



2026 BENEFIT BOOK

A&M HOMECARE
583 S MAIN ST | BREWER | ME | 04412
(207) 307-0922 | AANDMHOMECARE.ORG

ENROLLMENT CALL CENTER

LET US HELP YOU ENROLL

The GHC Call Center mission is to provide **“Outrageous Service”** to clients by conducting efficient and effective enrollment.

Open Enrollment can be daunting and sometimes confusing. For that reason, we have a local Enrollment Call Center dedicated for our clients who want to call in and have a licensed agent explain their benefits and enroll them over the phone.



CALL CENTER NUMBER
(501) 943-4182

CALL CENTER HOURS
Monday-Friday
10:00 AM-6:00 PM EST



¿Hablas español?

Hay empleados del centro de llamadas que hablan español disponibles para ayudarle.



BEFORE YOU CALL,

please have the following information ready:

1

Child and/or
Spouse
Social
Security Numbers

2

Child and/or
Spouse Dates of
Birth

3

Life
Insurance
Beneficiaries
Names

*Without this
information, our
enrollers cannot
enroll you in your
benefits.*

From the desk of Adam Ketchum



Dear Valued Employees,

Benefits are a valuable part of your compensation package. They can help protect important things such as your income and your assets if you become sick or injured and are unable to work. Some insurance products can help pay for expenses that are not covered by your health insurance such as co-payments, deductibles, and other out-of-pocket expenses. Other plans can help your family cope with financial realities if you should pass away prematurely.

That is why A&M Homecare has made these valuable insurance products from GHC available for you and your family. The voluntary benefits described in this booklet can build on the benefits already provided by A&M Homecare providing the additional protection you and your family may need. Keep in mind, more competitive rates are available through the workplace. We encourage you to take a look at the information in this booklet so you can make informed choices about these benefits.

Sincerely,
Adam Ketchum

Group Health Captives

Group Health Captives is proud to be the insurance broker for the employees at A&M Homecare. It is our promise to find you the lowest price each and every year with carriers that are the best in class. In addition to providing you the very best value for your coverage, it is our goal to deliver all of you Best of Class Service. If you have any questions or need assistance regarding your benefits or the upcoming open enrollment period, please don't hesitate to reach out to us. We are here to help guide you through the process and ensure you have all the information you need to make the best choices for you and your family. Feel free to contact us anytime - we're just a call or email away!

John David White, CSFS REBC
Sales Agent
JohnDavid@ghcaptive.com
501-551-3677



Jake Eddelman, CSFS REBC
Lead Account Executive
jake@ghcaptive.com
870-450-1283



Kristin Kuhn
Consultant
Kristin@ghcaptive.com
501-681-4539



Bailey Barlow
Consultant
Bailey@ghcaptive.com
501-317-9605



Terms To Know

Benefit wordage can sometimes be daunting. Review the list of common terms below for a little help!

Premiums

The amount of money you pay on a regular basis to have coverage on your policy. Premiums are usually lower in a High Deductible Health Plan in comparison to a Point of Service (POS) plan.

Step Therapy

The patient begins medication for a medical condition with the most cost effective drug therapy and progresses to other more costly or risky therapies only if necessary. Step Therapy is an approach intended to control costs and risks posed by some prescription drugs.

Out-of-Pocket Maximum

OOP maximum is the most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. Your OOP maximum will be lower In Network versus Out of Network.

Embedded Deductible

When one member in a covered family reaches their \$3,000 in-network deductible they are covered at 100%. Once reached, the remaining family members can meet the remaining \$3,000 family deductible accumulatively. If no single member meets \$3,000 but the family meets \$6,000 together, coinsurance will begin to pay.

HDHP & HSA

A high deductible health plan can be combined with a Health Savings Account (HSA), allowing you to pay for certain medical expenses with money free from state and federal taxes. All claims, medical and pharmacy, apply to the deductible and coinsurance. Wellness is still covered at 100%.

Deductible

The insurance deductible is the amount of money you will pay in an insurance claim before the insurance coverage kicks in and the company starts paying. A&M Homecare's deductible begins on August 1st.

Prior Authorization

PA is a requirement that your physician obtain approval from your prescription drug plan to prescribe a specific medication or procedure for you.

Quantity Limit

QL defines how much of a particular drug patients can get during a specific time period or the maximum days supply that patients can get at once.



Table of Contents

1	Benefits Overview
2-3	Beni Solutions Medical Benefits
4-5	Concierge Plans
6	Dental Benefits
7	Vision Benefits
8-9	Cancer
10-11	Accident
12-13	5Star
14	Frequently Asked Questions
15	Contact Information

DISCLOSURES AND DISCLAIMER

This benefit booklet was designed to help you better understand your benefits and benefit choices. At the request of the plan administrator at A&M Homecare, the word employee has been used to describe you (the employee) in this benefit book when detailing benefits, benefit options, and rates. The outlines in this benefit booklet are benefit summaries designed to provide a brief overview of your coverage. For a full schedule of benefits and a complete outline of coverage, please review your insurance certificate of coverage, policy, or summary plan description. Active Employment (applies to group insurance products) You are considered in active employment if, on the day you apply for coverage, you are being paid regularly by A&M Homecare requires the required minimum hours each week, and you are performing the material and substantial duties of your regular occupation. Actively at Work Being actively at work means on the day you apply for coverage, you are working at A&M Homecare for the required minimum hours each week. If you are applying for coverage on a day that is not one of your scheduled work days, then you'll be considered actively at work if you meet this definition as of your last scheduled workday. Employees are not considered actively at work if their normal duties are limited or altered due to their health, or if they are on a leave of absence. Additional Information (applies to all individually owned policies.) This material is intended to be a brief description of the policy. The policy definitions, exclusions, and limitations will be used to determine actual benefit decisions. Product availability and provisions may vary by state.

Benefits Overview

Benefit	Provider	Coverage
*Medical Insurance	Beni Solutions	Provides benefits for office visits, preventive care, prescription drugs and hospital services.
*Medical Insurance	Concierge	Provides benefits for office visits, preventive care, prescription drugs and hospital services.
*Dental Insurance	Delta Dental	Provides benefits for preventive services, restorative care, periodontics, root canals and x-rays.
*Vision Insurance	Delta Vision	Provides benefits for yearly eye exam, lenses, frames and contacts.
Cancer	Manhattan	Provides protection from unexcpeted cost after a cancer diagnosis
Accident	Manhattan	Provides protection from unexcpeted cost after an accident
Voluntary Life	5Star	Provides an option for life benefits for you and your family

* These deductions may be withheld pre-tax saving you approximately 30%.



Monthly Premium	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
	\$404	\$800	\$754	\$1,010
General Information		Coverage Information		
Annual Deductible		\$2,500 Individual / \$5,000 Family		
Out-of-Pocket Maximum ¹		\$9,100 Individual / \$18,200 Family		
Physician & Diagnostic Benefits (Non-Hospital Based)		In-Network	Out-of-Network	
Preventive / Wellness		Covered at 100%	40% Coinsurance after Deductible	
Primary Care / Specialist Visits		\$15 Copay	40% Coinsurance after Deductible	
Urgent Care		\$50 Copay	40% Coinsurance after Deductible	
Laboratory Services / Radiology (X-ray, Ultrasound)		\$50 Copay	40% Coinsurance after Deductible	
Advanced Imaging ^{RBP} (MRI, CT/PET scan) ² (limit 1 per year)		30% Coinsurance		
Radiology / AdvancedImaging{Medmo) ³ (subject to above limits)		Covered at 100%		
Hospital Benefits (All Subject to Reference-Based Pricing) ⁴		Coverage Information		
Outpatient Surgery ² (limit 1 per year)		30% Coinsurance after Deductible		
Inpatient Hospitalization & Surgery ² (limit 5 days & 2 surgeries per year)		30% Coinsurance after Deductible		
Emergency Services (limit 1 per year)		30% Coinsurance		
Additional Benefits		In-Network	Out-of-Network	
Ambulance ^{RBP} (GroundOnly) (limit 1 peryear)		30% Coinsurance		
Physical / Speech / Occupational Therapy (limit&combined per year)		\$50 Copay	40% Coinsurance after Deductible	
Chiropractic Services (limit 10 per year)		\$50 Copay	40% Coinsurance after Deductible	
Home Health Care (limit 10 per year)		\$50 Copay	40% Coinsurance after Deductible	
Inpatient Mental / Behavioral Health Treatment ^{RBP 2} (limit 5 days per year)		30% Coinsurance after Deductible		
Outpatient Substance Abuse Treatment ² (limit&days per year)		30% Coinsurance	40% Coinsurance after Deductible	
Inpatient Substance Abuse Treatment ^{RBP 2} (limit&days per year)		30% Coinsurance after Deductible		
Chemotherapy / Radiation Therapy / Dialysis		Not Covered		
Maternity Benefits		In-Network	Out-of-Network	
Professional Services ²		\$350 Copay	40% Coinsurance after Deductible	
InpatientFacility ^{RBP2}		30% Coinsurance after Deductible		
Prescription Drug Benefits ⁵		Click For PureRx Formulary__		
Generic (Tier1)		\$10Copay		
HigherTierGenerics/Preferred / Non-Preferred Brand & Specialty		Discount Only		
Virtual Health Program ⁶		Reкуро Health		
UnlimitedTelehealthwithBehavioral Health		\$0 Copay		



MV Minimum Participation Requirement: 5 Primary Enrollments |

In any combination of MV Plans

¹The out-of-pocket maximum refers to covered services only. Specific services are subject to Reference-Based Pricing (RBP) and patients may be billed beyond the out-of-pocket maximum for these services.

²Specific services require precertification. Failure to obtain precertification will result in a denial of benefits.

³Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.

⁴RBP reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.

⁵Prescription drug benefits are subject to the formulary. To review the formulary please visit www.sbmabenefits.com/purerx-base. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply. While excluded from the plan, specific prescription drugs, for example, GLP-1 drugs, may be available at 100% coinsurance (member responsibility); however, will not count toward the plan's deductible or out-of-pocket maximum. Prior authorization may be required for certain medications. The formulary is subject to change at any time without notice. Additional restrictions or limitations may apply.

⁶Virtual mental/behavioral health services are available at no charge through Recurro Health. All other outpatient mental/behavioral health visits, in-person or virtual, will be covered at the specialist visit copay/coinsurance amount.

Wellness & Preventive Services

Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults aged 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk
-

Preventive benefits for women

- Bone density screening for all women over age 65 or women aged 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women
-

Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal; Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits
-

MEC - Low Option

Concierge Prevention Plan is compliant with ACA. This plan is not major medical insurance but is cost-effective to traditional health insurance.

For more information, visit www.healthcare.gov/coverage/preventative-care-benefits/.

Plan Options	MEC - Low Option
Benefit Maximums	Per Benefit Year
ACA Preventive Services	Covered 100% - Unlimited
Telemedicine 24/7	\$0 Copay - Unlimited Usage
Primary Care (Office Visit Only)	\$25 Copay - 5 Visits Max
Specialist Visit (Office Visit Only)	\$50 Copay - 3 Visits Max
Urgent Care (Office Visit Only)	\$75 Copay - 3 Visits Max
Chiropractor Visits (Manipulation Only)	N/A
Additional Physician Visits	After Max Visits above, PPO discounts will still apply
C3Rx	Unlimited Rx for ACA and Acute Formulary Only ACA Preventive and Acute Formulary: \$0 Copay Chronic Formulary: \$0 Copay
Out-patient Accident Coverage	Up to \$500 @ 80%
Out-patient Diagnostic, Lab, and X-ray Benefit	Class I - \$30 x 2 days / Class II - \$100 x 2 days / Class III - \$100 x 1 day
Hospitalization: In-patient	\$500 - Day 1 + \$250 Days 2-30
Out-patient Surgery + Anesthesia Benefit	Surgery: \$500 x 1 Day Anesthesia: \$125 x 1 Day
PPO Network	First Health

This Summary of Benefits is only intended to provide an outline of the benefits provided in the Plan. See the specific benefit under the Covered Medical Benefits and Prescription Drug sections as well as the Medical and Prescription Exclusions and Limitations sections in the Plan Document for complete details. Plan members can visit the First Health, Limited Benefit Plan, PPO Network website at www.firsthealthlb.com or call 1-800-226-5116 for a list of in network participating providers for the Plan. **Out-of-Network Providers are not covered by the Plan.** All prescriptions must be filled at a participating pharmacy. Plan Members can view the back of their ID Card for the pharmacy network designated to their Plan. **Out-of-Network Pharmacies are not covered by the Plan.**

Plan Options	MEC - Low Option
Employee Only	\$60.00
Employee + Spouse	\$75.00
Employee + Child(ren)	\$70.00
Family	\$100.00

MEC - Mid Option

Concierge Prevention Plan is compliant with ACA. This plan is not major medical insurance but is cost-effective to traditional health insurance.

For more information, visit www.healthcare.gov/coverage/preventative-care-benefits/.

Plan Options	MEC - Mid Option
Benefit Maximums	Per Benefit Year
ACA Preventive Services	Covered 100% - Unlimited
Telemedicine 24/7	\$0 Copay - Unlimited Usage
Primary Care (Office Visit Only)	\$25 Copay - 5 Visits Max
Specialist Visit (Office Visit Only)	\$50 Copay - 3 Visits Max
Urgent Care (Office Visit Only)	\$75 Copay - 3 Visits Max
Chiropractor Visits (Manipulation Only)	10 Visits / \$50 Max Per Visit
Additional Physician Visits	After Max Visits above, PPO discounts will still apply
C3Rx	Unlimited Rx for ACA and Acute Formulary Only ACA Preventive and Acute Formulary: \$0 Copay Chronic Formulary: \$0 Copay
Out-patient Accident Coverage	Up to \$1,000 @ 80%
Out-patient Diagnostic, Lab, and X-ray Benefit	Class I - \$30 x 2 days / Class II - \$100 x 2 days / Class III - \$100 x 1 day
Hospitalization: In-patient	\$750 - Day 1 + \$375 Days 2-30
Out-patient Surgery + Anesthesia Benefit	Surgery: \$750 x 1 Day Anesthesia: \$125 x 1 Day
PPO Network	First Health

This Summary of Benefits is only intended to provide an outline of the benefits provided in the Plan. See the specific benefit under the Covered Medical Benefits and Prescription Drug sections as well as the Medical and Prescription Exclusions and Limitations sections in the Plan Document for complete details. Plan members can visit the First Health, Limited Benefit Plan, PPO Network website at www.firsthealthlb.com or call 1-800-226-5116 for a list of in network participating providers for the Plan. **Out-of-Network Providers are not covered by the Plan.** All prescriptions must be filled at a participating pharmacy. Plan Members can view the back of their ID Card for the pharmacy network designated to their Plan. **Out-of-Network Pharmacies are not covered by the Plan.**

Plan Options	MEC - Mid Option
Employee Only	\$90.00
Employee + Spouse	\$125.00
Employee + Child(ren)	\$115.00
Family	\$165.00

Dental

Delta Dental 1000

Deductible	\$50 (3x) Per Person / Calendar Year
Preventive Services	
Cleanings, Exams, X-Rays, Fluoride (to 19), Sealants	100% Covered
Deductible does not apply	Employee pays 0%
Basic Services	
Simple Extractions, Endodontics, Fillings, Oral Surgery, Periodontics	80% Covered after deductible
Major Services	
Dentures, Crowns, Bridges, Implants	50% Covered after deductible
Annual Maximum	\$1,000 per person
Orthodontic Services (children to age 19)	50% (Lifetime Max \$1,250)
Right Start 4 Kids Program (12 and under)	Fillings, crowns, removal at 100%

Cost Per Pay Period (52)

Employee Only	\$11.79
Employee + Spouse	\$22.10
Employee + Child(ren)	\$23.62
Employee + Family	\$38.75



Maximum Carryover: If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year and the total Benefit paid does not exceed \$499.00 in that Benefit Year, up to \$250.00 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, not to exceed \$2,000.

Vision

Delta Vision 150	In-Network
Copayments	
Exam	\$10
Frames and/or Lenses	\$10
Contact Lens Fitting Exam	\$10
Eye Exam & Lenses	
Eye Exam	Covered in Full
Single Vision Lenses	Covered in Full
Bifocal Lenses	Covered in Full
Trifocal Lenses	Covered in Full
Lenticular Lenses	Covered in Full
Progressive Lens Upgrade	See description
Frames	\$150 retail allowance
Contact Lens Fitting	
Standard CLF Exam	Covered in Full
Specialty CLF Exam	\$50 Retail Allowance
Contact Lenses	
Elective (Conventional/Disposable)	\$150 retail allowance
Medically Necessary	Covered in Full
Cost Per Pay Period (52)	
Employee Only	\$1.86
Employee + Spouse	\$3.62
Employee + Child(ren)	\$3.51
Employee + Family	\$5.49



Cancer Insurance

Underwritten by ManhattanLife Assurance Company of America

Administered by Bay Bridge Administrators

DID YOU KNOW?

2/3 of the cost
of cancer is non-medical¹

\$1,266
is the monthly average out of pocket
cost for cancer²

5% increase
in cancer cost every year³

62% of bankruptcies
are the results of medical causes
despite 76% of those claiming
bankruptcy had medical
insurance⁴

¹ www.cdc.gov/nchs/data/nhis/earlyrelease/emergencymedroom_use_january-june_2011.pdf;

² "Study Links Medical Costs and Personal Bankruptcy," Bloomberg BusinessWeek, June 4, 2009

³ Duke University Medical Center, 2011 <http://clearhealthcosts.com/tag/duke-university-medical-center>

ENROLL TODAY

During this enrollment, you can elect
coverage for you and your family:

- Convenient payroll deductions
- Portable
- Guarantee Issue: no health questions asked at enrollment
- Pre-existing Condition Limitation - 3 month look back period, 12 month exclusion period
- Waiver of Premium – if you become disabled due to cancer for 60 days, premiums will be waived thereafter so long as you continue to be disabled

Ease the financial burden while healing

Fortunately, we can help with unexpected expenses

Every year, more and more people are being diagnosed with cancer.¹ Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose - such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

Covered Events	Benefit Paid
Prevention & Non-Invasive Cancer Related Events	
Cancer Screening Benefit	\$75/insured/year, Includes a \$75 cancer screening follow up benefit
Positive Diagnosis test	up to \$100
Initial Diagnosis of Cancer	\$6,500 for Employee, \$6,500 for Spouse, \$6,500 for Child
Treatment Benefits	
Radiation/Chemotherapy	Actual Charges up to \$15,000 per 12 month period
Blood, Plasma, Platelets	Actual Charges up to \$15,000 per 12 month period
Experimental Treatment	Actual Charges up to \$15,000 per 12 month period
Covered Inpatient Surgery	Payment based on surgical schedule in your policy
Covered Outpatient Surgery	Payment based on surgical schedule in your policy
Second Surgical Opinion	Actual charges up to \$250
Anesthesia	Actual Charges up to 25% of surgery benefit
Ambulatory Surgical Center	Actual Charges up to \$375 per day

Hospital Confinement Benefits	
Hospital Confinement	\$250 per day
Extended Hospital Confinement	\$300 per day
Hospital Intensive Care	\$200 per day
Government or Charity Hospital	\$100 per day
Inpatient Special Nursing	Actual Charges up to \$150/day
Inpatient Drugs and Medicine	\$25 per day
Attending Doctor	Actual Charges up to \$40/day
Extended Care Facility	Actual Charges up to \$100/day
Home Health Care	Actual Charges up to \$100/day
Lodging and Transportation Benefits	
Ambulance	Actual charges up to \$200 a day (no maximum if transported to ICU)
Transportation/Companion Transportation	\$0.45 per mile or coach fare (100 miles minimum per round trip)
Outpatient and Family Member Lodging	Actual charges up to \$100/day (Limit \$4,000 per 12 month period)
Miscellaneous Benefits	
Hospice	Actual Charges up to \$150/day
Physical or Speech Therapy Breast	Actual Charges up to \$50/day
Prosthesis	incurred expenses
Skin Cancer	Actual Charges up to \$120 for first removal, \$60 each additional removal
Medical Imaging	Actual Charges up to \$250 per year
Anti-Nausea Medication	Actual Charges up to \$100 per year
Hematological Drugs	Actual Charges up to \$100 per year
Hair Prosthesis	\$25 every two years
Nonsurgical External Breast Prosthesis	Included under Breast Prosthesis
Waiver of Premium	after 60 days
Donor Benefit Bone Marrow and Stem Cell Transplant	2x Hospital confinement benefit, Actual charges for transportation, \$50/day for lodging/meals
Bone Marrow/Stem Cell transplant	Incurred expenses up to \$5,000
National Cancer Institute Evaluation	Billed Charges up to \$750
Rental/Purchase Durable Goods	up to \$500/year

INITIAL DIAGNOSIS BENEFIT

This is a once in a lifetime benefit. This one-time benefit pays **\$6,500** for the first time diagnosis of internal cancer. Any prior diagnosis at any time of internal cancer would eliminate this benefit.

ANNUAL CANCER SCREENING BENEFIT

For Employees & Covered Family Members:

This plan pays you **\$75** once per year per covered individual. See schedule for list of covered procedures.

If you or a covered family member receive an additional invasive diagnosis procedure that is recommended by your doctor due to the results of the initial cancer screening, this plan will pay you an additional **\$75**.

Bi-Weekly (24) Deductions

Employee **\$14.99**

Family **\$27.10**



This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for Cancer Insurance at Disclosure.ManhattanLife.com.
For More Information: (501) 352-8770 | www.ghcaptive.com

Accident Insurance

Underwritten by ManhattanLife Assurance Company of America

Administered by Bay Bridge Administrators

ANNUAL WELLNESS BENEFIT

For Employees & Covered Family Members:

- This plan pays you **\$50** once per year, per covered individual for receiving one or more approved covered wellness screenings or for an annual physical / well child visit. See schedule for list of covered procedures on next page.



An accidental injury can seriously cost you

Help protect yourself from unexpected costs

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury?

Financial support to help get you back on your feet

- No matter what kind of medical coverage you have, you may have out-of-pocket costs that could really set you back financially.
- ManhattanLife pays you cash benefits based on covered injuries, treatments and services.
- Payments go directly to you, and can help pay for other expenses, like traveling to the hospital, childcare and lost income from missed work.
- "Child Organized Sport" benefit pays you an extra 25% cash benefit for each accident when the dependent child is injured while playing an organized sport.*

**The child must be insured by the plan on date the accident occurred. The child must be 18 years of age or younger.*

Accident Insurance with ManhattanLife is easy

- No health questions to answer and convenient payroll deductions
- Helps protect your savings when the unexpected occurs
- Take the coverage with you if you change jobs or retire

Bi-Weekly (24) Deductions

Employee	\$8.65
Employee & Spouse	\$13.56
Employee & Child	\$14.19
Family	\$19.11

COVERED EVENTS	BENEFITS PAID
Accident Coverage	On/Off Job
Accidental Death and Dismemberment Death Benefit	Employee: \$25,000, Spouse: \$12,500, Child: \$5,000
Wellness Benefit	Provides a \$50 per year benefit for completing certain routine wellness screenings or procedures
Emergency Room Treatment	\$200
Accident Medical Expense Benefit	\$500
Doctor Follow-Up Visits	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$200
Child Organized Sport	25% increase to child benefits
Coma	\$15,000
Concussions	Covered under Medical Expense Benefit
Dislocations	Schedule up to \$5,000
Fracture	Schedule up to \$6,000

Gun Shot Wound	Covered under Medical Expense Benefit
Hospital Confinement	\$250/day, up to 1 yr
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$500/day – up to 15 days
Laceration	Schedule up to \$400
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500, 2 or more: \$1,000
Surgery (Cranial, Open Abdominal, Thoracic)	Schedule up to \$1,250 Hernia: \$250
Transportation	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident
Traumatic Brain Injury	\$4,000

Appliance Benefit	\$125
Blood and Plasma Benefit	\$300
Brain Injury Diagnosis Benefit	\$150
Burn Benefit	\$100 for 15% or less, \$500 for 15% and over
Eye Injury Benefit	\$100
Family Member Lodging Benefit	\$100
Immediate Hospitalization Benefit	\$1,000
Physical Therapy Benefit	\$30 per day
Ruptured Disc Benefit	\$500
Skin Graft Benefit	50% of the amount paid for the burn benefit
Tendon, Ligament, Rotator Cuff or Knee Cartilage Benefit	\$150 exploratory surgery, \$500 surgical repair

FPPg

5Star Life Insurance Company Family
Protection Plan
Group Term Life Insurance to age 121

Quality of Life Rider



Nearly
85%

of people said they thought
most people need life insurance.*

Yet only
59%

said that they have
coverage themselves.*

And
33%

wish their spouse or partner
had more life insurance.*

Prepare for the future. Protect your loved ones.

CUSTOMIZABLE

With several options to choose from, select the coverage that best meets the needs of your family.

FAMILY COVERAGE

You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children (14 days to 19 years old, 26 if full-time student) under your coverage or your spouse's. No matter what the future brings, you and your family are protected.

PORTABLE

Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly.

TERMINAL ILLNESS ACCELERATION OF BENEFITS

Coverage pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

CONVENIENT

Easy payment through payroll deduction.

PROTECTION YOU CAN COUNT ON

Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

QUALITY OF LIFE

Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

Guarantee Issue
amounts are
approved for eligible
employees at annual
open enrollment and
for new hires*

Employee: \$150,000
Spouse: \$50,000
Child/ren: \$10,000

* Scanlon, James T., Terry, Karen R., and Leyes, Maggie, 2018 Insurance Barometer Study, April 4, 2018, www.limra.com/Research/Abstracts_Public/2018/2018_Insurance_Barometer.aspx. Please note there may be a cost associated with this study.

Underwritten by 5Star Life Insurance Company (a Lincoln, Nebraska company); Administered by NTT Data at 777 Research Drive, Lincoln, NE 68521
Product not available in all states. Policy #: ICC18-GFPPPOL

FPPg QoL-FlyerR1218

ghc
GROUP HEALTH CAPTIVES
A 13 Percent Advantage

5STAR
LIFE INSURANCE
COMPANY

FPPg Rate Sheet

Monthly Rates with Quality of Life Rider Defined Benefit



	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
18-25	\$9.90	\$14.98	\$23.46	\$31.94	\$40.42	\$48.89	\$57.38
26	\$9.91	\$15.04	\$23.59	\$32.13	\$40.66	\$49.21	\$57.75
27	\$9.98	\$15.20	\$23.92	\$32.62	\$41.34	\$50.04	\$58.76
28	\$10.08	\$15.45	\$24.42	\$33.37	\$42.34	\$51.29	\$60.26
29	\$10.23	\$15.82	\$25.13	\$34.44	\$43.75	\$53.07	\$62.38
30	\$10.43	\$16.32	\$26.12	\$35.94	\$45.75	\$55.56	\$65.38
31	\$10.64	\$16.84	\$27.16	\$37.50	\$47.84	\$58.16	\$68.50
32	\$10.87	\$17.42	\$28.34	\$39.25	\$50.17	\$61.09	\$72.01
33	\$11.11	\$18.02	\$29.55	\$41.06	\$52.58	\$64.11	\$75.63
34	\$11.40	\$18.75	\$31.00	\$43.26	\$55.50	\$67.75	\$80.00
35	\$11.72	\$19.54	\$32.59	\$45.63	\$58.67	\$71.71	\$84.76
36	\$12.08	\$20.44	\$34.37	\$48.31	\$62.25	\$76.18	\$90.13
37	\$12.46	\$21.41	\$36.34	\$51.25	\$66.16	\$81.09	\$96.00
38	\$12.88	\$22.44	\$38.38	\$54.32	\$70.25	\$86.19	\$102.13
39	\$13.33	\$23.59	\$40.67	\$57.76	\$74.83	\$91.92	\$109.00
40	\$13.83	\$24.81	\$43.13	\$61.44	\$79.75	\$98.06	\$116.38
41	\$14.38	\$26.19	\$45.87	\$65.57	\$85.25	\$104.94	\$124.63
42	\$14.98	\$27.70	\$48.92	\$70.12	\$91.34	\$112.54	\$133.76
43	\$15.60	\$29.25	\$52.00	\$74.75	\$97.50	\$120.25	\$143.01
44	\$16.26	\$30.90	\$55.30	\$79.69	\$104.08	\$128.48	\$152.88
45	\$16.93	\$32.58	\$58.67	\$84.75	\$110.83	\$136.92	\$163.00
46	\$17.67	\$34.42	\$62.33	\$90.26	\$118.17	\$146.09	\$174.00
47	\$18.43	\$36.31	\$66.13	\$95.94	\$125.75	\$155.56	\$185.38
48	\$19.19	\$38.23	\$69.96	\$101.69	\$133.42	\$165.15	\$196.88
49	\$20.02	\$40.31	\$74.13	\$107.94	\$141.75	\$175.57	\$209.38
50	\$20.93	\$42.58	\$78.67	\$114.75	\$150.84	\$186.92	\$223.01
51	\$21.94	\$45.11	\$83.71	\$122.32	\$160.91	\$199.52	\$238.13
52	\$23.11	\$48.04	\$89.59	\$131.13	\$172.66	\$214.21	\$255.75
53	\$24.42	\$51.29	\$96.09	\$140.87	\$185.67	\$230.46	\$275.26
54	\$25.88	\$54.96	\$103.42	\$151.88	\$200.33	\$248.80	\$297.25
55	\$27.44	\$58.84	\$111.17	\$163.50	\$215.83	\$268.17	\$320.51
56	\$29.19	\$63.21	\$119.92	\$176.63	\$233.33	\$290.04	\$346.76
57	\$30.99	\$67.73	\$128.96	\$190.19	\$251.41	\$312.64	\$373.88
58	\$32.84	\$72.35	\$138.21	\$204.06	\$269.91	\$335.77	\$401.63
59	\$34.74	\$77.09	\$147.67	\$218.25	\$288.83	\$359.42	\$430.01
60	\$36.71	\$82.04	\$157.59	\$233.13	\$308.66	\$384.21	\$459.75
61	\$38.77	\$87.19	\$167.88	\$248.57	\$329.25	\$409.94	\$490.63
62	\$40.93	\$92.58	\$178.67	\$264.75	\$350.83	\$436.92	\$523.00
63	\$43.22	\$98.31	\$190.13	\$281.94	\$373.75	\$465.56	\$557.38
64	\$45.72	\$104.54	\$202.59	\$300.62	\$398.67	\$496.71	\$594.76
65	\$48.50	\$111.50	\$216.50	\$321.50	\$426.50	\$531.50	\$636.51
66*	\$49.13	\$113.06	\$219.63	\$326.19	\$432.75	\$539.31	\$645.88
67*	\$52.62	\$121.79	\$237.08	\$352.38	\$467.67	\$582.96	\$698.25
68*	\$56.58	\$131.71	\$256.92	\$382.13	\$507.33	\$632.54	\$757.75
69*	\$61.09	\$142.98	\$279.46	\$415.94	\$552.42	\$688.90	\$825.38
70*	\$66.18	\$155.69	\$304.88	\$454.06	\$603.25	\$752.44	\$901.63

*Quality of Life not available ages 66-70. Quality of Life benefits not available for children.

Available only on children of employee or spouse, 14 days to 19 years or 26 if full time student.

\$1.00 monthly for \$5,000 coverage and \$2.00 monthly for \$10,000 coverage.

FPPgDBQOLMonthlyRates



Frequently Asked Questions

Q: Who is eligible to receive insurance benefits?

A: Employees classified as full-time per the Patient Protection Affordable Care Act are eligible to enroll after all waiting periods have been met.

Q: When will my insurance go into effect?

A: Any elected coverage will be effective the first day of the month following 30 days. If your start date is January 15th, your insurance will be effective March 1st.

Q: Can I cancel or make changes to my insurance at any time?

A: Your insurance may be changed if you experience a qualifying event. Examples include birth, adoption, marriage, death, divorce, change in work status, or loss of coverage.

Q: When can I make changes to my insurance elections?

A: You can make changes within 30 calendar days of a qualifying event or during the designated open enrollment period.

Q: How do I cancel or make changes to my insurance?

A: Please e-mail or call HR and provide the necessary documentation within 30 calendar days from the date of your qualifying event. HR can advise you on the documentation required.

Q: Who should I contact if I have questions about my benefits?

A: Please e-mail any questions to HR or any of your GHC Representatives. Your e-mail will be answered as soon as possible.

Q: How and when can I add or drop a dependent?

A: A dependent can only be added or dropped during an open enrollment period, unless you have an IRS qualifying event (see next page for a listing).

Q: Can part-time employees carry insurance?

A: No.

Q: How and when do I get my insurance I.D. cards?

A: Your insurance cards are mailed directly to the employee's address on file from all benefit vendors. Most insurance cards are received within 3-6 weeks of the effective date.

Q: Can I carry dependents on voluntary coverages without carrying them on the medical insurance?

A: Yes. You do not have to carry medical insurance on dependents to carry them on voluntary benefits that are offered for family members. You may carry dependent coverage on any benefit you wish without carrying it on other coverages.

Q: When does the company's annual enrollment take place?

A: A&M Homecare's annual open enrollment is July of each policy year. Employees may make changes to any/all benefit coverages available.

Q: Can my dependents be denied coverage for pre-existing conditions?

A: No, there are no pre-existing conditions exclusions.

Q: What are considered qualifying events?

A: Several life events qualify: change in marital status, change in number of dependents, change in employment status, change in residence, substantial loss of network providers, or significant cost/coverage changes to a plan. Proof of event is needed within 30 days.

Contact Information

Human Resources

Contact	Stefan Ryder
Email	Sryder@aandmhomecare.org
Phone	207-307-0922 EXT 3

Flip Book Link

<https://online.fliphtml5.com/anorx/szgi/>

Open the link on your phone
At the bottom of your screen, there will be an icon in
the middle that looks like a square with an arrow,
click that
Scroll on the right until you see the icon that says
"Add to Home Screen"
Click add at the top right



This brochure highlights the main features of A&M Homecare's employee benefits program. It does not include all plan rules, details, limitations, and exclusions. Legal documents, including insurance contracts, govern the terms of your benefit plans.

Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. A&M Homecare reserves the right to change or discontinue its employee benefits plans at any time.

