



PIONEER MEDICAL CENTER

2026 BENEFIT GUIDE

PIONEER MEDICAL
CENTER

Heroes Work Here
Thank you!

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WALK-IN

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CLINIC • REHABILITATION

WELCOME TO PIONEER MEDICAL CENTER!

We are excited to have you as part of the PMC team, where our Mission is sustainable excellence in patient and resident focused care. We strive to be the trusted healthcare provider and employer of choice in Sweet Grass County.

BENEFIT ELIGIBILITY AND ENROLLMENT

ELIGIBILITY

- Employees benefit eligibility is based on their FTE (Full Time Equivalent) status.
- A 40-hour per week employee is a 1.0 FTE, 30 hours per week is a .75 FTE, 20 hours per week is a .5 FTE , etc.
- Full-Time and Part-Time employees have immediate access to the EAP (employee Assistance Program).
- All other benefits will begin after the waiting period.

WAITING PERIOD

- The benefit waiting period is the calendar month in which the employee works their first hours.
- The employee is eligible for benefits on the first day of the next calendar month following their start date.

ENROLLMENT

- **NEW HIRE:** Employees will have 30 days from their initial date of hire to enroll in benefits.
- **STATUS CHANGE:** Employees who change to a benefit eligible status will have 30 days from the effective date of their status change to enroll in benefits.



THE BENEFIT YEAR IS EFFECTIVE JANUARY 1 - DECEMBER 31 OF
EACH YEAR



“When can I make changes to my benefits?”

- **OPEN ENROLLMENT:** Each year, during open enrollment, employees may freely make any changes to their benefits for the new plan year. Open enrollment will happen each November for the new plan year starting the following January.

- **QUALIFYING LIFE EVENT:** Employees will have 30 days from the effective date of their qualifying life event to make changes to their benefits. Examples of a qualifying life events include:
 - Marriage, divorce, or legal separation
 - Birth or adoption of a child
 - Change in your, your spouse’s or your child’s employment status that affects your eligibility
 - Death of your spouse or covered child
 - Change in your child’s eligibility for benefits
 - Qualified medical child support order

Please reach out to HR as soon as possible following the life event to determine if you are eligible for life event changes.

Changes to benefits may not be made outside the initial eligibility period , open enrollment, or during a qualifying life event.

BENEFITS

MEDICAL PLANS - PACIFIC SOURCE

PMC offers employees two choices for medical plans. A HDHP (High Deductible Health Plan) and the Traditional Plan.

FULL-TIME STAFF

TRADITIONAL PLAN - \$2,500/\$5,000 (80/20 IN-NETWORK; 60/40 OUT-OF-NETWORK)

Who's Enrolled	Annual Cost	Monthly Cost	PMC Pays/mo	Employee Pays/Mo	Employee Pays/PP
Employee	\$13,692.00	\$1,141.00	\$951.41	\$189.59	\$94.80
Employee + Spouse	\$26,892.00	\$2,241.00	\$1,665.99	\$575.01	\$287.51
Employee + Child(red)	\$22,908.00	\$1,909.00	\$1,398.26	\$510.74	\$255.37
Employee + Family	\$35,568.00	\$2,964.00	\$2,153.55	\$810.40	\$405.20

HIGH DEDUCTIBLE PLAN - \$,5000/\$10,000

Who's Enrolled	Annual Cost	Monthly Cost	PMC Pays/mo	Employee Pays/Mo	Employee Pays/PP
Employee	\$11,940.00	\$995.00	\$945.00	\$50.00	\$25.00
Employee + Spouse	\$23,448.00	\$1,954.00	\$1,578.04	\$375.96	\$187.98
Employee + Child(red)	\$19,968.00	\$1,664.00	\$1,329.38	\$334.62	\$167.31
Employee + Family	\$31,008.00	\$2,584.00	\$2,047.72	\$536.28	\$268.14

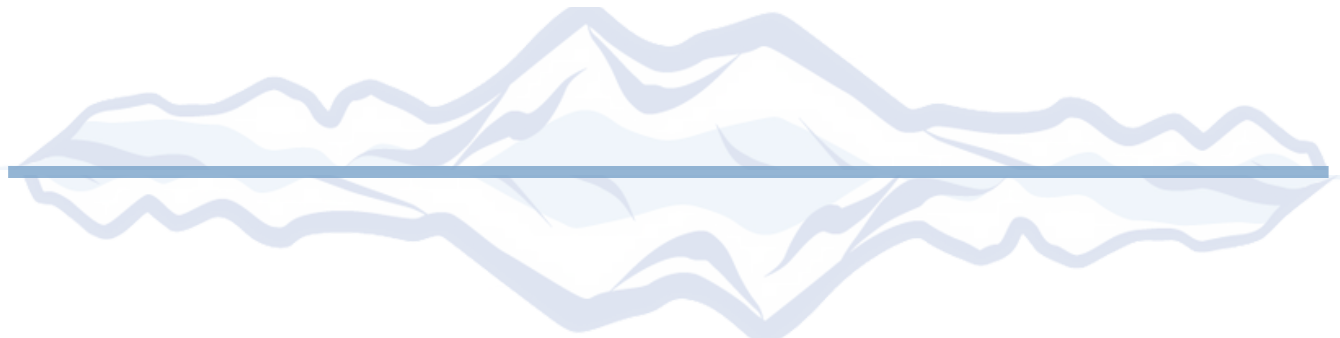
PART-TIME STAFF

TRADITIONAL PLAN - \$2,500/\$5,000 (80/20 IN-NETWORK; 60/40 OUT-OF-NETWORK)

Who's Enrolled	Annual Cost	Monthly Cost	PMC Pays/mo	Employee Pays/Mo	Employee Pays/PP
Employee	\$13,692.00	\$1,141.00	\$798.70	\$342.30	\$171.15
Employee + Spouse	\$26,896.20	\$2,241.35	\$1,568.70	\$672.30	\$336.15
Employee + Child(red)	\$22,908.00	\$1,909.00	\$1,336.30	\$572.70	\$286.35
Employee + Family	\$35,568.00	\$2,964.00	\$2,074.80	\$889.20	\$444.60

HIGH DEDUCTIBLE PLAN - \$5,000/\$10,000

Who's Enrolled	Annual Cost	Monthly Cost	PMC Pays/mo	Employee Pays/Mo	Employee Pays/PP
Employee	\$11,940.00	\$995.00	\$696.50	\$298.50	\$149.25
Employee + Spouse	\$23,448.00	\$1,954.00	\$1,367.80	\$586.20	\$293.10
Employee + Child(red)	\$19,968.00	\$1,664.00	\$1,164.80	\$499.20	\$249.60
Employee + Family	\$30,888.00	\$2,574.00	\$1,808.80	\$775.20	\$387.60



“What’s the difference between the HDHP and the Traditional Plan?”

HDHP (High Deductible Health Plan)

- \$5,000 (single) or \$10,000 (Spouse, Family or Child(red)) deductible before insurance pays any bills, other than preventative services.
- Insurance pays 100% of the allowed charges after you meet your deductible.
- The HDHP plan allows you to enroll in the HSA (Health Savings Account).

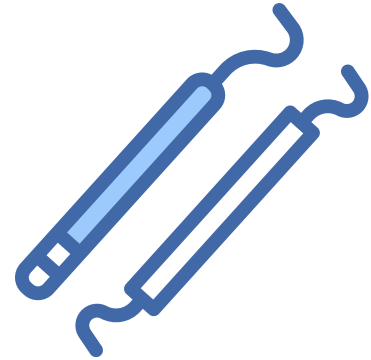
Traditional Health Plan

- \$2,500 (single) or \$5,000 (Spouse, Family or Child(red)) deductible with 20% co-insurance after that, up to the out of pocket maximum.
- You pay 20% for primary care, naturopath & mental health visits.
- Insurance pays 100% after the \$2,500 (Single) or \$5,000 (Spouse, Family Child(ren)) out of pocket maximums have been met.
- The Traditional plan allows you to enroll in the FSA (Flexible Spending Account), but not the HSA.



DENTAL INSURANCE PLAN - PACIFIC SOURCE

Who's Enrolled	Annual Cost	Employee Pays/Mo	Employee Pays/PP
Employee	\$468.00	\$39.00	\$19.50
Employee + Spouse	\$972.00	\$81.00	\$40.50
Employee + Child(red)	\$924.00	\$77.00	\$38.50
Employee + Family	\$1,368.00	\$114.00	\$57.00



DENTAL PLAN

- Deductible is \$50 (single) or \$150 (Spouse, Family, Child(ren)). Deductible waived for preventative screenings.
- \$1,500/person annual max
- 2 exams and cleanings each year at no extra cost & no deductible
- \$500 annual/\$1,000 lifetime max pediatric orthodontia
- Employee MUST buy dental to have spouse and/or child(ren) enrolled

THERE ARE 3 CLASSES OF COVERAGE WITHIN THE DENTAL PLAN

CLASS I SERVICES	
Examinations	No Deductible, 0%
Bitewing films, full mouth X-rays, cone beam, X-rays, and/or panorex	No Deductible, 0%
Dental cleaning (prophylaxis and peridontal maintenance)	No Deductible, 0%
Fluoride (topical or varnish applications)	No Deductible, 0%
Sealants	No Deductible, 0%
Space Maintainers	No Deductible, 0%
Athletic mouth guards	No Deductible, 0%
Brush biopsies	No Deductible, 0%
CLASS II SERVICES	
Fillings	After Deductible, 20%
Simple extractions	After Deductible, 20%
Peridontal scailing and root planing	After Deductible, 20%
Full mouth debridement	After Deductible, 20%
Complicated oral surgery	After Deductible, 20%
Pulp capping	After Deductible, 20%
Pulpotomy	After Deductible, 20%
Root canal therapy	After Deductible, 20%
Peridontal surgery	After Deductible, 20%
Tooth desensitization	After Deductible, 20%
Night guards	After Deductible, 20%
Nitrous oxide	After Deductible, 20%
CLASS III SERVICES	
Crowns	After Deductible, 50%
Dentures	After Deductible, 50%
Bridges	After Deductible, 50%
Replacement of existing prosthetic device	After Deductible, 50%
Implants	After Deductible, 50%

VISION INSURANCE PLAN - PACIFIC SOURCE

Who's Enrolled	Annual Cost	Employee Pays/Mo	Employee Pays/PP
Employee	\$123.00	\$10.25	\$5.13
Employee + Spouse	\$216.00	\$18.00	\$9.00
Employee + Child(red)	\$204.00	\$17.00	\$8.50
Employee + Family	\$324.00	\$27.00	\$13.50



VISION PLAN

- Pays \$80 towards one exam/year
- Pays \$250 towards frames/lenses every 24 months
- Pays \$125 towards contact lenses every 12 months
- Employee **MUST** enroll in vision to have spouse and/or child(red) enrolled

HEALTH SAVINGS ACCOUNT - HSA

PMC will match \$1.00 for \$1.00 up to \$50.00 per pay period if you are eligible and enrolled in the Health Savings Account.

Most Employees enrolled in PMC's High Deductible health Plan (HDHP) are eligible to open an HSA.

- An HSA is a bank account you own. You put in un-taxed wages, and can change the amount coming from your wages at any time
- There is no 'lose it or lose it' rule with an HSA. If you retire or leave PMC employment, the account and the money in the account are still yours.
- Money in an HSA can be used on qualified medical expenses for employees enrolled in the HDHP and the spouses of children of the individual (even if the spouse and children are not covered by the HDHP). HSA dollars can only be spent on dependents not being claimed on their own or somebody else's tax return.
- IRS regulations state that those who also have a Medical Spending FSA, Medicaid, Tricare, or some other insurances are not eligible.
- Penalties may occur if you use HSA funds for non-healthcare spending.
- Save receipts in case audited.
- 2025 annual max is \$4,300 for employee only, \$8,550 if insuring spouse and or children.
- If you are older than, or turning 55 in 2025, the annual max is \$5,300 for employee only or \$9,550 if insuring spouse and/or children.

The annual maximums include your contributions AND PMC's contributions

PMC offers HSA through Sky Federal Credit Union.



FLEXIBLE SPENDING ACCOUNT (FSA)

A Flexible Spending Account (FSA) lets you set aside pre-tax dollars to use for eligible out-of-pocket expenses. There are 2 types of FSA's.

HEALTH FSA

- Can be used to pay for eligible medical, dental, vision, hearing and prescription drug expenses for the employee, their spouse, and their eligible dependents.
- As soon as the account is set up, the total annual amount elected can be spent, and then paid off throughout the year by payroll deductions.
- IRS regulations limit the maximum annual contribution for 2025 to \$3,300.
- Wages you put into an FSA are "use it or lose it"; IRS regulations allow only \$640 in un-spent funds to roll-over to the next years FSA.



DEPENDENT CARE FSA

A Dependent Care Flexible Spending Account (FSA) allows you to set aside pre-tax dollars to pay for eligible dependent care expenses while you (and your spouse, if applicable) work, look for work, or attend school full-time.

DEPENDENT CARE FSA

- Can be used to pay for eligible dependent care expenses such as daycare, preschool, summer day camps, and before/after school programs for children under the age of 13.
- May also cover care for a spouse or dependent adult who is physically or mentally incapable of self-care and lives with you.
- Funds are available **only as they are contributed** through payroll deductions (unlike the Health FSA, which provides the full annual amount upfront)
- IRS regulations limit the maximum annual contribution for 2026 to:
 - \$5,000 per household, or
 - \$2,500 if married and filing separately.
- Wages contributed to a Dependent Care FSA are also "use it or lose it" - unused funds at the end of the plan year are forfeited per IRS regulations.
- Expenses must be for dependent care needed so that you (and your spouse, if applicable) can work or attend school.

Plan Highlights

Group Basic Life / AD&D Insurance



Pioneer Medical Center

ELIGIBILITY

All Active Full-Time Employees working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

Basic Life and AD&D: \$25,000

GUARANTEED ISSUE

\$25,000

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employer Paid.

BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit Reduced to
65	65%
70	50%

FEATURES

- Accelerated Death Benefit
- Air Bag Benefit
- Conversion Privilege
- Portability
- Seat Belt Benefit
- Waiver of Premium

VALUE-ADDED SERVICES

- Bereavement Counseling Services
- Travel Assistance Services

AD&D SCHEDULE

For Accidental Loss of	Amount Payable
Life	100%
Both Hands	100%
Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing	100%
One Hand	50%
One Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing	50%
For Total Loss of	Amount Payable
Both Arms and Both Legs	100%
Both Arms and One Leg or Both Legs and One Arm	75%
Both Arms	67%
Both Legs	67%
One Arm and One Leg	67%
One Arm or One Leg	50%

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6422, et al, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

Reliance Matrix is a branding name. Coverage is underwritten by Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.

Plan Highlights

Group Critical Illness

Pioneer Medical Center

COVERAGE

Critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

ELIGIBILITY

All eligible Employees and their dependents as defined by *PioneerMedical Center* and reflected in your Certificate of Insurance. A person may not have coverage as both an Employee and Dependent.

BENEFITS AMOUNTS

Employee	Choose from a minimum of \$10,000 to a maximum of \$20,000 in \$10,000 increments.
Spouse	Choose from a minimum of \$10,000 to a maximum of \$20,000 in \$10,000 increments, not to exceed 100% of approved employee amount.
Child	25% of employee coverage

BENEFIT FEATURES

- Lifetime Maximum Benefit 1000% of Insurance Amount
- Portability – you can take your coverage with you at the same rates
- Recurrence Benefit – (Same type of Critical Illness diagnosed months or later)
- Wellness Benefits – Any preventative health screening or test including but not limited to, annual physicals, immunizations, dental exams and mental health screenings.
- Subsequent Occurrence Benefit (Different Type of Critical Illness diagnosed)

GUARANTEED ISSUE

The maximum amount of coverage you and your spouse, if applicable, can elect without providing evidence of insurability.

Employee	\$20,000
Spouse	\$20,000
Child	All Child amounts are guaranteed issue

BENEFIT PROVISIONS

Recurrence

We may pay a reduced benefit as shown on the Certificate of Insurance for a Critical Illness that is the same Critical Illness previously diagnosed and for which a benefit was paid under the policy as long as the diagnoses are separated by at least the number of months shown on the Certificate of Insurance.

Subsequent Occurrence

We may pay for a Critical Illness diagnosed different from a Critical Illness previously diagnosed for which a benefit has been paid under the policy as long as the diagnoses are separated by at least the number of months shown on the Certificate of Insurance.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

PREMIUM TABLE

Refer to the attached Premium Table



www.reliancematrix.com

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Included Benefits: Cancer Conditions	Percentage of Coverage Amount - Standard
Carcinoma in Situ	25%
Invasive Cancer	100%
Skin Cancer	5%
Included Benefits: Neurological Conditions	Percentage of Coverage Amount - Standard
Alzheimer's	50%
Benign Brain Tumor	100%
Coma	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	50%
Multiple Sclerosis	50%
Parkinson's	50%
Stroke	100%
Included Benefits: Heart Conditions	Percentage of Coverage Amount - Standard
Coronary Disease	25%
Heart Attack	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Included Benefits: Other Conditions	Percentage of Coverage Amount - Standard
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure (includes bone marrow)	100%
Occupational Hepatitis	100%
Occupational HIV	100%
Paralysis	100%
Included Benefits: Childhood Conditions	Percentage of Coverage Amount - Standard
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Additional Features	Percentage of Coverage Amount - Standard
Wellness (Health Screening) Benefit	\$50.00
Lifetime Maximum Benefit	1000% of the Amount of Insurance
Recurrence Benefit Subsequent	100% of Benefit / 12 months
Occurrence Benefit Waiting Period	100% of Benefit / 12 months
Pre-Existing Limitation Portability	None
	None
	Included
Waiver of Premium	None
Minimum Participation	Greater of 10% or 10 Insured Lives

EXCLUSIONS AND LIMITATIONS

Exclusions and limitations apply and can vary by state. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance.

NON-INSURANCE SERVICES

- Travel Assistance Services

ADDITIONAL INFORMATION

This Plan Highlights document provides a brief description of the key features of the Reliance Standard Life Insurance Company insurance plan. The availability of the benefits and features described may vary by state. It is not a Certificate of Insurance or evidence of coverage. Insurance is provided under group policy form LRS-9537-0118, et al.



www.reliancematrix.com

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**Reliance Standard Plans
Critical Illness Insurance Premium Table
Plan Holder: Pioneer Medical Center
Policy Number: VCI2000048830**

SCHEDULED BENEFIT

Each eligible employee may elect coverage for his/her self and eligible dependents, an amount of insurance shown in the table below.

PREMIUMS

To find your and your spouse's premium:

- Determine your age band (your age as of your last birthday).
- Select a benefit amount from the Benefit Amount column from the table below for you and your spouse. The rates for insurance you have elected will be found in the corresponding Age range column also below.

Employee Monthly Premiums:

Benefit Amount	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70+
\$10,000	\$7.10	\$13.30	\$27.50	\$46.70	\$75.90	\$266.00
\$20,000	\$14.20	\$26.60	\$55.00	\$93.40	\$151.80	\$532.00

Dependent Child(ren)

Your dependent child(ren) is eligible for a benefit amount of 25% of your Critical Illness benefit election.

To calculate Dependent Child(ren) Benefit

Employee Benefit Amount x 25% = Dependent Child(ren) Benefit. No rounding needed.

Please read this important information

You may not have coverage as both an employee and as a dependent.

Employee must have coverage in order for spouse and dependent children to be covered, if applicable.

Please Note: *These rates are approximate and subject to change.*

Plan Highlights

Group Long Term Disability Insurance



Pioneer Medical Center

COVERAGE

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

ELIGIBILITY

All Active Full-Time Employees working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

CONTRIBUTION REQUIREMENTS

Core: Coverage is 100% Employer Paid.

Buy-Up: Coverage is 100% Employee Paid.

ELIMINATION PERIOD

Core: 90 consecutive days of total disability;

Buy-Up: 90 consecutive days of total disability.

BENEFIT AMOUNT

Core: The benefit amount is equal to 50% of your monthly covered earnings, to a maximum benefit of \$5,000 per month.

Buy-Up: The benefit amount is equal to 66.67% of your monthly covered earnings, to a maximum benefit of \$5,000 per month.

MAXIMUM BENEFIT DURATION

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

Age at Disablement	Duration of Benefits
62 or less	To Age 65
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

FEATURES

- Military Services Leave of Absence
- Own Occupation Coverage – 24 Months
- Rehabilitation Provision
- Survivor Benefit – 3 months
- Work Incentive & Child Care Provisions
- Worksite Modification Benefit

VALUE-ADDED SERVICES

- ID Theft Recovery Services

LIMITATIONS

- Pre-Existing Condition Limitation: 3/12
- Mental & Nervous Limitation – 24 months outpatient
- Substance Abuse Limitation – 24 months
- Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans

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Group Long Term Disability Insurance

Pioneer Medical Center

Buy-Up: The benefit amount is equal to 66.67% of your monthly covered earnings, to a maximum benefit of \$5,000 per month.

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your **Annual Earnings**. 1. \$
2. **Divide** your annual earnings by 12 (monthly earnings).
Average monthly income cannot exceed **\$7,500**. 2. \$
3. **Multiply** the amount on Line 2 by **0.349**. 3. \$
4. **Divide** the amount on Line 3 by 100 and enter the
amount on Line 4 to get your **monthly payroll deduction**. 4. \$ _____

Rate per \$100 of covered payroll
0.349

Example Calculation:

1. Enter your **Annual Earnings**. 1. \$ 50,000
2. **Divide** your annual earnings by 12 (monthly earnings).
Average monthly income cannot exceed **\$7,500**. 2. \$ 4,167 (monthly earnings)
3. **Multiply** the amount on Line 2 by **0.349**. 3. \$ 1,454.28
4. **Divide** the amount on Line 3 by 100 and enter the
amount on Line 4 to get your **monthly payroll deduction**. 4. \$ 14.54 (monthly payroll deduction)

Plan Highlights

Group Short Term Disability Insurance



Pioneer Medical Center

COVERAGE

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

ELIGIBILITY

All Active Full-Time Employees working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The benefit amount is equal to 60% of your weekly covered earnings, to a maximum benefit of \$1,000 per week.

DAY BENEFITS BEGIN

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

MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 12 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employer Paid.

FEATURES

- Non-occupational coverage
- W-2 Services

LIMITATIONS

- Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

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Plan Highlights

Group Supplemental & Dependent Life / AD&D Insurance



Pioneer Medical Center

ELIGIBILITY

All Active Full-Time Employees working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered.

Dependents are:

- Your legal spouse who is not legally separated or divorced from you;
- Your unmarried financially dependent children birth to 26 years;
- A person may not have coverage as both an Employee and Dependent;
- Only one insured spouse may cover dependent children;

BENEFIT AMOUNT

Supplemental Life: Choose from a minimum of \$10,000 to a maximum of \$300,000 in \$10,000 increments, not to exceed 5 times earnings.

Spouse: Choose from a minimum of \$1,000, a maximum of \$150,000 in \$1,000 increments, not to exceed 50.00% of employee amount.

Child(ren): Birth to age 26 years: \$2,500 to \$10,000 in increments of

GUARANTEED ISSUE

Initial eligibility period only

Employee: \$100,000

Spouse: \$25,000

Child(ren): \$10,000

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

RATES

See attached Rate Sheet

AD&D SCHEDULE

For Accidental Loss of	Amount Payable
Life	100%
Both Hands	100%
Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing	100%
One Hand	50%
One Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing	50%
For Total Loss of	Amount Payable
Both Arms and Both Legs	100%
Both Arms and One Leg or Both Legs and One Arm	75%
Both Arms	67%
Both Legs	67%
One Arm and One Leg	67%
One Arm or One Leg	50%

BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit Reduced to
65	65%
70	50%

FEATURES

- Accelerated Death Benefit
- Air Bag Benefit
- Conversion Privilege
- Portability
- Seat Belt Benefit
- Waiver of Premium

Reliance Standard Plans Supplemental and Dependent Life and AD&D Insurance Premium Table

Plan Holder: Pioneer Medical Center

Scheduled Benefit: Each eligible employee may elect for himself/herself and/or his/her eligible spouse an amount of insurance shown in the table below.

For employees age 65 and older: Benefit amounts are reduced according to the age-based reduction chart shown in the Supplemental Life brochure.

Employee/Spouse Premiums: To find you and your spouse's premium:

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (employees age 65 and older: see above comment).
- Spouse premium: Repeat the steps above for your spouse at his/her age at his/her last birthday.
- Employee and spouse rates change as they respectively move from one age bracket to the next.

Employee Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$10,000	\$0.93	\$0.93	\$1.02	\$1.20	\$1.55	\$2.46	\$3.63	\$5.25	\$7.05	\$11.10	\$19.20
\$20,000	\$1.86	\$1.86	\$2.04	\$2.40	\$3.10	\$4.92	\$7.26	\$10.50	\$14.10	\$22.20	\$38.40
\$30,000	\$2.79	\$2.79	\$3.06	\$3.60	\$4.65	\$7.38	\$10.89	\$15.75	\$21.15	\$33.30	\$57.60
\$40,000	\$3.72	\$3.72	\$4.08	\$4.80	\$6.20	\$9.84	\$14.52	\$21.00	\$28.20	\$44.40	\$76.80
\$50,000	\$4.65	\$4.65	\$5.10	\$6.00	\$7.75	\$12.30	\$18.15	\$26.25	\$35.25	\$55.50	\$96.00
\$60,000	\$5.58	\$5.58	\$6.12	\$7.20	\$9.30	\$14.76	\$21.78	\$31.50	\$42.30	\$66.60	\$115.20
\$70,000	\$6.51	\$6.51	\$7.14	\$8.40	\$10.85	\$17.22	\$25.41	\$36.75	\$49.35	\$77.70	\$134.40
\$80,000	\$7.44	\$7.44	\$8.16	\$9.60	\$12.40	\$19.68	\$29.04	\$42.00	\$56.40	\$88.80	\$153.60
\$90,000	\$8.37	\$8.37	\$9.18	\$10.80	\$13.95	\$22.14	\$32.67	\$47.25	\$63.45	\$99.90	\$172.80
\$100,000	\$9.30	\$9.30	\$10.20	\$12.00	\$15.50	\$24.60	\$36.30	\$52.50	\$70.50	\$111.00	\$192.00
\$110,000	\$10.23	\$10.23	\$11.22	\$13.20	\$17.05	\$27.06	\$39.93	\$57.75	\$77.55	\$122.10	\$211.20
\$120,000	\$11.16	\$11.16	\$12.24	\$14.40	\$18.60	\$29.52	\$43.56	\$63.00	\$84.60	\$133.20	\$230.40
\$130,000	\$12.09	\$12.09	\$13.26	\$15.60	\$20.15	\$31.98	\$47.19	\$68.25	\$91.65	\$144.30	\$249.60
\$140,000	\$13.02	\$13.02	\$14.28	\$16.80	\$21.70	\$34.44	\$50.82	\$73.50	\$98.70	\$155.40	\$268.80
\$150,000	\$13.95	\$13.95	\$15.30	\$18.00	\$23.25	\$36.90	\$54.45	\$78.75	\$105.75	\$166.50	\$288.00
\$160,000	\$14.88	\$14.88	\$16.32	\$19.20	\$24.80	\$39.36	\$58.08	\$84.00	\$112.80	\$177.60	\$307.20
\$170,000	\$15.81	\$15.81	\$17.34	\$20.40	\$26.35	\$41.82	\$61.71	\$89.25	\$119.85	\$188.70	\$326.40
\$180,000	\$16.74	\$16.74	\$18.36	\$21.60	\$27.90	\$44.28	\$65.34	\$94.50	\$126.90	\$199.80	\$345.60
\$190,000	\$17.67	\$17.67	\$19.38	\$22.80	\$29.45	\$46.74	\$68.97	\$99.75	\$133.95	\$210.90	\$364.80
\$200,000	\$18.60	\$18.60	\$20.40	\$24.00	\$31.00	\$49.20	\$72.60	\$105.00	\$141.00	\$222.00	\$384.00
\$210,000	\$19.53	\$19.53	\$21.42	\$25.20	\$32.55	\$51.66	\$76.23	\$110.25	\$148.05	\$233.10	\$403.20
\$220,000	\$20.46	\$20.46	\$22.44	\$26.40	\$34.10	\$54.12	\$79.86	\$115.50	\$155.10	\$244.20	\$422.40
\$230,000	\$21.39	\$21.39	\$23.46	\$27.60	\$35.65	\$56.58	\$83.49	\$120.75	\$162.15	\$255.30	\$441.60
\$240,000	\$22.32	\$22.32	\$24.48	\$28.80	\$37.20	\$59.04	\$87.12	\$126.00	\$169.20	\$266.40	\$460.80
\$250,000	\$23.25	\$23.25	\$25.50	\$30.00	\$38.75	\$61.50	\$90.75	\$131.25	\$176.25	\$277.50	\$480.00
\$260,000	\$24.18	\$24.18	\$26.52	\$31.20	\$40.30	\$63.96	\$94.38	\$136.50	\$183.30	\$288.60	\$499.20
\$270,000	\$25.11	\$25.11	\$27.54	\$32.40	\$41.85	\$66.42	\$98.01	\$141.75	\$190.35	\$299.70	\$518.40
\$280,000	\$26.04	\$26.04	\$28.56	\$33.60	\$43.40	\$68.88	\$101.64	\$147.00	\$197.40	\$310.80	\$537.60
\$290,000	\$26.97	\$26.97	\$29.58	\$34.80	\$44.95	\$71.34	\$105.27	\$152.25	\$204.45	\$321.90	\$556.80
\$300,000	\$27.90	\$27.90	\$30.60	\$36.00	\$46.50	\$73.80	\$108.90	\$157.50	\$211.50	\$333.00	\$576.00

Spouse Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$1,000	\$0.09	\$0.09	\$0.10	\$0.12	\$0.17	\$0.25	\$0.36	\$0.53	\$0.71	\$1.11	\$1.92
\$2,000	\$0.19	\$0.19	\$0.20	\$0.24	\$0.33	\$0.49	\$0.73	\$1.05	\$1.41	\$2.22	\$3.84
\$3,000	\$0.28	\$0.28	\$0.31	\$0.36	\$0.50	\$0.74	\$1.09	\$1.58	\$2.12	\$3.33	\$5.76
\$4,000	\$0.37	\$0.37	\$0.41	\$0.48	\$0.66	\$0.98	\$1.45	\$2.10	\$2.82	\$4.44	\$7.68

\$5,000	\$0.47	\$0.47	\$0.51	\$0.60	\$0.83	\$1.23	\$1.82	\$2.63	\$3.53	\$5.55	\$9.60
\$6,000	\$0.56	\$0.56	\$0.61	\$0.72	\$0.99	\$1.48	\$2.18	\$3.15	\$4.23	\$6.66	\$11.52
\$7,000	\$0.65	\$0.65	\$0.71	\$0.84	\$1.16	\$1.72	\$2.54	\$3.68	\$4.94	\$7.77	\$13.44
\$8,000	\$0.74	\$0.74	\$0.82	\$0.96	\$1.32	\$1.97	\$2.90	\$4.20	\$5.64	\$8.88	\$15.36
\$9,000	\$0.84	\$0.84	\$0.92	\$1.08	\$1.49	\$2.21	\$3.27	\$4.73	\$6.35	\$9.99	\$17.28
\$10,000	\$0.93	\$0.93	\$1.02	\$1.20	\$1.65	\$2.46	\$3.63	\$5.25	\$7.05	\$11.10	\$19.20
\$11,000	\$1.02	\$1.02	\$1.12	\$1.32	\$1.82	\$2.71	\$3.99	\$5.78	\$7.76	\$12.21	\$21.12
\$12,000	\$1.12	\$1.12	\$1.22	\$1.44	\$1.98	\$2.95	\$4.36	\$6.30	\$8.46	\$13.32	\$23.04
\$13,000	\$1.21	\$1.21	\$1.33	\$1.56	\$2.15	\$3.20	\$4.72	\$6.83	\$9.17	\$14.43	\$24.96
\$14,000	\$1.30	\$1.30	\$1.43	\$1.68	\$2.31	\$3.44	\$5.08	\$7.35	\$9.87	\$15.54	\$26.88
\$15,000	\$1.40	\$1.40	\$1.53	\$1.80	\$2.48	\$3.69	\$5.45	\$7.88	\$10.58	\$16.65	\$28.80
\$16,000	\$1.49	\$1.49	\$1.63	\$1.92	\$2.64	\$3.94	\$5.81	\$8.40	\$11.28	\$17.76	\$30.72
\$17,000	\$1.58	\$1.58	\$1.73	\$2.04	\$2.81	\$4.18	\$6.17	\$8.93	\$11.99	\$18.87	\$32.64
\$18,000	\$1.67	\$1.67	\$1.84	\$2.16	\$2.97	\$4.43	\$6.53	\$9.45	\$12.69	\$19.98	\$34.56
\$19,000	\$1.77	\$1.77	\$1.94	\$2.28	\$3.14	\$4.67	\$6.90	\$9.98	\$13.40	\$21.09	\$36.48
\$20,000	\$1.86	\$1.86	\$2.04	\$2.40	\$3.30	\$4.92	\$7.26	\$10.50	\$14.10	\$22.20	\$38.40
\$21,000	\$1.95	\$1.95	\$2.14	\$2.52	\$3.47	\$5.17	\$7.62	\$11.03	\$14.81	\$23.31	\$40.32
\$22,000	\$2.05	\$2.05	\$2.24	\$2.64	\$3.63	\$5.41	\$7.99	\$11.55	\$15.51	\$24.42	\$42.24
\$23,000	\$2.14	\$2.14	\$2.35	\$2.76	\$3.80	\$5.66	\$8.35	\$12.08	\$16.22	\$25.53	\$44.16
\$24,000	\$2.23	\$2.23	\$2.45	\$2.88	\$3.96	\$5.90	\$8.71	\$12.60	\$16.92	\$26.64	\$46.08
\$25,000	\$2.33	\$2.33	\$2.55	\$3.00	\$4.13	\$6.15	\$9.08	\$13.13	\$17.63	\$27.75	\$48.00
\$26,000	\$2.42	\$2.42	\$2.65	\$3.12	\$4.29	\$6.40	\$9.44	\$13.65	\$18.33	\$28.86	\$49.92
\$27,000	\$2.51	\$2.51	\$2.75	\$3.24	\$4.46	\$6.64	\$9.80	\$14.18	\$19.04	\$29.97	\$51.84
\$28,000	\$2.60	\$2.60	\$2.86	\$3.36	\$4.62	\$6.89	\$10.16	\$14.70	\$19.74	\$31.08	\$53.76
\$29,000	\$2.70	\$2.70	\$2.96	\$3.48	\$4.79	\$7.13	\$10.53	\$15.23	\$20.45	\$32.19	\$55.68
\$30,000	\$2.79	\$2.79	\$3.06	\$3.60	\$4.95	\$7.38	\$10.89	\$15.75	\$21.15	\$33.30	\$57.60
\$31,000	\$2.88	\$2.88	\$3.16	\$3.72	\$5.12	\$7.63	\$11.25	\$16.28	\$21.86	\$34.41	\$59.52
\$32,000	\$2.98	\$2.98	\$3.26	\$3.84	\$5.28	\$7.87	\$11.62	\$16.80	\$22.56	\$35.52	\$61.44
\$33,000	\$3.07	\$3.07	\$3.37	\$3.96	\$5.45	\$8.12	\$11.98	\$17.33	\$23.27	\$36.63	\$63.36
\$34,000	\$3.16	\$3.16	\$3.47	\$4.08	\$5.61	\$8.36	\$12.34	\$17.85	\$23.97	\$37.74	\$65.28
\$35,000	\$3.26	\$3.26	\$3.57	\$4.20	\$5.78	\$8.61	\$12.71	\$18.38	\$24.68	\$38.85	\$67.20
\$36,000	\$3.35	\$3.35	\$3.67	\$4.32	\$5.94	\$8.86	\$13.07	\$18.90	\$25.38	\$39.96	\$69.12
\$37,000	\$3.44	\$3.44	\$3.77	\$4.44	\$6.11	\$9.10	\$13.43	\$19.43	\$26.09	\$41.07	\$71.04
\$38,000	\$3.53	\$3.53	\$3.88	\$4.56	\$6.27	\$9.35	\$13.79	\$19.95	\$26.79	\$42.18	\$72.96
\$39,000	\$3.63	\$3.63	\$3.98	\$4.68	\$6.44	\$9.59	\$14.16	\$20.48	\$27.50	\$43.29	\$74.88
\$40,000	\$3.72	\$3.72	\$4.08	\$4.80	\$6.60	\$9.84	\$14.52	\$21.00	\$28.20	\$44.40	\$76.80
\$41,000	\$3.81	\$3.81	\$4.18	\$4.92	\$6.77	\$10.09	\$14.88	\$21.53	\$28.91	\$45.51	\$78.72
\$42,000	\$3.91	\$3.91	\$4.28	\$5.04	\$6.93	\$10.33	\$15.25	\$22.05	\$29.61	\$46.62	\$80.64
\$43,000	\$4.00	\$4.00	\$4.39	\$5.16	\$7.10	\$10.58	\$15.61	\$22.58	\$30.32	\$47.73	\$82.56
\$44,000	\$4.09	\$4.09	\$4.49	\$5.28	\$7.26	\$10.82	\$15.97	\$23.10	\$31.02	\$48.84	\$84.48
\$45,000	\$4.19	\$4.19	\$4.59	\$5.40	\$7.43	\$11.07	\$16.34	\$23.63	\$31.73	\$49.95	\$86.40
\$46,000	\$4.28	\$4.28	\$4.69	\$5.52	\$7.59	\$11.32	\$16.70	\$24.15	\$32.43	\$51.06	\$88.32
\$47,000	\$4.37	\$4.37	\$4.79	\$5.64	\$7.76	\$11.56	\$17.06	\$24.68	\$33.14	\$52.17	\$90.24
\$48,000	\$4.46	\$4.46	\$4.90	\$5.76	\$7.92	\$11.81	\$17.42	\$25.20	\$33.84	\$53.28	\$92.16
\$49,000	\$4.56	\$4.56	\$5.00	\$5.88	\$8.09	\$12.05	\$17.79	\$25.73	\$34.55	\$54.39	\$94.08
\$50,000	\$4.65	\$4.65	\$5.10	\$6.00	\$8.25	\$12.30	\$18.15	\$26.25	\$35.25	\$55.50	\$96.00
\$51,000	\$4.74	\$4.74	\$5.20	\$6.12	\$8.42	\$12.55	\$18.51	\$26.78	\$35.96	\$56.61	\$97.92
\$52,000	\$4.84	\$4.84	\$5.30	\$6.24	\$8.58	\$12.79	\$18.88	\$27.30	\$36.66	\$57.72	\$99.84
\$53,000	\$4.93	\$4.93	\$5.41	\$6.36	\$8.75	\$13.04	\$19.24	\$27.83	\$37.37	\$58.83	\$101.76
\$54,000	\$5.02	\$5.02	\$5.51	\$6.48	\$8.91	\$13.28	\$19.60	\$28.35	\$38.07	\$59.94	\$103.68
\$55,000	\$5.12	\$5.12	\$5.61	\$6.60	\$9.08	\$13.53	\$19.97	\$28.88	\$38.78	\$61.05	\$105.60
\$56,000	\$5.21	\$5.21	\$5.71	\$6.72	\$9.24	\$13.78	\$20.33	\$29.40	\$39.48	\$62.16	\$107.52
\$57,000	\$5.30	\$5.30	\$5.81	\$6.84	\$9.41	\$14.02	\$20.69	\$29.93	\$40.19	\$63.27	\$109.44
\$58,000	\$5.39	\$5.39	\$5.92	\$6.96	\$9.57	\$14.27	\$21.05	\$30.45	\$40.89	\$64.38	\$111.36
\$59,000	\$5.49	\$5.49	\$6.02	\$7.08	\$9.74	\$14.51	\$21.42	\$30.98	\$41.60	\$65.49	\$113.28
\$60,000	\$5.58	\$5.58	\$6.12	\$7.20	\$9.90	\$14.76	\$21.78	\$31.50	\$42.30	\$66.60	\$115.20
\$61,000	\$5.67	\$5.67	\$6.22	\$7.32	\$10.07	\$15.01	\$22.14	\$32.03	\$43.01	\$67.71	\$117.12
\$62,000	\$5.77	\$5.77	\$6.32	\$7.44	\$10.23	\$15.25	\$22.51	\$32.55	\$43.71	\$68.82	\$119.04
\$63,000	\$5.86	\$5.86	\$6.43	\$7.56	\$10.40	\$15.50	\$22.87	\$33.08	\$44.42	\$69.93	\$120.96
\$64,000	\$5.95	\$5.95	\$6.53	\$7.68	\$10.56	\$15.74	\$23.23	\$33.60	\$45.12	\$71.04	\$122.88
\$65,000	\$6.05	\$6.05	\$6.63	\$7.80	\$10.73	\$15.99	\$23.60	\$34.13	\$45.83	\$72.15	\$124.80
\$66,000	\$6.14	\$6.14	\$6.73	\$7.92	\$10.89	\$16.24	\$23.96	\$34.65	\$46.53	\$73.26	\$126.72
\$67,000	\$6.23	\$6.23	\$6.83	\$8.04	\$11.06	\$16.48	\$24.32	\$35.18	\$47.24	\$74.37	\$128.64
\$68,000	\$6.32	\$6.32	\$6.94	\$8.16	\$11.22	\$16.73	\$24.68	\$35.70	\$47.94	\$75.48	\$130.56
\$69,000	\$6.42	\$6.42	\$7.04	\$8.28	\$11.39	\$16.97	\$25.05	\$36.23	\$48.65	\$76.59	\$132.48
\$70,000	\$6.51	\$6.51	\$7.14	\$8.40	\$11.55	\$17.22	\$25.41	\$36.75	\$49.35	\$77.70	\$134.40
\$71,000	\$6.60	\$6.60	\$7.24	\$8.52	\$11.72	\$17.47	\$25.77	\$37.28	\$50.06	\$78.81	\$136.32
\$72,000	\$6.70	\$6.70	\$7.34	\$8.64	\$11.88	\$17.71	\$26.14	\$37.80	\$50.76	\$79.92	\$138.24

\$73,000	\$6.79	\$6.79	\$7.45	\$8.76	\$12.05	\$17.96	\$26.50	\$38.33	\$51.47	\$81.03	\$140.16
\$74,000	\$6.88	\$6.88	\$7.55	\$8.88	\$12.21	\$18.20	\$26.86	\$38.85	\$52.17	\$82.14	\$142.08
\$75,000	\$6.98	\$6.98	\$7.65	\$9.00	\$12.38	\$18.45	\$27.23	\$39.38	\$52.88	\$83.25	\$144.00
\$76,000	\$7.07	\$7.07	\$7.75	\$9.12	\$12.54	\$18.70	\$27.59	\$39.90	\$53.58	\$84.36	\$145.92
\$77,000	\$7.16	\$7.16	\$7.85	\$9.24	\$12.71	\$18.94	\$27.95	\$40.43	\$54.29	\$85.47	\$147.84
\$78,000	\$7.25	\$7.25	\$7.96	\$9.36	\$12.87	\$19.19	\$28.31	\$40.95	\$54.99	\$86.58	\$149.76
\$79,000	\$7.35	\$7.35	\$8.06	\$9.48	\$13.04	\$19.43	\$28.68	\$41.48	\$55.70	\$87.69	\$151.68
\$80,000	\$7.44	\$7.44	\$8.16	\$9.60	\$13.20	\$19.68	\$29.04	\$42.00	\$56.40	\$88.80	\$153.60
\$81,000	\$7.53	\$7.53	\$8.26	\$9.72	\$13.37	\$19.93	\$29.40	\$42.53	\$57.11	\$89.91	\$155.52
\$82,000	\$7.63	\$7.63	\$8.36	\$9.84	\$13.53	\$20.17	\$29.77	\$43.05	\$57.81	\$91.02	\$157.44
\$83,000	\$7.72	\$7.72	\$8.47	\$9.96	\$13.70	\$20.42	\$30.13	\$43.58	\$58.52	\$92.13	\$159.36
\$84,000	\$7.81	\$7.81	\$8.57	\$10.08	\$13.86	\$20.66	\$30.49	\$44.10	\$59.22	\$93.24	\$161.28
\$85,000	\$7.91	\$7.91	\$8.67	\$10.20	\$14.03	\$20.91	\$30.86	\$44.63	\$59.93	\$94.35	\$163.20
\$86,000	\$8.00	\$8.00	\$8.77	\$10.32	\$14.19	\$21.16	\$31.22	\$45.15	\$60.63	\$95.46	\$165.12
\$87,000	\$8.09	\$8.09	\$8.87	\$10.44	\$14.36	\$21.40	\$31.58	\$45.68	\$61.34	\$96.57	\$167.04
\$88,000	\$8.18	\$8.18	\$8.98	\$10.56	\$14.52	\$21.65	\$31.94	\$46.20	\$62.04	\$97.68	\$168.96
\$89,000	\$8.28	\$8.28	\$9.08	\$10.68	\$14.69	\$21.89	\$32.31	\$46.73	\$62.75	\$98.79	\$170.88
\$90,000	\$8.37	\$8.37	\$9.18	\$10.80	\$14.85	\$22.14	\$32.67	\$47.25	\$63.45	\$99.90	\$172.80
\$91,000	\$8.46	\$8.46	\$9.28	\$10.92	\$15.02	\$22.39	\$33.03	\$47.78	\$64.16	\$101.01	\$174.72
\$92,000	\$8.56	\$8.56	\$9.38	\$11.04	\$15.18	\$22.63	\$33.40	\$48.30	\$64.86	\$102.12	\$176.64
\$93,000	\$8.65	\$8.65	\$9.49	\$11.16	\$15.35	\$22.88	\$33.76	\$48.83	\$65.57	\$103.23	\$178.56
\$94,000	\$8.74	\$8.74	\$9.59	\$11.28	\$15.51	\$23.12	\$34.12	\$49.35	\$66.27	\$104.34	\$180.48
\$95,000	\$8.84	\$8.84	\$9.69	\$11.40	\$15.68	\$23.37	\$34.49	\$49.88	\$66.98	\$105.45	\$182.40
\$96,000	\$8.93	\$8.93	\$9.79	\$11.52	\$15.84	\$23.62	\$34.85	\$50.40	\$67.68	\$106.56	\$184.32
\$97,000	\$9.02	\$9.02	\$9.89	\$11.64	\$16.01	\$23.86	\$35.21	\$50.93	\$68.39	\$107.67	\$186.24
\$98,000	\$9.11	\$9.11	\$10.00	\$11.76	\$16.17	\$24.11	\$35.57	\$51.45	\$69.09	\$108.78	\$188.16
\$99,000	\$9.21	\$9.21	\$10.10	\$11.88	\$16.34	\$24.35	\$35.94	\$51.98	\$69.80	\$109.89	\$190.08
\$100,000	\$9.30	\$9.30	\$10.20	\$12.00	\$16.50	\$24.60	\$36.30	\$52.50	\$70.50	\$111.00	\$192.00
\$101,000	\$9.39	\$9.39	\$10.30	\$12.12	\$16.67	\$24.85	\$36.66	\$53.03	\$71.21	\$112.11	\$193.92
\$102,000	\$9.49	\$9.49	\$10.40	\$12.24	\$16.83	\$25.09	\$37.03	\$53.55	\$71.91	\$113.22	\$195.84
\$103,000	\$9.58	\$9.58	\$10.51	\$12.36	\$17.00	\$25.34	\$37.39	\$54.08	\$72.62	\$114.33	\$197.76
\$104,000	\$9.67	\$9.67	\$10.61	\$12.48	\$17.16	\$25.58	\$37.75	\$54.60	\$73.32	\$115.44	\$199.68
\$105,000	\$9.77	\$9.77	\$10.71	\$12.60	\$17.33	\$25.83	\$38.12	\$55.13	\$74.03	\$116.55	\$201.60
\$106,000	\$9.86	\$9.86	\$10.81	\$12.72	\$17.49	\$26.08	\$38.48	\$55.65	\$74.73	\$117.66	\$203.52
\$107,000	\$9.95	\$9.95	\$10.91	\$12.84	\$17.66	\$26.32	\$38.84	\$56.18	\$75.44	\$118.77	\$205.44
\$108,000	\$10.04	\$10.04	\$11.02	\$12.96	\$17.82	\$26.57	\$39.20	\$56.70	\$76.14	\$119.88	\$207.36
\$109,000	\$10.14	\$10.14	\$11.12	\$13.08	\$17.99	\$26.81	\$39.57	\$57.23	\$76.85	\$120.99	\$209.28
\$110,000	\$10.23	\$10.23	\$11.22	\$13.20	\$18.15	\$27.06	\$39.93	\$57.75	\$77.55	\$122.10	\$211.20
\$111,000	\$10.32	\$10.32	\$11.32	\$13.32	\$18.32	\$27.31	\$40.29	\$58.28	\$78.26	\$123.21	\$213.12
\$112,000	\$10.42	\$10.42	\$11.42	\$13.44	\$18.48	\$27.55	\$40.66	\$58.80	\$78.96	\$124.32	\$215.04
\$113,000	\$10.51	\$10.51	\$11.53	\$13.56	\$18.65	\$27.80	\$41.02	\$59.33	\$79.67	\$125.43	\$216.96
\$114,000	\$10.60	\$10.60	\$11.63	\$13.68	\$18.81	\$28.04	\$41.38	\$59.85	\$80.37	\$126.54	\$218.88
\$115,000	\$10.70	\$10.70	\$11.73	\$13.80	\$18.98	\$28.29	\$41.75	\$60.38	\$81.08	\$127.65	\$220.80
\$116,000	\$10.79	\$10.79	\$11.83	\$13.92	\$19.14	\$28.54	\$42.11	\$60.90	\$81.78	\$128.76	\$222.72
\$117,000	\$10.88	\$10.88	\$11.93	\$14.04	\$19.31	\$28.78	\$42.47	\$61.43	\$82.49	\$129.87	\$224.64
\$118,000	\$10.97	\$10.97	\$12.04	\$14.16	\$19.47	\$29.03	\$42.83	\$61.95	\$83.19	\$130.98	\$226.56
\$119,000	\$11.07	\$11.07	\$12.14	\$14.28	\$19.64	\$29.27	\$43.20	\$62.48	\$83.90	\$132.09	\$228.48
\$120,000	\$11.16	\$11.16	\$12.24	\$14.40	\$19.80	\$29.52	\$43.56	\$63.00	\$84.60	\$133.20	\$230.40
\$121,000	\$11.25	\$11.25	\$12.34	\$14.52	\$19.97	\$29.77	\$43.92	\$63.53	\$85.31	\$134.31	\$232.32
\$122,000	\$11.35	\$11.35	\$12.44	\$14.64	\$20.13	\$30.01	\$44.29	\$64.05	\$86.01	\$135.42	\$234.24
\$123,000	\$11.44	\$11.44	\$12.55	\$14.76	\$20.30	\$30.26	\$44.65	\$64.58	\$86.72	\$136.53	\$236.16
\$124,000	\$11.53	\$11.53	\$12.65	\$14.88	\$20.46	\$30.50	\$45.01	\$65.10	\$87.42	\$137.64	\$238.08
\$125,000	\$11.63	\$11.63	\$12.75	\$15.00	\$20.63	\$30.75	\$45.38	\$65.63	\$88.13	\$138.75	\$240.00
\$126,000	\$11.72	\$11.72	\$12.85	\$15.12	\$20.79	\$31.00	\$45.74	\$66.15	\$88.83	\$139.86	\$241.92
\$127,000	\$11.81	\$11.81	\$12.95	\$15.24	\$20.96	\$31.24	\$46.10	\$66.68	\$89.54	\$140.97	\$243.84
\$128,000	\$11.90	\$11.90	\$13.06	\$15.36	\$21.12	\$31.49	\$46.46	\$67.20	\$90.24	\$142.08	\$245.76
\$129,000	\$12.00	\$12.00	\$13.16	\$15.48	\$21.29	\$31.73	\$46.83	\$67.73	\$90.95	\$143.19	\$247.68
\$130,000	\$12.09	\$12.09	\$13.26	\$15.60	\$21.45	\$31.98	\$47.19	\$68.25	\$91.65	\$144.30	\$249.60
\$131,000	\$12.18	\$12.18	\$13.36	\$15.72	\$21.62	\$32.23	\$47.55	\$68.78	\$92.36	\$145.41	\$251.52
\$132,000	\$12.28	\$12.28	\$13.46	\$15.84	\$21.78	\$32.47	\$47.92	\$69.30	\$93.06	\$146.52	\$253.44
\$133,000	\$12.37	\$12.37	\$13.57	\$15.96	\$21.95	\$32.72	\$48.28	\$69.83	\$93.77	\$147.63	\$255.36
\$134,000	\$12.46	\$12.46	\$13.67	\$16.08	\$22.11	\$32.96	\$48.64	\$70.35	\$94.47	\$148.74	\$257.28
\$135,000	\$12.56	\$12.56	\$13.77	\$16.20	\$22.28	\$33.21	\$49.01	\$70.88	\$95.18	\$149.85	\$259.20
\$136,000	\$12.65	\$12.65	\$13.87	\$16.32	\$22.44	\$33.46	\$49.37	\$71.40	\$95.88	\$150.96	\$261.12
\$137,000	\$12.74	\$12.74	\$13.97	\$16.44	\$22.61	\$33.70	\$49.73	\$71.93	\$96.59	\$152.07	\$263.04
\$138,000	\$12.83	\$12.83	\$14.08	\$16.56	\$22.77	\$33.95	\$50.09	\$72.45	\$97.29	\$153.18	\$264.96
\$139,000	\$12.93	\$12.93	\$14.18	\$16.68	\$22.94	\$34.19	\$50.46	\$72.98	\$98.00	\$154.29	\$266.88
\$140,000	\$13.02	\$13.02	\$14.28	\$16.80	\$23.10	\$34.44	\$50.82	\$73.50	\$98.70	\$155.40	\$268.80

\$141,000	\$13.11	\$13.11	\$14.38	\$16.92	\$23.27	\$34.69	\$51.18	\$74.03	\$99.41	\$156.51	\$270.72
\$142,000	\$13.21	\$13.21	\$14.48	\$17.04	\$23.43	\$34.93	\$51.55	\$74.55	\$100.11	\$157.62	\$272.64
\$143,000	\$13.30	\$13.30	\$14.59	\$17.16	\$23.60	\$35.18	\$51.91	\$75.08	\$100.82	\$158.73	\$274.56
\$144,000	\$13.39	\$13.39	\$14.69	\$17.28	\$23.76	\$35.42	\$52.27	\$75.60	\$101.52	\$159.84	\$276.48
\$145,000	\$13.49	\$13.49	\$14.79	\$17.40	\$23.93	\$35.67	\$52.64	\$76.13	\$102.23	\$160.95	\$278.40
\$146,000	\$13.58	\$13.58	\$14.89	\$17.52	\$24.09	\$35.92	\$53.00	\$76.65	\$102.93	\$162.06	\$280.32
\$147,000	\$13.67	\$13.67	\$14.99	\$17.64	\$24.26	\$36.16	\$53.36	\$77.18	\$103.64	\$163.17	\$282.24
\$148,000	\$13.76	\$13.76	\$15.10	\$17.76	\$24.42	\$36.41	\$53.72	\$77.70	\$104.34	\$164.28	\$284.16
\$149,000	\$13.86	\$13.86	\$15.20	\$17.88	\$24.59	\$36.65	\$54.09	\$78.23	\$105.05	\$165.39	\$286.08
\$150,000	\$13.95	\$13.95	\$15.30	\$18.00	\$24.75	\$36.90	\$54.45	\$78.75	\$105.75	\$166.50	\$288.00

Dependent Child(ren) Monthly Premiums:

Benefit Amount	Premium
\$2,500	\$0.75
\$5,000	\$1.49
\$7,500	\$2.24
\$10,000	\$2.98

(One rate and benefit amount for all eligible children in family, regardless of number)

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Dependent Child(ren) Premium	
Total Premium	

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Please read this important information:

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent children.

Rates are subject to change.

Plan Highlights

Group Accident

Pioneer Medical Center

COVERAGE

Accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescription to transportation and childcare.

ELIGIBILITY

All eligible Employees and their Dependents as defined by Pioneer Medical Center and reflected in your Certificate of Insurance.

**A person may not have coverage as both an Employee and Dependent.*

BENEFITS AMOUNTS

See Full Schedule of Benefits on the following pages.

BENEFIT FEATURES

- Guaranteed issue; no medical questions
- No Lifetime Maximum Benefit Limit
- Portability - you can take your coverage with you at the same rates
- Youth organized sports benefit - 25% benefit increase if accident occurs while participating in an organized youth sport
- Wellness Benefits - Any preventative health screening or test including but not limited to, annual physicals, immunizations, dental exams and mental health screenings

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

MONTHLY PREMIUM

Coverage	Plan B
Employee	\$11.93
Employee and Spouse	\$22.82
Employee and Children	\$27.46
Employee and Family	\$39.51



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Included Benefits

Benefits	PLAN B
Ambulance Transportation	\$200 Ground \$1,000 Air
Blood/Plasma/Platelets	\$200
Burns	
2nd Degree Burns	
Covering less than 10% of the body	\$50
Covering 10% but less than 25% of the body	\$100
Covering 25% but less than 35% of the body	\$200
Covering 35% or greater of the body	\$400
3rd Degree Burns	\$400 \$800
Covering less than 10% of the body	\$1,600
Covering 10% but less than 25% of the body	\$3,200
Covering 25% but less than 35% of the body	50%
Skin Graft	
<hr/>	
Chiropractic Services	\$25 per session, 6 sessions maximum
Limit 12 per calendar year per family	
Coma	\$5,000
Concussion	\$150
Dental Injury	\$75 for Crown; \$25 for Extraction
Diagnostic Examination	\$150 per CT/MRI scan
Dislocations	
Surgical / Non-Surgical	
Ankle	\$1,800 / \$900
Collarbone	\$1,800 / \$900
Elbow	\$900 / \$450
Finger	\$300 / \$150
Foot	\$1,800 / \$900
Hand	\$900 / \$450
Hip	\$4,800 / \$2,400
Knee	\$3,000 / \$1,500
Lower Jaw	\$900 / \$450
Shoulder	\$900 / \$450
Toe	\$300 / \$150
Wrist	\$900 / \$450
Partial Dislocation	
Amount of benefit for non-surgical dislocation	50%



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Benefits	PLAN B
Multiple Dislocations Percent of highest benefit for any one dislocation among all dislocations sustained	200%
Emergency Treatment	\$150
Epidural Anesthesia Injections	\$25 per injection, 2 maximum
Eye Injury	\$50 for removal of foreign object, \$100 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	\$2,100 / \$1,050
Arm	\$2,100 / \$1,050
Bones of Face	\$1,050 / \$525
Coccyx	\$1,050 / \$525
Collarbone	\$2,100 / \$1,050
Elbow	\$2,100 / \$1,050
Finger	\$350 / \$175
Foot	\$2,100 / \$1,050
Hand	\$2,100 / \$1,050
Hip	\$11,200 / \$5,600
Kneecap	\$2,100 / \$1,050
Leg	\$5,600 / \$2,800
Jaw	\$2,100 / \$1,050
Nose	\$1,050 / \$525
Pelvis	\$5,600 / \$2,800
Rib	\$1,050 / \$525
Shoulder Blade	\$2,100 / \$1,050
Skull (Except bones of face or nose - Depressed)	\$17,500 / \$8,750
Skull (Simple)	\$5,250 / \$2,625
Sternum	\$2,100 / \$1,050
Toe	\$350 / \$175
Vertebrae	\$2,100 / \$1,050
Vertebral Column	\$5,600 / \$2,800
Wrist	\$2,100 / \$1,050
Chip Fractures Amount of benefit for non-surgical fracture	50%
Multiple Fracture Amount of the highest benefit for any one fracture among all fractures sustained	200%
Hospitalization	
Initial Hospital Admission	\$500
Initial ICU Hospital Admission	\$750
Hospital Confinement (per Day)	\$150 per day, 365 days maximum



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Benefits	PLAN B
ICU Confinement (per Day)	\$300 per day 30 days maximum
Lacerations	
No Sutures Required	\$25
Sutures Required	Less than 2' long
Total length of all sutured Lacerations	\$50
	2" but less than 6" long \$200
	6" long or greater \$400
Lodging	\$75 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$200
Organized Youth Sports Benefit % of benefit amount, excluding the AD&D benefit, if applicable	25%
Paralysis Benefits	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia
Physical Therapy	\$50 per session; 12 sessions maximum
Physician Office Visit	\$80 Initial, \$80 Follow-up
Prosthesis	\$250 for one, \$500 for two or more
Rehabilitation Facility Confinement	\$75 per day, 30 days maximum
Surgery Benefits	
Abdominal or Thoracic	\$1250
Exploratory Surgery (no repair)	\$125
Knee Cartilage (surgically repaired)	\$375
Ruptured Disc (surgically repaired)	\$625
Rotator Cuff (one surgically repaired)	\$375
Rotator Cuff (two or more surgically repaired)	\$750
Tendon or Ligament (one surgically repaired)	\$375
Tendon or Ligament (two or more surgically repaired)	\$750
Transportation	\$150, if more than 100 miles from residence
X-rays per covered accident	\$50
Additional Features	
Wellness (Health Screening) Benefit	\$50
Portability	Included

EXCLUSIONS and LIMITATIONS

Exclusions and limitations apply and can vary by state. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance.



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NON-INSURANCE SERVICES

Travel Assistance Services

ADDITIONAL INFORMATION

This Plan Highlights document provides a brief description of the key features of the Reliance Standard Life Insurance Company insurance plan. The availability of the benefits and features described may vary by state. It is not a Certificate of Insurance or evidence of coverage. Insurance is provided under group policy form LRS-9547-0318, et al.



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THANK YOU FOR BEING A VALUED
EMPLOYEE AT PIONEER MEDICAL
CENTER!

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