





# Enrolling for coverage

# What is the deadline to enroll?

New hires must enroll for benefits within 30 days of your hire date. Your elections will be effective from your date of hire through December 31.

# What if you don't enroll?

If you do not enroll within 30 days from your hire date, you will not be enrolled in any of Fortitude Re's health care, ancillary or voluntary plans. You will receive default coverage in company-provided benefits such as Short-Term Disability, Long-Term Disability, basic life insurance and business travel accident insurance. Your next opportunity to enroll in benefits will be during the next open enrollment period.

# What if you want to make a benefit change mid-year?

If you experience a qualified life event — such as a change in marital status, birth of a child or death of a dependent, or loss of other coverage — you can make changes to your benefit elections during the year. You must make any changes within 30 days of the event. The coverage change you make must be consistent with your status change.

Health Savings Account, Retirement Plan, and Pet insurance allow changes anytime during the year without a qualified life event.



# Benefit highlights: Health care

### Health plans

**Benefit Options** 

- UnitedHealthcare (UHC) Choice Plus Network - High Deductible Health Plan (HDHP)
- UnitedHealthcare (UHC) Choice Plus Network -Preferred Provider Organization (PPO)

# What you need to know

All the plans provide prescription drug coverage, and many innetwork preventive care services are covered at 100%.

Comprehensive, affordable coverage for a wide range of health care services.

Flexibility to see any provider you want, although you'll save money when you stay in-network.

Prescription drug coverage included with each medical plan.

Choice of seven (7) coverage levels:

- Employee Only
- Employee + Spouse.
- Employee + Child(ren)
- Employee + Family
- Employee + Domestic Partner
- Employee + Domestic Partner + Child(ren),
- Employee + Domestic Partner + Domestic Partner's Child(ren)

### **Benefit Options**

### **Dental Plan**

- Delta Dental PPO Plus Premier Network – Essential Plan
- Delta Dental PPO Plus Premier Network -Enhanced Plan

You can use either in- or out-ofnetwork providers, but innetwork providers offer negotiated discount pricing, which saves you money.

### Vision Plan

Fortitude Re offers voluntary vision coverage and discounts through EyeMed. You can use in-network vision providers and pay only a copayment for most expenses; or you can use an out-of-network provider and be reimbursed for part of your costs when you submit a claim.

# What you need to know

Fortitude Re's dental benefits provide preventive dental care, free of charge. The plan covers other eligible services from 50% – 80% depending on plan selected, after you pay the deductible, up to plan limits.

Orthodontic care is available for adults and children, covered at 50% up to the lifetime maximum under Enhanced Plan.

Coverage includes exams, frames and lenses. You can elect contact lenses or eyeglasses. You also can receive in-network coverage when you order contact lenses or eyeglasses online.

You'll receive an In-home Welcome Kit detailing your new vision benefits and the closest eye doctors. And using your benefits couldn't be easier with access to convenient digital tools.



basis to pay for eligible dental and

vision out-of-pocket costs. The

Limited Purpose FSA is only for

employees who've enrolled in the

HDHP and participating in an HSA.

You can pay for care with an FSA

debit card.

# Benefit highlights: Tax savings accounts

You may contribute to the Limited

not contribute to the account. Any

remaining funds above the IRS

Contribute up to \$3,300 in 2025.

forfeited.

Purpose FSA, but Fortitude Re does

carryover limit of \$660 for 2025 will be

| Benefit Options  | What you need to know  | Benefit Options  | What you need to know   |
|--|--|--|---|
| Health Savings Account (HSA)  If you participate in the High Deductible Plan (HDHP), you can contribute to an HSA to pay for eligible health care expenses (including your deductible) or save it for future health care expenses (including in retirement).   | Contributions to the HSA are tax-free, interest earned on your balance is tax-free, and the money you spend on qualified health expenses from the account is tax-free. Fortitude will also contribute to your HSA if you enroll. The contribution amount depends on your coverage level and is prorated based on your hire date. The contribution is front loaded as a lump sum and is processed for new hires the next month after hire date. | Dependent Care Flexible Spending Account (FSA)  The Dependent Care FSA allows you to save money on a pre-tax basis to pay for eligible dependent care expenses, such as day care or adult dependent care, so that you can work. Eligible dependents include children underage 13 or disabled dependents. | You may contribute to the Dependent Care FSA, but Fortitude Re does not contribute to the account.  The money in the account does not roll over year to year — you must use it or lose it.  Contribute up to \$5,000 in 2025, or \$2,500 per spouse if you are married and file separate tax returns. |
| General Purpose Healthcare Flexible Spending Account (FSA)  Pay for eligible medical expenses that are not covered by insurance as well as post-deductible medical expenses. Only employees enrolled in the PPO plan are eligible for the General Purpose FSA. | Contribute up to \$3,300 in 2025. Any remaining funds above the IRS carryover limit of \$660 for 2025 will be forfeited.   | Commuter Benefits  Allows you to save money on a pretax basis to pay for eligible commuter transit expenses.  Allows you to save money on a pretax basis for eligible expenses associated with parking at work or parking near a location from which you commute to                                      | Includes eligible expenses such as transit expenses and parking expenses.  Contribute up to \$325 into transit per month and \$325 into parking each month.  You can roll over any amount left in the Commuter Benefit Spending Accounts at the end of the year into the following                    |
| Limited Purpose for employees with an HSA The Limited Purpose FSA allows you to save money on a pre-tax  | Pay for eligible vision and dental expenses that are not covered by insurance as well as post-deductible medical expenses.   | location from which you commute to work.   | at the end of the year into the following year.   |

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.



# Benefit highlights: Income protection plans

| Benefit Options   | What you need to know  |
|---|--|
| Basic life and accidental death & dismemberment (AD&D) insurance  Fortitude Re provides eligible employees with basic life and AD&D coverage of two times your annual base pay up to \$500,000. | This is company-paid group term coverage.  |
| Employee Supplemental dependent life insurance  | Depending on when you make your election and how much is approved, you may be required to submit EOI.  |
| You can purchase additional group term life insurance for you and your eligible spouse/domestic partner or child(ren).  | You may elect: • For yourself: \$10,000 increments, to a maximum of lesser of 5 times pay or \$750,0000, • For spouse: Between \$5,000 to \$250,000 in \$5,000 increments, up to 50% of employee supplemental coverage amount, and • For children: Amounts of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000 for children up to age 26. Coverage for children ages 15 days or younger is limited to \$500; and coverage for children 15 days to 6 months old is limited to \$1,000. |

# Short-term disability (STD) coverage Fortitude Re provides eligible full-time employees with basic STD coverage. This insurance pays you a percentage of your eligible pay in the event of prolonged absence from work due to illness or injury. STD b one-w certifie • 1009 up to 6 60% between

# Long-term disability (LTD) insurance

Fortitude Re provides eligible full-time employees with LTD coverage. This insurance pays you a percentage of your eligible pay in the event of prolonged absence from work due to illness or injury.

# What you need to know

STD benefits begin paying after a one-week waiting period for a certified disability:

- 100% of eligible pay (weekly salary) up to 6 weeks; and
- 60% of eligible pay (weekly salary) between weeks seven and 25.

LTD benefits begin paying after a 26-consecutive-week waiting period for a certified disability:

• Up to 60% of base monthly salary up to \$10,000 per month.





# Benefit highlights: Retirement

# **Benefit Options**

## 401(k) savings plan

Fortitude Re's 401(k) savings plan provides advantages you may not get with other types of savings plans and helps you meet one of life's important goals — saving for a financially secure retirement.

# What you need to know

The 401(k) plan allows you to invest on a pretax or basis through automatic regular payroll deductions. Fortitude Re will match up to 6% of your contributions.

 Match contributions start when the employee contributions start and are immediately 100% vested.

Additionally, Fortitude Re may also make a discretionary contribution with a target amount of 3% automatically.

 Profit share contributions have a 3-year cliff vesting schedule and is deposited each payroll.





to cost?"

# Additional Benefits

| Benefit Options   | What you need to know   |
|---|---|
| Hospital indemnity insurance A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs.  | The hospital indemnity plan through<br>Guardian provides supplemental<br>payments directly to you for<br>expenses that your medical plan<br>doesn't cover for hospital stays  |
| Accident insurance Accident insurance through Guardian supplements your primary medical plan and disability programs by providing cash benefits directly to you in cases of accidental injuries.  | You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent.   |
| Critical illness insurance When a serious illness strikes, such as a heart attack, stroke, or cancer, critical illness insurance through Guardian can provide a lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. | You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and day care. Benefits are paid directly to you, unless assigned to someone else. |
| Pet insurance When services are required for a beloved pet that becomes ill or has an accident and needs the expertise of a veterinarian, the last thing you want to think about is, "How much is this going  | Fortitude Re removes that worry by offering you a selection of flexible and affordable insurance programs from Nationwide to help provide your pet with quality, trustworthy care. You can choose the My Pet                |

Protection Plan.

| Benefit Options         | What you need to know  |
|-------------------------|--|
| Paid Time Off           | Unlimited Paid Time Off (PTO) at Fortitude Re provides flexibility and choice to help you balance your work and personal life.   |
| Volunteerism and giving | Fortitude Re provides 16 hours of Volunteer Time Off (VTO) per calendar year and recognizes additional volunteer opportunities through our Benevity site. Fortitude Re also offers up to \$2,000 in matching contributions per year. |
| MyAdvocate              | MyAdvocate is a free resource to Fortitude Re employees. The resource can answer insurance or claim questions for you and/or your family.  |
| myFlexPay               | Fortitude Re allows employees flexible pay when needed. Employees can request an early payment of earned wages up to \$1,000 (or 40% of their wages) prior to the regular pay date.  |



# Benefit highlights: Wellness Resources

In addition to health care coverage, Fortitude Re offers a wellness program designed to help you maintain or move toward a healthy lifestyle through preventive care and other assistance when you need it. You also have access to tools and resources you can use to learn more about your personal health and monitor your progress toward your health goals.

| Benefit Options  | What you need to know  |
|--|--|
| United Healthcare Plan Enhancements  For those who enroll in one of our medical plan options with UHC have access to Calm Health and OnePass Select. | Calm Health: Free access to the Calm Health app, which includes a library of mindfulness programs, meditation techniques, and mental health support to improve focus and calmness.  One Pass Select: Discounted fitness memberships begin at only \$10 per month. Other tiers of memberships available to explore a variety of group classes in your area as well as online. |
| Modern Health – Adaptive Workplace Mental Health Resource  Modern Health provides mental health resources to support holistic well-being.            | All employees have access to Modern Health, which provides:  10 Therapy Sessions  10 Coaching Sessions  Unlimited access to the digital library of programs, courses, and guided meditations  Dependent coverage   |

| Benefit Options           | What you need to know  |
|---------------------------|--|
| Guardian Wellness Program | Accident and Critical Illness Plans include up to \$50 wellness credit for a variety of tests, such as EKGs, mammograms, annual physicals, and more. |







# Medical Plan Comparison

The chart below provides a comparison of key coverage features and costs of Fortitude Re's 2025 medical plan options: the HDHP and the PPO.

|   |                               | HDHP                         |                        | PPO                    |
|---|-------------------------------|------------------------------|------------------------|------------------------|
|   | In-network                    | Out-of-network               | In-network             | Out-of-network         |
| Annual deductible   |                               |                              |                        |                        |
| Per person/per family   | \$1,650 / \$3,300             | \$1,650 / \$3,300            | \$800 / \$1,600        | \$1,600 / \$3,200      |
| Out-of-pocket maximum   |                               |                              |                        |                        |
| Per person/per family   | \$3,700 / \$7,400             | \$5,700 / \$11,400           | \$1,600 / \$3,200      | \$3,200 / \$6,400      |
| Fortitude Re HSA Contribution   | n                             |                              |                        |                        |
| Individual/family   | \$50                          | 0 / \$1,000*                 |                        | N/A                    |
| Medical coverage  |                               |                              |                        |                        |
| Preventive care   | Covered 100%                  | Ded., then you pay 30%       | Covered 100%           | Ded., then you pay 30% |
| Primary Care Physician  | Ded., then you pay 10%        | Ded., then you pay 30%       | \$25 copay             | Ded., then you pay 30% |
| Specialist visits   | Ded., then you pay 10%        | Deductible + 30%             | \$45 copay             | Ded., then you pay 30% |
| Emergency room  | Ded., then you pay 10%        | Ded., then you pay 30%       | \$150 copay            |                        |
| Urgent Care   | Ded., then you pay 10%        | Ded., then you pay 10%       | \$45 copay             | Ded., then you pay 30% |
| Most Other Services   | Ded., then you pay 10%        | Ded., then you pay 30%       | Ded., then you pay 10% | Ded., then you pay 30% |
| Retail prescription drugs (30-  | day supply) – Fortitude Re Fo | rmulary is the Advantage PDL |                        |                        |
| Generic   |                               |                              | \$10 copay             | \$10 copay             |
| Brand Formulary   | Ded., then you pay 10%        | Ded., then you pay 10%       | \$35 copay             | \$35 copay             |
| Non-formulary   |                               |                              | \$75 copay             | \$75 copay             |
| Mail-order prescription drugs (90-day supply) – Fortitude Re Formulary is the Advantage PDL |                               |                              |                        |                        |
| Generic   |                               |                              | \$20 copay             |                        |
| Brand Formulary   | Ded., then you pay 10%        | Ded., then you pay 10%       | \$70 copay             | Not covered            |
| Non-formulary   |                               |                              | \$150 copay            |                        |
| *Ded. = Deductible  |                               |                              |                        |                        |

## My UHC app

Register for your personalized website on myuhc.com and download the UnitedHealthcare app.

- Find care and compare costs for providers and services in your network
- Check plan balances, view claims, and access your ID card
- · Access wellness programs
- 24/7 virtual visits connect with providers by phone or video
- · Compare prescription costs and order refills

<sup>\*</sup>Company HSA is prorated for employees with start dates after July 1<sup>st</sup> to \$250 for individual coverage and \$500 for employees who cover at least one dependent.





# Dental plans – Delta Dental

Fortitude Re offers two dental plans: the Essential PPO and the Enhanced PPO. Both plans offer in and out of network coverage, but at different coverage levels. While you will receive the benefit of negotiated fees with any provider within the Delta PPO and Delta Premier networks, you'll see the most savings with a Delta PPO provider. Reminder, if you decide to see a dentist that is out-of-network, you may be subject to balance billing.

|  | Essential Pl    | 20              |                 |
|--|-----------------|-----------------|-----------------|
|  | In-Ne           | twork           | Out-of-Network  |
|  | If Delta Dental | If Delta Dental | If Non-         |
|  | PPO Dentist     | Premier Dentist | Participating   |
|  | is used         | is used         | Dentist is used |
| Annual deductible                                  | \$50 / \$150    | \$50 / \$150    | \$50 / \$150    |
| (per person/per family)                            | \$50/\$150      | φ507 φ150       | φ507 φ150       |
| Calendar-year maximum                              | \$1,000         | \$1,000         | \$1,000         |
| Preventive/diagnostic services                     | Covered 100%    | Covered 100%    | Covered 100%    |
| Basic services                                     | Covered 80%     | Covered 80%     | Covered 80%     |
| Major services                                     | Not covered     | Not covered     | Not covered     |
| Orthodontia - includes children and adult coverage | Not covered     | Not covered     | Not covered     |

| Enhanced PPO                              |   |   |   |
|---|---|---|---|
|   | In-Ne   | etwork  | Out-of-Network                                |
|   | If Delta Dental                               | If Delta Dental                               | If Non-                                       |
|   | PPO Dentist is used                           | Premier Dentist is used                       | Participating Dentist is used                 |
| Annual deductible (per person/per family) | \$50 / \$150                                  | \$50 / \$150                                  | \$50 / \$150                                  |
| Calendar-year maximum                     | \$2,500                                       | \$2,500                                       | \$2,500                                       |
| Preventive/diagnostic services            | Covered 100%                                  | Covered 100%                                  | Covered 100%                                  |
| Basic services                            | Covered 90%                                   | Covered 80%                                   | Covered 80%                                   |
| Major services                            | Covered 60%                                   | Covered 50%                                   | Covered 50%                                   |
| Orthodontia - includes children           | Covered 50% for all ages, Lifetime maximum of | Covered 50% for all ages, Lifetime maximum of | Covered 50% for all ages, Lifetime maximum of |
| and adult coverage                        | \$2,500                                       | \$2,500                                       | \$2,500                                       |

### Find a dentist

| Delta Dental  |                       |
|---------------|-----------------------|
| Member Portal | www.deltadentalnj.com |

# EyeMed vision plan

Fortitude Re offers voluntary vision coverage through EyeMed. Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents.

|                                     | In-Network  |
|-------------------------------------|---|
| Exam (every 12 months)              | \$0 copay   |
| Lenses (every 12 months)            | Standard: \$0 copay Progressive Standard: \$55 copay Progressive Premium: Tier 1: \$85 / Tier 2: \$95 / Tier 3: \$110 / Tier 4: \$175 |
| Frames (every 24 months)            | \$150 allowance (\$80 Costco); 20% off added costs  |
| Contact lenses (in lieu of glasses) | Fit & evaluation: up to \$40 copay Elective: up to \$130 allowance with 15% off balance Medically necessary: covered 100%             |

# **Paying for Coverage**

You and Fortitude Re share the cost of your health coverage. Fortitude Re pays a generous portion of the total cost of the dental plans and you pay the remainder. The amount you pay is deducted from your paycheck. Your specific cost is determined by the plan you choose and the coverage level you select. The vision plans are completely voluntary and paid by the employee.

# Find an eye doctor

| EyeMed        |                |
|---------------|----------------|
| Member Portal | www.eyemed.com |





# 2025 Rate Sheet

Please note, all rates are reflective of the 2025 paycheck deductions per pay period (total of 26 pay periods in 2025).

| 2025 Medio            | cal Rates (Pre – Tax) |  |  |  |  |
|-----------------------|-----------------------|--|--|--|--|
|                       | PPO                   |  |  |  |  |
| Employee Only         | \$103.02              |  |  |  |  |
| Employee + Spouse     | \$266.55              |  |  |  |  |
| Employee + Child(ren) | \$183.37              |  |  |  |  |
| Employee + Family     | \$379.87              |  |  |  |  |
|                       | HDHP                  |  |  |  |  |
| Employee Only         | \$51.01               |  |  |  |  |
| Employee + Spouse     | \$130.23              |  |  |  |  |
| Employee + Child(ren) | \$90.80               |  |  |  |  |
| Employee + Family     | \$185.59              |  |  |  |  |
| 2025 Deni             | tal Rates (Pre – Tax) |  |  |  |  |
|                       | Essential PPO         |  |  |  |  |
| Employee Only         | \$4.23                |  |  |  |  |
| Employee + Spouse     | \$8.50                |  |  |  |  |
| Employee + Child(ren) | \$9.06                |  |  |  |  |
| Employee + Family     | \$13.90               |  |  |  |  |
|                       | Enhanced PPO          |  |  |  |  |
| Employee Only         | \$9.66                |  |  |  |  |
| Employee + Spouse     | \$19.42               |  |  |  |  |
| Employee + Child(ren) | \$20.68               |  |  |  |  |
| Employee + Family     | \$31.74               |  |  |  |  |
| 2025 Visi             | on Rates (Pre – Tax)  |  |  |  |  |
| Employee Only         | \$4.22                |  |  |  |  |
| Employee + Spouse     | \$8.02                |  |  |  |  |
| Employee + Child(ren) | \$8.44                |  |  |  |  |
| Employee + Family     | \$12.40               |  |  |  |  |

| 2025 Voluntary Life & AD&D Rates (Post – Tax) |                 |                           |  |  |  |  |  |  |  |
|---|-----------------|---------------------------|--|--|--|--|--|--|--|
| Rates per \$1,000 of coverage                 |                 |                           |  |  |  |  |  |  |  |
| Tobacco non-user                              |                 |                           |  |  |  |  |  |  |  |
|   | Employee        | Spouse / domestic partner |  |  |  |  |  |  |  |
| Younger than 30                               | \$0.074         | \$0.074                   |  |  |  |  |  |  |  |
| 30-34   | \$0.094         | \$0.094                   |  |  |  |  |  |  |  |
| 35-39   | \$0.104         | \$0.104                   |  |  |  |  |  |  |  |
| 40-44   | \$0.134         | \$0.134                   |  |  |  |  |  |  |  |
| 45-49   | \$0.181         | \$0.181                   |  |  |  |  |  |  |  |
| 50-54   | \$0.284         | \$0.284                   |  |  |  |  |  |  |  |
| 55-59   | \$0.444         | \$0.444                   |  |  |  |  |  |  |  |
| 60-64   | \$0.674 \$0.674 |                           |  |  |  |  |  |  |  |
| 65-69   | \$1.284         | \$1.284                   |  |  |  |  |  |  |  |
| 70 or older                                   | \$2.074 \$2.074 |                           |  |  |  |  |  |  |  |
| Child Voluntary Life                          | \$0.283         |                           |  |  |  |  |  |  |  |
| 2025 Voluntary Accident Rates (Post – Tax)    |                 |                           |  |  |  |  |  |  |  |
| Employee Only                                 | \$6.12          |                           |  |  |  |  |  |  |  |
| Employee + Spouse                             | \$10.43         |                           |  |  |  |  |  |  |  |
| Employee + Child(ren)                         | \$10.98         |                           |  |  |  |  |  |  |  |
| Employee + Family                             | \$15.28         |                           |  |  |  |  |  |  |  |
| 2025 Voluntary Hospital Rates (Post – Tax)    |                 |                           |  |  |  |  |  |  |  |
| Employee Only                                 | \$9.58          |                           |  |  |  |  |  |  |  |
| Employee + Spouse                             | \$18.65         |                           |  |  |  |  |  |  |  |
| Employee + Child(ren)                         | \$15.78         |                           |  |  |  |  |  |  |  |
| Employee + Family                             | \$24.85         |                           |  |  |  |  |  |  |  |

| 2025 Critical Illness (Post – Tax) |        |        |         |         |         |         |  |  |  |
|------------------------------------|--------|--------|---------|---------|---------|---------|--|--|--|
| Employee                           | <30    | 30-39  | 40-49   | 50-59   | 60-69   | 70+     |  |  |  |
| \$5,000                            | \$1.06 | \$1.89 | \$3.60  | \$6.76  | \$11.17 | \$17.49 |  |  |  |
| \$10,000                           | \$2.12 | \$3.79 | \$7.20  | \$13.52 | \$22.34 | \$34.99 |  |  |  |
| \$15,000                           | \$3.19 | \$5.68 | \$10.80 | \$20.29 | \$33.51 | \$52.48 |  |  |  |
| \$20,000                           | \$4.25 | \$7.57 | \$14.40 | \$27.05 | \$44.68 | \$69.97 |  |  |  |
| Spouse                             | <30    | 30-39  | 40-49   | 50-59   | 60-69   | 70+     |  |  |  |
| \$2,500                            | \$0.53 | \$0.95 | \$1.80  | \$3.38  | \$5.59  | \$8.75  |  |  |  |
| \$5,000                            | \$1.06 | \$1.89 | \$3.60  | \$6.76  | \$11.17 | \$17.49 |  |  |  |
| \$7,500                            | \$1.59 | \$2.84 | \$5.40  | \$10.15 | \$16.75 | \$26.24 |  |  |  |
| \$10,000                           | \$2.12 | \$3.79 | \$7.20  | \$13.52 | \$22.34 | \$34.99 |  |  |  |





# Benefits Glossary

### **Benefit Period**

In health insurance, the number of days for which benefits are paid to the named insured and his or her dependents. For example, the number of days that benefits are calculated for a calendar year consist of the days beginning on Jan. 1 and ending on Dec. 31 of each year. Fortitude Re's benefit period runs from Jan. 1 through Dec. 31.

# Coinsurance

For health insurance, it is a percentage of each claim above the deductible paid by the policyholder. For a 20% health insurance coinsurance clause, the policyholder pays for the deductible plus 20% of his covered losses. After paying 80% of losses up to a specified ceiling, the insurer starts paying 100% of losses.

### **Deductible**

A fixed dollar amount that you must pay out-of-pocket each benefit period before the plan will begin to pay.

# **Elimination Period**

The time which must pass after filing a claim before policyholder can collect insurance benefits. Also known as "waiting period.

### **Exclusions**

Items or conditions that are not covered by the general insurance contract.

# **Guaranteed Issue**

The right to purchase insurance without physical examination; the present and past physical condition of the applicant are not considered.

# **Health Savings Account (HSA)**

Plan that allows you to contribute pre-tax money to be used for qualified medical expenses. HSAs, which are portable, must be linked to a high-deductible health insurance policy.

# **High-Deductible Health Plan (HDHP)**

A health plan with lower premiums that covers health-care expenses only after the insured has paid each year a large amount out of pocket or from another source. To qualify as a health plan coupled with a Health Savings Account, the Internal Revenue Code requires the deductible to be at least \$1,000 for an individual and \$2,000 for a family. High-deductible plans are also known as catastrophic plans.

# **Out-of-Pocket Maximum**

The most you pay each year out of pocket for covered expenses. If you reach the out-of-pocket maximum, the plan pays 100% of eligible expenses. Premiums, non-covered charges, pre-auth penalties, and balance-billed charges are not included in the out-of-pocket maximum.

# **Preferred Provider Organization (PPO)**

Network of doctors, hospitals, and other providers who make up the plan's preferred providers. Network providers have agreed to pre-negotiated pricing. Our plan provides a greater share of costs for in-network than for those who are out-of-network.

**Getting Started** 

Health

Financial

Enroll

**Legal Notices** 







This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by Fortitude Re. It is not a legal plan document and does not imply a guarantee of employment or continuation of benefits. While this guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. The noted plan changes in this guide may service as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.