

Lawley | EMPLOYEE BENEFITS

UNILOCK NEW YORK & BOSTON

November 2024 – October 2025

Plan Year

Benefits Guide



WELCOME!

BENEFITS ENROLLMENT

2024 PLAN YEAR



Unilock's goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits.

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family.

This guide contains a brief summary of the benefit plans offered. It is not the complete summary plan description. Please read this guide carefully so that you may make informed enrollment decisions. Additional enrollment and benefit information may be requested directly from the insurance carrier.

Visit our **Benefits Information Hub** (www.lawleybenefitsinformationhub.com/unilocknewyork) to view your complete benefit summaries and a voice recorded presentation of your benefits.

INITIAL ELIGIBILITY PERIOD

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date. If your enrollment is not completed on or before the end of your initial eligibility period:

- You will have to wait until the next Open Enrollment period to change your benefit elections, unless there is a qualifying event (See chart to the right).

OPEN ENROLLMENT

Open Enrollment is the window of opportunity to review your benefit enrollments and determine if you want to make any changes for the following plan year. It is important to remind you that decisions made during Open Enrollment are generally binding for the entire plan year and cannot be changed until next year's Open Enrollment unless there is a qualified change in status.

QUALIFIED CHANGE IN STATUS INCLUDE

- Marriage
- Divorce
- Legal separation
- Birth or adoption of a child
- Legal guardianship
- Involuntary loss of coverage
- National support notice
- Change in child's dependent status
- Death of spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in spouse's benefits or employment status

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage as of the date of the event. If you submit a qualifying event more than 30 days after the event, the change is subject to carrier approval.

We encourage you to take advantage of all of your available resources and work toward improving your overall health, making this year your healthiest ever.

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All your resources, all in one place

Keep this page handy. It lists the tools and programs available to you and how to find them.



My Highmark App

It's your health plan at your fingertips. Visit myhighmark.com or download the My Highmark app from the Apple App Store or Google Play.



Well360 Virtual Health

Get care from wherever you are. Visit myhighmark.com.



Blues On Call

A registered nurse is ready to answer your questions. Call 1-888-BLUE-428 or use the My Highmark app.



Blue365

For discounts to help you stay healthy and active, visit blue365deals.com.



Baby BluePrints

Our no-cost maternity program provides support from specially trained health coaches. Call 1-866-918-5267 to enroll.



Member Service

Have questions about your plan? Call the number on the back of your ID card or use the My Highmark app.



	PPO 800	
	In-Network	Out-of-Network
General Plan Information		
Deductible (embedded)	N/A	Single: \$500 Family: \$1,000
Coinsurance	N/A	20% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: \$6,350 Family: \$12,700	Single: \$2,500 Family: \$5,000
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	\$10 / \$20 / \$40	Not Covered
Mail Order	2.5 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	20% Coinsurance After Deductible
Primary Office Visit	\$25 Copay	20% Coinsurance After Deductible
Specialist Office Visit	\$25 Copay	20% Coinsurance After Deductible
Inpatient Hospital	\$500 Copay Per Admission	20% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	\$100 Copay	20% Coinsurance After Deductible
Emergency Room (waived if admitted)	\$150 Copay	\$150 Copay
Urgent Care Center	\$25 Copay	\$25 Copay
Bi-Weekly Payroll Deductions		
	Non-Smoker	Smoker
Single	\$102.23	\$127.62
Employee + Spouse	\$224.34	\$249.72
Employee + Child(ren)	\$227.08	\$252.47
Family	\$398.82	\$424.20
Weekly Payroll Deductions		
	Non-Smoker	Smoker
Single	\$51.12	\$63.81
Employee + Spouse	\$112.17	\$124.86
Employee + Child(ren)	\$113.54	\$126.23
Family	\$199.41	\$212.10

EMBEDDED DEDUCTIBLE

Each covered family member only needs to satisfy his/her individual deductible, not the entire family deductible, prior to receiving plan benefits.

EMBEDDED OUT-OF-POCKET MAXIMUM

Once the member reaches the individual out-of-pocket max, services would be covered 100% for that individual.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



	PPO 800 - \$500	
	In-Network	Out-of-Network
General Plan Information		
Deductible (embedded)	Single: \$500 Family: \$1,000	Single: \$1,000 Family: \$2,000
Coinsurance	10% Coinsurance After Deductible	30% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: \$2,750 Family: \$5,500	Single: \$5,000 Family: \$10,000
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	\$10 / \$30 / \$50	Not Covered
Mail Order	2.5 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	30% Coinsurance After Deductible
Primary Office Visit	\$30 Copay	30% Coinsurance After Deductible
Specialist Office Visit	\$30 Copay	30% Coinsurance After Deductible
Inpatient Hospital	10% Coinsurance After Deductible	30% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	\$150 Copay	30% Coinsurance After Deductible
Emergency Room (waived if admitted)	\$150 Copay	\$150 Copay
Urgent Care Center	\$30 Copay	\$30 Copay
Bi-Weekly Payroll Deductions	Non-Smoker	Smoker
Single	\$60.70	\$86.09
Employee + Spouse	\$139.40	\$164.78
Employee + Child(ren)	\$141.90	\$167.28
Family	\$265.60	\$290.99
Weekly Payroll Deductions	Non-Smoker	Smoker
Single	\$30.35	\$43.04
Employee + Spouse	\$69.70	\$82.39
Employee + Child(ren)	\$70.95	\$83.64
Family	\$132.80	\$145.49

EMBEDDED DEDUCTIBLE

Each covered family member only needs to satisfy his/her individual deductible, not the entire family deductible, prior to receiving plan benefits.

EMBEDDED OUT-OF-POCKET MAXIMUM

Once the member reaches the individual out-of-pocket max, services would be covered 100% for that individual.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



	PPO 7200 - \$1,600/\$3,200 - HSAQ	
	In-Network	Out-of-Network
General Plan Information		
Deductible (combined - true family)	Single: \$1,600 Family: \$3,200	Single: \$1,600 Family: \$3,200
Coinsurance	N/A	30% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	\$10 / \$30 / \$50 After Deductible	Not Covered
Mail Order	2.5 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	30% Coinsurance After Deductible
Primary Office Visit	\$25 Copay After Deductible	30% Coinsurance After Deductible
Specialist Office Visit	\$25 Copay After Deductible	30% Coinsurance After Deductible
Inpatient Hospital	\$500 Copay After Deductible	30% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	\$75 Copay After Deductible	30% Coinsurance After Deductible
Emergency Room (waived if admitted)	\$50 Copay After Deductible	\$50 Copay After In-Network Deductible
Urgent Care Center	\$35 Copay After Deductible	\$35 Copay After In-Network Deductible
Bi-Weekly Payroll Deductions		
	Non-Smoker	Smoker
Single	\$0.00	\$25.38
Employee + Spouse	\$23.50	\$48.89
Employee + Child(ren)	\$25.60	\$50.99
Family	\$90.90	\$116.28
Weekly Payroll Deductions		
	Non-Smoker	Smoker
Single	\$0.00	\$12.69
Employee + Spouse	\$11.75	\$24.44
Employee + Child(ren)	\$12.80	\$25.49
Family	\$45.45	\$58.14

TRUE FAMILY DEDUCTIBLE

The entire family deductible must be met before coinsurance or copays are applied for any individual family member.

EMBEDDED OUT-OF-POCKET MAXIMUM

Once the member reaches the individual out-of-pocket max, services would be covered 100% for that individual.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



	PPO 7200 - \$3,200/\$6,400 - HSAQ	
	In-Network	Out-of-Network
General Plan Information		
Deductible (combined - embedded)	Single: \$3,200 Family: \$6,400	Single: \$3,200 Family: \$6,400
Coinsurance	N/A	30% Coinsurance After Deductible
Out-of-Pocket Maximum	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000
Dependent Coverage		
Dependent Age Limit	To Age 26	
Prescription Coverage		
Prescription Drugs	\$10 / \$30 / \$50 After Deductible	Not Covered
Mail Order	2.5 Copays Per 90 Day Supply	Not Covered
Covered Medical Services		
Preventive Routine Care	Covered in Full	30% Coinsurance After Deductible
Primary Office Visit	\$25 Copay After Deductible	30% Coinsurance After Deductible
Specialist Office Visit	\$25 Copay After Deductible	30% Coinsurance After Deductible
Inpatient Hospital	\$500 Copay After Deductible	30% Coinsurance After Deductible
Outpatient Surgical Procedure (facility)	\$75 Copay After Deductible	30% Coinsurance After Deductible
Emergency Room (waived if admitted)	\$50 Copay After Deductible	\$50 Copay After In-Network Deductible
Urgent Care Center	\$35 Copay After Deductible	\$35 Copay After In-Network Deductible
Bi-Weekly Payroll Deductions		
	Non-Smoker	Smoker
Single	\$0.00	\$25.38
Employee + Spouse	\$23.20	\$48.59
Employee + Child(ren)	\$25.00	\$50.39
Family	\$75.60	\$100.98
Weekly Payroll Deductions		
	Non-Smoker	Smoker
Single	\$0.00	\$12.69
Employee + Spouse	\$11.60	\$24.29
Employee + Child(ren)	\$12.50	\$25.19
Family	\$37.80	\$50.49

EMBEDDED DEDUCTIBLE

Each covered family member only needs to satisfy his/her individual deductible, not the entire family deductible, prior to receiving plan benefits.

EMBEDDED OUT-OF-POCKET MAXIMUM

Once the member reaches the individual out-of-pocket max, services would be covered 100% for that individual.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



Health Savings Account (HSA) Overview

A Health Savings Account (HSA) is a tax-favored savings account for individuals and families covered by a High Deductible Health Plan (HDHP) created for the purpose to set aside pre-tax dollars to pay for qualified medical expenses.

Employees who participate in the Highmark of WNY's, PPO 7200 \$1,600/\$3,200 & PPO 7200 \$3,200/\$6,400, will be able to enroll in a Health Savings Account (HSA).

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

To obtain the benefits of an HSA, the law requires that the savings account be combined with a qualified High Deductible Health Plan (HDHP). The minimums and maximums on HDHP's are determined annually by the Internal Revenue Service (IRS) and are subject to change. The minimum annual deductible and maximum out-of-pocket requirements for 2024 and 2025 are:

Type of Coverage	2024 Minimum Annual Deductible	2024 Maximum Out-of-Pocket
Single	\$1,600	\$8,050
Family	\$3,200	\$16,100

QUALIFIED MEDICAL EXPENSES

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses as described in Section 213(d) of the Internal Revenue Service Tax Code. A list of these expenses is available on the IRS website, www.irs.gov in IRS Publication 502, "Medical and Dental Expenses." Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate plus 20% tax penalty, unless you are 65 or older, disabled or deceased. Remember, the IRS may modify its list of eligible expenses from time to time. As always, consult your tax advisor should you require tax advice.

CONTRIBUTING TO AN HSA

Individuals and families are offered the opportunity to save for current and future health care with a Health Savings Account (HSA). Contributions to an HSA are 100% tax-deductible from your gross income. The Internal Revenue Service (IRS) annually reviews and sets the contribution limits for HSA's. For 2024 and 2025, the combined employer/employee maximum contribution limits are:

Type of Coverage	2024 Maximum Contribution Limit	2025 Maximum Contribution Limit
Single	\$4,150	\$4,300
Family	\$8,300	\$8,550
Catch-Up Contribution (Age 55+)	\$1,000	\$1,000

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.





Health Savings Account (HSA) Overview

Employees who participate in Highmark of WNY's, PPO 7200 \$1,600/\$3,200 & PPO 7200 \$3,200/\$6,400 Medical Plans, will be eligible to receive an employer contribution into a Health Savings Account. In order to receive the employer contribution, you must have a Health Savings Account established. The annual amounts below will be deposited into your Health Savings Account on a per pay basis.

PPO 7200 - \$1,600 / \$3,200 Plan Design

- Single Contribution - \$960 per year
- Family Contribution - \$1,920 per year

PPO 7200 - \$3,200 / \$6,400 Plan Design

- Single Contribution - \$1,920 per year
- Family Contribution - \$3,840 per year

“CATCH-UP” CONTRIBUTION



\$1,000

Individuals who are age 55 and older can contribute an additional contribution annually

HSA MEDICAL EXPENSES

- After visiting a physician or facility, a claim is billed by the provider to Highmark BCBS for payment. Highmark BCBS will process the claim after applying the contracted rate to your deductible.
- Once you receive your Explanation of Benefits (EOB) from Highmark BCBS and the bill from the provider, you can use your HSA funds to pay for the remaining out-of-pocket costs.

PAYMENT AT TIME OF SERVICE

- Some providers may request payment in advance for services. You may use your available HSA funds to pay at the time of service. If HSA funds are not available, you can pay out-of-pocket and then reimburse yourself once your HSA funds are available. In most cases, providers will offer a payment plan.
- You will be provided an HSA Debit Card offering an easier way to pay for and manage your incurred medical expenses.

HSA PHARMACY EXPENSES

- At the pharmacy, the pharmacist processes the claim through Highmark BCBS and applies it towards your deductible.
- After the claim is processed, the pharmacist will ask you for payment at the time of service.

PAYMENT AT TIME OF SERVICE

- If HSA funds are not available, you can pay out-of-pocket then reimburse yourself once your HSA funds are available.
- You will be provided an HSA Debit Card offering an easier way to pay for and manage your incurred medical expenses.

HSA ELIGIBILITY GUIDELINES

- You are enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be claimed as a tax dependent.
- You are not enrolled in Medicare or covered under any other type of insurance plan. This includes plans that your spouse may be enrolled in, such as other group health plans, Flexible Spending Accounts (FSAs) or Health Reimbursement Arrangements (HRAs).
- All participants are responsible for retaining the proper documentation to verify the eligibility of a distribution.
- All participants must file an 8889 Form with their taxes.
- Contributions can be made up to the day Federal taxes are due for the previous plan year.
- Contribution limits assume you as the employee are “eligible” for the entire tax year. If you are not eligible for the entire tax year, you can still contribute the maximum as long as you remain eligible for the entire following tax year (through December 31), otherwise you will be taxed plus a 10% penalty on a prorated amount of the contribution.

For more detailed information on HSA plans and taxes, visit the U.S. Department of Treasury website at www.ustreas.gov or talk with your tax advisor.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.





Dental Plan

Guardian	Dental PPO	
General Plan Information		
Network	DentalGuard Preferred	
Who Pays For Coverage	Employer & Employee	
Dependent Coverage		
Dependent Age Limit	To Age 26	
In-Network Services		
Preventive Services	100% Covered	
Basic Services	100% Covered	
Major Services	60% Covered	
Orthodontia Services	50% Covered	
Out-of-Network Services		
Preventive Services	100% Covered	
Basic Services	80% Covered	
Major Services	50% Covered	
Orthodontia Services	50% Covered	
Cost-Sharing Highlights		
Deductible	Individual: \$25 / Family: \$75 Preventive Waived	
Annual Maximum	\$1,750 + Maximum Rollover	
Maximum Rollover	Included	
Orthodontia Lifetime Maximum	\$1,750	
Out-of-Network R & C / UCR	In-Network: Fee Schedule Out-of-Network: 90 th Percentile	
Payroll Deductions	Bi-Weekly	Weekly
Single	\$3.46	\$1.73
Employee + Spouse or 2-Person	\$6.69	\$3.35
Employee + Child(ren)	\$13.38	\$6.69
Family	\$22.15	\$11.08

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.





Vision Plan

Guardian	Davis Vision Full Feature – Designer B Network	
	In-Network	Out-of-Network
General Plan Information		
Who Pays For Coverage	Employee	
Dependent Coverage		
Dependent Age Limit	To Age 26	
Vision Services		
Eye Exam	\$10 Copay	Up to \$40 Allowance
Provider Frames	\$0 Copay; \$130 Allowance + 20% Off Remaining Balance After \$130 Copay	Up to \$84 Allowance
Standard Plastic Lenses	\$25 Copay	Allowance Amount Varies
Elective Contact Lenses	\$0 Copay; \$130 Allowance + 20% Off Remaining Balance After \$130 Copay	N/A
Medically Necessary Contact Lenses	\$0 Copay	N/A
Vision Services Frequency		
Eye Exam	Once Every 12 Months	
Frames	Once Every 24 Months	
Lenses or Contact Lenses	Once Every 12 Months	
Payroll Deductions		
	Bi-Weekly	Weekly
Single	\$0.00	\$0.00
Employee + Spouse or 2-Person	\$1.61	\$0.80
Employee + Child(ren)	\$1.67	\$0.84
Family	\$3.69	\$1.85

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Basic Life/AD&D Insurance Plan

Lincoln's Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there.

As an eligible employee, Unilock pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

Lincoln	Basic Life/AD&D Plan
General Plan Information	
Eligibility	All Eligible Employees
Who Pays For Coverage	Employer
Basic Life Benefit	
Life Benefit Amount	1X Salary to a Maximum of \$150,000
Guarantee Issue Amount	\$150,000
Benefit Age Reduction	
At Age 70	35% Reduction
At Age 75	50% Reduction

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



LIFE INSURANCE

Voluntary Life Insurance Plan

Lincoln's Voluntary Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there.

You may designate anyone as your beneficiary.

Lincoln	Voluntary Life Plan		
General Plan Information			
Eligibility	All Eligible Employees		
Who Pays For Coverage	Employee		
Voluntary Life Benefit	Employee	Spouse	Child(ren)
Life Benefit Amount	Options of \$20,000, \$40,000, \$60,000, \$80,000, \$100,000, or \$150,000	Options of \$10,000, \$20,000, \$30,000, \$40,000 or \$50,000	Options of \$2,000, \$4,000, \$6,000, \$8,000 or \$10,000; Age 14 Days to 26
Benefit Limitations	N/A	Cannot Exceed 50% of Employee Benefit	Cannot Exceed 10% of Employee Benefit
Guarantee Issue Amount	\$150,000	\$30,000	\$10,000
Employee Benefit Age Reduction			
At Age 70	35% Reduction		
At Age 75	50% Reduction		

EVIDENCE OF INSURABILITY (EOI)

When Evidence of Insurability (EOI) requirements apply, it means you must submit proof to Lincoln that you're insurable, and Guardian must approve your proof in writing before your insurance or specified part becomes effective.

EVIDENCE OF INSURABILITY (EOI) IS REQUIRED FOR:

- Any election above the Guarantee Issue amount.
- All employees who declined coverage when initially eligible.
- All employees looking to increase their coverage amount.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



VOLUNTARY LIFE INSURANCE

Voluntary Life Insurance Plan

See below for the cost for voluntary life:

Voluntary Life Insurance	Lincoln
Age	Monthly Rates Per \$1,000 Benefit
Age 15 – 34	\$0.08
Age 35 – 39	\$0.11
Age 40 – 44	\$0.17
Age 45 – 49	\$0.27
Age 50 – 54	\$0.40
Age 55 – 59	\$0.66
Age 60 – 64	\$1.11
Age 65 – 69	\$1.74
Age 70 – 74	\$2.89
Age 75 - 79	\$5.02
Child(ren)	\$0.160

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.





Short Term Disability Insurance Plan

Lincoln's Short Term Disability (STD) Insurance can help replace a portion of your income during the initial weeks of a disability to help you pay your bills and maintain your current lifestyle. It helps by protecting you and your income if a sickness or accidental injury limits you from working.

Lincoln	Short Term Disability Plan
General Plan Information	
Eligibility	All Eligible Employees
Who Pays For Coverage	Employer
Short Term Disability Benefit	
Weekly Benefit Percentage	60% of Weekly Salary
Weekly Benefit Amount	\$750 Per Week
Elimination Period	7 Days
Maximum Benefit Duration	26 Weeks
Disability Definition	Own Occupation

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.





Long Term Disability Insurance Plan

Lincoln's Long Term Disability (LTD) Insurance can help replace a portion of your income if you were to become disabled for an extended period of time to help you pay your bills and maintain your current lifestyle.

Lincoln	Long Term Disability Plan
General Plan Information	
Eligibility	All Eligible Employees
Who Pays For Coverage	Employer
Long Term Disability Benefit	
Monthly Benefit Percentage	60% of Monthly Salary
Monthly Benefit Amount	\$10,000 Per Month
Elimination Period	180 Days
Maximum Benefit Duration	To Age 65 / Standard ADEA
Disability Definition	2-Year Own Occupation; Then Any Occupation
Pre-Existing Limitation	3 Months Look-Back; 12 Months Covered

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.





Individual & Senior Health Insurance

Getting the Individual Benefit or Medicare Plan You Need at the Cost that Works for You & Your Family

Health care can be complicated. We want to make it easier for you. At Lawley, we have a team of professionals to help you find and enroll in the Medicare plans in New York State that are best for you and your family.

Our team of our Individual & Senior Health Insurance specialists can help guide you with the following:

To learn more about how we can help you with your individual & senior health insurance needs, please visit or call:

go.lawleyinsurance.com/individual
1.844.4LAWLEY

Medicare Plan Assistance

Basic Medicare Education

Personal Situation Review

Prescription Plan Analysis

Understanding ALL Plans & Insurance Carriers

Enabling YOU to Choose YOUR Solution

Electronic Enrollment

One-On-One or Group Meetings

Plan Needs Married with Budget Requirements

No Obligation or Fee Review Process

Understanding Your Situation

We have access to several carriers and are licensed and certified to offer all major medical plans available in New York State and the NYS Individual Exchange.

We can determine and obtain the tax credits that you are eligible to receive. If eligible, these credits begin immediately with your major medical plan and are applied to your monthly premium.

All of our compensation is derived directly from the carriers, not from you. So there is never a fee for a consultation.



Contact me anytime to discuss your individual health insurance options!

April Romanowski

Employee Benefits Consultant for Individual & Senior Health

716.849.4322

go.lawleyinsurance.com/aromanowski

Lawley

361 Delaware Avenue

Buffalo, NY 14202

1.844.4LAWLEY



HIGHMARK OF WNY

MEDICAL INSURANCE

Monday – Friday: 8:00 am – 7:00 pm (Eastern Time)

Phone: 1.844.639.2441

<https://www.highmark.com/member/bcbswny.html>



GUARDIAN

DENTAL & VISION

DENTAL 1.800.541.7846

DAVIS VISION 1.877.393.7363

guardiananytime.com



LINCOLN FINANCIAL

BASIC LIFE, VOLUNTARY LIFE, STD & LTD

Monday – Thursday: 8:00 am – 8:00 pm (Eastern Time)

Friday: 8:00 am – 6:00 pm (Eastern Time)

PHONE 1.800.423.2465

EMAIL Clientservices@LFG.com

lfg.com



KEY BANK

HSA ADMINISTRATION

PHONE 1.888.539.2020

Key.com/hsa



EMPLOYEE GENERAL NOTICES

PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **July 31, 2024**. Contact your State for more information on eligibility –

To see if any other states have added a premium assistance program since **July 31, 2024**, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, menu Option 4, Ext. 61565

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

EMPLOYEE GENERAL NOTICES

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dftr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

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MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

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TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p>Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/</p>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

EMPLOYEE GENERAL NOTICES

PATIENT PROTECTION NOTICE

The Plan Administrator generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the plan administrator or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact **Carolynn Murphy**.

WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT (WHCRA) ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For Singles receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce asymmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. If you would like more information on WHCRA benefits, call your plan administrator at **845-230-4502**.

NEWBORN'S AND MOTHER'S HEALTH PROTECTION ACT (NMHPA) NOTICE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

TO REQUEST NOTICES OR MORE INFORMATION

To request a copy of the General Notices or more information, please contact:

Carolynn Murphy, Human Resources

Unilock New York

51 International Blvd

Brewster, NY 10509

Carolynn.Murphy@unilock.com

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.



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