

AFSCME COUNCIL 93 MEMBERSHIP BENEFIT TRUST

P.O. Box 477 • Leominster, MA 01453
Tel. (207) 939-7087 • Fax (617) 453-2170

Dear AFSCME Member:

As a new AFSCME member, you are eligible to participate in a variety of benefits offered by the AFSCME Council 93 Membership Benefit Trust!

- Colonial short term disability, accident, critical care, dental and life insurance;
- EyeMed vision insurance; and
- MetLaw legal insurance

We have enclosed benefit summaries, pricing and enrollment forms for your review. You can choose the plans and coverage levels that are best for you and your family.

Please complete the enrollment forms for the plans that you select. You can mail the forms to: P.O Box 477, Leominster, MA 01453 or fax to (617) 453-2170.

In order to receive these benefits with no evidence of insurability, you must enroll in the programs within 60 days of joining the union.

Please contact us at MyAFSCME@ppandb.com or (207) 939-7087 if you have any questions regarding this information.

Sincerely,

AFSCME Council 93 Membership Benefit Trust

Enclosures: Colonial Insurance Flyer

EyeMed Vision Information and Enrollment Form
MetLaw Legal Information and Enrollment Form

AFSCME Council 93 Membership Benefit Trust

P.O. Box 477, Leominster, MA 01453
Tel. (207) 939-7087 Fax (617) 453-2170
Email: MyAFSCME@ppandb.com

Member Enrollment & Change Form

New Enrollment: Update: Cancel: List Policies to be canceled:

SECTION 1: MEMBER DATA

Last Name First Name Middle Initial

Street Address

City State Zip Code

Home Phone Cell Phone

Email Address (required) Social Security Number Date of Birth

Sex: M/F Marital Status: Married/Single Occupation

Name of Employer Local # Date of Hire Date you joined AFSCME

Policies to be added or changed:

| | <u>*Weekly Rates</u> | <u>*Please check the coverage you are electing</u> | |
|-----------------------------------|------------------------|--|---------------------------------|
| EyeMed Vision: | Subscriber \$1.61_____ | Subscriber + 1 \$3.07_____ | Subscriber + Family \$4.50_____ |
| MetLaw Legal Plan: | \$4.15_____ | | |
| AFSCME Administrative Fee: | \$2.77 <u>X</u> _____ | | |

TOTAL WEEKLY DEDUCTION: _____

NOTE: If you are interested in Colonial short term disability, accident, life, dental and critical care insurance, please complete the enclosed interest form and return with your enrollment. A Benefits Counselor will contact you ASAP!

SECTION 2: PAYROLL DATA

I hereby authorize my employer listed above to deduct from my earnings the amount listed on this payroll form. Such deductions shall be sent to the AFSCME ME Membership Benefit Fund at the above address. I understand that this authorization shall be null and void if the policy(ies) is/are declined or not accepted by me. I also understand that I must put in writing any cancellation of deductions that I wish to have stopped from my paycheck.

Date:

AFSCME Use Only

Print Name:

Date Received:

Applicant's Signature:

Code:

Social Security Number:

Premium Amount:

Please complete below and return with your enrollment

Member Information

(please complete)

Name _____

Phone Number _____

Best Time to reach _____

Email _____

Are you interested in:

(check all that apply)

- Disability _____
- Accident _____
- Critical Care _____
- Life _____

Colonial Life®



This year, you have the opportunity to apply for these voluntary benefits:

Dental Insurance Dental insurance from Colonial Life & Accident Insurance Company covers a wide range of treatments and provides a fixed benefit amount for covered dental procedures, making it a great fit for individuals and families. **New Benefit!**

Vision Insurance - Through EyeMed **New Benefit!**

Disability Insurance replaces a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.

Accident Insurance helps offset unexpected medical expenses, such as deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury. Spouses and dependent children can be covered as well.

Critical Care and Cancer Insurance helps offset the out-of-pocket medical and indirect non-medical expenses related to critical illness that most medical plans may not cover.

Term Life Insurance offers a predictable way to provide peace of mind for you and your family. It can help protect your loved ones during high-need years. Flexible premium payments and coverage amounts.

No Health Questions for new members!



FREE WellCard - provides discounts on health and wellness services. It could save you money on doctor office visits, prescription drugs and more. Visit www.WellCardSavings.com for more information.

Don't forget

It is important to meet 1-to-1 with a benefits counselor during the open enrollment period. This is your chance to learn more about your benefit options, and make your benefits program work for you.

For more immediate information please call
Kim Cunningham at
401-439-8700 or email at
Kimberly.Cunningham@ColonialLifeSales.com



AFSCME

Weekly Rate

| | |
|---------------------|---------|
| Subscriber | \$1.59 |
| Subscriber +1 | \$3.07 |
| Subscriber + Family | \$4.50 |
| Weekly AFSCME Fee | \$2.77* |

*Fixed amount regardless of # of enrolled benefits

SUMMARY OF BENEFITS

| Vision Care Services | In-Network Member Cost | Out of Network Reimbursement |
|---|--|------------------------------|
| Exam With Dilation as Necessary | \$20 Copay | Up to \$45 |
| Retinal Imaging | Up to \$39 | N/A |
| Frames | \$0 Copay; \$150 allowance, 20% off balance over \$150 | Up to \$120 |
| Standard Plastic Lenses | | |
| Single Vision | \$20 Copay | Up to \$40 |
| Bifocal | \$20 Copay | Up to \$60 |
| Trifocal | \$20 Copay | Up to \$80 |
| Lenticular | \$20 Copay | Up to \$80 |
| Standard Progressive Lens | \$70 Copay | Up to \$60 |
| Premium Progressive Lens | \$70 Copay, 20% off charge less \$120 allowance | Up to \$60 |
| Lens Options (paid by the member and added to the base price of the lens) | | |
| UV Treatment | \$15 | N/A |
| Tint (Solid and Gradient) | \$15 | N/A |
| Standard Plastic Scratch Coating | \$15 | N/A |
| Standard Polycarbonate - age 19 and over | \$40 | N/A |
| Standard Polycarbonate - under age 19 | \$0 | Up to \$32 |
| Standard Anti-Reflective Coating | \$45 | N/A |
| Photochromic/Transitions | 20% off Retail Price | N/A |
| Polarized | 20% off Retail Price | N/A |
| Other Add-Ons and Services | 20% off Retail Price | N/A |
| Contact Lens Fit and Follow-up (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.) | | |
| Standard Contact Lens Fit & Follow-Up: | \$55 | N/A |
| Premium Contact Lens Fit & Follow-Up: | 10% off Retail Price | N/A |
| Contact Lenses (Contact Lens allowance includes materials only) | | |
| Conventional | \$0 copay, \$150 allowance, 15% off balance over \$150 | Up to \$150 |
| Disposable | \$0 copay, \$150 allowance, plus balance over \$150 | Up to \$150 |
| Medically Necessary | \$0 copay, Paid-In-Full | Up to \$210 |
| Laser Vision Correction | | |
| LASIK or PRK from U.S. Laser Network | 15% off the retail price or 5% off the promotional price | N/A |
| Hearing Care | | |
| Hearing Health Care from Amplifon Hearing Network | 40% off hearing exams and low price guarantee on discounted hearing aids | |
| Frequency | | |
| Examination | Once every 12 months | |
| Lenses (in lieu of contact lenses) | Once every 12 months | |
| Contacts (in lieu of lenses) | Once every 12 months | |
| Frame | Once every 24 months | |

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- You're on the **Access Network**

- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1-866-723-0596

- For LASIK providers, call 1-877-5LASER6

QL-0000020029

[^] Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

Get more and see more with EyeMed



CHOOSE A DOC

EyeMed members choose from the right mix of thousands of providers—independent eye doctors, your favorite retail stores and everything in between. Find your ideal fit at eyemed.com or the EyeMed Members App.



CREATE AN ACCOUNT

Get special offers with an account on eyemed.com. Enter your email, choose a password and sign up for emailed savings. Log in 24/7 to view your benefit details or health and wellness information.



MOBILIZE YOUR BENEFITS

The EyeMed Members App makes your benefits easy to understand—and even easier to use. Find an eye doctor near you, schedule an appointment and manage your vision benefits.

on eye exams and glasses for EyeMed members*

Learn more about enrolling in EyeMed vision benefits at enroll.eyemed.com and see more of the good stuff

*Based on a sample transaction on the Insight network with a covered exam and eyewear benefits



► Telephone and Office Consultations

MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.

► Legal Representation

Trials for covered matters are covered from beginning to end, regardless of length, when using a network attorney.

Estate Planning Documents

- Simple Wills
- Complex Wills
- Revocable Trusts
- Irrevocable Trusts
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Financial Matters

- Personal Bankruptcy/Wage Earner Plan
- Debt Collection Defense
- Foreclosure Defense
- Repossession Defense
- Garnishment Defense
- Identity Theft Defense
- Tax Collection Defense
- Negotiations with Creditors
- Tax Audit Representation (Municipal, State, Federal)

Real Estate Matters

- Sale, Purchase or Refinancing of your Primary, Second or Vacation Home
- Home Equity Loans for your Primary, Second or Vacation Home
- Tenant Negotiations (Tenant Only)
- Eviction Defense
- Security Deposit Assistance (Tenant Only)
- Boundary or Title Disputes
- Property Tax Assessments
- Zoning Applications

Elder Law Matters

Consultation and Document Review for Issues Related to your Parents:

- Medicare
- Medicaid
- Prescription Plans
- Nursing Home Agreements
- Leases
- Notes
- Deeds
- Wills
- Powers of Attorney

Family Law

- Adoption
- Guardianship
- Conservatorship
- Name Change
- Prenuptial Agreement
- Protection from Domestic Violence

Traffic Offenses*

- Defense of Traffic Tickets (Excludes DUI)
- Driving Privileges Restoration (Includes License Suspension due to DUI)

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Notes
- Review of Any Personal Legal Document

Immigration Assistance

- Advice and Consultation
- Review of Immigration Documents
- Preparation of Affidavits
- Preparation of Powers of Attorney

Juvenile Matters

- Juvenile Court Defense (Including Criminal Matters)
- Parental Responsibility Matters

Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

Defense of Civil Lawsuits

- Civil Litigation Defense
- Incompetency Defense
- Administrative Hearings
- School Hearings
- Pet Liabilities

Personal Property Protection

- Consultation and Document Review for Personal Property Issues
- Assistance for Disputes over Goods and Services

For More Information Visit:

info.legalplans.com

and enter access code 6090562 or GETLAW

Or call our Client Service Center at 1-800-821-6400

\$18.00 Per Month

**Automatically Deducted from your Paycheck
Covers Employee, Spouse and Dependents**

► Additional Plan Features

Reduced Fees

Network attorneys provide representation for personal injury, probate and estate administration matters at reduced fees.

Family Matters^{TM**}

- Available for an additional fee
- Separate plan for parents of participants for estate planning documents

E-Services

- Attorney Locator
- Law Firm E-Panel[®]
- Free, downloadable legal documents
- Life Guide
- Links to financial planning, insurance and work/life matters resources

Group legal plans and Family Matters provided by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans and Family Matters provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Please contact Hyatt Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates, and Plan Attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation. *Not available in all states. **For Family Matters, different terms and exclusions apply. L0812275420[exp1013][All States][DC]

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Hyatt Legal Plans

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Smart. Simple. Affordable.



Metlaw®
Enrollment Form for
AFSCME Council 93 Membership Benefit Trust

NAME (Please print): _____

SOCIAL SECURITY NUMBER: _____

HOME ZIP CODE: _____

Yes, I wish to enroll in Metlaw® and understand there will be a payroll deduction of \$18.00 per month for this benefit. I understand this election will remain in effect for the entire benefit plan year, as long as I maintain payroll deduction status or until I am no longer an eligible employee of AFSCME Council 93 Membership Benefit Trust. I authorize AFSCME Council 93 Membership Benefit Trust to take the appropriate after-tax payroll deductions needed to maintain this program. I understand that I will be charged a \$2.77 weekly administrative fee.

Signature

Date

Submit this form to: **AFSCME COUNCIL 93 MEMBERSHIP BENEFIT TRUST**

By Mail: P.O. Box 477
Leominster, MA 01453
By Fax: 1-508-457-9994

By email: myafscme@payplansandbenefits.com