



2020 Benefits for MedStar Health Residents

Enrollment Timeframe

You may enroll in benefits anytime within your first 30-days from date of hire.

When Coverage Begins

Once enrolled, benefits are effective your date of hire.

Visit myHR to Enroll

myHR serves as a one-stop shop for benefit enrollment and human resources (HR) information, including your MedStar Total Rewards – benefits, pay, associate discounts, Educational Assistance, and more. To learn more about your comprehensive benefits package and to elect coverage, visit myHR for single sign on (SSO) access to MedStar's benefit enrollment system.

Access

myHR is accessible anywhere from any computer, mobile device or tablet. If you are:

- **Inside the MedStar Network:** Log into StarPort and click the myHR link, located under HR Information. Access is SSO
 - Note: SSO is not supported on shared workstations
- **Outside the MedStar Network:** Visit myHRMedStar.net. Click New User Registration and complete the one-time Password Registration process

For help accessing myHR, contact the HR Solution Center at 855-674-myHR (6947).

Eligible Dependents

Family members eligible for enrollment in most MedStar Health offered health benefits include legal spouses and children up to age 26, regardless of student status. Following enrollment, dependent verification through the Plan Smart Dependent Verification Center is required.

Tobacco Surcharge

Associates that enroll in medical coverage through MedStar Health and are tobacco users will pay a surcharge for 2020. The tobacco surcharge is deducted out of each paycheck and equates to \$50 per month or \$600 a year.

To learn more about the comprehensive benefits coverage available to you, including detailed plan descriptions and enrollment instructions, visit myHR.

Health Insurance

Associates may choose either the MedStar Select Plan or CareFirst Preferred Provider Organization (PPO) Plan. In some locations, Kaiser is also an option for enrollment.

The MedStar Select Plan offers comprehensive medical coverage through the MedStar Select Provider Network and allows you to see out-of-network providers with minimum out-of-pocket costs. Many medical services provided by MedStar facilities and physicians are paid at 100 percent or require minimal copay. You do not need to select a primary care physician to coordinate care.

The CareFirst PPO Plan allows you the ability to see any provider, with lower out-of-pocket costs when you stay in-network.

Prescription Coverage

Associates that enroll in medical coverage through MedStar Select or CareFirst, receive prescription drug coverage at no additional cost.

If enrolling in the MedStar Select or CareFirst PPO medical plans, coverage through CVS Caremark is automatic. With medical coverage through Kaiser, prescription coverage is included through Kaiser.

Dental Insurance

There are two plan options available: Delta Dental PPO Plus Premier and DentalCare USA DHMO (you must designate a DHMO dentist).

Vision Care

Associates may choose to participate in the Group Vision Services Plan. The plan provides comprehensive vision benefits from a network of providers.

MyHealth Questionnaire

The MyHealth Questionnaire is a personal health assessment that provides a snapshot of your overall wellness, complete with personalized results and interactive tools to help you preserve or improve your health.

Completing a MyHealth Questionnaire earns you up to \$360 annual savings on your medical premiums for 2020, if you elect the MedStar Select or CareFirst medical plans.

Visit MedStarMyHealth.org to complete your MyHealth Questionnaire within 60-days of hire to be eligible for the reduced medical premiums.

Retirement Savings Plan

- Newly hired associates may begin contributing to this plan immediately
- MedStar Health may match 50 percent of your contributions up to a maximum of six percent of your earnings
- To be eligible for an employer match, you must:
 - Complete a year of service,
 - Work 1,000 hours or more per year, and
 - Be a MedStar associate on the last day of the plan year
- Associates are 100 percent vested in their own contributions immediately
- MedStar Health's matching contributions are vested after three years of service

Disability Benefits

Short-Term Disability (STD)

- You are eligible for STD benefits on your date of hire
- Coverage is provided at no cost to you

Note: Benefit premiums will continue to come out of your paycheck while on STD.

Long-Term Disability (LTD)

- The LTD program replaces a portion of your base monthly salary if you remain disabled beyond the maximum STD benefit period, at no cost to you, up to a maximum benefit of \$3,000 per month

Life and AD&D Insurance

MedStar Health provides eligible associates with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance equal to one times your annual base pay, with coverage rounded up to the next higher \$1,000. Basic coverage is provided at no cost to the associate.

- Supplemental Life and AD&D Insurance coverage is available in amounts equal to one, two, or three times your base pay, up to a combined (basic and supplemental) maximum of \$1,500,000
- If you do not enroll when first eligible you may be required to provide evidence of insurability (EOI), through participation in a health questionnaire

Voluntary Benefits

MedStar Health offers you the opportunity to elect Universal Life, Critical Illness and Accident Insurance through the convenience of payroll deduction with the advantage of our discounted group rate.

Universal Life Insurance: Provides individual or family death benefits

Critical Illness Insurance: Offers affordable, flexible coverage for a variety of serious illnesses

Accident Insurance: Designed to financially assist you in the event of an injury, on or off the job

Flexible Spending Accounts

MedStar Health provides two Flexible Spending Accounts (FSAs) that allow associates to use pre-tax dollars to pay for certain medical or dependent day care expenses.

Healthcare FSA

Each calendar year you may put aside dollars from your pay to cover out-of-pocket medical and dental care expenses, such as copays and deductibles. When you enroll in the Healthcare FSA, you receive a MMA Blue Card Prepaid Mastercard to use when paying for eligible expenses.

Dependent Day Care FSA

Each calendar year you may put aside dollars from your pay to cover dependent and elder daycare expenses. After paying your daycare bill, easily submit a request for reimbursement from your Dependent Day Care FSA. Highly compensated associates are limited to \$1,200 for 2020.

Employee Assistance Program

Business Health Services

Professional counseling is available for personal or health problems, including: stress, family conflicts, grief, alcohol or substance abuse, financial, depression, anxiety, chronic illnesses and legal problems. To take advantage of this benefit, contact Business Health Services at 866-765-3277, 24-hours a day, seven days a week.

Legal Plan

Associates may elect group legal coverage, which provides access to a network of attorneys who deliver legal services via telephone or office visit. Examples of covered services are: will preparation, tenant/landlord disputes, sale and purchase of real estate and traffic court representation. To learn more visit myHR or call 800-728-5768.

The Benefits Department

Contact Us

855-674-myHR (6947) **PHONE**
410-933-2921 **FAX**

Please Note: MedStar Health constantly seeks to improve associate benefits. This document is intended to be a brief overview of benefits for your convenience. All benefits are subject to change.

Disclaimer

This is a summary of MedStar Health's benefits for eligible associates. Some of the information is based upon official plan documents and summary plan descriptions that are the governing sources and supersede the information in this document.

Some benefits are prorated for associates working less than full-time. It is not a guarantee of benefits. Professional expense reimbursements may be subject to change according to policy.

2020 Medical Plan Options Chart

| Benefits | MedStar Select Plan | | CareFirst PPO Plan | |
|-------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------|-------------------------------------|
| | In-Network (MedStar Select Provider Network) | Out-of-Network | In-Network | Out-of-Network |
| Calendar Year Deductible¹ | | | | |
| Per individual | \$0 | \$2,000 | \$1,000 | \$2,500 |
| Per family | \$0 | \$4,000 | \$2,000 | \$5,000 |
| Coinsurance (percent paid by you) | | | | |
| % Coinsurance after deductible | None, unless specified | 40% | 20% | 40% |
| Annual Out-of-Pocket Maximum (includes deductible, copays, and coinsurances) | | | | |
| Per individual | \$1,500 | \$6,000 | \$2,750 | \$6,500 |
| Per family | \$3,000 | \$12,000 | \$5,500 | \$13,000 |
| Office Visits | | | | |
| Primary care office visit | \$0 (plan pays 100%) | 40% coinsurance after deductible | \$15 copay | 40% coinsurance after deductible |
| Specialty care office visit/clinic | \$30 copay | | \$40 copay | |
| Preventive Services | | | | |
| Adult physicals (One per calendar year) | \$0 (plan pays 100%) | 40% coinsurance after deductible | \$0 (plan pays 100%) | 40% coinsurance after deductible |
| Immunizations and inoculations | | | | |
| Well child visits including immunization | | | | |
| Screenings | | | | |
| Annual GYN exam | | | | |
| Diagnostic Services | | | | |
| Advanced imaging (e.g., PET, MRI, CT) | \$30 copay | 40% coinsurance after deductible | \$30 copay | 40% coinsurance after deductible |
| Other imaging (e.g., X-ray, sonogram) | \$15 copay | | \$15 copay | |
| Lab and other services | \$0 (plan pays 100%) | | \$0 (plan pays 100%) | |

¹ Copays do not count toward deductible; however, deductible counts toward out-of-pocket maximum.

² Emergency Department copay waived only if admitted; emergency services available out-of-network.

³ Pre-authorization required.

⁴ Centers of Excellence: MedStar covers the treatment for morbid obesity, including surgical treatments, at MedStar Centers of Excellence. Currently, the Bariatric Centers are MedStar Franklin Square Medical Center, 443.777.1158; MedStar Montgomery Medical Center, 301.774.8962; and MedStar Washington Hospital Center, 202.877.7257.

| Benefits | MedStar Select Plan | | CareFirst PPO Plan | |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| | In-Network (MedStar Select Provider Network) | Out-of-Network | In-Network | Out-of-Network |
| Emergency care ² | \$250 copay | \$250 copay | \$250 copay | \$250 copay |
| Ambulance services | \$0 (plan pays 100%) | \$0 (plan pays 100%) | \$0 (plan pays 100%) | \$0 (plan pays 100%) |
| Urgent care | \$10 copay | 40% coinsurance after deductible | \$30 copay | 40% coinsurance after deductible |
| MedStar eVisit | \$0 (plan pays 100%) | N/A | \$15 copay | N/A |
| Hospital Facility/Surgical Procedures | | | | |
| Outpatient surgery | \$50 copay per surgery | 40% coinsurance after deductible | \$100 copay per surgery at MedStar facility 20% coinsurance after deductible - non-MedStar facility | 40% coinsurance after deductible |
| Inpatient hospitalization ³ | \$100 copay per admission | | \$200 copay per admission at MedStar facility 20% coinsurance after deductible - non-MedStar facility | |
| Medical rehabilitation (medically necessary care - non custodial; limited to 30 days per illness or injury) | \$0 (plan pays 100%) | | \$200 copay per admission at MedStar facility 20% coinsurance after deductible - non-MedStar facility | |
| Morbid obesity ^{3,4} | Only performed at MedStar Center of Excellence | Not covered | Only performed at MedStar Center of Excellence | Not covered |
| Hospital Physician Services | | | | |
| Inpatient ⁵ | \$0 (plan pays 100%) | 40% coinsurance after deductible | \$0 (plan pays 100%) | 40% coinsurance after deductible |
| Outpatient ⁵ | | | 20% coinsurance after deductible | |
| Allergy Services | | | | |
| Diagnostic testing | Primary Care Physician: \$0 (plan pays 100%) Specialist: \$30 copay | 40% coinsurance after deductible | Primary Care Physician: \$15 copay Specialist: \$40 copay | 40% coinsurance after deductible |
| Treatment including injections and serum | | | | |

⁵ Radiology, anesthesiology, pathology or surgery assistant services will be paid in full if performed at an in-network facility.

2020 Medical Plan Options Chart

MedStar Select Plan

CareFirst PPO Plan

| Benefits | In-Network (MedStar Select Provider Network) | Out-of-Network | In-Network | Out-of-Network |
|----------|----------------------------------------------------|----------------|------------|----------------|
|----------|----------------------------------------------------|----------------|------------|----------------|

Reproductive Health

| | | | | |
|---------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|
| Maternity care (Physician office visits before and after arrival of your child) | \$0 prenatal visits (plan pays 100%) | 40% coinsurance after deductible | \$15 copay, first visit, \$0 additional prenatal visits (plan pays 100%) | 40% coinsurance after deductible |
| Maternity hospitalization ⁷ (Mother and newborn) | \$100 copay | 40% coinsurance after deductible | \$100 copay at MedStar facility, \$600 copay at non-MedStar facility | 40% coinsurance after deductible |
| Infertility service ^{3,6} | 50% coinsurance | 50% coinsurance after deductible | 50% coinsurance after deductible | 50% coinsurance after deductible |

Therapy Services

| | | | | |
|----------------------------------------------------------------|-------------------------|-------------------------------------|------------|-------------------------------------|
| Physical and occupational (60 visits per year combined) | \$30 copay | 40% coinsurance after deductible | \$40 copay | 40% coinsurance after deductible |
| Speech therapy (60 visits per year) | \$30 copay | | \$40 copay | |
| Cardiac rehabilitation | \$0 (plan pays 100%) | | \$15 copay | |
| Pulmonary rehabilitation | \$0 (plan pays 100%) | | \$15 copay | |
| Therapeutic manipulation (Chiropractic; 30 visits per year) | \$30 copay | | \$40 copay | |
| Acupuncture | \$30 copay | | \$40 copay | |

Medical Therapy Services

| | | | | |
|-----------------------------------------------------------------------------|-------------------------|-------------------------------------|-------------------------|-------------------------------------|
| Chemotherapy, radiation therapy, dialysis treatment, infusion therapy | \$0 (plan pays 100%) | 40% coinsurance after deductible | \$0 (plan pays 100%) | 40% coinsurance after deductible |
|-----------------------------------------------------------------------------|-------------------------|-------------------------------------|-------------------------|-------------------------------------|

Mental Health and Substance Abuse

| | | | | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|------------------------------------------|-------------------------------------|
| Mental health/ substance abuse inpatient hospital, facility and professional services ³ | \$100 copay per hospital admission | 40% coinsurance after deductible | \$200 copay per hospital admission | 40% coinsurance after deductible |
| Office visits for mental health and substance abuse | \$0 (plan pays 100%) | | \$15 copay | |

³ Pre-authorization required.

⁶ Benefits for Artificial Insemination (AI) and In Vitro Fertilization (IVF) are combined and limited to four attempts per year and six attempts per lifetime. Coverage for infertility benefits includes injectable drugs and allows for the use of donor egg and sperm. The procurement and donor egg and sperm are not covered.

⁷ \$100 deposited into Health Reimbursement Account if you participate in MedStar MyHealth Maternity program and deliver at MedStar facility.

⁸ Pre-authorization may be required if greater than \$500.

⁹ Diabetic supplies such as glucometers, test strips, insulin, and syringes are covered under your prescription drug plan.

MedStar Select Plan

CareFirst PPO Plan

| Benefits | In-Network (MedStar Select Provider Network) | Out-of-Network | In-Network | Out-of-Network |
|----------|----------------------------------------------------|----------------|------------|----------------|
|----------|----------------------------------------------------|----------------|------------|----------------|

Home Health Care Services

| | | | | |
|-------------------------------------------------------|------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Home health care (60 visits per year) ³ | \$0 (plan pays 100%) | 40% coinsurance after deductible | 20% coinsurance after deductible | 40% coinsurance after deductible |
| Private duty nursing ³ | 10% coinsurance | | 10% coinsurance after deductible | |
| Skilled nursing facility ³ | \$100 copay per admission | | \$200 copay per admission at MedStar facility 20% coinsurance after deductible - non-MedStar facility | |

Other Medical Services

| | | | | |
|--------------------------------------------------|-------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|
| Hospice care ³ | \$0 (plan pays 100%) | 40% coinsurance after deductible | \$0 (plan pays 100%) | 40% coinsurance after deductible |
| Dental services related to accidental injury | 10% coinsurance | | 20% coinsurance after deductible | |
| Durable medical equipment ⁸ | \$0 (plan pays 100%) | | \$0 (plan pays 100%) | |
| Organ transplants ³ | \$0 (plan pays 100%) | | Paid in full at MedStar facility; 20% coinsurance after deductible - non-MedStar facility | |
| Nutritional counseling | \$0 (plan pays 100%) | | \$0 (plan pays 100%) | |
| Diabetic equipment and education ⁹ | \$0 (plan pays 100%) | | \$0 (plan pays 100%) | |

MedStar Pharmacy

Non-MedStar Pharmacy

| Prescription Drug Plan for MedStar Select and CareFirst (CVS Caremark) | 30-Day Supply | 90-Day Supply | 30-Day Supply | 90-Day Supply |
|------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| Generic | \$5 copay | \$10 copay | \$10 copay | \$20 copay |
| Brand Formulary | 20% coinsurance up to \$60 maximum | 20% coinsurance up to \$150 maximum | 20% coinsurance up to \$65 maximum | 20% coinsurance up to \$155 maximum |
| Brand Non-Formulary | 40% coinsurance up to \$100 maximum | 40% coinsurance up to \$250 maximum | 40% coinsurance up to \$105 maximum | 40% coinsurance up to \$255 maximum |

Associate Biweekly Benefits Cost

Jan. 1-Dec. 31, 2020

MedStar Georgetown University Hospital

The following charts show the associate biweekly costs for each of the benefit plans:

Medical and Prescription Drug Plans–Biweekly Costs

| Plan | Full-Time Associate Cost ¹ | | Part-Time Associate Cost | | | | | |
|-----------------------|-----------------------------------------|--------------------------|-----------------------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| | MyHealth Questionnaire Participant Cost | Non-Participant Cost | MyHealth Questionnaire Participant Cost | Non-Participant Cost | | | | |
| MedStar Select | | | | | | | | |
| Associate Only | \$37.20 | \$51.04 | \$135.28 | \$149.13 | | | | |
| Associate + Child | \$81.11 | \$94.96 | \$227.86 | \$241.71 | | | | |
| Associate + Spouse | \$109.65 | \$123.50 | \$288.80 | \$302.65 | | | | |
| Family | \$152.46 | \$166.31 | \$380.21 | \$394.05 | | | | |
| CareFirst PPO | | | | | | | | |
| Associate Only | \$53.20 | \$67.04 | \$161.82 | \$175.67 | | | | |
| Associate + Child | \$109.02 | \$122.87 | \$271.03 | \$284.88 | | | | |
| Associate + Spouse | \$146.24 | \$160.08 | \$343.85 | \$357.69 | | | | |
| Family | \$202.07 | \$215.92 | \$453.08 | \$466.92 | | | | |
| Kaiser HMO | | | | | | | | |
| | Full-Time Associate Cost | Part-Time Associate Cost | Kaiser HMO, Union | Full-Time Associate Cost | Part-Time Associate Cost | Kaiser POS, Union | Full-Time Associate Cost | Part-Time Associate Cost |
| Associate Only | \$50.17 | \$148.64 | Associate Only | \$51.65 | \$115.93 | Associate Only | \$121.87 | \$136.79 |
| Associate + Child | \$128.41 | \$297.58 | | Family | \$138.77 | | n/a | Family |
| Associate + Spouse | \$145.79 | \$330.66 | | | | | | |
| Family | \$224.00 | \$479.61 | | | | | | |

¹For purposes of medical plan coverage only, associates who are scheduled to work 30 or more hours per week will be considered full-time and eligible for full-time rates for medical coverage.

Dental Plans–Biweekly Costs

| Plan | Full-Time Associate Cost | Part-Time Associate Cost | Plan | Full-Time Associate Cost | Part-Time Associate Cost |
|--------------------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| Delta Dental PPO Plus Premier | | | DeltaCare USA | | |
| Associate Only | \$7.46 | n/a | Associate Only | \$2.29 | n/a |
| Associate + Child | \$13.59 | n/a | Associate + Child | \$5.02 | n/a |
| Associate + Spouse | \$15.52 | n/a | Associate + Spouse | \$4.62 | n/a |
| Family | \$21.57 | n/a | Family | \$7.82 | n/a |

Vision Plans–Biweekly Costs

| Plan | Full-Time Associate Cost | Part-Time Associate Cost |
|------------------------------|--------------------------|--------------------------|
| Group Vision Services | | |
| Associate Only | \$1.79 | \$1.79 |
| Associate + Child | \$3.29 | \$3.29 |
| Associate + Spouse | \$3.29 | \$3.29 |
| Family | \$4.12 | \$4.12 |

Associate Biweekly Benefits Cost (continued)

Supplemental Life Insurance

| Age Brackets | Biweekly Cost Per \$1,000 of Coverage | Age Brackets | Biweekly Cost Per \$1,000 of Coverage |
|--------------|---------------------------------------|--------------|---------------------------------------|
| Under 30 | \$0.023 | | |
| 30-34 | \$0.025 | 55-59 | \$0.198 |
| 35-39 | \$0.028 | 60-64 | \$0.305 |
| 40-44 | \$0.042 | 65-69 | \$0.586 |
| 45-49 | \$0.057 | 70-74 | \$0.951 |
| 50-54 | \$0.106 | 75+ | \$0.951 |

To calculate your biweekly cost for supplemental life insurance, follow these steps:

1. Multiply your base annual salary by the option you have chosen (1, 2, or 3x). _____
2. Round the result to the next higher \$1,000. _____
3. Divide this amount by \$1,000. _____
4. Enter the result. _____
5. Multiply line 4 by the premium noted for your age bracket. _____
6. Enter the result. This is your supplemental life insurance cost per paycheck. _____

Dependent Life Insurance

| Amount of Insurance | Biweekly Cost |
|----------------------------------------------|---------------|
| Children Only-\$5,000 | \$0.92 |
| Spouse-\$5,000 (includes \$5,000 per child) | \$1.30 |
| Spouse-\$10,000 (includes \$5,000 per child) | \$2.08 |
| Spouse-\$25,000 (includes \$5,000 per child) | \$4.44 |
| Spouse-\$50,000 (includes \$5,000 per child) | \$8.36 |

Supplemental AD&D Insurance

| Coverage | Biweekly Cost per \$1,000 of Coverage |
|----------------------|---------------------------------------|
| Associate Only | \$0.007 |
| Associate and Family | \$0.007 |

Long-Term Disability

| Amount of Coverage | Biweekly Cost per \$100 of Coverage |
|--------------------|-------------------------------------|
| 66 2/3% Buy Up | \$0.22 |

Legal Plan

| Plan | Biweekly Cost |
|-----------------|---------------|
| Legal Resources | \$8.31 |



MedStar Health

MedStar Health Long Term Disability Plan Overview

MedStar provides you with a disability plan that will pay you a monthly benefit in the event you become disabled due to a sickness or injury. The plan also provides you with important options when you complete your residency or fellowship. The Guardian Insurance Company underwrites this policy.

The following summary is intended to provide *general* information about your coverage.

MAXIMUM MONTHLY BENEFIT DURING RESIDENCY/FELLOWSHIP:

Full Time House Staff Officers: **70% of income up to \$3,000 per month.**

The disability must start while you are insured and you must satisfy a period of 180 days during which you are disabled (totally or partially). Benefits are provided until you reach Social Security normal retirement age or recover (whichever occurs first).

Disability is defined as your inability to perform your own specialty during the first two years of a claim. Thereafter you are insured as a doctor of medicine for the balance of the benefit period. Maternity is covered as illness.

SUPPLEMENTAL COVERAGE OPPORTUNITY DURING RESIDENCY:

You are eligible to apply for a supplemental policy that may raise the level of income protection to more than 100% of your current salary. This policy does require medical and financial underwriting. It also guarantees the right to obtain up to \$9,000 of additional coverage later without additional medical underwriting.

YOUR CONVERSION OPPORTUNITY UPON COMPLETION OF YOUR RESIDENCY:

This program allows you to apply for an individual non-cancelable disability contract when you complete residency without any medical qualification (but subject to financial underwriting). The maximum benefit available with this conversion is \$3,000 per month. To apply for this individual policy, you must complete a simple application with a representative from The Warner Companies.

RESTRICTION AND LIMITATION DURING THE RESIDENCY PLAN:

If you are totally or partially disabled due to a mental, nervous or emotional disorder, alcoholism or drug dependency, but are not hospitalized, a maximum of 24 monthly payments will be paid to you while the disability continues. During a period of hospitalization, benefits will be paid as for any other disability.

Benefits will cease at the end of the maximum benefit period (~~Age 65~~) (SSNRA), the date your disability ends, the date you die, or the date you fail to give the Insurer proof of your continuing total disability, whichever occurs first.

Continued on back ...

Benefits will not be paid for a disability due to war (declared or undeclared) or any act of war, intentionally self-inflicted injuries, or active participation in a riot.

This is only a general overview. For specific contract language please refer to your Guardian benefit booklet.

**Should you have questions regarding any aspect of the plan,
please contact The Warner Companies as follows:**

The Warner Companies
9690 Deereco Road, Suite 650
Timonium, Maryland 21093
Tel. (410) 252-0808 or 1-888-866-0808 (Toll Free)
Fax. (443) 836-0501
Email. medstarresdi@lwarner.com