards program
- Free Financial Consultation and 50% off tax preparation fees.
- Free 60 minute legal consultation and 25% off legal fees
- Free Identity Theft protection consultation
- Resources to locate child care, senior care and pet care providers

Travel Assistance Program

Through your Symetra life insurance coverage, you, your spouse and your dependents under age 26 have access to travel assistance while traveling for business or personal reasons 100 miles or more from home for 90 days or less. The Travel Assistance Program includes:

- Pre-trip information, including visa, passport, inoculation, and immunization requirements; cultural information; embassy and consulate referrals; foreign exchange rates; and travel advisories
- Assistance finding physicians, dentists, and medical facilities
- Replacement of medication or eyeglasses
- Help locating and replacing lost or stolen luggage, documents, and personal possessions
- Monitoring during a medical emergency to determine if care is appropriate or if evacuation is required
- Return of remains
- Assistance with telephone interpretation or referral to an interpretation or translation service for written documents
- Free transportation, when medically necessary, under medical supervision to a hospital/treatment facility or to your place of residence for treatment
- Arrangement for your traveling companion's return home if previously made arrangements are lost due to your medical emergency
- Free round-trip transportation for one immediate family member or friend to visit you if you're traveling alone and are likely to be hospitalized for seven consecutive days

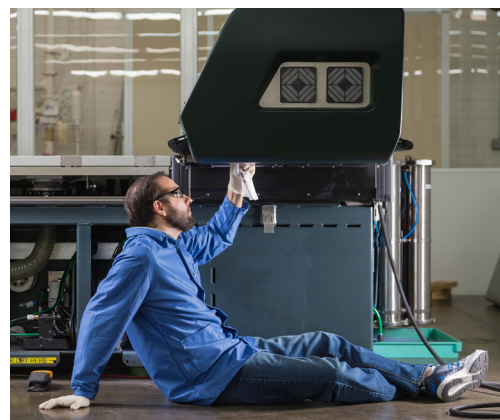
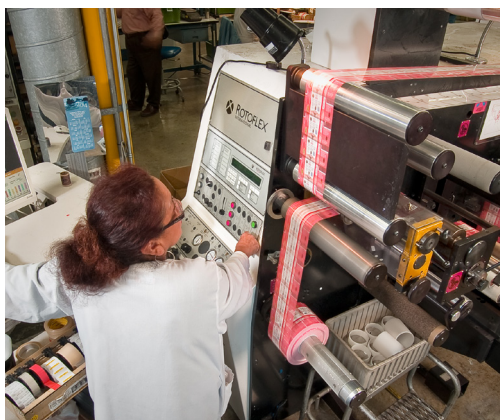
Please see page 17 for contact information for the Travel Assistance Program.

Profit Sharing 401(k) Plan

GMN provides a retirement plan for employees administered by Fidelity. New employees may immediately contribute a percentage of their income into a pre-tax account or after-tax Roth account. Maximum contribution limits are \$19,500 or \$26,000 for employees age 50+ eligible to make catch-up contributions. Employees must be at least 18 years of age to participate.

Retirement savings are important to the financial security of you and your family. As a result, GMN has an auto-enrollment feature, unless you elect a different amount. Auto-enrollment into the GMN 401(k) plan begins at 6%, and in accordance with the Plan Sponsor Annual Increase Program, contributions to the plan are automatically increased by 1% annually, with the amount capped at 10%. Log on to netbenefits.com to change your enrollment contribution or opt out of the automatic contribution increase.

After one year of employment, and having worked a minimum 1,000 hours during the plan year, employees are eligible for any discretionary company match GMN may provide. The amount would be equal to a percentage determined annually by a Board of Director's Resolution.



Additional Benefits

Transportation Benefit

Annual ORCA bus passes for Seattle employees are subsidized, and the employee cost is paid through payroll deduction. Please speak to Human Resources for more details or for information about other locations.

Tuition Reimbursement Program

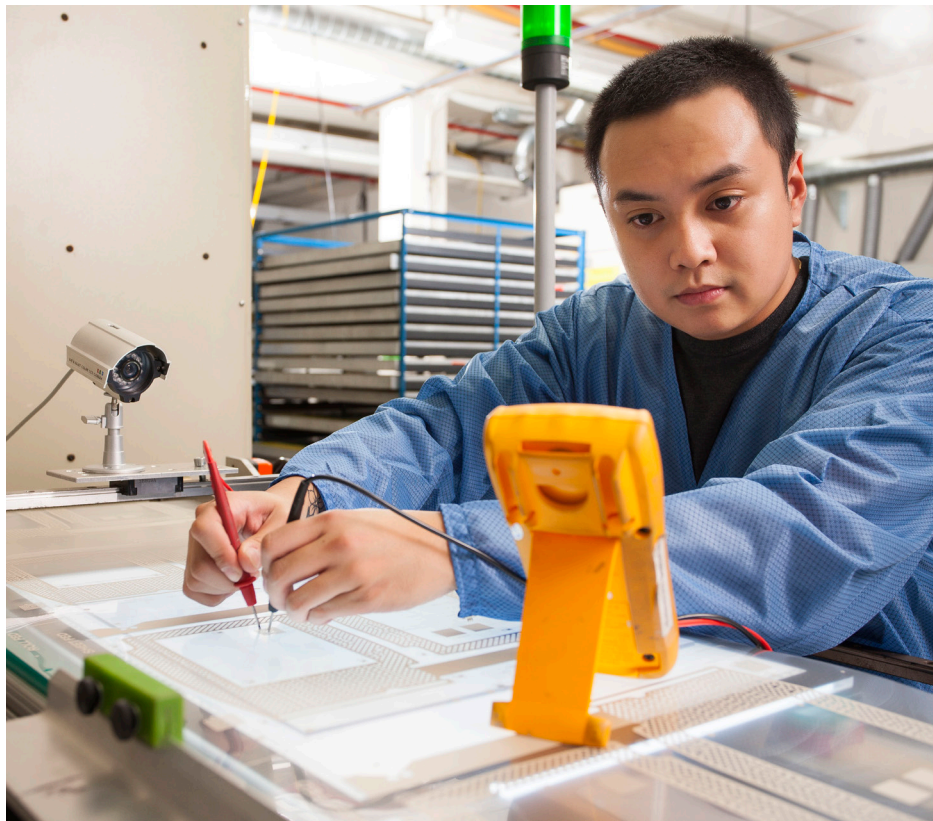
GMN recognizes the importance of personal and professional development of its employees. The maximum education benefit is \$2,500 per employee per calendar year to employees who have been with GMN for at least 6 months. Courses must be offered by an accredited institution and related to the employee's job or further advance his or her career. For more information, see the Employee Handbook for complete details.

Home and Auto Insurance Discounts

GMN partners with Liberty Mutual to help save employees money on their home and auto insurance premiums. For a free quote, call the number listed on page 17.

Identity Theft Protection

Identity theft protection through ID Watchdog gives you an easy, affordable way to better protect and monitor the identities of you and your family. You'll be alerted to suspicious activity, have access to credit reports and scores, and have a dedicated resolution specialist if an issue does arise. See the flyer in your packet for more information on this benefit.



Paid Time Off (PTO) Policy

GMN realizes that employees have diverse needs for time off from work and believes that employees should have opportunities to enjoy this time to help balance their lives. GMN has established this flexible approach to time off through the PTO policy to meet those needs. Employees are accountable and responsible for managing their own PTO hours to allow for adequate reserves if there is a need to cover vacation, illness or disability, appointments, or other needs that require time off from work.

Eligibility

PTO is accrued upon hire for regular employees working more than 20 hours.

Accrual and Payment of PTO

Accruals are based upon paid hours up to 2080 hours per year, excluding overtime. Employees that are paid less than 32 hours per week will earn PTO on a pro-rated basis according to the accrual rate chart.

Use and Scheduling of PTO

Whenever possible, PTO must be scheduled in advance. PTO is subject to supervisory/manager approval, department staffing needs and established departmental procedures. The supervisor may request the employee provide documentation when an unscheduled absence exceeds three consecutive days.

PTO is paid at the employee's straight time rate and is not part of any overtime calculation. Employees are required to use available PTO when taking time off from work. For Non-exempt employees, PTO may be taken in increments as low as 15 minutes. For Exempt employees, PTO may be used in half day increments. Employees may not borrow against their PTO banks; therefore, no advance leave will be granted.

Donating PTO

Employees may donate PTO to a colleague whose illness/injury results in the employee exhausting their PTO bank, provided the donating employee retains a minimum of 80 hours of PTO in their own bank. It is expected that employees will not solicit others for PTO donations.

Years of Service	PTO Total	Accrual per Pay Period
		Hours
0-1	15	4.62
1-2	17	5.23
2-3	18	5.54
3-4	20	6.15
4-5	20	6.15
5-6	22	6.77
6-7	22	6.77
7-8	24	7.38
8-9	24	7.38
9-10	25	7.69
10-11	25	7.69
11-12	26	8.00
12-13	26	8.00
13-14	27	8.31
14-15	27	8.31
15-16	28	8.62
16-17	28	8.62
17-18	29	8.92
18-19	29	8.92
19-20	29	8.92
20+	30	9.23

Finding Providers

Cigna

Before your coverage begins:

- Visit www.cigna.com
- Choose the *Find a Doctor* link
- Indicate that your plan is offered through work or school
- Enter the geographic location you'd like to search
- Search by Doctor Type, Doctor Name, or search Health Facilities
- Under *Select a Plan*, choose *Medical Plans*, then *Open Access Plus*, *OA plus*, *Choice Fund OA Plus*. Click Choose.
- On the results page, you can see cost and quality information throughout the directory, helping you compare doctors and control healthcare spending. Be sure to look for doctors with the Cigna Care Designation. These providers provide the highest quality at the lowest cost.



Once your coverage begins:

- Visit www.mycigna.com
- Enter your User ID and Password.
- At the top of the page, choose *Find Providers and Costs*.
- Search by Doctor Type, Doctor Name, or search Health Facilities.
- On the results page, you can see cost and quality information throughout the directory, helping you compare doctors and control healthcare spending. Be sure to look for doctors with the Cigna Care Designation. These providers provide the highest quality at the lowest cost.

Delta Dental of Washington

- Visit www.deltadentalwa.com.
- Hover over *Online Tools*; then choose *Find a Dentist*
- Complete the search fields, and choose *Delta Dental PPO* in the *In Network* field.
- You can sort or narrow your results on the results page.

VSP

- Visit www.vsp.com.
- Click on Find A Doctor
- You may search by location, office name, or doctor name.
- On the results page, you can refine your search using the View Filters button towards the top right of the search results.

Questions



Who do I contact with benefits questions?

AssuredPartners MCM's Employee Service Center (ESC) is the primary contact for any and all health benefit related questions you or your family may have. For example, the ESC can assist you if you are having trouble with an unpaid medical claim, need clarification about how the insurance will cover a particular condition, or simply need more information on how your coverage works. This service is free and confidential to you and all of your family members enrolled on the GMN insurance plans.

Call (206) 343-4175 or
toll-free (888) 343-3330

TTY/TDD: (206) 748-9578 or
toll-free (855) 877-4726

Language Line services are available.

You can also email the ESC at
mcm.esc@assuredpartners.com

You can also visit the GMN benefit website for more information on these plans.

www.gmnbenefits.com
username: gmh
password: benefits

	Providers	Customer Service Phone	Web Information
Medical, Rx Group #3340134	Cigna	1-800-Cigna-24	www.mycigna.com
24-Hour Health Information Line Group #3340134	Cigna	1-800-Cigna-24	www.mycigna.com
Telehealth Group #3340134	Cigna AmWell and MDLIVE	AmWell: 1-855-667-9722 MDLIVE: 1-888-726-3171	www.mycigna.com
Employee Assistance Program Group #3340134	Cigna	1-877-622-4327	www.cignabehavioral.com Company code: gmnameplate
Dental Group #00035	Delta Dental of Washington	1-800-554-1907	www.deltadentalwa.com
Voluntary Vision Group #12261022	Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com
Flexible Spending Accounts Group #GMN	Navia Benefit Solutions	1-800-669-3539 Email: customerservice@naviabenefits.com	www.naviabenefits.com
Basic Life/AD&D Supplementary Life/AD&D Short Term Disability Long Term Disability Group #01-018162-00	Symetra	1-800-426-7784	www.symetra.com
Travel Assistance	Symetra	US & Canada: 1-877-823-5807 Anywhere else (collect or direct): (240) 330-1422	www.symetra.com
Home and Auto Insurance Discounts Client # 124692	Liberty Mutual	1-800-699-4378	www.libertymutual.com/gm-nameplate
Identity Theft Protection	ID Watchdog	1-866-513-1518	www.idwatchdog.com
401(k) Retirement Plan Group #10967	Fidelity	1-800-294-4015	www.netbenefits.com

Definitions

Copayments (copay)

A flat dollar amount you pay for certain covered services such as doctor's visits.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The plan pays the rest of the allowed amount.

Deductible

The amount you owe for covered services before your health plan begins to pay. The deductible may not apply to all services.

Generic Drug

A product that is comparable to a brand name drug in dosage form, strength, route of administration, effectiveness, and intended use.

Inpatient Care

Care given to a person who has been hospitalized, usually including an overnight stay.

Non-participating provider

A provider who doesn't have a contract with your health insurer. You'll usually pay more to see a non-participating provider.

Out-of-Pocket Maximum

Once the out-of-pocket maximum has been satisfied, the benefits of this plan will be provided at 100% of allowable charges for the remainder of that calendar year for covered services from network providers.

Outpatient Care

Care that usually does not require an overnight stay.

Participating Provider

A provider who has a contract with your health insurer to provide services to you at a discount.

Preferred Provider Organization (PPO)

A type of health benefits plan in which you can see any provider, but if you receive services from a provider in the plan's network, you will generally have less out-of-pocket costs.

Preventive Services

Services rendered to prevent disease or its recurrence. This may include office visits, immunizations, health education, preventive imaging and laboratory services, mammography, and PAP or PSA tests.

Prior Authorization

Some services require prior authorization by Cigna in order for benefits to be provided. Contact Cigna for more information.

Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe to require emergency room care.

Share this Employee Benefits Guide with your family.

