

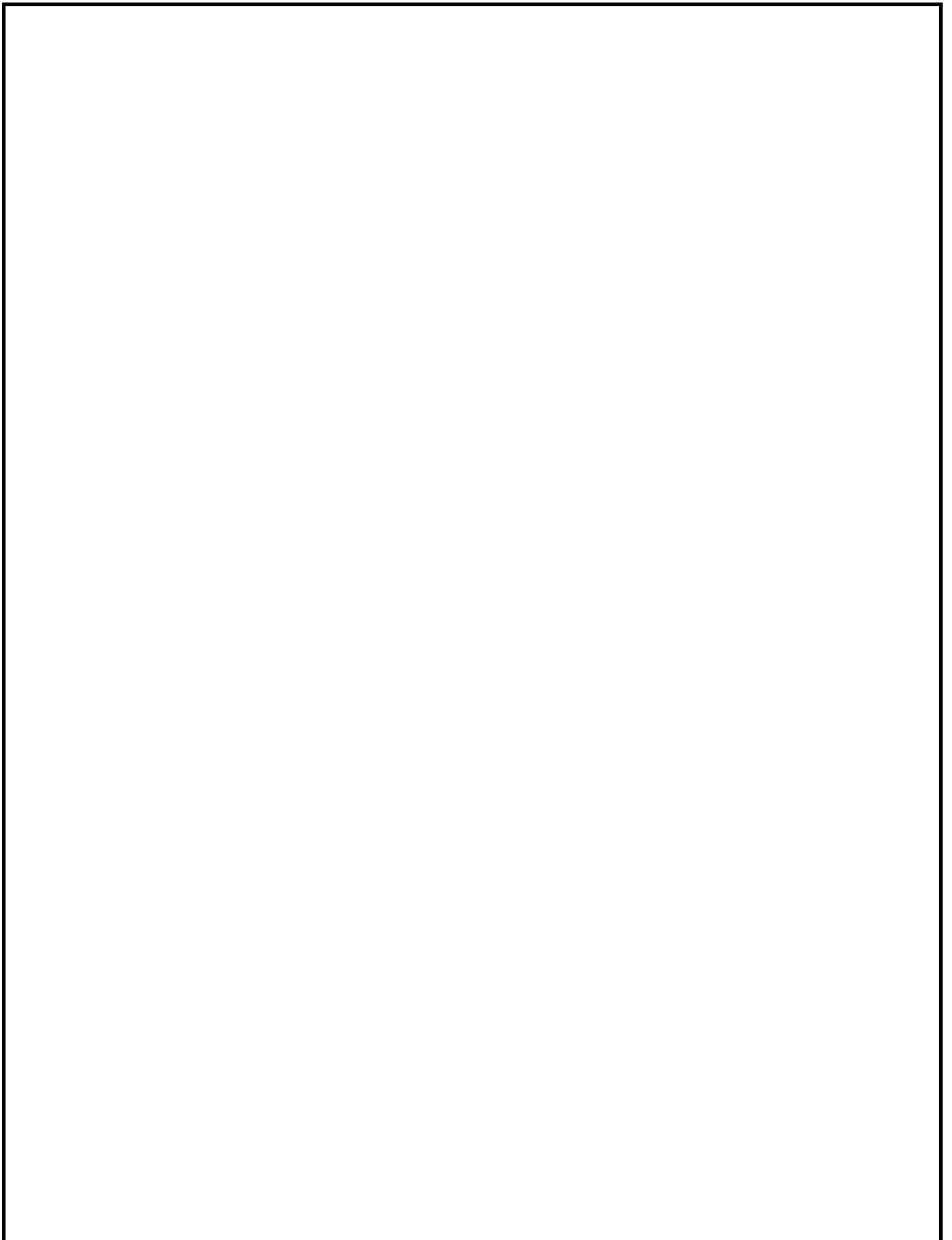
You and Your Benefits



Travaux, Inc.

Handbook for Employee Benefits

2019



Welcome

You are very important to all of us at the Human Resources Department. That's why we are pleased to offer You and Your Benefits, a dynamic and flexible package of valuable programs. Through You and Your Benefits, you and your family have access to details regarding comprehensive health insurance, financial protection through life and disability insurance, a variety of tax-deferred and post-tax retirement savings options, and numerous resources to support your overall well-being.

Your You and Your Benefits Handbook for Employee Benefits has been designed to help you understand all of the available options so that you can make the best possible decisions for yourself and your family.

This handbook is provided as an overview of terms and conditions of the insurance, retirement, and wellness programs for Travaux Inc. (Travaux) Human Resources maintains plan guides, which contain more detailed information. Please consult Human Resources for specific benefit information. Contact information is located in the back of this handbook.

Travaux reserves the right to amend, change, or terminate the health and welfare benefit plans, any underlying contracts or any other programs, at any time and without notice, at its sole discretion, according to the terms of the applicable plans or programs.

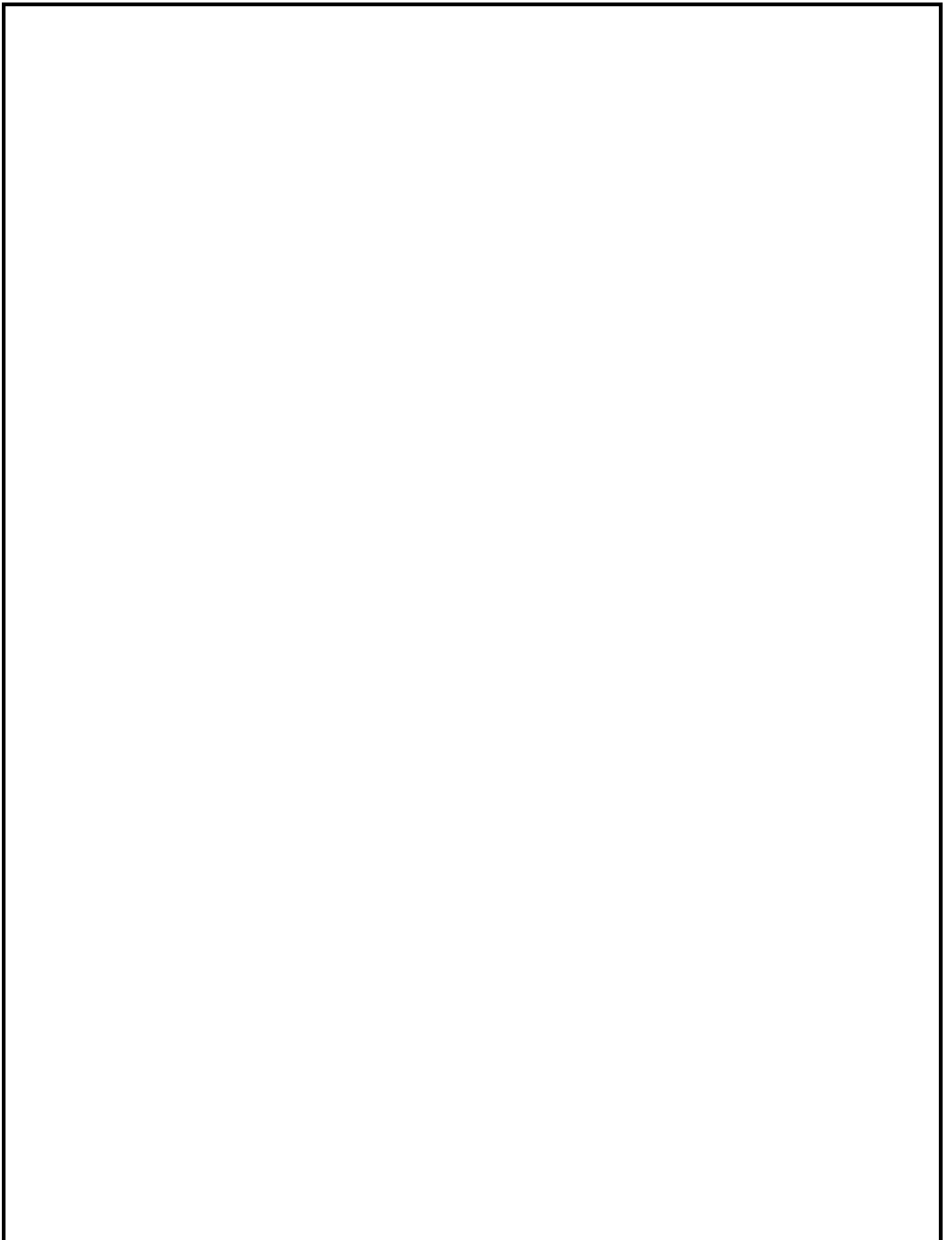


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Benefit Coverage

Travaux provides a comprehensive benefit program designed to assist our employees and their families in meeting the financial burdens that can result from illness, disability and death, and to help them plan for their retirement.

This section of the handbook highlights some features of our benefit plans. These plans are described more fully in the Summary Plan Descriptions (SPDs) that are provided for each plan or the open enrollment booklet for active employees that are provided for each plan. Complete descriptions of all our benefit plans are contained in our master contracts and documents. As carefully as we try to write these highlights and the Summary Plan Descriptions, they cannot replace or change any provisions of the master documents that actually govern and control your benefits.

Travaux has the right to alter or change any benefit within the realm of Wisconsin law.

Benefit Elections

If employees do not select medical, dental, or life coverage when they become eligible, they will have to wait until the next open enrollment period to join. The benefit elections that employees select will remain in effect for the rest of the plan year until the next open enrollment, unless they have a change in their family or employment status that is considered to be a qualifying event in accordance with governing laws. Human Resources must be notified within thirty (30) days of a change in family status (i.e. birth, marriage, divorce, loss of other coverage, etc.) to be eligible to add or drop a dependent.

Medical, Dental, and Vision Programs

Employees hired on a full-time, regular basis become eligible for medical/dental benefits for themselves and their eligible dependents the first of the month following completion of thirty (30) consecutive calendar days of active service. Enrollment in Health, Dental, and/or Vision insurance programs is optional. Each employee will be given an enrollment form during orientation. To enroll, the employee must complete and return the form(s) to the Human Resource Department by the date he or she is eligible to enroll. Plan designs are provided at the end of this booklet.

ACA Notice: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act (ACA) and any financial penalties associated with not having health insurance benefits.

Eligibility

Full-time employees are eligible to participate in Travaux's medical programs. The employee's contribution of the total premiums vary depending on coverage chosen. This contribution is deducted semi-monthly directly from the employee's paycheck, on a pre-tax basis (see Summary of Benefits for plan design). Eligible employees may choose Employee Only, Employee and Spouse, Employee and Child(ren), or Family coverage.

If the employee does not select coverage by the eligibility date, he or she will have to wait until the next annual open enrollment period to join the plan unless he or she has a change in employment or family status that would qualify him or her to enroll earlier. All benefit elections that are selected will remain in effect for the rest of the plan year until the next annual open enrollment, unless you experience a qualifying event as allowable by law. **Human Resources must be notified within 30 days of a change in family status** (i.e. birth, marriage, divorce, annulment, loss of other medical coverage, spouse gets a new job or spouse leaves/loses job) in order to add a dependent. **You may not add, Drop, or change your coverage during the plan year, unless you experience a qualifying event as allowable by law.** Please contact Human Resources for a complete list of qualifying events that may apply.

Adult Children Eligibility

Employees may elect coverage for adult children under the age of 26 regardless of their student status. If adult children are eligible for coverage under their own employer, they are still eligible for coverage under their parent's insurance if their premium cost would exceed the extra premium cost their parent would pay to add them to their coverage. Employees are not required to add eligible adult children; however, they may do so if they choose.

Health Insurance Premiums

Health Insurance premiums are deducted bi-weekly and will be determined on an individual basis, based on specific employee circumstance. Monthly premiums are provided at the end of this booklet. The Employee portion will be 10% of combined premiums based on election coverage taken, which will be divided into two equal payments, to be deducted the first two paychecks of each month. In the months where there are 3 paychecks, no deduction will be taken on the 3rd paycheck of the month.

Dental Insurance Premiums

Dental Insurance premiums are deducted bi-weekly as described in the table below. In the months where there are 3 paychecks, no deduction will be taken on the 3rd paycheck of the month.

DENTAL PLAN	PREMIUM Bi-Weekly	Travaux Share Bi-Weekly	Employee Bi-Weekly	Employee Monthly
Employee	\$27.53	\$19.27	\$8.26	\$16.52
Emp/Spouse	\$55.05	\$38.54	\$16.51	\$33.02
Emp/Children	\$77.06	\$53.94	\$23.12	\$46.24
Family	\$106.21	\$74.35	\$31.86	\$63.72

Vision Insurance Premiums

Vision Insurance is completely voluntary. Premiums are deducted bi-weekly as described in the table below. In the months where there are 3 paychecks, no deduction will be taken on the 3rd paycheck of the month.

VISION PLAN	Employee Bi-Weekly	Employee Monthly
Employee	\$4.53	\$9.06
Employee and Spouse	\$9.06	\$18.12
Emp and Children	\$8.60	\$17.20
Family	\$13.52	\$27.04

Health Reimbursement Account

Travaux is pleased to provide a Health Reimbursement Account (HRA) to assist with In Network Out-of-Pocket costs incurred and covered by the medical insurance benefit. Travaux will provide up to the final \$2,500 of your maximum out-of-pocket expenses if you have single coverage, and up to the final \$5,000 of your maximum out-of-pocket expenses for more than single coverage. See Human Resources for reimbursement process. Once you have reached your maximum Out-of-Pocket expenses, the medical insurance will cover 100% of expenses, including Co-payments.

Continuing your Health Coverage (State Continuation)

In accordance with the State Continuation law, you (and/or any dependents covered under your benefit plan) would be entitled to continue medical and/or dental coverage in the event of: termination of employment, reduction in hours, which results in a loss of benefit eligibility status, death, legal separation, annulment, divorce, a dependent reaching the maximum age limit, and certain other circumstances.

It is the employee's responsibility to contact Human Resources, within 30 days from the date of a change in family status, so proper State Continuation notification can be sent to the family members involved. The employee and his or her eligible dependents may have the right to continue health coverage. State Continuation Notice letters detailing costs and maximum length of coverage will be sent out after the qualifying event occurs. Certificates of Coverage will be sent out by the insurance company upon termination in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). To inform employees of their rights under the State Continuation and HIPAA laws, information will be mailed to the employee's address upon enrolling in the plan.

Humana Go365™

Getting healthier is easier – and lots more fun – with Go365™. As a Go365™ member, you earn Points for completing healthy activities. You get one Buck for each Point you earn, plus Bonus Bucks when you reach a higher Status. These Bucks add up for you to spend in the Go365 Mall on products from popular brands and retailers. Visit the Go365 Mall online or on the App to see all the great products, deals and offers Go365 has to offer. And that's just the beginning! When enrolled employees participate in Go365™, they can achieve status levels ranging from Blue to Platinum based on participation and accumulated Points in the program. When an employee reaches Silver Status, an incentive Wellness Engagement Incentive will reduce his or her premium by 7%! When an employee reaches Gold Status or higher, a Wellness Engagement Incentive will reduce your premium by 15%! Please refer to the Humana Go365™ brochure for more details.

Flexible Spending Account

Travaux is pleased to offer the Flexible Choices Program (FSA). Through the FSA program you can set aside a portion of your earnings with pre-tax dollars, for everyday expenses you may have with dependent day care expenses, out-of-pocket medical expenses, including dental, vision, over-the counter medications (with doctors prescription), and prescription drug expenses. The maximum you may set aside is \$2,600 for FSA Medical, and \$5,000 for Dependent Care. If you participate in the FSA Medical program, the funds you set

aside will be placed on a Debit Card, allowing convenient, easy access to make payments. You will be required to provide documentation to substantiate all charges paid using the Debit Card.

You may enroll before the expiration of the first of the month following thirty (30) days after hire date, or during the open enrollment period for the following year.

The FSA program does not automatically renew for the New Year automatically, you must re-enroll.

Short Term Disability Insurance

Travaux offers short term disability (STD) insurance. All eligible employees who have been on the payroll for at least six months may participate in this benefit. This disability insurance allows you to protect your income if illness or injury prevents you from performing your job and could be especially important if your salary is your primary or sole source of income. This optional benefit can be purchased by employees and paid through payroll deduction.

Long Term Disability Insurance

Travaux provides long term disability (LTD) insurance. All eligible employees who have been on the payroll for at least six months receive this benefit. This disability insurance allows you to protect your income if illness or injury prevents you from performing your job for more than 90 days, and could be especially important if your salary is your primary or sole source of income. The LTD program is provided by Travaux at no cost to eligible employees.

401K Plan

Travaux offers all employees a 401K Plan administered by an outside third party provider, information on this plan is available by contacting Human Resources. Please see booklet for plan details.

Group Life Insurance

Eligible employees are automatically enrolled in the group life insurance program, which provides coverage of \$50,000, at Travaux expense.

Holidays

Full-time employees receive the following eleven (11) holidays with pay.

New Year's Day	Thanksgiving Day
Martin Luther King Day	Day after Thanksgiving
Good Friday	Christmas Eve
Memorial Day	Christmas Day
Independence Day	New Years Eve
Labor Day	

Whenever Independence Day falls on Saturday, the preceding Friday is observed as a holiday. Whenever New Year's Day, Independence Day or Christmas day fall on Sunday, the following Monday is observed as a holiday. Whenever New Year's Day or Christmas fall on Saturday the following Monday is observed as a holiday. Travaux reserves the right to modify the Holiday schedule based on the needs of the organization.

Optional Holidays

Employees may substitute one or two of their Holidays for one or two optional Holidays within the same calendar year: Juneteenth (June 19) or Cesar E. Chavez Day (March 31). In order for an employee to request one of these days as a holiday, the day must fall on a day when the department is open for business. Eligible employees may request March 31st and/or June 19th off as a paid holiday in lieu of one of the eleven recognized holidays. (New Year's Day-Jan1, Dr. Martin Luther King Jr.'s birthday, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, day after Thanksgiving, Christmas Day-Dec 25, last work day before Christmas Day, and last work day before New Year's Day.) Please note, this legislation does not change the total number of holidays with pay granted to employees on an annual basis. The employee will be required to reserve earned Vacation or Compensatory Time Pay to be used for the substituted Holiday. Employees cannot borrow vacation for this purpose. An employee who wishes to request an optional holiday must submit a written request, using the appropriate form, establishing which official holiday will be substituted for the optional holiday.

The supervisor will review requests for the optional holiday(s) and approve the request after determining adequate staffing levels are in place to continue services. The form is then sent to Personnel and Payroll. If the number of requests for an optional holiday exceed the maximum number of employees needed to maintain services, the supervisor will contact Personnel to establish a rotating schedule among the section employees.

Sick Leave

Paid sick leave is to be used only to cover the necessary absence from work of an employee due to employees' illness, or disease and disability.

Sick leave is earned beginning with the date of hire and can be used after six months of service. Employees absent from work during the first six months of employment are to consult with their immediate supervisor to determine if time is to be made up or if the employee will not be paid for lost time.

These sick leave provisions should not be construed and will not be construed or applied in a manner that undercuts employee rights under the State and Federal FMLA laws. Employees will earn 12 sick days per year, and can carry a maximum accumulation of 60 days.

Vacation

Travaux provides and encourages time off, with pay, for the purpose of rest and relaxation and, when necessary, to address scheduled personal commitments or obligations.

Full time Travaux employees must complete 90 days of actual service before being eligible for paid vacation.

All employees are allowed to borrow up to 80 hours of vacation time at the discretion of the department head and may carryover up to 120 hours at the end of the year. Vacation is earned and accrued as follows:

<i>Service Years Completed</i>	<i>Maximum Biweekly Accrual Rate</i>	<i>Vacation Earned Per Year</i>
0 up to 4	3.08 hrs	80 hrs
4 up to 9	3.85 hrs	100 hrs
9 up to 14	5.38 hrs	140 hrs
14 plus	6.15 hrs	160 hrs

Family Medical Leave

Federal and State law requires certain employers to grant family and medical leaves of absence to eligible employees. Wisconsin employers follow both state and federal family and medical leave laws. Where Wisconsin and federal provisions differ, the one most favorable to the employee must be followed. The Human Resource Department will supply details of these laws.

Jury Duty

Any time taken off for jury leave is treated as a paid absence for full-time employees. Travaux continues the employee's salary during the period of active jury leave less any compensation provided by the court. The monies received will be deducted from the employee's paycheck, minus any reimbursements for lodging, transportation and/or meals.

Military Leave

Travaux complies with the State and Federal laws regarding the rights of employees who enter military service. If an employee is called into duty and meets all legal requirements, Travaux will allow the needed time off to fulfill this commitment.

A maximum of two (2) weeks of paid leave will be provided in any one calendar year for reservists and members of the National Guard to participate in active duty training, emergency service or specialized training if all legal requirements are met. If these activities are compensated by the government, Travaux will pay the difference between the employee's regular straight time wages and the government's compensation up to a maximum of two (2) weeks.

Worker's Compensation

Travaux carries worker's compensation insurance based on state law. This insurance provides compensation for lost time, medical expenses and loss of life or dismemberment from injury arising out of or in the course of your employment. In order to protect your own interests in case of an injury or illness that is work related, you or your Supervisor must contact the Human Resource Department before the end of your work shift. Failure to do so may result in disciplinary action, up to and including termination. You will be required to complete an Incident Report and submit it to Human Resources as immediately as possible to file a claim. If your injury is such that you are unable to complete the form, your manager or department head may do so.

Eligibility for Worker's Compensation benefits is determined by a third party administrator.

Bereavement Leave

In the event of a death in the immediate family, Travaux provides full-time employees time off with pay up to a maximum of three (3) days for immediate family members. Immediate family is defined as a spouse, children, siblings (in-law), parents, grandparents, great-grandparents, grandchildren, father-in-law and mother-in-law. Step parents and step children by virtue of the employee's current spouse and adoptive relationships are treated the same as natural relationships for the purpose of funeral leave administration. An employee's eligibility to use step parent funeral leave is limited to one step father and one step mother, regardless of the number of his/her step parents.

Tuition Reimbursement

Effective upon date of employment, tuition reimbursement is available to full-time employees to prepare for career advancement.

Eligible employees may receive up to a maximum of \$1,500 per calendar year in reimbursement of tuition and textbooks for approved courses of study. Tuition reimbursement funds do not roll over to the next year.

HR Contact Information

Cassandra Sherrill-Patterson, Senior HR Generalist	414-286-5939
Todd Slusar, Senior HR Business Partner	414-286-5890
Crystal Reed-Hardy, Human Resources Manager	414-286-5886
Camille Cole, Senior HR Specialist	414-286-5889

**HUMANA INSURANCE COMPANY: CR HUMANAPPO16-SEP
ACC&CPY OV&DED/COINS IP/OP**

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: Beginning on or after 05/01/2016

Coverage For: Individual + Family | Plan Type: PPO




This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.humana.com or by calling 1-866-4ASSIST (427-7478).

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	Network: \$500 Individual / \$1,000 Family Non-Network: \$1,500 Individual / \$3,000 Family Doesn't apply to prescription drugs and preventive services. Co-insurance and co-payments don't count toward the deductible	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	Prescription drug coverage Network: \$0 Individual / \$0 Family Non-Network: \$0 Individual / \$0 Family	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses	Yes. For Network providers \$4,000 Individual / \$8,000 Family For Non-Network providers \$12,000 Individual / \$24,000 Family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, Balance-billed charges, Health care this plan doesn't cover, Penalties, Non-network transplant, Out-of-network Co-Insurance	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.

Questions: Call 1-866-4ASSIST (427-7478) or visit us at www.humana.com

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-866-4ASSIST (427-7478) to request a copy.

Does this plan use a <u>network of providers</u> ?	Yes. See www.humana.com or call 1-866-4ASSIST (427-7478) for a list of Network providers. For Prescription Drugs: National Rx Network	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

-  • **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35 copay/visit	50% coinsurance	-----none-----
	Specialist visit	\$60 copay/visit	50% coinsurance	-----none-----
	Other practitioner office visit	Chiropractor Exam: \$60 copay/visit	Chiropractor Exam: 50% coinsurance	-----none-----
	Preventive care / screening / immunization	No charge	50% coinsurance	limited coverage for preventive care
If you have a test	Diagnostic test (x-ray, blood work)	No charge after deductible	50% coinsurance	Cost share may vary based on where service is performed
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	Cost share may vary based on where service is performed

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at www.humana.com/2016-Rx4-EHB.</p> <p>Click here</p>	Level 1 - Lowest cost generic and brand-name drugs	\$10 copay (Retail) \$25 copay (Mail Order)	30% coinsurance, after Network copay (Retail) 30% coinsurance, after Network copay (Mail Order)	30 day supply (Retail) 90 day supply (Mail Order)
	Level 2 - Higher cost generic and brand-name drugs	\$30 copay (Retail) \$75 copay (Mail Order)	30% coinsurance, after Network copay (Retail) 30% coinsurance, after Network copay (Mail Order)	
	Level 3 - Generic and brand-name drugs with higher cost than Level 2	\$50 copay (Retail) \$125 copay (Mail Order)	30% coinsurance, after Network copay (Retail) 30% coinsurance, after Network copay (Mail Order)	
	Level 4 - Highest cost drugs	25% coinsurance (Retail) 25% coinsurance (Mail Order)	30% coinsurance, after Network copay (Retail) 30% coinsurance, after Network copay (Mail Order)	
	Specialty drugs	35% coinsurance	50% coinsurance	25% coinsurance when filled via a preferred network specialty pharmacy
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	-----none-----
	Physician/surgeon fees	20% coinsurance	50% coinsurance	-----none-----

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you need immediate medical attention	Emergency room services	\$400 copay/visit	\$400 copay/visit	Copayment waived if admitted
	Emergency medical transportation	20% coinsurance	20% coinsurance	-----none-----
	Urgent care	\$100 copay/visit	50% coinsurance	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	-----none-----
	Physician/surgeon fee	20% coinsurance	50% coinsurance	-----none-----
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$35 copay/visit	50% coinsurance	For non-network, 5 visits to a non-par outpatient treatment facility or other provider as par
	Mental/Behavioral health inpatient services	20% coinsurance	50% coinsurance	-----none-----
	Substance use disorder outpatient services	\$35 copay/visit	50% coinsurance	For non-network, 5 visits to a non-par outpatient treatment facility or other provider as par
	Substance use disorder inpatient services	20% coinsurance	50% coinsurance	-----none-----
If you are pregnant	Prenatal and postnatal care	20% coinsurance	50% coinsurance	-----none-----
	Delivery and all inpatient services	20% coinsurance	50% coinsurance	-----none-----
If you need help recovering or have other special health needs	Home health care	20% coinsurance	50% coinsurance	100 visit limit per calendar year/plan year
	Rehabilitation services	\$60 copay/visit	50% coinsurance	Physical, Occupational, Speech, Audiology, and Cognitive Therapy: 40 visit limit per calendar year
	Habilitation services	\$60 copay/visit	50% coinsurance	
	Skilled nursing care	20% coinsurance	50% coinsurance	60 days per confinement
	Durable medical equipment	20% coinsurance	50% coinsurance	-----none-----
	Hospice service	20% coinsurance	50% coinsurance	-----none-----
If your child needs dental or eye care	Eye exam	\$10 copay/visit	30% coinsurance	1 exam per year until the end of the month child turns 19
	Glasses	50% coinsurance	50% coinsurance	1 pair of frames per year until end of month child turns 19 1 pair of lenses per year until end of month child turns 19
	Dental check-up	50% coinsurance	50% coinsurance	2 exams per year until end of the month child turns 19

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery, unless to correct a functional impairment
- Dental care (Adult), unless for dental injury of a sound natural tooth
- Infertility treatment
- Long-term care
- Non Emergent Care received from foreign providers
- Private Duty Nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care - spinal manipulations are covered
- Hearing Aids

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-866-4ASSIST (427-7478). You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Humana, Inc.: www.humana.com or 1-866-4ASSIST (427-7478)

Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform

Wisconsin Office of the Commissioner of Insurance, PO Box 7873, Madison, WI 53707-7873, Phone: 608-266-3585 or 608-266-0103 or 800-236-8517, TDD: Dial 711 and ask for 608-266-3586, Email: ociquestions@wisconsin.gov, Website: <http://oci.wi.gov/index.htm>

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

—————To see examples of how this plan might cover costs for a sample medical situation, see the next page.—————

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays: \$5,790
- Patient pays: \$1,750

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$500
Copays	\$50
Coinsurance	\$1,200
Limits or exclusions	\$0
Total	\$1,750

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays: \$3,780
- Patient pays: \$1,620

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$1,600
Coinsurance	\$0
Limits or exclusions	\$20
Total	\$1,620

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from network providers. If the patient had received care from non-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-866-4ASSIST (427-7478) or visit us at www.humana.com

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-866-4ASSIST (427-7478) to request a copy.

8 of 8

Humana Medical PPO Rates

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View Detailed Add On Rates: TRAVAUX INC

This page displays the product's detailed rate information.

Product Information

MEDICAL/DRUG:PPO 17 Copay OPT 8 Gold - Ded: Individual \$500.00/Family \$1,000.00, Coins: 80.00% In-network/50.00% Out-of-network, OOP: Individual \$4,000.00/Family \$8,000.00, OV: \$35.00 Primary care/\$60.00 Specialist, \$10/30/50/25%, MILHPNCONC

Rate Information

Rate Effective Date: 12/1/2017

Rate End Date:

Individual Rates

Age Rate Information

Age	Employee		Spouse		Dependent Child		Full Time Student		Medicare
	Male	Female	Male	Female	Male	Female	Male	Female	
0-14	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	N
15	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	N
16	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	N
17	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	N
18	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	N
19	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	N
20	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	\$307.30	N
21	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	N
22	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	N
23	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	N
24	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	\$483.93	N
25	\$485.87	\$485.87	\$485.87	\$485.87	\$485.87	\$485.87	\$485.87	\$485.87	N
26	\$495.55	\$495.55	\$495.55	\$495.55	\$495.55	\$495.55	\$495.55	\$495.55	N
27	\$507.16	\$507.16	\$507.16	\$507.16	\$507.16	\$507.16	\$507.16	\$507.16	N
28	\$526.03	\$526.03	\$526.03	\$526.03	\$526.03	\$526.03	\$526.03	\$526.03	N
29	\$541.52	\$541.52	\$541.52	\$541.52	\$541.52	\$541.52	\$541.52	\$541.52	N
30	\$549.26	\$549.26	\$549.26	\$549.26	\$549.26	\$549.26	\$549.26	\$549.26	N
31	\$560.88	\$560.88	\$560.88	\$560.88	\$560.88	\$560.88	\$560.88	\$560.88	N
32	\$572.49	\$572.49	\$572.49	\$572.49	\$572.49	\$572.49	\$572.49	\$572.49	N
33	\$579.75	\$579.75	\$579.75	\$579.75	\$579.75	\$579.75	\$579.75	\$579.75	N
34	\$587.49	\$587.49	\$587.49	\$587.49	\$587.49	\$587.49	\$587.49	\$587.49	N
35	\$591.36	\$591.36	\$591.36	\$591.36	\$591.36	\$591.36	\$591.36	\$591.36	N
36	\$595.24	\$595.24	\$595.24	\$595.24	\$595.24	\$595.24	\$595.24	\$595.24	N
37	\$599.11	\$599.11	\$599.11	\$599.11	\$599.11	\$599.11	\$599.11	\$599.11	N
38	\$602.98	\$602.98	\$602.98	\$602.98	\$602.98	\$602.98	\$602.98	\$602.98	N
39	\$610.72	\$610.72	\$610.72	\$610.72	\$610.72	\$610.72	\$610.72	\$610.72	N
40	\$618.46	\$618.46	\$618.46	\$618.46	\$618.46	\$618.46	\$618.46	\$618.46	N
41	\$630.08	\$630.08	\$630.08	\$630.08	\$630.08	\$630.08	\$630.08	\$630.08	N
42	\$641.21	\$641.21	\$641.21	\$641.21	\$641.21	\$641.21	\$641.21	\$641.21	N
43	\$656.70	\$656.70	\$656.70	\$656.70	\$656.70	\$656.70	\$656.70	\$656.70	N
44	\$676.05	\$676.05	\$676.05	\$676.05	\$676.05	\$676.05	\$676.05	\$676.05	N
45	\$698.80	\$698.80	\$698.80	\$698.80	\$698.80	\$698.80	\$698.80	\$698.80	N

View Detailed Add On Rates: TRAVAUX INC

This page displays the product's detailed rate information (continued).

Humana Medical PPO Rates

WISCONSIN

Age Rate Information

	Employee		Spouse		Dependent Child		Full Time Student		
46	\$725.90	\$725.90	\$725.90	\$725.90	\$725.90	\$725.90	\$725.90	\$725.90	N
47	\$756.39	\$756.39	\$756.39	\$756.39	\$756.39	\$756.39	\$756.39	\$756.39	N
48	\$791.23	\$791.23	\$791.23	\$791.23	\$791.23	\$791.23	\$791.23	\$791.23	N
49	\$825.59	\$825.59	\$825.59	\$825.59	\$825.59	\$825.59	\$825.59	\$825.59	N
50	\$864.30	\$864.30	\$864.30	\$864.30	\$864.30	\$864.30	\$864.30	\$864.30	N
51	\$902.53	\$902.53	\$902.53	\$902.53	\$902.53	\$902.53	\$902.53	\$902.53	N
52	\$944.63	\$944.63	\$944.63	\$944.63	\$944.63	\$944.63	\$944.63	\$944.63	N
53	\$987.22	\$987.22	\$987.22	\$987.22	\$987.22	\$987.22	\$987.22	\$987.22	N
54	\$1,033.19	\$1,033.19	\$1,033.19	\$1,033.19	\$1,033.19	\$1,033.19	\$1,033.19	\$1,033.19	N
55	\$1,079.17	\$1,079.17	\$1,079.17	\$1,079.17	\$1,079.17	\$1,079.17	\$1,079.17	\$1,079.17	N
56	\$1,129.01	\$1,129.01	\$1,129.01	\$1,129.01	\$1,129.01	\$1,129.01	\$1,129.01	\$1,129.01	N
57	\$1,179.34	\$1,179.34	\$1,179.34	\$1,179.34	\$1,179.34	\$1,179.34	\$1,179.34	\$1,179.34	N
58	\$1,233.06	\$1,233.06	\$1,233.06	\$1,233.06	\$1,233.06	\$1,233.06	\$1,233.06	\$1,233.06	N
59	\$1,259.67	\$1,259.67	\$1,259.67	\$1,259.67	\$1,259.67	\$1,259.67	\$1,259.67	\$1,259.67	N
60	\$1,313.39	\$1,313.39	\$1,313.39	\$1,313.39	\$1,313.39	\$1,313.39	\$1,313.39	\$1,313.39	N
61	\$1,359.85	\$1,359.85	\$1,359.85	\$1,359.85	\$1,359.85	\$1,359.85	\$1,359.85	\$1,359.85	N
62	\$1,390.34	\$1,390.34	\$1,390.34	\$1,390.34	\$1,390.34	\$1,390.34	\$1,390.34	\$1,390.34	N
63	\$1,428.57	\$1,428.57	\$1,428.57	\$1,428.57	\$1,428.57	\$1,428.57	\$1,428.57	\$1,428.57	N
64	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N
65	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	Y
65	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N
66	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	Y
66	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N
67	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	Y
67	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N
68	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	Y
68	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N
69	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	Y
69	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N
70	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	Y
70	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N
71	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	Y
71	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N
72	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	Y
72	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N
73	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	Y
73	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N
74	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	Y
74	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N
75-120	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	Y
75-120	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	\$1,451.80	N

To derive the total rate for an Employee & Dependents:

- Step 1: Rate for Employee based on age and gender
- +Step 2: Rate for Spouse based on age and gender (if applicable)
- +Step 3: Rate for each dependent child less than 21 yrs old based on age and gender; up to maximum of the 3 oldest under 21 yrs old (if applicable)
- +Step 4: Rate for each dependent child 21 or older based on age and gender; no maximum (if applicable)
- =Total Rate

Humana Dental PPO 14

WISCONSIN

	If you use an IN-NETWORK dentist	If you use an OUT-OF-NETWORK dentist
Calendar-year deductible (excludes orthodontia services)	Individual \$25	Family \$75
	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.	
Calendar-year annual maximum (excludes orthodontia services)	\$2,000 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)	
Preventive services	100% no deductible	80% no deductible
<ul style="list-style-type: none"> • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 14) • Sealants (permanent molars, through age 14) • Space maintainers (primary teeth, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older) 		
Basic services	80% after deductible	50% after deductible
<ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) 		
Major services	50% after deductible	50% after deductible
<ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered) • Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 		
Orthodontia services	Child orthodontia covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$2,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Humana Dental PPO 14

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

GotoMyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Plan summary created on: 6/9/16 20:04

Policy Number: WI-70090-HC 1/14

Humana[®]

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental PPO Network. To find a dentist in HumanaDental's PPO Network, log on to Humana.com or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at HumanaDental.com or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at Humana.com.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at Humana.com or by calling 1-800-233-4013.



Travaux, INC.

1. Exam/material 1 copay:	\$10/\$15	
2. Wholesale frame allowance:	\$40	Approximate retail value: (\$80 - \$120)
3. Elective contact lens allowance:	\$110	

	See a participating provider	See a nonparticipating provider
Exam with dilation as necessary	100% after copay	\$35 allowance
Lenses		
• Single	100% after copay	\$25 allowance
• Bifocal	100% after copay	\$40 allowance
• Trifocal	100% after copay	\$60 allowance
Frames	Wholesale frame allowance option	\$40 retail allowance
Contact lenses²		
• Elective (conventional and disposable) ³	Contact lens allowance option	Contact lens allowance plan
• Medically necessary (limit one pair) ⁴	100%	\$210 allowance

Frequency (based on date of service)	Examination	Lenses or contact lenses	Frame
Option 1	Once every 12 months	Once every 12 months	Once every 12 months
Option 2	Once every 12 months	Once every 12 months	Once every 24 months

Additional plan discounts

- Members may receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- By using a participating provider, members may be eligible to receive up to a 20 percent retail discount on a second pair of eyeglasses, which is available for 12 months after the covered eye exam through the participating provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

¹ Material copay is required for a complete pair of eyeglasses, lenses or frames.
² If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).
³ The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members visiting a participating provider may be eligible to receive up to a 15 percent discount. The discount for professional services is available for 12 months after the covered eye exam.
⁴ Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.

Vision Care Plan

HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

	Conventional / Traditional**		Custom **	
TLC 888-358-3937 (designated locations only)	\$895		\$1,295	\$1,895*
LasikPlus 866-757-8082	\$695* LasikPlus free enhancements for 1 year	\$1,395* LasikPlus free enhancements for life	\$1,895* LasikPlus free enhancements for life	
QualSight LASIK 855-456-2020	\$895* QualSight free enhancements for 1 year	\$1,295* with QualSight Lifetime Assurance Plan	\$1,320	\$1,995* with QualSight Lifetime Assurance Plan

You may receive a 10% discount from retail prices at certain independent Lasik participating providers and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

* with IntraLase™

** Pricing varies by section procedure offered by the provider you choose and options in your area. Not all locations offer fixed pricing. Please call the provider for details.

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
\$125	\$50	\$50	\$0	\$125
\$187.50	\$75	\$50	\$50 (\$75-\$50=\$25x2=\$50)	\$137.50

* Retail costs may differ and are based on 2½ times the wholesale cost. Actual savings may vary.

Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at HumanaVisionCare.com

How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. ID card in the mail
Prior to scheduling your appointment, select a network provider through the Customer Care Center, automated information line, or HumanaVisionCare.com
3. information line, or HumanaVisionCare.com
Schedule an appointment, providing your name, the patient's name and employer
4. patient's name and employer
Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time



LENSCRAFTERS®

PEARLE VISION®

JCPenney Optical



OPTICAL®

GN51514HV 1213

Plan summary created on: 6/14/16 12:06

Policy number: HUM VGRP-POLICY.002 et.al.

Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on HumanaVisionCare.com or call 1-866-537-0229. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations.
- Services and materials provided on a prepaid basis, and the plan pays in-network providers directly, you also have the freedom to use out-of-network providers if you prefer
- Life without claim forms! With HumanaVision you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service
- Select a vision provider from our network simply by visiting HumanaVisionCare.com, if you prefer, call us at 1-866-537-0229

Know what your plan doesn't cover

Some items and services not included in HumanaVision are:

- Orthoptics or vision training, subnormal vision aids or Plano (non-prescription) lenses
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of eyes
- Care provided through or required by any government agency or program, including Workers' Compensation or a similar law

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.¹



1 Thompson Media Inc.

This is not a complete disclosure of plan qualifications and limitations.

Check with your local Humana or HumanaDental sales office to verify product availability.

Insured by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, CompBenefits Insurance Company, or The Dental Concern, Inc.

Humana®

Humana.com 

GN51514HV 1213

Plan summary created on: 6/14/16 12:06

Policy number: HUM VGRP-POLICY.002 et.al.

Plan Highlights

Group Basic Life and AD&D Insurance



Travaux,
Inc.

ELIGIBILITY

Employees: Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

Basic Life and AD&D:

\$50,000

Amounts of life insurance equal to \$150,000 or more may be subject to an earnings cap.

GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

Employee: \$50,000

CONTRIBUTION REQUIREMENTS

Coverage is employer paid

BENEFIT REDUCTION DUE TO AGE

<u>Age</u>	<u>Original Benefit</u> <u>Reduced To</u>
70	50%

FEATURES

- ▶ Living Benefit Rider (expressed as Accelerated Death Benefit in some states and Imminent Death Benefit in PA)
- ▶ Conversion Privilege
- ▶ Seat Belt Benefit
- ▶ Waiver of Premium

AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing	50%

EXCLUSIONS

AD&D EXCLUSIONS:

AD&D benefits will not be payable for a loss: caused by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic intoxication is a contributing factor; or to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

Plan Highlights

Group Short Term Disability Insurance



Travaux, Inc.

COVERAGE

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The weekly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$1,500 per week.

DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 8th consecutive day of disability;

or the day following the number of accumulated sick days applicable to the employee.

MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 13 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is employer paid.

FEATURES

- ▶ Maternity covered as any other illness
- ▶ Partial Disability benefit included

LIMITATIONS

- ▶ Pre-Existing Condition Limitation - 3/6

Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers’ compensation or other workers’ disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.

Plan Highlights

Group Long Term Disability Insurance



Travaux, Inc.

COVERAGE

Disability income protection insurance provides a benefit for “long term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$7,500 per month.

ELIMINATION PERIOD

90 consecutive days of total disability

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement Duration of Benefits

61 or less	to age 65
62	3 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69 or more	1 year

CONTRIBUTION REQUIREMENTS

Coverage is employer paid.

FEATURES

- ▶ Own Occupation Coverage - 36 months
- ▶ Residual and Partial Disability
- ▶ Survivor Benefit - 3 months

LIMITATIONS

- ▶ Mental/Nervous Illness Limitation - 24 Months out-patient Pre-
- ▶ Existing Condition Limitation - 12/12

Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; alcoholism or drug addiction; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.