



2022 BENEFITS GUIDE



Welcome!

Your benefits are an important part of your overall compensation and Bish's RV is pleased to provide a comprehensive and valuable benefits program. We strongly encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

➤ Common Questions

Who is eligible?

Full-time regular employees of Bish's RV are eligible to enroll in benefits for you and your dependents.

When does coverage begin?

Coverage for most benefits begins the first of the month following the completion of 30 days of service with Bish's RV. So, for example if you begin employment on April 10th your benefit coverage begins on June 1st. Please note that 401(k) eligibility begins after 6 months of employment and you will receive separate communication when you are eligible to begin contributing to the Bish's RV 401(k) plan.

How do I enroll?

Enrolling is simple! You can follow the instructions on the next page. If you need assistance you can schedule a time to speak to an enrollment specialist. Appointments are available Monday through Friday (9AM EST to 6PM EST).

All new Bish's RV employees are required to elect or waive benefits within their first 30 days of employment.

When should I enroll?

You can complete your enrollment at any time, so it is recommended that you set up an appointment to enroll or go online as soon as you have made your enrollment decisions. <https://pbresources.live/bishrv>

What if I don't want to enroll in any benefits?

You will still need to log in to waive your coverage by logging in at <https://pbresources.live/bishrv>. Remember, you also have company-paid life insurance so it's important to designate your beneficiaries.

What if I have questions?

Call Oswald at 216-505-8629 or 216-266-9416 to speak with our representatives. They will be able to answer your questions or direct you to the best place to get the answers you need.



Please note that the information in this guide is provided to assist you in making your benefits enrollment decisions. While every effort has been made to ensure accuracy, if a conflict arises between the information in this guide and the plan documents, the plan documents will prevail.

CONTACTS *Find the answers you need*

Benefit	Provider	Website	Phone Number
Benefit Enrollment	Oswald/Prepare Benefits	https://pbresources.live/bishrv (216)505-8629 or (216)266-9416	
Medical	Blue Cross of Idaho	www.bcidaho.com	(800)627-1188
Nurse Advice Line	Blue Cross of Idaho	www.bcidaho.com	(877)813-1417
Employee Assistance Program	SupportLinc by CuraLinc Healthcare	www.supoortlinc.com Username: bishsrv	(888)881-LINC (5462)
Health Savings Account Bank	HealthEquity	www.healthequity.com	(866)346-5800
Vision	Blue Cross of Idaho	www.vsp.com	(844)348-0848
Dental	Lincoln Financial Group	www.lincolnfinancial.com	(800)423-2765
Life Insurance	Lincoln Financial Group	www.lincolnfinancial.com	(800)423-2765
Flexible Spending Account	EBenefits	www.ebenefitsadministration.com	(208)391-2567
Supplemental Benefits	Lincoln Financial Group	www.lfg.com	(800)423-2765
401K	TransAmerica	www.transamerica.com	(800)401-8726

Additional Questions?
Email Human Resources at hr@bishs.com

oswald®





Benefits

OPEN ENROLLMENT

ATTENTION

Please review the following information regarding your Open Enrollment for the 2022 Plan Year.

All benefits-eligible employees of Bish's RV are required to enroll or waive coverage.

You may go directly to the PBEnroll.com website or use the QR code below to schedule an enrollment appointment for assistance.

Schedule Appointment Online:

<https://pbresources.live/bishrv>



(Scan QR code with camera)

Monday - Friday
9:00 AM - 6:00 PM EST

BISH'S
WHERE MEMORIES BEGIN
RV

Welcome to PBenroll.com!

With PBenroll, employees enjoy convenient online access to their benefits coverage 24 hours a day, seven days a week. Login now to learn about your benefit options and confirm your elections for the upcoming year!

01

You may begin using Prepare Benefits Enroll by going to **www.pbenroll.com**

02

First time users will select “New User Registration” to create a Username & Password

05

To change the language on the screen, click on your name in the top right corner of the screen as indicated below. Then select “Español”

03

The Company Identifier will be: **BishsRV**

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

PIN

Birth Date

Create Your Account

Then register a username and password

Username

Password

☐ I agree with the terms of use

04

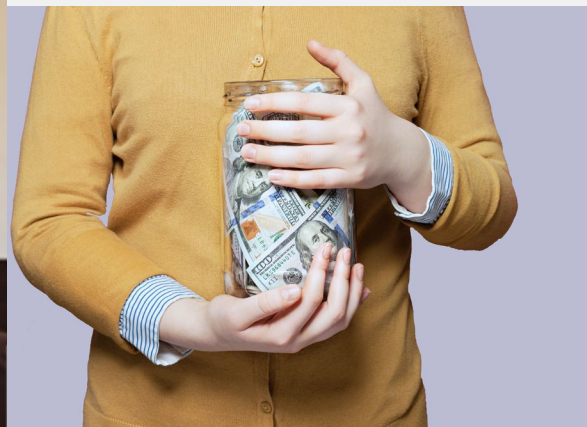
From the Home Page: Select “Start Benefits” to begin your Open Enrollment Benefits Elections

Key points to remember when making your elections!

- Dependents need to be added on dependent screen before you can add them to any plan
 - Once on the plan election page (Medical, etc...) Check the box next to the dependent's name to add them to the plan (rates will adjust automatically)
- All Plan documents are available on the right of the screen
- All rates are represented “per pay period” on the plan screens
- Remember to add beneficiary information at the end of the enrollment process for any Life Insurance Plan (Only Name, relationship and benefit percentage are required)
- Employees may make changes to their benefits up until the enrollment deadline

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Your Health Matters



Blue Cross Blue Shield of Idaho Medical Plan Options

Bish's RV offers three medical plan options with access to the national Blue Cross Blue Shield Network of physicians and facilities

Consumer-Driven High-Deductible Health Plans

\$3,000 Plan with Health Savings Account (HSA) or \$1,500 Plan with Health Savings Account (HSA).

With either of these high-deductible plans, you will:

- Have preventive services covered at 100%
- Be eligible for a Health Savings Account through Health Equity for tax-free deposits

PPO Plan

\$2,000 PPO Plan

With this traditional plan, you will:

- Enjoy the predictability of set copay amounts
- Be subject to a lower deductible
- Have preventive services covered 100%
- Be eligible for a Flexible Spending Account

Medical Monthly Rates	Employee Only	Employee & Spouse	Employee & Child	Employee & Children	Employee & Family
HSA \$3,000 Option 1	\$149	\$486	\$332	\$449	\$671
HSA \$1,500 Option 2	\$266	\$567	\$384	\$524	\$786
PPO \$2,000 Option 3	\$264	\$568	\$367	\$520	\$809

Those that enroll in the \$1,500 or \$3,000 plan will receive a monthly contribution to your [Health Savings Account](#) from Bish's, as follows:

	Monthly	Annually
Employee	\$25.00	\$300.00
Employee & Spouse	\$50.00	\$600.00
Employee & Child(ren)	\$50.00	\$600.00
Employee & Family	\$50.00	\$600.00

Medical Plans Coverage Comparison

2022 Plan Option 1

\$3,000 HDHP HSA (Embedded Deductible)



Those who elect The Bish's RV HSA medical option will receive a monthly contribution into their personal HSA Bank Account. The \$3,000 deductible is an embedded deductible. If you cover 2 or more people under the plan, no person pays more than the single deductible amount of \$3,000 before co-insurance begins.

Services	In-Network	Out-of-Network
Deductible (Single/2 or more)	\$3,000/\$6,000*	\$3,000/\$6,000
Annual Out-of-Pocket Maximum (Single/2 or more)	\$5,000/\$10,000*	\$5,000/\$10,000
Coinsurance	20%	40%
Primary Care Visits	20% after Deductible	40% after Deductible
Preventive Care	\$0 Copay	40% after Deductible
Specialist Visits	20% after Deductible	40% after Deductible
Inpatient Visit	20% after Deductible	40% after Deductible
Outpatient Services	20% after Deductible	40% after Deductible
Emergency Room	\$ 100 Copay/visit after Deductible	
Urgent Care	20% after Deductible	40% after Deductible

Rx Retail

Generic	20% after Deductible	20% after Deductible
Preferred Brand	20% after Deductible	20% after Deductible
Non-Preferred Brand	20% after Deductible	20% after Deductible

Rx Mail Order

Generic	20% after Deductible	20% after Deductible
Preferred Brand	20% after Deductible	20% after Deductible
Non-Preferred Brand	20% after Deductible	20% after Deductible

Please note that the Walgreens Pharmacies are not in the Blue Cross Network!

A list of participating pharmacies is available by logging in to www.bcidaho.com.

Medical Plans Coverage Comparison

2022 Plan Option 2

\$1,500 HDHP HSA (Aggregate Deductible)



Those who elect this medical option will receive a monthly contribution into their personal HSA Bank Account. The \$1,500 deductible is an aggregate deductible. If you cover 2 or more people under the plan, one person can satisfy the family deductible of \$3,000 before the coinsurance begins.

Services	In-Network	Out-of-Network
Deductible (Single/2 or more)	\$1,500/\$3,000	\$1,500/\$3,000
Annual Out-of-Pocket Maximum (single/2 or more)	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	20%	40%
Primary Care Visits	20% after Deductible	40% after Deductible
Preventive Care	\$0 Copay	40% after Deductible
Specialist Visits	20% after Deductible	40% after Deductible
Inpatient Visit	20% after Deductible	40% after Deductible
Outpatient Services	20% after Deductible	40% after Deductible
Emergency Room	\$ 100 Copay/visit after Deductible	
Urgent Care	20% after Deductible	40% after Deductible

Rx Retail

Generic	20% after Deductible	40% after Deductible
Preferred Brand	20% after Deductible	40% after Deductible
Non-Preferred Brand	20% after Deductible	40% after Deductible

Rx Mail Order

Generic	20% after Deductible	40% after Deductible
Preferred Brand	20% after Deductible	40% after Deductible
Non-Preferred Brand	20% after Deductible	40% after Deductible

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A list of participating pharmacies is available by logging in to www.bcidaho.com.



HSA PREVENTIVE DRUG LIST

You Make the Choices, We Make it Easy

If your Benefit Summary indicates specific coverage for preventive drugs, the Preventive Drug List provides the drugs you can obtain under this benefit. Plans that have specific preventive drug benefits are generally:

- High Deductible Health Plans (HDHPs) or Health Savings Account (HSA) plans
- Employer plans that have purchased an HDHP/HSA plan **OR**
- Employer plans that have purchased a preventive drug enhancement

Blue Cross of Idaho covers the drugs on this list at the preventive drug cost-sharing amount found in your plan documents, and you do not need to have met your deductible when you get these prescriptions filled at an in-network pharmacy.

FOR OUR MEMBERS:

- Visit an in-network pharmacy to receive this benefit.
- Present your Blue Cross of Idaho member ID card to ensure you receive the complete benefit.
- You or your doctor may be asked to provide supporting documentation that the drug you are taking is being used for prevention.

FOR OUR HEALTHCARE PROVIDERS:

- Please prescribe preventive drugs from this list and allow generic substitutions when medically appropriate.

NOTE: A drug's appearance on this list does not guarantee coverage. Not all drugs listed are covered by all prescription drug plans. Certain drug plans may cover additional drugs at a preventive benefit that are not listed below. Check your benefit materials for the specific drugs covered and the cost-share information for your prescription-drug benefit program. This list may not include all prescription drugs intended for preventive purposes. This list is periodically reviewed by clinical experts. Medications may be added or removed from this list based on clinical review of the medication's intended purpose and its availability.

HOW TO USE THIS LIST:

Generic drugs are listed in lower case letters, example: atenolol. Generic medications contain the same active ingredients as their corresponding brand-name counterparts; though they may look different in shape and color, they have been FDA-approved under the same strict standards.

Brand-name drugs are listed in CAPITAL letters, example: NOVOLOG. When brand-name drugs lose their patents and become available generically, only the generic equivalent will be eligible under this preventive benefit.

ANTIDEPRESSANTS		
citalopram tablets	fluoxetine capsules	sertraline tablets
escitalopram tablets	paroxetine immediate-release tablets	venlafaxine immediate-release tablets
ASTHMA		
ADVAIR HFA	fluticasone propionate-salmeterol inh	SEREVENT
budesonide-formoterol fumarate dihydrate	ipratropium soln	SPIRIVA
budesonide susp	ipratropium-albuterol soln	SPIRIVA RESPIMAT
COMBIVENT RESPIMAT	levalbuterol	terbutaline
cromolyn sodium soln	montelukast	theophylline
FLOVENT DISKUS	PULMICORT INH	theophylline ER
FLOVENT HFA	QVAR REDIHALER	zafirlukast
BLOOD PRESSURE-LOWERING MEDICATIONS		
ACE Inhibitors & Diuretic Combinations		
benazepril	fosinopril	olmesartan medoxomil
benazepril-HCTZ	fosinopril-HCTZ	olmesartan medoxomil-HCTZ
captopril	lisinopril	quinapril
captopril-HCTZ	lisinopril-HCTZ	quinapril-HCTZ
enalapril	moexipril	ramipril
enalapril-HCTZ	moexipril-HCTZ	trandolapril
Angiotensin Receptor & Diuretic Combinations		
candesartan	irbesartan-HCTZ	telmisartan-HCTZ
candesartan-HCTZ	losartan	valsartan
eprosartan	losartan-HCTZ	valsartan-HCTZ
irbesartan	telmisartan	
Beta Blockers & Diuretic Combinations		
acebutolol	labetalol	propranolol SR
atenolol	metoprolol succinate ER	propranolol-HCTZ
atenolol-chlorthalidone	metoprolol tartrate	sotalol
betaxolol	metoprolol-HCTZ	sotalol AF
bisoprolol	nadolol	timolol

THIS LIST IS SUBJECT TO CHANGE.

Check your benefit materials for cost-share information.

For specific questions regarding your coverage, please call the phone number printed on your member ID card.

bisoprolol-HCTZ	pindolol	
carvedilol	propranolol	
Calcium Channel Blockers		
afeditab CR	diltiazem SR	nifedipine osmotic
amlodipine	felodipine SR	verapamil
diltiazem	isradipine	verapamil CR
diltiazem CD	nicardipine	verapamil SR
diltiazem ER	nifedipine	
diltiazem LA	nifedipine ER	
Diuretics (water pills)		
amiloride	eplerenone	spironolactone
amiloride-HCTZ	furosemide	spironolactone-HCTZ
bumetanide	hydrochlorothiazide (HCTZ)	torsemide
chlorthalidone	indapamide	triamterene-HCTZ
chlorothiazide	metolazone	
Other Blood Pressure-Lowering Medications & Combinations		
amlodipine-atorvastatin	clonidine	methyldopa
amlodipine-benazepril	clonidine patches	minoxidil
amlodipine-valsartan	guanfacine	telmisartan-amlodipine
amlodipine-valsartan-HCTZ	hydralazine	trandolapril-verapamil
BLOOD THINNING AGENTS		
anagrelide	clopidogrel	warfarin
cilostazol	pentoxifylline	
CHOLESTEROL-LOWERING MEDICATIONS		
Statin/HMG Co A Reductase Inhibitors & Combinations		
atorvastatin	lovastatin	rosuvastatin
fluvastatin	pravastatin	simvastatin
Other Cholesterol-Lowering Medications		
cholestyramine	ezetimibe	fenofibrate
cholestyramine light	ezetimibe-simvastatin	fenofibrate, micronized
colestipol	fenofibric acid	gemfibrozil
DIABETES		
acarbose	insulin aspart	pioglitazone-glimepiride
FIASP	LANTUS	pioglitazone-metformin
glimepiride	LEVEMIR	repaglinide
glipizide	metformin	RYBELSUS (ST, QL)
glipizide extended release	metformin ER	SYMLINPEN
glipizide-metformin	nateglinide	TRESIBA
glyburide	NOVOLIN (Not including Novolin Relion Products carried at Walmart Pharmacies)	TOUJEO
glyburide, micronized	NOVOLOG	TRULICITY (ST, QL)
glyburide-metformin	OZEMPIC (ST, QL)	VICTOZA (ST, QL)
HUMULIN-R 500	pioglitazone	
Diabetic Supplies		
BD Lancets	insulin syringes	ONETOUCH Lancets
insulin pen needles	NOVOFINE Lancets	ONETOUCH test strips (QL)
OSTEOPOROSIS		
alendronate (QL)	ibandronate (QL)	risedronate (QL)
WOMENS HEALTH		
Breast Cancer Prevention		
raloxifene	tamoxifen	
Birth Control		
All generic oral contraceptives	Medroxyprogesterone acetate (IM) (QL)	Xulane (generic Ortho-Evra)
DIAPHRAGMS (QL)	etonogestrel/ethinyl estradiol ring (QL)	
Birth Control (Emergency Contraception)		
All generic emergency contraceptives	ELLA	
Thyroid		
levothyroxine tablets		
VACCINES		
FLU	PNEUMONIA	SHINGLES (AL)

THIS LIST IS SUBJECT TO CHANGE.

Check your benefit materials for cost-share information.

For specific questions regarding your coverage, please call the phone number printed on your member ID card.

Health Savings Account (HSA)



What is an HSA?

Health Savings Accounts (HSA) are a tax-advantaged medical savings account available to those who enroll in the HDHP PPO plan. The funds you invest are not subject to most taxes. The growth of the invested amount is not taxed and when the funds are distributed, no tax penalties are incurred when applied to qualifying expenses. The funds you contribute to your HSA are yours to keep and can be used not only for medical expenses, but for retirement expenses as well.

Great Benefits For You

Convenience - Paying for expenses from your HSA is as easy as using a debit card.

Choice - Pay for qualified expenses from your HSA or save your HSA money and pay out-of-pocket.

Control - You decide how the money is spent and you have the freedom to keep it if you change jobs or retire.

Triple-Tax Savings

Tax-Free Deposits - Even if you don't itemize deductions, you don't pay federal income tax on contributions.

Tax-Free Savings - You keep any money you don't spend and it grows tax-free. No use-it-or-lose-it.

Tax-Free Withdrawals - There's never tax on withdrawals to pay for qualified expenses.

Contribution Limits	2022
Single	\$3,650
Family	\$7,300
Catch-up (55+)	\$1,000

In 2022, Bish's will contribute to the HSA for those employees enrolled in the HDHP plan:
Single \$25/Month
Family \$50/Month

Examples of Qualified Medical Expenses

Acupuncture	Doctor's fees	Oxygen/oxygen equipment
Alcoholism treatment	Drug addiction recovery	Prescription drugs
Ambulance	Dyslexia language training	Psychiatric care
Artificial limbs	Eyeglasses and examination fees	Therapy treatments (prescribed)
Braces	Hearing aid and batteries	Transportation (for medical care)
Childbirth preparation classes (mother)	Home modifications for handicapped	Vision correction surgery (e.g., LASIK)
Chiropractors	Insulin	Vitamins (if prescribed)
Contact lenses	Laboratory fees	Wheelchairs
Crutches	Maternity expenses	X-rays
Dental fees	Nursing homes	
Dentures	Optometrists	
Diagnostic fees	Orthodontia	
	Orthopedic shoes	

The above is a brief summary; refer to IRS Publication 502 for confirmation of eligible expenses

Medical Plans Coverage Comparison

2022 Plan Option 3

PPO \$2,000



Designed for those who prefer the predictability of set payments for doctor appointments and other medical services.

Services	In-Network	Out-of-Network
Deductible	\$2,000/\$4,000	\$2,000/\$4,000
Annual Out-of-Pocket Maximum	\$5,000/\$10,000	\$7,000/\$14,000
Coinsurance	20%	40%
Primary Care Visits	\$10 / \$30	40% after Deductible
Preventive Care	\$0 Copay	40% after Deductible
Specialist Visits	\$30 / \$50	40% after Deductible
Inpatient Visit	20% after Deductible	40% after Deductible
Outpatient Services	20% after Deductible	40% after Deductible
Emergency Room	\$ 100 Copay/visit, 20% after Deductible	
Urgent Care	\$30/\$50 Copay	40% after Deductible

Rx Retail

Generic	\$15	\$15
Preferred Brand	\$30	\$30
Non-Preferred Brand	\$45	\$45

Rx Mail Order

Generic	\$15	\$15
Preferred Brand	\$30	\$30
Non-Preferred Brand	\$45	\$45

Please note that the Walgreens Pharmacies are not in the Blue Cross Network!

A list of participating pharmacies is available by logging in to www.bcidaho.com.

NEED MEDICAL ADVICE BUT
DON'T WANT TO LEAVE
HOME? THINK MDLIVE

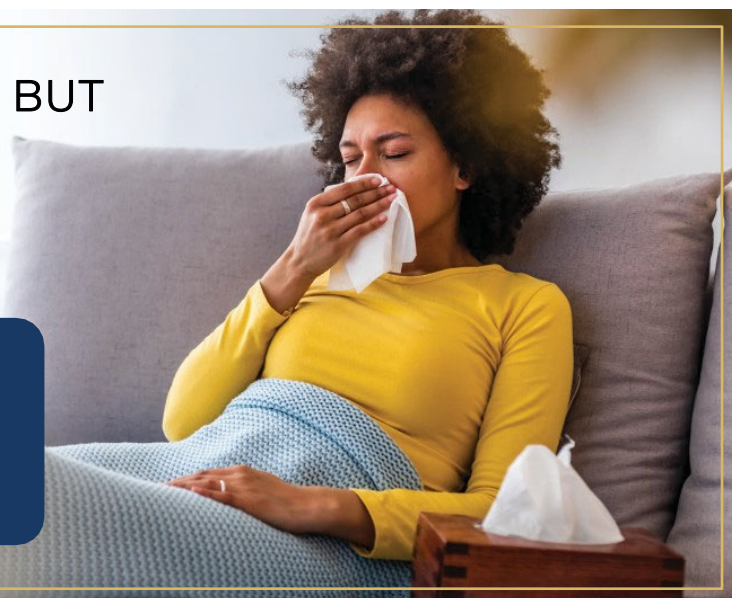


Download the app.

Join for free. Visit a doctor.

MDLIVE.com/bcoidaho

888-920-2975



If you or your dependents have symptoms of coronavirus (COVID-19), you can visit with a doctor 24/7 from wherever you are with MDLIVE.

MDLIVE is a healthcare alternative that saves you time and money.

You can talk to a board-certified doctor by mobile app, video or phone* anytime, day or night. Our doctors have an average of 15 years of experience.

MDLIVE is affordable.

So when you're sick, but it's not an emergency, try MDLIVE first.

How to use MDLIVE:

You can access MDLIVE online at: **MDLIVE.com**

Phone:

800-400-6354

Use the digital assistant, Sophie:

Text BCIDAHO to MDLIVE (635483)

1. Sign up to use your MDLIVE account.
2. Request to see a doctor. You can request to see a doctor right away or schedule your appointment for a time that works for you.
3. Have your visit. Your MDLIVE doctor will discuss symptoms, recommend a treatment, and can even send a prescription to your nearest pharmacy.

*MDLIVE services for medical consultations are limited in Idaho to video consultations only with the ability to prescribe. In Arkansas, an initial visit must be completed via video. After an initial visit, subsequent consultations may be completed via phone.

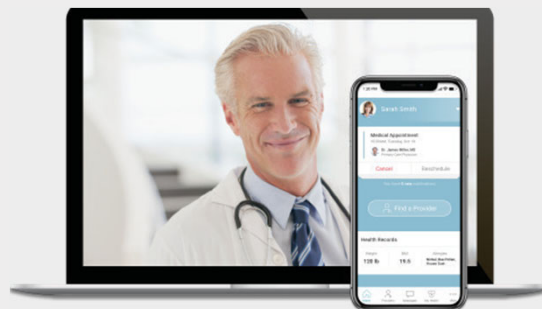
MDLIVE® is an independent company that enables the virtual visit between the member and doctor on behalf of Blue Cross of Idaho. Copyright © 2018 MDLIVE Inc. All Rights Reserved. MDLIVE may not be available in certain states and is subject to state regulations.

What You Pay

You pay your applicable in-network copay, coinsurance or deductible.

Your doctor will send prescriptions to your preferred in-network pharmacy when necessary so they're ready when you are.

**Your virtual doctor is here.
Join for free today.**



MDLIVE®



Get peace of mind, any time, with the Blue Cross of Idaho Nurse Advice Line*.

24/7 HEALTH MANAGEMENT

The Nurse Advice Line lets you talk with a registered nurse 24/7 to help you make informed choices about your health.

They can help you when you:

- Aren't sure if you need to make a doctor's appointment
- Need information about medication or tests and procedures
- Want to learn more about a chronic health issue
- Need answers to help keep you and your family healthy

The Nurse Advice Line also includes:

- Spanish audio versions on a wide range of healthcare topics
- Audio health library with hundreds of pre-recorded messages
- NCQA Accredited and HIPAA-compliant health call center

Customer feedback shows that the people behind the 24/7 nurse line make a real difference at critical moments in participants' lives.

Call the Nurse Advice Line at the number on the back of your member ID card.

MEDICAL TRIAGE AND HEALTH INFORMATION



Phone triage lets you get health information and help for the right level of care.



If a nurse decides your issue is serious, you will be referred for urgent medical attention, avoiding dangerous and costly delays.



Those with less severe symptoms can avoid unnecessary and costly trips to ERs and healthcare providers.

*Please Note: The Nurse Advice Line is not a substitute for medical attention. Registered nurses cannot provide diagnoses or treatment. If you have an emergency medical condition, please call 911 or your local emergency medical services numbers.

SmartShopperSM

It pays to shop around for care. Use SmartShopper to compare the cost of medical procedures at different hospitals and clinics so you can save more of your healthcare dollars. You may be eligible for a cash reward if you choose an affordable, effective location for a procedure.

HOW SMARTSHOPPER WORKS

When your doctor asks you to get a procedure, SmartShopper lets you shop around for care by helping you compare the cost of procedures at different locations.

Use SmartShopper to shop for care at:

- Healthcare providers
- Hospitals
- Medical procedures

When you use the online search tool to shop for medical procedures, like MRIs, mammograms and colonoscopies, your search results will show you an estimated cost of care for procedures. This cost is based on your plan benefits.

If the procedure at a location is eligible for a cash reward, you'll also see the SmartShopper cash reward amount.* Call **866-507-3528** to shop for care and make an appointment with the help of the SmartShopper Personal Assistant Team.

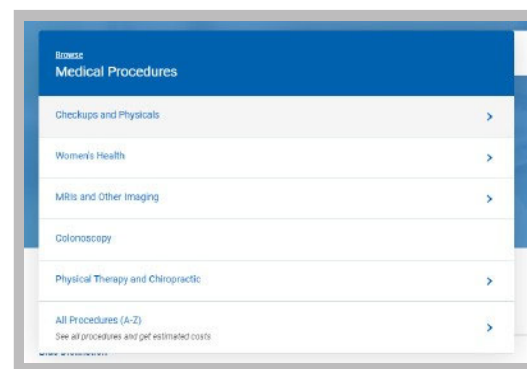
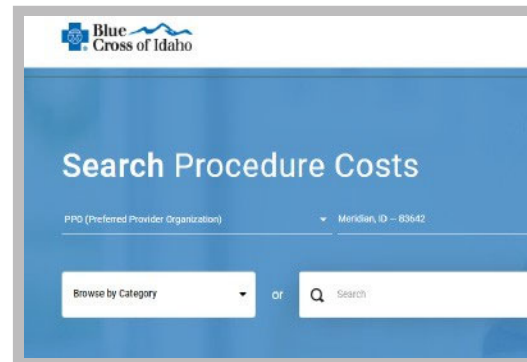
HOW TO FIND CARE AND COMPARE COSTS:

SmartShopper Personal Assistant Team

- Call **866-507-3528** to speak with a Blue Cross of Idaho-dedicated SmartShopper Personal Assistant Team member. You can get help searching for care, scheduling an appointment and have any questions answered.

Online Search

- Visit **bcidaho.com** and select **Find a Doctor**. Then, select **Log In** and log in to your Blue Cross of Idaho member account.
- After you've logged in, select the name of the person on your plan who needs care. You'll be taken to our online search tool.
- Search for care by selecting **Browse by Category** or entering a procedure name in the search bar.
- You'll be taken to a page that tells you if your procedure is eligible for SmartShopper.
- Select **Next Page**. Your search results will show you:
 - o Facility name, location, contact information and a link to get directions
 - o A star rating and link to facility reviews
 - o Your estimated cost of care
 - o Your SmartShopper cash reward amount, if eligible*



**Keep in mind that not all facilities are eligible to offer a cash reward amount. Those that are eligible may display different cash reward amounts. These cash reward amounts are based on how affordable a procedure is at a given facility.*


- Select the name of a facility to find out more information and see a cost breakdown of the procedure.
- Finally, schedule your appointment in one of two ways:
 - o Contact the clinic or hospital and schedule the appointment yourself. You can find the phone number on the previous page of your search results.
 - o Call the SmartShopper Personal Assistant Team at **866-507-3528** for help.
- You'll get your cash reward in the mail about six weeks after your claim is processed.

Your Procedure Cost

\$1,177

SmartShopper Cash Reward

\$250

 **In your network**

You can choose high-quality, better value healthcare.

You Selected	Best Value	Next Best Value
Meridian Endoscopy Center	Millennium Surgery Center	Idaho Endoscopy Center
Total Procedure Cost \$1,875	Total Procedure Cost \$1,177	Total Procedure Cost \$1,455
SmartShopper Cash Reward \$0	SmartShopper Cash Reward \$250	SmartShopper Cash Reward \$125
Distance 7 miles	Distance 7 miles	Distance 1 miles
Select this Provider	Select this Provider	Select this Provider



FAQs

What's included in the estimated cost that I see when I search for care?

The estimated costs you see when you search for care include the services and fees that usually come with medical procedures. These include hospital stays, facility and doctor's fees, lab work and anesthesia. The estimated cost may also depend on your plan benefits and other factors, like what the coinsurance may be for a procedure and whether or not you've met your deductible for the year.

Why do facilities charge more or less for the same procedure?

Each facility may have different expenses for the services it offers. Extra charges for a hospital stay, doctor's fees, lab work, anesthesia and other services related to a procedure can also add up at some facilities.

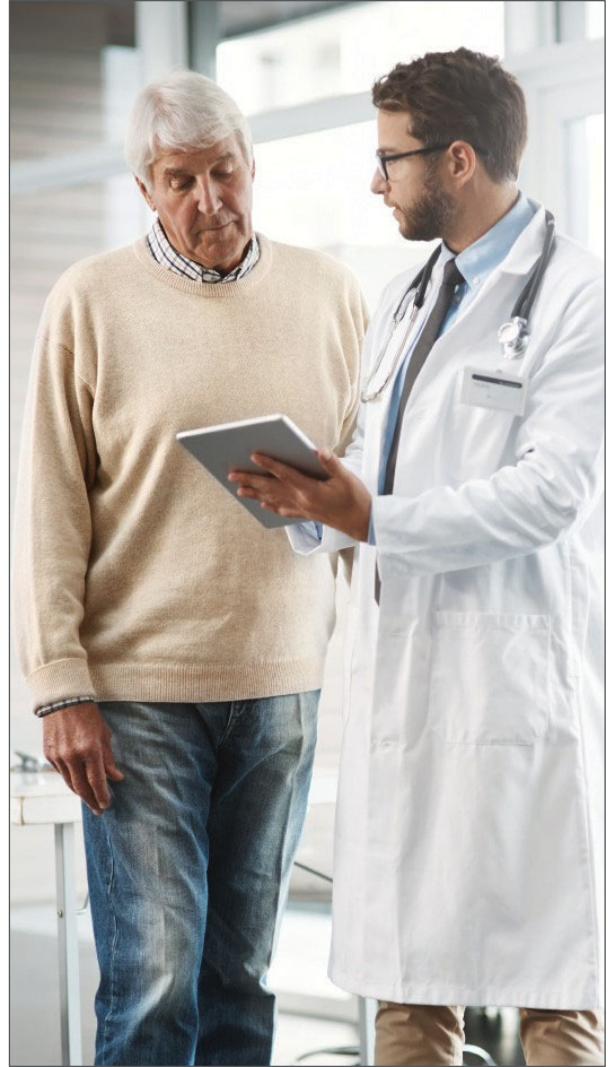
Will I be penalized for not using a lower-cost facility when I need a procedure?

No. Blue Cross of Idaho gives you the option to shop around for care with both Cost Advisor and SmartShopper when you need a procedure. If you select a low-cost, effective facility for care, you may be eligible for a cash reward. However, there is no penalty for using a facility that doesn't offer the lowest cost for care. You can use any facility you prefer, but keep in mind that you'll get the most out of your benefit when you use an in-network facility.

I don't have access to a computer. Is there a way I can still use SmartShopper?

Yes. The SmartShopper Personal Assistant Team can help you search for locations to get care and even schedule your appointment.

Please call them at **866-507-3528**.



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Tobacco Cessation



When you quit using tobacco, you'll see health benefits right away and in the long term. Within one day your heart rate drops to a healthy range and your carbon monoxide levels become normal. By month six, your heart attack risk drops and your lungs begin to work better. Not smoking for at least a year cuts your risk of heart disease in half.

How to Quit

- Select a "quit day," or the last day you plan to smoke or chew
- Decide how you want to quit
 - Use less tobacco
 - Smoke, dip or chew tobacco less often before your quit day
 - Quit at once on your quit day
- Create the best environment to stop smoking or chewing
- Pick a date within two weeks
- Get support from family, friends, co-workers and anyone else in your life
- Remember to thank your support team
- Track your progress in a journal so that you can find out how and when you may feel the urge to smoke or chew
- Don't get discouraged – if you were not able to quit, pick a new date and try again

Coping with the Urge to Use Tobacco

Certain situations and people, plus stress, coffee and alcohol, can trigger your urge to use tobacco. To fight triggers use the three A's:

- **Avoid the situation if you can:**
Skip your coffee break if you usually take it with co-workers who smoke.
- **Alter or change the situation:**
Drink decaffeinated tea or fruit juice in the morning instead of having coffee.
- **Alternatives or substitutes for smoking:**
Snacking on raw vegetables, such as carrot or celery sticks, can help.

Quit Aides

An over-the-counter nicotine replacement therapy might help you quit. Be sure you meet with your doctor before starting a routine. A few nicotine replacement therapy options are:

- Gum
- Patch
- Lozenge



Weekly Smart Goal:

I will use the Four Ds to fight triggers: delay, deep breath, distraction, drink water.

Medical Flexible Spending Account



A Flexible Spending Account allows employees to put aside pretax dollars to help pay for health care expenses or dependent care expenses for you and your family.

Healthcare FSA: Eligible expenses include copays, deductibles, coinsurance, vision and dental expenses, and over the counter medicines.

Limited Purpose Healthcare FSA: Available for employees enrolled in the HDHP with the HSA. Allows you to put aside pretax dollars for vision and dental expenses only.

Under the Healthcare and Limited Purpose FSA, the annual amount you elect is available for your use on January 1; however, you will want to closely estimate the amount you expect to spend because what you do not spend you forfeit at the end of the plan year. For the plan year of 2022, the maximum election is **\$2,750**.

Dependent Care FSA is a pre-tax benefit account used to pay for eligible dependent care services. It's a smart, simple way to save money while taking care of your loved ones so that you can continue to work. Eligible expenses include:

- preschool
- summer day camp
- before or after school programs
- child or adult daycare

In 2022 the max allowable annual amount you may have withheld will be \$5,000.

The Dependent Care FSA works like a checking account, you can only take money out as the balance grows.

Website:
www.EBenefitsAdministration.com
Mobile App: E Benefits Mobile

What does it cover?

There are thousands of eligible items, including:

- Copays and coinsurance
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Frames, contacts, prescription sunglasses, etc.

To view a list of eligible expenses, Click on the Participants tab on www.EBenefitsAdministrations.com.

Keep your eyes healthy with Blue Cross of Idaho vision, administered by VSP

Why enroll in Blue Cross of Idaho vision? Your eyes deserve the best care to keep them healthy year after year. Plus, with a VSP® network doctor, you'll get a great value on your eyecare and eyewear.

You'll like what you see

- **Personalized care.** You'll get quality care that focuses on your eyes and overall wellness through a WellVision Exam® from a VSP network doctor.
- When you see an in-network VSP network doctor, you'll get the most out of your benefit and have lower out-of-pocket costs.
- With a VSP network doctor, your satisfaction is guaranteed.
- If you're not 100% happy, your VSP network doctor will make it right.
- **Great eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of providers.** Finding the right eye care provider is important to your eye health and overall wellness. Choose from a wide variety of VSP network doctors, including local eye doctors or doctors at in-network retail locations like Costco®, Walmart/Sam's Club, Visionworks® and more.¹

Save with Blue Cross of Idaho Vision Coverage ²		
Benefit	Without Blue Cross of Idaho Vision Coverage	With Blue Cross of Idaho Vision Coverage
Eye Exam	\$166	\$10 Copayment
Frame	\$130	\$25 Copayment
Single Vision Lenses	\$80	
Light-reactive Lenses	\$96	\$70
Anti-glare Coating	\$104	\$41
Total	\$576	\$146

¹Not all doctors at in-network retail locations may participate. Please visit [vsp.com](https://www.vsp.com) or call 844-348-0848 to find a participating provider.

²Comparison based on state of Idaho averages for comprehensive eye exams and most commonly purchased brands.

Using your benefit is easy

- **Choose a VSP in-network provider.** To find a VSP network doctor, visit [vsp.com](https://www.vsp.com) or call 844-348-0848.
- **Review your benefit information.** Visit [vsp.com](https://www.vsp.com) to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP** and show them your Blue Cross of Idaho member ID card.

That's it! There are no claim forms to complete when you see a VSP network doctor.

Choice in eyewear

When you visit a VSP network doctor, you'll save on out-of-pocket costs for your choice of eyewear. Plus, go to a participating retail chain and enjoy more savings. Participating retail locations include Walmart/Sam's Club, Costco® and more. Visit [vsp.com/offers](https://www.vsp.com/offers) for information on more savings and exclusive extras available to you.

Prefer to shop online?

Your benefit includes Eyeconic™, VSP's preferred retailer, and shipping is free. Visit [Eyeconic.com](https://www.eyeconic.com) for complete details.

Average Annual Savings

\$420

with a VSP Network Doctor



Blue Cross of Idaho offers you an affordable eyecare plan

VSP network doctor Network: VSP Choice

Visit vsp.com for more details on your vision benefit.

Benefit	Description	Copayment	Frequency
YOUR COVERAGE WITH A VSP NETWORK DOCTOR			
WellVision Exam	Focus on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	\$130 allowance on a wide selection of frames / 20% savings on the amount over your allowance \$70 allowance at Walmart/Sam's Club/Costco®	Included in Prescription Glasses	Every 12 months
Lenses	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Options	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% off other lens options	\$55 \$95 – \$105 \$150 – \$175	Every 12 months
Contacts (instead of glasses)	\$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam (fitting and evaluation)	\$0	Every 12 months
Extra Savings and Discounts	Glasses and Sunglasses 20% off additional glasses and sunglasses, including lens options, from any VSP network doctor within 12 months of your last WellVision Exam. Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP network doctor.		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Visit vsp.com for details, if you plan to see a provider other than a VSP network doctor.

Exam up to \$45	Single Vision Lenses up to \$45	Lined Trifocal Lenses up to \$85	Elective Contacts .. up to \$105
Frame up to \$47	Lined Bifocal Lenses up to \$65	Progressive Lenses up to \$65	Medically Necessary Contacts.....up to \$210

Coverage	Bi-Weekly Rate
Employee only	\$4.65
Employee + 1	\$7.15
Employee & Family	\$12.25

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. ©2021 Vision Service Plan. All rights reserved. VSP, Eyeconic, and WellVision Exam are registered trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners.

VSP is an independent company that administers vision benefits on behalf of Blue Cross of Idaho.



Benefits At-A-Glance

Dental Insurance

The Lincoln DentalConnect® PPO Program:

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children
- Features group coverage for employees
- Allows you to choose any dentist you wish, though you can lower your out-of-pocket costs by selecting a network provider
- Does not make you and your loved ones wait six months between routine cleanings

	In-Network	Out-of-Network
Calendar Year (Annual) Deductible	Individual: \$50 Family: \$150 Waived for: Preventive	Individual: \$50 Family: \$150 Waived for: Preventive

Deductibles are combined for basic and major In-Network services.

Deductibles are combined for basic and major Out-of-Network services.

Annual Maximum	\$1,500	\$1,500
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Annual Maximums are combined for preventive, basic, and major services.

Lifetime Orthodontic Max	\$1,000	\$1,000
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Orthodontic Coverage is available for dependent children

Waiting Period	<p>This plan includes a waiting period if you do not enroll when it is first offered to you or outside of your annual open enrollment period if applicable (known as late entrant waiting period).</p> <ul style="list-style-type: none"> • 12 months for basic services • 12 months for major services • 12 months for orthodontic services
-----------------------	---

Preventive Services	In-Network	Out-of-Network
Routine oral exams Bitewing X-rays Full-mouth or panoramic X-rays Other dental X-rays (including periapical films) Routine cleanings Fluoride treatments Space maintainers for children Sealants Problem focused exams Biopsy and examination of oral tissue (including brush biopsy) Labs & other tests FDA approved oral cancer screening	100% No Deductible	100% No Deductible
Basic Services	In-Network	Out-of-Network
Consultations Palliative treatment (including emergency relief of dental pain) Injections of antibiotics and other therapeutic medications Fillings Prefabricated stainless steel and resin crowns Simple extractions Surgical extractions Oral surgery Endodontics (including root canal treatment) Periodontal maintenance procedures Non-surgical periodontal therapy Periodontal surgery	80% After Deductible	80% After Deductible
Major Services	In-Network	Out-of-Network
General anesthesia and I.V. sedation Prosthetic repair and recementation services Bridges Full and partial dentures Denture reline and rebase services Crowns, inlays, onlays and related services Implants & implant related services	50% After Deductible	50% After Deductible
Orthodontics	In-Network	Out-of-Network
Orthodontic exams X-rays Extractions Study models Appliances	50%	50%

With the Lincoln Dental Mobile App

- Find a network dentist near you in minutes
- Have an ID card on your phone
- Customize the app to get details of your plan
- Find out how much your plan covers for checkups and other services
- Keep track of your claims

Lincoln DentalConnect® Online Health Center

- Determine the average cost of a dental procedure
- Have your questions answered by a licensed dentist
- Learn all about dental health for children, from baby's first tooth to dental emergencies
- Evaluate your risk for oral cancer, periodontal disease and tooth decay

Covered Family Members

When you choose coverage for yourself, you can also provide coverage for:

- Your spouse.
- Dependent unmarried children, up to age 26.

Benefit Exclusions

Like any coverage, this dental coverage does have some exclusions.

- Benefits are not payable for a condition that is covered under Workers' Compensation or a similar law; that occurs during the course of employment or military service or involvement in an illegal occupation, felony, or riot; or that results from a self-inflicted injury.
- The policy does not cover an orthodontia treatment plan started before coverage begins unless the member was receiving orthodontia benefits from the employer's previous group dental policy. In this case, Lincoln Financial will continue orthodontia benefits until the combined benefit paid by both policies is equal to this summary plan description's lifetime orthodontia maximum. Plan benefits are not payable if the orthodontic appliance was installed after the age of 19.
- In certain situations, there may be more than one method of treating a dental condition. The policy includes an alternative benefits provision that may reduce benefits to the lowest-cost, generally effective, and necessary form of treatment.
- Certain conditions, such as age and frequency limitations, may impact your coverage. See the policy for details.
- The policy includes continuation of coverage for employees with dental coverage from a previous employer. The member is required to complete the Continuity of Coverage form located on www.lfg.com. The Continuity of Coverage form must be provided to us prior to the effective date to be eligible for continuation of coverage.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: 1025862.

This is not intended as a complete description of the coverage offered. Controlling provisions are provided in the policy, and this summary does not modify coverage. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate of coverage for your maximum benefit amounts.

Lincoln DentalConnect® health center Web content is provided by go2dental.com, Santa Clara, CA. Go2dental.com is not a Lincoln Financial Group® company. Coverage is subject to actual policy language. Each independent company is solely responsible for its own obligations.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. Network access plans for specific states are located on LincolnFinancial.com under the Forms section. Limitations and exclusions apply.



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Dental Coverage Benefit At-A-Glance

Dental Rate

Here's how little you pay with group rates.

As an employee, you can take advantage of this dental coverage and you can add loved ones to the plan for just a little more.

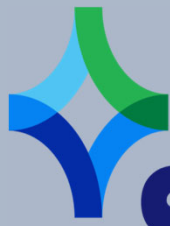
Your employer contributes 50% toward the cost of your coverage and 0% toward the cost of your dependents' coverage. Your estimated cost is itemized below.

Coverage	Bi-Weekly Rate
Employee only	\$5.99
Employee & spouse	\$11.39
Employee & child/children	\$15.15
Employee & family	\$22.34

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Coverage Benefit | Rate Calculation



supportline

EMPLOYEE ASSISTANCE

Emotional wellbeing and work-life balance resources

Support & Guidance to Address:	Knowledgeable specialists can also help resolve a wide range of issues through referrals to:
Anxiety	Legal consultation
Depression	Financial expertise
Stress	Child or Elder Care
Relationships	Home Repair
Grief and Loss	Housing Needs
Substance Abuse	Pet Care, Adoption, Etc.
And More	



Engagement

Moving employees from confusion to clarity by igniting an initial connection



Access

Creating an integrated system of entry points powered by choice and preference



Advocacy

Reducing barriers to care through personalized navigation and guidance



Support

Providing evidence-based treatment through multiple modalities



Outcomes

Delivering end-to-end care and a measurable impact on health and productivity

You choose how to access care



In-the-moment

Support by phone from a licensed clinician 24/7/365



Live chat

Available on the web portal or mobile app



Email

Send a question to support@curalinc.com



Short code

Text 'support' to 51230



Video counseling

Schedule a virtual session by mobile or desktop



Textcoach®

Personalized coaching on desktop or mobile



Animo

Self-directed modules on desktop or mobile



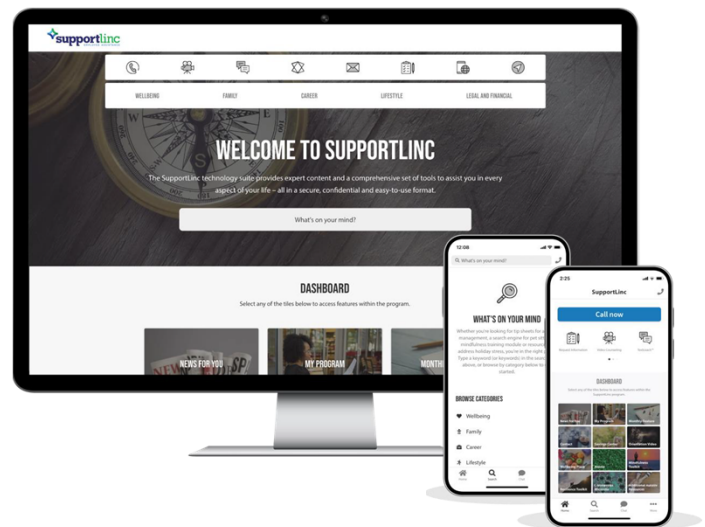
In-person counseling

Call for a referral to a local counselor

SupportLinc is always online

Use the web portal and mobile app 24/7/365 to access program services, information and more.

- On-demand training
- Search engines
- Financial calculators
- Career resources
- Plus thousands of articles, self-assessments and tip sheets



Phone: 1-888-881-LINC (5462)

Web: www.supportlinc.com

Username: bishsrv



Life and AD&D Insurance

Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like helping to cover everyday expenses, pay off debt, and protect savings. AD&D provides additional benefits if you die or suffer a covered loss in an accident, such as losing a limb or your eyesight.

AT A GLANCE:

- A cash benefit of \$20,000 (\$50,000 for Managers) to your loved ones in the event of your death, plus an additional cash benefit if you die in an accident.
- *AD&D Plus* - If you suffer an AD&D loss in an accident, you may also receive benefits for the following on top of your core AD&D benefits: coma, plegia, education, child care, spouse training and more.
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services.

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates.

See the enclosed optional life insurance information for details.

ADDITIONAL DETAILS

Continuation of Coverage for Ceasing Active Work: You may be able to continue your coverage if you leave your job for reasons including and not limited to Family and Medical Leave, Lay-off, Leave of Absence, Leave of Absence Due to Disability.

Waiver of Premium: A provision that allows you not to pay premiums during a period of disability that has lasted for a particular length of time.

Continuation of Coverage: You may be able to continue your coverage if you leave your job for any reason other than sickness, injury or retirement.

Accelerated Death Benefit: Enables you to receive a portion of your policy death benefit while you are living. To qualify, a medical professional must diagnose you with a terminal illness with a life expectancy of fewer than 12 months.

Conversion: You may be able to convert your group term life coverage to an individual life insurance policy if your coverage reduces or you lose coverage due to leaving your job or for other reasons outlined in the plan contract.

Benefit Reduction: Your employee Life/AD&D coverage amount will reduce by 35% when you reach age 65, and an additional 20% of the original amount when you reach 70, and an additional 15% of the original amount when you reach 75, and an additional 10% of the original amount when you reach 80, and an additional 5% of the original amount when you reach 85, and an additional 5% of the original amount when you reach 90. Benefits end when you retire.

Bish's RV, Inc.

Benefits At-A-Glance

All full-time Employees

Voluntary Life Insurance The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Features group rates for employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services

Employee Life

Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of five times Annual Earnings (rounded up to the nearest \$10,000) or \$300,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$200,000

Your coverage amount will reduce by 35% when you reach age 65; an additional 20% of the original amount when you reach age 70; and an additional 15% of the original amount when you reach age 75; and an additional 10% of the original amount when you reach age 80; and an additional 5% of the original amount when you reach age 85; and an additional 5% of the original amount when you reach age 90. Benefits terminate when you retire.

Spouse Life The amount of Dependent Life Insurance coverage cannot be greater than 50% of the Employee Benefit.

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed the lesser of 2.5 times the employee's Annual Earnings or 50% of employee's benefit amount (rounded up to the nearest \$5,000) or \$150,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$30,000

Coverage amounts are reduced by 35% when an employee reaches age 65; and an additional 20% of the original amount when an employee reaches age 70; and an additional 15% of the original amount when an employee reaches age 75.; and an additional 10% of the original amount when an employee reaches age 80.; and an additional 5% of the original amount when an employee reaches age 85.; and an additional 5% of the original amount when an employee reaches age 90. Benefits terminate when the employee retires.

Dependent Child(ren) Life

Live birth but under 26 years, or under 26 years if unmarried & a full-time student	Incremental Options of \$2,000 to a maximum of \$10,000
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What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$200,000 without providing evidence of insurability.
- Annual Limited Enrollment: You can increase your coverage amount by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to resubmit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$300,000. Evidence of Insurability may be required for voluntary life coverage. See the Evidence of Insurability page for details.

Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$30,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: You can increase your coverage amount by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to resubmit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$150,000 for your spouse. Evidence of Insurability may be required.

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: \$2,000, \$4,000, \$6,000, \$8,000 or \$10,000

Additional Plan Benefits Included with Life Coverage

Waiver of Premium	Included
Portability	Included
Accelerated Death Benefit	Included
Conversion	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: 1025862.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych®, EstateGuidance® and GuidanceResources® are registered trademarks of ComPsych® Corporation. *TravelConnect®* services are provided by On Call International, Salem, NH. ComPsych® and On Call International are not Lincoln Financial Group® companies. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

The *TravelConnect®* program is not available to insured employees and dependents of policies issued in the state of New York.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



Bi-Weekly Voluntary Life Insurance Premium Calculate Your Premium.

Group Life Rates for You

Employee Age Range	Life Premium Bi-Weekly Rate
0 - 24	\$0.037
25 - 29	\$0.035
30 - 34	\$0.040
35 - 39	\$0.054
40 - 44	\$0.079
45 - 49	\$0.123
50 - 54	\$0.195
55 - 59	\$0.305
60 - 64	\$0.428
65 - 69	\$0.693
70 - 74	\$1.375
75 +	\$2.833

Group Life Rates for Your Spouse

Employee Age Range	Life Premium Bi-Weekly Rate
0 - 24	\$0.037
25 - 29	\$0.035
30 - 34	\$0.040
35 - 39	\$0.054
40 - 44	\$0.079
45 - 49	\$0.123
50 - 54	\$0.195
55 - 59	\$0.305
60 - 64	\$0.428
65 - 69	\$0.693
70 - 74	\$1.375
75 +	\$2.833

Calculate Your Cost

Use the appropriate rate provided in the tables above to calculate your cost based on the amount of coverage you select. The following example calculates the Bi-Weekly cost for a 36-year-old employee who would like to purchase \$100,000 in employee voluntary term life insurance coverage.

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.054	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	100	
Step 4	Calculate the Bi-Weekly cost. <i>Multiply Step 1 by Step 3.</i>	\$5.40	

Note: Rates are subject to change and can vary over time.

Group Life Bi-Weekly premium for your Dependent Child(ren)

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.10	\$0.21	\$0.31	\$0.41	\$0.52

One affordable monthly premium covers all of your eligible dependent children.

Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.

Please see prior page for product information.

Life Insurance Premium Calculation

Voluntary Short-term Disability Insurance

The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 11 weeks due to injury, illness, surgery, or recovery from childbirth
- Features group rates for employees
- Provides a partial cash benefit if you can only do part of your job or work part time
- Offers a fast, no-hassle claims process

Voluntary Short-term Disability

Weekly benefit amount	60% of your weekly salary, limited to \$1,500 per week
Sickness elimination period	14 days
Accident elimination period	14 days
Maximum coverage period	11 weeks

Sickness Elimination Period: You must be out of work for 14 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 15.

Accident Elimination Period: You must be out of work for 14 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 15.

Recurrent Disability Benefits

- If you become disabled for the same condition within 14 days following your prior disability, your benefits will continue under the same claim.

Additional Plan Benefits	
Benefits Integration	Included
Rehabilitation Assistance	Included
Family Income Benefit	Included
Portability	Included
Premium Waiver	Included

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Benefit Exclusions & Reductions

Like any insurance, this short-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you are committing a felony or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- Sick pay from your employer
- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



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Voluntary Short-term Disability Premium

Here's how little you pay with group rates.

Use the employee voluntary short-term disability premium rate table provided to below to calculate your cost and benefit. The following example calculates the Bi-Weekly cost for an employee who is 36 years old with annual earnings of \$35,400.

Note: The maximum weekly covered earnings are equal to the maximum weekly benefit divided by the benefit percentage.

Calculation Example	Example	You
Step 1	Enter the Bi-weekly rate per \$10 of weekly benefit.	\$0.205
Step 2	Enter your weekly earnings. <i>Divide your annual earnings by 52.</i>	\$681
Step 3	If your weekly earnings are greater than the maximum weekly covered earnings of \$2,500, indicate \$2,500. Otherwise, indicate the amount from Step 2.	\$681
Step 4	Calculate your weekly benefit. <i>Multiply Step 3 by 0.60.</i>	\$408
Step 5	Enter your weekly benefit in increments of \$10. <i>To calculate, divide the amount in Step 4 by 10.</i>	40.8
Step 6	Calculate your Bi-Weekly cost. <i>Multiply Step 1 by Step 5.</i>	\$8.36

Age Range	Bi-Weekly Premium Rate
0 - 24	\$0.205
25 - 29	\$0.205
30 - 34	\$0.205
35 - 39	\$0.205
40 - 44	\$0.258
45 - 49	\$0.258
50 - 54	\$0.290
55 - 59	\$0.290
60 - 64	\$0.343
65 - 69	\$0.343
70 +	\$0.343

This worksheet allows you to approximate your Bi-Weekly contributions for voluntary short-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.

Lincoln Financial Group

Please see prior page for product information.

Voluntary Short-term Disability Insurance Premium Calculation

Voluntary Long-term Disability Insurance

The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury or illness
- Features group rates for eligible employees
- Includes *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal assistance

Bish's RV, Inc.

Benefits At-A-Glance

All full-time Employees

Voluntary LTD

Monthly benefit amount	60% of Salary limited to \$6,000 (\$100 minimum)
Elimination period	90 days
Coverage Period for Your Occupation	24 Months
Maximum Coverage Period	5 years or up to age 70, whichever comes first

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- The 90 day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).

Coverage Period for Your Occupation

- This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).
- You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period.

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse. See contract for details on other specified illnesses.

Additional Plan Information	
Premium Waiver	Included
Progressive Income Benefit	Included
Family Income Benefit	Included
Portability	Included

Evidence of Insurability

- When you are first offered this coverage (and during approved open enrollment periods), you may be able to take advantage of this important coverage with no evidence of insurability (proof of health).

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you are committing a felony or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

EmployeeConnectSM services are provided by ComPsych[®] Corporation, Chicago, IL. ComPsych[®] and GuidanceResources[®] are registered trademarks of ComPsych[®] Corporation. ComPsych[®] is not a Lincoln Financial Group[®] company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group[®] companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



Voluntary Long-Term Disability Insurance

Calculate Your Premium

Use the employee voluntary long-term disability premium rate table provided below to calculate your cost and benefit. The following example calculates the bi-weekly cost for an employee who is 36 years old with annual earnings of \$35,400.

Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

Calculation Example		Example	You
Step 1	Enter the bi-weekly rate per \$100 of monthly covered payroll.	\$0.175	
Step 2	Enter your monthly earnings. <i>Divide your annual earnings by 12.</i>	\$2,950	
Step 3	If your monthly earnings are greater than the maximum monthly covered earnings of \$10,000, indicate \$10,000. <i>Otherwise, indicate the amount from Step 2.</i>	\$2,950	
Step 4	Calculate your monthly benefit. <i>Multiply Step 3 by benefit percentage: 0.60.</i>	\$1,770	
Step 5	Enter your monthly earnings in increments of \$100 of monthly covered payroll. <i>To calculate, divide the amount in Step 3 by \$100.</i>	29.5	
Step 6	Calculate your bi-weekly cost. <i>Multiply Step 1 by Step 5</i>	\$5.16	

Age Range	Bi-weekly Premium Rate
0 - 29	\$0.175
30 - 34	\$0.175
35 - 39	\$0.175
40 - 44	\$0.378
45 - 49	\$0.378
50 - 54	\$0.672
55 - 59	\$0.672
60 - 64	\$0.999
65 - 69	\$0.999
70 - 74	\$0.999
75 +	\$0.999

This worksheet allows you to approximate your bi-weekly contributions for voluntary long-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.

Lincoln Financial Group
Please see prior page for product information.
Voluntary Long-term Disability Insurance Premium Calculation

Employees at Bish's RV, Inc.

Benefits At-A-Glance

Accident Insurance

The Lincoln Group Accident Insurance:

- Provides cash benefits if you or a covered family member is accidentally injured while off the job
- Features group rates for employees
- Benefits are focused on the family, safety and accident prevention

Emergency Treatment	Your Cash Benefit
Ambulance	\$150
Air ambulance	\$750
Emergency care/treatment	\$100
X-ray	\$20
Initial care visit	\$50
Major diagnostic exam	\$100

Fractures *	Your Cash Benefit
Fingers, toes	\$100
Ankle, arm (elbow to wrist), elbow, foot (except toes), hand (except fingers), kneecap, rib, shoulder blade, vertebral process, wrist	\$450
Coccyx, collarbone, lower jaw, sternum	\$525
Arm (shoulder to elbow), bones of the face, nose, upper jaw	\$875
Leg (knee to ankle), pelvis, skull non-depressed, vertebral body	\$1,750
Hip, leg (hip to knee)	\$2,625
Skull depressed	\$3,500
Surgical treatment Surgery	2x nonsurgical benefit
Chip fracture	25% of fracture benefit

*Fracture benefits listed are nonsurgical. Treatment for the fracture must occur within 90 days of the accident. The combined maximum of all fractures is two times the highest fracture payable.

Dislocations *	Your Cash Benefit
Fingers, toes	\$100
Collarbone (acromio and separation), elbow, hand (except fingers), lower jaw, shoulder, wrist	\$450
Ankle, collarbone (sternoclavicular), foot (except toes)	\$875
Knee (except kneecap)	\$1,750
Hip	\$2,625
Surgical treatment	2x nonsurgical benefit
Partial dislocation	25% of dislocation benefit

*Dislocation benefits listed are nonsurgical. Treatment for the dislocation must occur within 90 days of the accident. The combined maximum of all dislocations is two times the highest dislocation payable.

Specific Injuries	Your Cash Benefit
Blood, plasma, platelets (Blood, plasma, platelets and other non-blood substitute IV solutions)	\$375
2 nd degree burns: based upon surface area burned	\$100-\$1,000
3 rd degree burns: based upon surface area burned	\$375-\$10,000
Skin grafts	25% of burn benefit
Concussion	\$150
Dental crown	\$150
Dental extraction / Dental injury – broken tooth	\$75
Eye (surgical repair)	\$300
Eye (removal of foreign object)	\$150
Laceration: based upon the need for and length of sutures	\$35-\$400
Severe Traumatic brain injury	\$5,000
Surgical benefits: *	
Arthroscopic surgical benefit	\$150
Cranial surgical benefit	\$1,125
Hernia surgical benefit	\$150
Thoracic/open abdominal	\$1,500
Ligaments, tendons, rotator cuff	\$750
Knee cartilage	\$750
Ruptured disc	\$750
Other Surgery under general anesthesia	\$225
Other Surgery under conscious sedation	\$125

*Benefits will be paid up to two times the highest surgical benefit payable for all surgeries.

Hospitalization and Ongoing Care	Your Cash Benefit
Accident hospital admission	\$1,000
Accident intensive care admission	\$1,500
Accident hospital daily confinement	\$200
Accident intensive care daily confinement	\$400
Alternative care/Rehabilitative confinement	\$150
Physician follow-up visits (up to 2 visits)	\$75
Physical, occupational and chiropractic therapy (up to 6 sessions)	\$35
Epidural/cortisone pain management (up to 1 injections)	\$75
Medical mobility devices	\$75
Wheelchair (expected use less than one year)	\$150
Wheelchair (expected use one year or more)	\$300
Prosthesis (per limb)	\$750

Recovery assistance	Your Cash Benefit
Family care	\$75
Companion lodging (100+ miles from home)	\$150 per day
Transportation (100+ miles from home)	\$300 per trip

Moving Vehicle Benefits	Your Cash Benefit
Moving vehicle injury	\$100
Moving vehicle death	\$2,500
Safe driver injury/death: seat belt	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: air bag	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: motor vehicle helmet	Additional 25% of motor vehicle injury or death benefit
Safe rider: other helmet (bicycle, scooter, skateboard, etc.)	\$100

Accidental Death & Dismemberment Benefit	Your Cash Benefit
Accidental death	
Your death	\$25,000
Your spouse or life partner	\$10,000
Your child	\$5,000
Common carrier death	
Your death	\$50,000
Your spouse or life partner	\$20,000
Your child	\$10,000

<i>A common carrier is any land, air or water conveyance licensed to transport passengers for hire.</i>	
Transportation of remains (100+ miles)	\$5,000
Loss of hand, foot, arm, leg, eye or hearing in one ear	\$5,000
Loss of finger, thumb, toe	\$500
Severe loss (loss of sight in both eyes, loss of hearing in both ears, loss of speech, loss of both arms, loss of both legs, loss of arm and leg, paraplegia, hemiplegia, loss of both arms and both legs, quadriplegia)	\$10,000
Education: This benefit is paid if an insured person dies within 365 days of a covered accident and is survived by one or more full-time students. <i>The education benefit is payable for each full-time student.</i>	10% of Accidental death benefit
Spouse training: This benefit is paid if a covered employee or dependent spouse dies within 365 days of a covered accident and the surviving spouse is enrolled as a student. <i>The spouse training benefit covers students enrolled in any school that retrains or refreshes skills needed for employment within 365 days from the date of death.</i>	10% of Accidental death benefit
Modification to home/auto: This benefit is payable for modifications to make the principal residence accessible or the vehicle ridable if the insured suffers a severe loss. <i>This benefit is payable once per person within 365 days of the accident.</i>	\$1,000

Health Assessment/Wellness Benefit	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered assessment test	Level: \$50

Additional Plan Benefits	
Portability	Included
Child Sports Injury Benefit	Included

Benefit Exclusions

Accident insurance covers many injuries that result from a covered event; though, the policy does have some exclusions. These are:

1. disease, physical or mental infirmity, sickness, or medical or surgical treatment of these;
2. suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane;
3. voluntary intake or use by any means of any drugs, poison, gas, or fumes, voluntary use of controlled substance, voluntary intake or use by any means of any drug, except when:
 - a. prescribed or administered by a physician, and
 - b. taken in accordance with the physician's instructions;
4. committing or attempting to commit a felony, participation in a felony, voluntary participation in a felony, voluntary committing or attempting to commit a felony;
5. war or any act of war, declared or undeclared, war or any act of war, other than Terrorism, declared or undeclared, war or any act of war, declared or undeclared while serving in the military or an auxiliary unit attached to the military or working in an area of war, whether voluntarily or as required by an employer;
6. participation in a riot, insurrection or rebellion of any kind;
7. military duty, including the Reserves or National Guard;
8. travel or flight in or on any aircraft, except:
 - a. as a fare-paying passenger on a regularly scheduled commercial flight; or
 - b. as a passenger, pilot or crew member in the group policyholder's aircraft while flying for the group policyholder's business, provided:
 - i. the aircraft has a valid U.S. airworthiness certificate (or foreign equivalent); and
 - ii. the pilot has a valid pilot's certificate with a nonstudent rating authorizing him to fly the aircraft;
9. driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred; For Accidental Death and Dismemberment only, benefits are not payable for any loss sustained or contracted in consequence of Your or Your Insured Dependent being intoxicated or under the influence of any narcotic; operating a motor vehicle while intoxicated, as defined by the law of the state in which the accident occurred, if it is a felony;
10. cosmetic or elective surgery, physician determination of cosmetic or elective surgery, cosmetic surgery, surgery to improve appearance, cosmetic or elective surgery when it is to improve appearance rather than restore function or correct a deformity resulting from an injury;
11. being incarcerated in any type of penal or detention facility, injury sustained while confined to jail, workhouse or other corrections facility when it is due to an act of the facility and law enforcement is liable;
12. under the influence of narcotics, unless prescribed and taken in accordance with the prescription by a physician;
13. participating in, practicing for, or officiating any semi-professional or professional sport;
14. riding in or driving in any motor driven vehicle for race, stunt show or speed test;
15. an injury sustained while residing outside the U.S., U.S. territories, Canada or Mexico for more than 12 months;
16. bungee cord jumping, mountaineering or base jumping;
17. skydiving, parachuting or jumping from any aircraft for recreational purposes;
18. injury arising out of, or in the course of, any employment for wage or profit

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention ID: 1025862.

Accident Insurance Premium

Here's how little you pay with group rates

As an employee, you can take advantage of this accident insurance plan. Plus, you can add loved ones to the plan for just a little more.

Coverage	Bi-Weekly Premium
Employee only	\$5.118
Employee & spouse	\$8.672
Employee & child/children	\$9.803
Employee & family	\$13.251

Note: The premiums for this coverage will not change due to your age. The premium for employee & child/children and employee & family coverage includes all children.

The Lincoln National Life Insurance Company

Please see prior page for product information.

Group Accident Insurance | Benefits At-A-Glance

Employees of Bish's RV, Inc.

Benefits At-A-Glance

Coverage for you

Critical Illness Insurance

The Lincoln Critical Illness Insurance Plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for employees
- Includes access to a personal health advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

Critical Illness Insurance | Employee

Guaranteed coverage amounts	\$10,000, \$15,000 or \$20,000
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Guaranteed coverage amounts

- You can choose from the coverage amount(s) above without providing evidence of insurability (documentation of your health history).
- Benefits for covered critical illnesses diagnosed on or after 50% at age 70.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required.

Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

Critical Illness Insurance | Spouse

Guaranteed coverage amount	\$5,000, \$7,500 or \$10,000 (up to 50% of the employee coverage amount)
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Guaranteed coverage amounts

- You can choose from the coverage amount(s) for your spouse without providing evidence of insurability (documentation of your health history).
- Benefits for covered critical illnesses diagnosed on or after 50% at age 70.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required.

Coverage for your dependent children

You can elect Critical Illness Insurance for your dependent children when you choose coverage for yourself.

Critical Illness Insurance | Children

Guaranteed coverage amount	\$2,500, \$5,000 or \$10,000 (up to 50% of the employee coverage amount)
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Guaranteed coverage amounts

- You can choose from the coverage amounts above for your dependent children

No money is due at enrollment. Your premium simply comes out of your paycheck.

Core Benefits

Covered Conditions	Benefit Percentage
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
End Stage Renal (kidney) Failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	30%

Accidental Injuries Benefit	Benefit Percentage
Severe burns, permanent paralysis or traumatic brain injuries (includes coma)	100%

Additional Childhood Conditions	Benefit Percentage
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 Diabetes	100%

Health Assessment / Wellness Benefit	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization	Level: \$75

Additional Plan Benefit(s)	
Portability	Included

Note: See the policy for details and specific requirements for each of these benefits/benefit options.

Benefit Exclusions

The plan includes only covered conditions or losses that occur when the insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony; participation in a felony; committing a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; active participation in a riot, insurrection or rebellion; voluntary participation in a riot, insurrection or rebellion; participation in a riot or insurrection; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months. A Covered Condition sustained while residing outside the United States, its possessions, Canada, or Mexico for more than 12 months, unless the Covered Condition is rediagnosed/confirmed in the United States.

Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.

During the first three of coverage benefits will not be payable for a pre-existing condition. A "pre-existing" condition is one in which you or an insured dependent receive treatment during the 12 months prior to the effective date of coverage. Treatment means consultation, care, and services provided or prescribed by a Physician for which symptoms exist.

If you are a participant in a Critical Illness plan which this plan replaces and are diagnosed with a pre-existing condition, we will consider whether the condition was payable under the prior plan when determining if it will be payable under this plan.

Pre-existing Condition exclusion

Benefits are not payable for any covered condition or loss:

1. which is caused, contributed to by, or results from a pre-existing condition; and
2. which begins in the Exclusionary period after the covered person's effective date (unless the condition was not treated during any treatment-free period, if applicable).

The pre-existing condition exclusion will also apply to any increase in coverage beginning on the effective date of the increase.

A pre-existing condition means a covered condition for which treatment was received during the look-back period prior to the effective date of coverage. Treatment means consultation, care and services provided or prescribed by a physician. It includes diagnostic measures and the prescription, refill or taking of prescribed drugs or medicines for which symptoms exist.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention ID: 1025862.

Critical Illness Insurance Premium

Here's how little you pay with group rates.

Group Rates for You

Employee | Bi-weekly Premiums

Employee Age range (Attained Age)	\$10,000	\$15,000	\$20,000
0-24	\$2.02	\$3.03	\$4.04
25-29	\$2.63	\$3.95	\$5.26
30-34	\$3.21	\$4.82	\$6.42
35-39	\$4.20	\$6.30	\$8.40
40-44	\$6.27	\$9.40	\$12.54
45-49	\$9.66	\$14.49	\$19.32
50-54	\$13.71	\$20.56	\$27.42
55-59	\$18.42	\$27.62	\$36.83
60-64	\$26.11	\$39.17	\$52.23
65-69	\$36.84	\$55.27	\$73.69
70+	\$36.84	\$55.27	\$73.69

Spouse | Bi-weekly Premiums

Employee Age range (Attained Age)	\$5,000	\$7,500	\$10,000
0 - 24	\$1.01	\$1.52	\$2.02
25-29	\$1.32	\$1.97	\$2.63
30-34	\$1.61	\$2.41	\$3.21
35-39	\$2.10	\$3.15	\$4.20
40-44	\$3.13	\$4.70	\$6.27
45-49	\$4.83	\$7.25	\$9.66
50-54	\$6.85	\$10.28	\$13.71
55-59	\$9.21	\$13.81	\$18.42
60-64	\$13.06	\$19.59	\$26.11
65-69	\$18.42	\$27.63	\$36.84
70+	\$18.42	\$27.63	\$36.84

Group Rates for Your Dependent Children

Dependent Children | Bi-weekly Premiums

Age Range	\$2,500	\$5,000	\$10,000
0-99	\$0.79	\$1.58	\$3.16

The Lincoln National Life Insurance Company
Please see prior page for product information.

Travel Assistance



TravelConnect® services offer help, comfort, and reassurance – helping make travel less stressful. If you're enrolled in life and/or AD&D insurance, you and your loved ones can count on *TravelConnect* services 24 hours a day, 7 days a week.

TravelConnect services you can count on during an emergency.*

You'll have dedicated support if you face an emergency when you're 100 or more miles from home. *TravelConnect* helps with:

- Arranging travel if you're injured and need emergency medical evacuation to a medical facility.
- Managing travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort.
- Planning and paying for a safe evacuation because of a natural disaster or a political or security threat.
- Arranging transportation of a deceased traveler.
- Securing emergency pet boarding and/or return and vehicle return.

Ongoing support when you're far from home.

From planning the trip until flying home, these *TravelConnect* services can help you on your way.

- Medical record requests
- Medication and vaccine delivery
- Medical, dental, and pharmacy referrals
- Corrective lenses and medical device replacement
- Legal consultation
- Recovering lost or stolen documents or luggage
- ID recovery assistance
- Language translation services
- Destination information

***TravelConnect*®**

GLOBAL ASSISTANCE PROGRAM

Provided by On Call International

Medical, security, and travel assistance services
for participants traveling 100+ miles from home

Visit mysearchlightportal.com and enter Group ID #: LFGTravel123 for access to plan documents, international calling instructions, and destination information.



ADDITIONAL EMPLOYEE BENEFITS

GYM REIMBURSEMENT



Reimburses up to \$39 per month for gym membership (\$3 per visit for up to 13 visits)

401K PLAN



5% employer match after 6 months of service with no vesting

PAID TIME OFF

We value your work-life balance and offer paid time off for most positions



EMPLOYEE DISCOUNTS



Review the Employee Handbook for details on Parts, Service Labor and RV Purchase discounts for employees and family members

SCHOLARSHIP & TUITION REIMBURSEMENT



Each year, Bish's RV sets aside money for our Scholarship and Tuition Reimbursement Program, and distributes it to our employees and their children who apply

RV BORROWING PROGRAM

Use an RV on your days off



LEARNING CENTER



Bish's RV provides a wide array of learning programs for your current position and future advancement

REFERRAL PROGRAM

Help us hire more great people like you, and earn bonuses when you do



COMPANY TRIP



Every year, top performers and their significant others have the opportunity to enjoy our annual recognition trip



2022