

# EMPLOYEE BENEFITS OVERVIEW



<https://www.arrowbenefitsconsulting.com/qed-enterprises-inc/>

# BENEFIT PARTNERS



Your Broker Partner: Arrow is responsible for shopping the plans offered by your employer. Implementing those plans and bringing in partners like Enrollment Management System, Insurance Carriers and Banking Partners needed to make the best overall employee Package available to you!  
<http://www.arrowbenefitsconsulting.com/>



Your Insurance Carrier: Provides: Medical, Dental & Vision coverage at an agreed upon cost and helps to determine ways to bring quality effective providers at the best cost possible to you their valued members!  
Where you go to manage your health care: <https://www.uhc.com/>



Provides multiple types of coverage options: <https://www.thehartford.com/employee-benefits>  
Life and AD&D, Supplemental Employee Life and AD&D, Supplemental Dependent Life and AD&D, Short-Term Disability, & Long-Term Disability Coverages



Voluntary Benefits: Hospital Indemnity, Accident and Critical Illness policies! Contact Nick Cusmano:  
[https://calendly.com/nick\\_Cusmano/meet-with-nick](https://calendly.com/nick_Cusmano/meet-with-nick)



**Your Enrollment Partner:** iSolved Benefit Services is the enrollment partner that allows you to make your selections. iSolved records your elections made in their system and reports your choices to the correct carriers for Medical, Dental, Vision, Life AD&D, Vol Life, STD and LTD. They are NOT permitted to collect your Colonial Life elections. *\*Colonial Life enrollments must be processed through a Colonial Life representative through a virtual meeting. Don't miss your opportunity to enroll by meeting with Colonial.* <https://payrollnetwork.myisolved.com/>



**Your Flexible Spending Account Partner:** iSolved Benefit Services also provides administration for the funds that you elect to set aside to use under the Flexible Spending Account (F.S.A) on a pre-tax basis for use on Medical and Dependent Care expenses!



# OPEN ENROLLMENT



## Open Enrollment

- The one time in the year to make changes to benefit elections.

## Waiting Period Rules

- New Hire Eligibility: First of the month after the date of hire

## Eligibility Rules

- Full-time 30+ hours per week Eligible YES
- Spouse Eligible\* YES
- Domestic Partner Eligible \*\* YES
- Dependent Children\* YES
- Part-time NOT ELIGIBLE NO

## Important Information

- Deductible reset occurs on 10/01/2024
- Review updates to the plan details that occur at renewal
- Review YOUR Elections for ALL benefits
- Review/ Update beneficiaries
- Outside Initial Enrollment Eligibility and/or Open Enrollment YOU MUST experience and prove a Qualifying Event has occurred to make changes to your coverage elections!
  - Loss/Gain of Coverage
  - Marriage/Divorce
  - Birth/Adoption of a Child



# IMPORTANT COVERAGE UPDATES



- FUNDING OF PLAN OPTIONS- From Fully Insured ACA Qualified Plan to Level Funded Option- plans are not required to meet federal requirements under the ACA. See full detail in presentation.
- CHOICE OF PLAN OPTIONS- moving from Single Plan Option to Multiple Plan Option-offering choice of coverage and costs to better meet your needs
- NETWORK CHOICE (EPO) & CHOICE PLUS (PPO)
- INCREASE ACCESS TO PHARMACY- Change from SELECT Network to BROAD Network adding 15,000 new pharmacy options nationwide
- BENEFIT MANDATE CHANGES- no requirement to meet state and federal mandates required under the Affordable Care Act.
- CONTRIBUTION CHANGES- Offering base level of contribution towards a single reference plan and allowing members to assume those plan costs over and above the base option as needed or desired.



# COVERAGE OFFERS



- United Healthcare Options**  
Chose from (3) Medical Plan Options
- UHC EPO CHOICE \$2000 80%
  - UHC PPO CHOICE PLUS \$2000 100%
  - UHC PPO CHOICE PLUS \$1000 100%

- Dental**
- UHC \$1500 Maximum

- Vision**
- UHC



- Employer Paid**
- Term Life AD&D for Employee Only

- Supplemental/Voluntary Options**
- Term Life AD&D for Employee Only
  - Term Life AD&D for Spouse
  - Term Life AD&D Dependent Children
  - Short Term Disability
  - Long Term Disability



- Flexible Spending Account Access**
- Dependent Care Account
  - Medical Expense Account



- Hospital Confinement Coverage
- Accident Indemnity Plan
- Critical Illness

# KEY ATTRIBUTES & DIFFERENCES

## Key product attributes and coverage differences



	UnitedHealthcare Level Funded	UnitedHealthcare Fully Insured COC
<b>Breast Cancer Drug and Tobacco Cessation Drugs</b>	Prior Authorization required	Prior Authorization required for non-grandfathered plans
<b>Diabetes Management</b>	Not available Diabetes benefits available as a standard benefit. See the Summary Plan Description (SPD) for details.	Available
<b>Employee Assistance Program</b>	Not available (see HealthiestYou Behavioral Health for services)	Available
<b>Maternity</b>	If the mother and baby are inpatient together and both are on the medical plan, the plan/calendar year deductible will be waived for all the baby's eligible inpatient claims, including, but not limited to, physician and facility fees. However, if the baby stays longer than the mother, the baby's plan/calendar year deductible will apply upon mother's discharge from the hospital. In all cases, any applicable copays and coinsurance will apply to the baby and mother separately.	Same
<b>Network</b>	Level Funded has access to the full UnitedHealthcare network. See state plan grid regarding which networks are included.	Choice and Choice Plus
<b>Non-Network Professional Charges when Facility is In-Network</b>	Eligible claims for an out-of-network doctor are processed at the network benefit when the facility is in-network for pathologists, emergency room physician, anesthesiologist, radiologist, hospitalist and assistant surgeon.	Radiology, Anesthesiology, Pathology, Laboratory and Surgeons (RAPLS) benefit paid at network benefit when facility is in-network. Product and state differences on how this is administered.
<b>Pediatric Dental</b>	Not covered	Covered



# KEY ATTRIBUTES & DIFFERENCES

	UnitedHealthcare Level Funded	UnitedHealthcare Fully Insured COC
<b>Plan Year</b>	Policy Year or Calendar Year (TX only offers Calendar Year plans)	Policy Year or Calendar Year
<b>Podiatry</b>	Includes coverage for Bunionectomy or Hammer Toe	Same
<b>Quit For Life®</b>	Not available	Covered
<b>Real Appeal®</b>	Available on all plan designs and segments	Same
<b>Reimbursement – Non-Network</b>	Maximum Non-Network Reimbursement Program (MNRP) – most services reimbursed to 100% CMS	Same
<b>Transplant Travel Benefit</b>	\$5,000 travel benefit	\$10,000 travel benefit
<b>Underwriting</b>	Medical Underwriting applies	Subject to Adjusted Community Rating for 2–50
<b>UnitedHealthcare Rewards</b>	<ul style="list-style-type: none"> <li>• Available on all plans. Premium in all states except DE, KS, MO, NJ, PA and WI<sup>1</sup> which has Core.</li> </ul> Redemption Options include: <ul style="list-style-type: none"> <li>• Optum Bank Health Savings Account (HSA) for HSA plans</li> <li>• HIA for copay plans</li> <li>• Digital Gift Card for Cannabis Groups</li> <li>• Device Shopping/Earn It Off Program not available</li> <li>• One Pass Select not available</li> <li>• VV Reward activity not available</li> </ul>	Available to all markets except HI, VT, and PR. <ul style="list-style-type: none"> <li>• (2–50) – Core or Premium embedded depending on the medical plan</li> <li>• (51+) – Core is embedded, with Premium as a buy-up.</li> </ul> Redemption options include: <ul style="list-style-type: none"> <li>• Digital Visa Gift Card</li> <li>• Optum Bank HSA (if eligible)</li> <li>• HRA (if eligible)</li> <li>• Buy a Tracker Earn It Off</li> <li>• One Pass Select</li> <li>• VV Reward activity</li> </ul> Note: 3rd party vendor banks not available at this time.
<b>Vision Exam Pediatric</b>	Not covered; except in MN/ND/SD	Covered (Adult exams standardly not covered – may vary by state)

# KEY ATTRIBUTES & DIFFERENCES

## UnitedHealthcare Level Funded

## UnitedHealthcare Fully Insured COC

**Benefit Limit Differences** Categories that are covered by both Products; however, the dollar/visit limits may differ.

<b>Acupuncture</b>	10 visits per plan/calendar year	Standardly not covered
<b>Dental Services – Accident Only</b>	Unlimited – Includes impacted wisdom teeth	\$900/tooth limited to \$3,000 per year <sup>2</sup>
<b>Durable Medical Equipment (DME)<sup>2</sup></b>	Unlimited – DME over \$1,000 is subject to prior authorization requirements	Covered with no dollar maximum. Benefits are limited to a single purchase (including repair/replacement) every 3 years.
<b>Essential Health Benefits (EHBs)</b>	UnitedHealthcare Level Funded is self-funded and not required to provide benefits for EHBs	<ul style="list-style-type: none"> <li>• May have to cover additional EHB and remove dollar limits as applicable. Visit and day limits may change depending on the state’s benchmark plan.</li> <li>• Require plans to cover at least 1 drug in each USP therapeutic category and class, e.g., Smoking Cessation</li> </ul>
<b>Hearing Aids – Adults over Age 18</b>	\$5,000 every 36 months that includes a single purchase and repair/replacement	\$2,500 per year limited to single purchase per hearing impaired ear (including repair/replacement) every 3 years <sup>2</sup>
<b>Home Health Care</b>	Limited to 30 visits per year	Limited to 60 visits per year <sup>2</sup>



# KEY ATTRIBUTES & DIFFERENCES

	UnitedHealthcare Level Funded	UnitedHealthcare Fully Insured COC
<b>Manipulative Therapy (formerly Chiropractic)</b>	Limited to 20 visits per year <sup>2</sup>	Same
<b>Ostomy Supplies</b>	Unlimited	Subject to \$2,500 annual maximum <sup>2</sup>
<b>Plan Credit</b>	New business credits deductible and out of pocket on calendar year plans in all segments. This includes migrations from UnitedHealthcare Fully Insured to UnitedHealthcare Level Funded.	Same
<b>Prosthetic Devices</b>	Unlimited	Covered with no dollar maximum. Benefits are limited to a single purchase (including repair/replacement) every 3 years. <sup>2</sup>
<b>Rehabilitation Services, Outpatient Therapy</b>	Subject to Deductible and Coinsurance 30 visits combined for physical, speech, occupational, post-Cochlear and cognitive therapy	Visit Limits: <sup>2</sup> <ul style="list-style-type: none"> <li>• Physical, Speech, Occupational, Pulmonary – 20 visits per year each</li> <li>• Cardiac – 36 visits per year</li> <li>• Post-Cochlear – 30 visits per year</li> <li>• Cognitive – 20 visits per year</li> </ul>
<b>State-Mandated Benefits</b>	Not applicable, ERISA applies	Covered
<b>Transplant Services – Non-Network</b>	Not covered	Same

# KEY ATTRIBUTES & DIFFERENCES

	UnitedHealthcare Level Funded – HealthiestYou™	UnitedHealthcare Virtual Visits (Fully Insured)
<b>General Medical Virtual Visit Fee</b>	<ul style="list-style-type: none"> <li>• \$0 for copay plans</li> <li>• Effective 1/1/24, \$0 for HSA plans</li> </ul>	\$49 <sup>3</sup>
<b>General Medical Virtual Visit Access</b>	Included	Included
<b>General Medical Virtual Visit Coverage</b>	Covered and non-covered Family Members	Insured Members only
– Behavioral Health	Covered and non-covered Family Members	Not Included
– Dermatology	Covered and non-covered Family Members	Not Included
– Back Care	Covered and non-covered Family Members. The only virtual visit available at \$0 for HSA and non-HSA members	Not Included
<b>Access to Additional HealthiestYou Services</b>	Yes	No
<b>Video Visits</b>	Available now	Available now
<b>Phone Visits</b>	Available now	Available now
<b>Monthly Utilization Reports</b>	Monthly detailed reports available and generated for clients	Available through UnitedHealthcare Health Analytics Consultant <small>(availability based on group size and state-mandated requirements)</small>
<b>Designated HealthiestYou Client Success Manager</b>	Included	Available through UnitedHealthcare
<b>Engagement Services</b>	Proactive, customized Client Success resources	Multi-Channel
<b>Expert Medical Services</b>	Yes (as identified in the list below)	No

# KEY ATTRIBUTES & DIFFERENCES

Expert Medical Services	Yes (as identified in the list below)	No
	UnitedHealthcare Level Funded – HealthiestYou™	UnitedHealthcare Virtual Visits (Fully Insured)
<b>HealthiestYou Additional Services</b>		
Insurance Sync	Yes	No
Rx Pricing	Yes	No
Find Providers	Yes	No
Recipes	Yes	No
Geo Fencing	Yes	No
<b>Expert Medical Services</b>		
Expert Second Opinion	Yes	No
Ask the Expert	Yes	No
Medical Records eSummary	Yes	No
Treatment Decision Support	Yes	No
Critical Care Support	Yes	No
Find Best Doc	Yes	No

# NETWORK - CHOICE EPO – IN NETWORK ONLY

Your “NETWORK” is a large list of providers, facilities and pharmacies that agree to charge a certain amount for service or prescriptions? This is the first “benefit” of your insurance plan and goes largely unnoticed! You should be receiving services at a lesser cost due to your Membership/Enrollment in the Choice EPO Network!

Verifying that everyone you see is participating in the Choice Network is the first choice you have to make the most of your plan!

## IN- NETWORK

Physicians, Facilities & Pharmacies have a contract with United Health Care-

These providers “participate” with and will “accept” United Healthcare’s negotiated rate for the service you access. This makes sure you get the most for your healthcare dollars being spent!

## OUT- OF-NETWORK

NO COVERAGE AVAILABLE



[Find a Provider >](#)

Find a doctor, medical specialist, mental health care provider, hospital or lab.

# NETWORK- CHOICE PLUS PPO

Your “NETWORK” is a large list of providers, facilities and pharmacies that agree to charge a certain amount for service or prescriptions? This is the first “benefit” of your insurance plan and goes largely unnoticed! You should be receiving services at a lesser cost due to your Membership/Enrollment in the Choice Plus National PPO Network!

Verifying that everyone you see is participating in the Choice Plus Network is the first choice you have to make the most of your plan!

## IN- NETWORK

Physicians, Facilities & Pharmacies have a contract with United Health Care-

These folks “participate” with and will “accept” United Healthcare’s negotiated rate for the service you are having performed. This makes sure you get the most for your healthcare dollars being spent!



[Find a Provider >](#)

Find a doctor, medical specialist, mental health care provider, hospital or lab.



## OUT- OF-NETWORK

Physicians, Facilities & Pharmacies ***DO NOT accept the rates that have been established for services by United Health Care!***

This means, while your insurance plan agrees to pay a % of the cost. The cost charged by out of network has no protection to you the member. United Healthcare is only going to pay a % of the cost that they would have paid the doctor that was in-network, which could leave you with more than you expected in costs!

1. You could be charged more for the service
2. Your insurance pays less of the cost
3. You may be left with additional balance after insurance payment to cover the difference in what a contracted provider would of charged v. what was charged by the non-contracted provider.



# PLANS & RATES




Reference  
Plan Cost



Buy Up 1

Buy Up 2

	<b>UHC EPO CHOICE \$2000 80%</b>	<b>UHC PPO CHOICE PLUS \$2000 100%</b>	<b>UHC PPO CHOICE PLUS \$1000 100%</b>
Employee	\$0.00	\$39.99	\$79.05
Employee & Child(ren)	\$266.84	\$342.83	\$417.05
Employee & Spouse	\$355.80	\$443.78	\$529.72
Family	\$681.94	\$813.92	\$942.82

\*Reference plan indicates the lowest priced option for the employee per pay. The employer contributes the full cost of employee only level of coverage. This plan requires the most from the employee when they use services in comparison to the buy up options. Compare differences to make sure this plan is right for your needs.

# PLANS & RATES

## Dental Coverage:

### Bi-Weekly

- Employee Only- \$ 16.23
- Employee & Child(ren) \$ 39.79
- Employee & Spouse \$ 32.47
- Family- \$ 59.16

## Vision Coverage:

### Bi-Weekly

- Employee Only- \$ 2.99
- Employee & Child(ren) \$ 6.65
- Employee & Spouse \$ 5.67
- Family- \$ 9.36

## FSA Medical Max Contributions 2024 \$3,200/\$6,400

### Bi-Weekly (26)

- Employee Only Max Set Aside \$ 123.07
- Non-Single/Family Max Set Aside \$ 246.15

## Dependent Care FSA Max Contribution

### Bi-Weekly (26 )

- Single Max \$2,500 \$ 96.00
- Non-Single Max \$5,000 \$ 192.00

## Employer Paid Term Life AD&D: Employee Pays \$0

## Supplemental Additional Term Life AD&D:

Employee Pays based on age rate table and amount of coverage elected for themselves, spouses and children  
\*see Hartford Life premium rate chart

## Supplemental Voluntary Short-Term Disability:

Employee Pays based on age rate table and amount of coverage elected - \*see Hartford Life premium rate chart

## Supplemental Voluntary Long-Term Disability:

Employee Pays based on age rate table and amount of coverage elected – \*see Hartford Life premium rate chart

## Voluntary Hospital Indemnity Coverage:

Employee Pays based coverage elected –  
\*Meet with Colonial to review selections

## Voluntary Accident Coverage:

Employee Pays based coverage elected –  
\*Meet with Colonial to review selections

## Voluntary Critical Illness Coverage:

Employee Pays based coverage elected –  
\*Meet with Colonial to review selections

\* If you are an existing member with Colonial products in force, meet with representative to file claim for Wellness payment available.

# WHERE YOU GO & WHO YOU SEE MATTERS



## Get to know your care options and costs.

How much you pay for care can depend on where you get it—and a great place to start is with your PCP. For serious or life-threatening conditions, call 911 or go to an emergency room.

### Care Options



#### PCP

Care from the doctor who knows you best.



#### Virtual Visits

See a doctor whenever, wherever.



#### Convenience Care

Basic conditions that aren't life-threatening.



#### Urgent Care

Serious conditions that aren't life-threatening.



#### Emergency Room

Life- and limb-threatening emergencies.

### Did you know?

**Emergency rooms are likely the most expensive place to get care.** When you need to be seen, consider the chart above to help you find care. If you're still unsure about what's best for your situation, sign in to [myuhc.com](https://myuhc.com) > **Find Care & Costs** to locate a network provider or call the member phone number on your ID card for support. If you have a question about what's covered by your plan, visit [myuhc.com](https://myuhc.com) > **Coverage & Benefits** for answers.

# PHARMACY NETWORK

## UnitedHealthcare's Broad Pharmacy Network

The **Broad Pharmacy Network** is composed of more than 67,000<sup>2</sup> pharmacies, which equates to over 93% of available retail pharmacies. This network provides members and customers convenient access to all major chains, grocery store pharmacies, mass merchants, small chains, Pharmacy Services Administration Organizations (PSAOs) and independent pharmacies throughout the United States (including Puerto Rico, Guam and the Virgin Islands)<sup>3</sup>. Our Broad Pharmacy Network offers customers competitive negotiated discounts, including a 90-day supply component; however, customers can maximize 90-day savings with one of our 90-day retail program offerings.



[Find a Pharmacy >](#)

Find a local pharmacy that's convenient for you.

\* Please see your benefit summary for Plan Details

# LAB & IMAGING NETWORK ACCESS

**Designated Diagnostic Providers** are laboratory providers and imaging centers that meet certain quality and efficiency requirements. If you have a Designated Diagnostic Provider benefit, you'll have the highest level of coverage — and likely save money — when you use Designated Diagnostic Providers for your outpatient lab and/or major imaging services.

To find a Designated Diagnostic Provider near you, sign in to [myuhc.com](https://myuhc.com) and select **Find Care and Costs** or use the UnitedHealthcare app. Look for the green check that indicates a provider is a Designated Diagnostic Provider. Here's an example:

### What type of provider are you looking for?



**Medical Directory**  
Find a doctor, medical specialist, hospital or lab



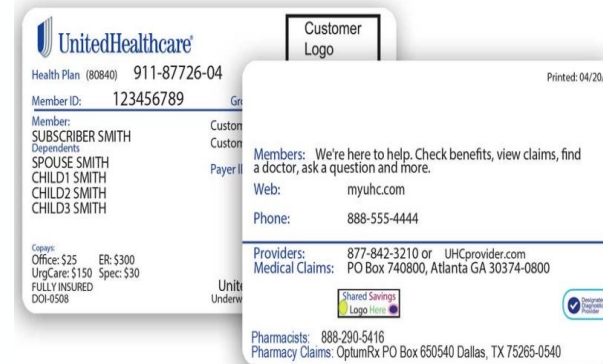
**Behavioral Health Directory**  
Find a mental health and substance use provider or facility



**Dental Directory**  
Find a dentist or specialist




**Vision Directory**  
Find an eye doctor and shop for eyewear




Select:

1. Medical Directory
2. Employer/Individual Plans
3. Select Choice or Choice Plus Network from the list depending on the plan you are interested in.



**Medical Directory**  
Find a doctor, medical specialist, hospital or lab



**Employer and Individual Plans**  
Select from among the UHC family of health plans (does not include State Exchange, Medicare, or Medicaid plans)

Choice ←

Choice Advanced

Choice HMO

Choice HMO Advanced

→ Choice Plus



# FINDING NETWORK PROVIDERS

To find a Designated Diagnostic Provider near you, sign in to [myuhc.com](https://myuhc.com) and select **Find Care and Costs** or use the UnitedHealthcare app. Look for the green check that indicates a provider is a Designated Diagnostic Provider. Here's an example:

The screenshot shows the UnitedHealthcare provider search interface. At the top, there is a dark blue header with "CHOICE PLUS" on the left and "CHANGE PLAN >" on the right. Below the header is a blue circular back arrow icon. The main heading reads "What type of Medical Care can we help you find near:" followed by "Woodbridge, VA" and a "Change Location >" link. A search bar contains the text "Search for providers and services" and a "Search" button with a magnifying glass icon. Below the search bar is the section "Find Care by Category" with five circular icons and their corresponding descriptions:

- People**: Doctors, medical groups, and other professionals by specialty
- Places**: Hospitals, clinics, labs, imaging centers, medical suppliers
- Services and Treatments**: Providers for office visits, tests, treatments, surgeries
- Care by Condition**: Find care for common concerns
- Cost Estimates**: Treatment for common conditions

# Option 1 UHC EPO Choice \$2000 80%



## Medical Benefits

### In Network

Annual Medical Deductible	
Individual	\$2,000
Family	\$4,000

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

\*After the Annual Medical Deductible has been met.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

Annual Out-of-Pocket Limit	
Individual	\$5,000
Family	\$10,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

#### Network

#### Preventive Care Services

Preventive Care Services

No copay

Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.

Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings.

#### Office Services - Sickness & Injury

Primary Care Physician

All other covered persons

\$25 copay

Covered persons less than age 19

No copay

Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.

Telehealth is covered at the same cost share as in the office.

See Full Benefit Summary on [KTBSonline.com](http://KTBSonline.com)

# Option 1 UHC EPO Choice \$2000 80%



## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

### Network

Specialist

\$75 copay

*Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.*

*Telehealth is covered at the same cost share as in the office.*

Urgent Care Center Services

\$50 copay

*Additional copays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery and lab work.*

Virtual Care Services

No copay

*Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at [myuhc.com](http://myuhc.com) or the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.*

### Emergency Care

Ambulance Services - Emergency Ambulance

Air Ambulance

20%\*

Ground Ambulance

20%\*

Ambulance Services - Non-Emergency Ambulance

Air Ambulance

20%\*

Ground Ambulance

20%\*

Dental Services - Accident Only

20%\*

Emergency Health Care Services - Outpatient<sup>1</sup>

You pay a \$300 per occurrence copay per visit prior to and in addition to paying any Annual Deductible and any coinsurance amount. 20%\*

*Notification is required if it results in confinement to an Out-of-Network Hospital.*

See Full Benefit Summary on [KTBSonline.com](http://KTBSonline.com)

# Option 2 UHC PPO Choice Plus \$2000 100%



## Medical Benefits

	In Network	Out-of-Network
<b>Annual Medical Deductible</b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

\*After the Annual Medical Deductible has been met.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

	In Network	Out-of-Network
<b>Annual Out-of-Pocket Limit</b>		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

## What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Network	Out-of-Network
	<b>Preventive Care Services</b>	

Preventive Care Services

No copay

50%\*

Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.

Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings.

	In Network	Out-of-Network
<b>Office Services - Sickness &amp; Injury</b>		
Primary Care Physician		
All other covered persons	\$25 copay	50%*
Covered persons less than age 19	No copay	50%*

Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.

Telehealth is covered at the same cost share as in the office.

See Full Benefit Summary on [KTBSonline.com](http://KTBSonline.com)

# Option 2 UHC PPO Choice Plus \$2000 100%



## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

	Network	Out-of-Network
Specialist	\$75 copay	50%*
<p><i>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.</i></p> <p><i>Telehealth is covered at the same cost share as in the office.</i></p>		
Urgent Care Center Services	\$50 copay	50%*
<p><i>Additional copays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery and lab work.</i></p>		
Virtual Care Services	No copay	Not covered
<p><i>Network Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.</i></p>		
<b>Emergency Care</b>		
Ambulance Services - Emergency Ambulance		
Air Ambulance	No copay*	No copay*
Ground Ambulance	No copay*	No copay*
Ambulance Services - Non-Emergency Ambulance <sup>1</sup>		
Air Ambulance	No copay*	No copay*
Ground Ambulance	No copay*	50%*
Dental Services - Accident Only	No copay*	50%*
<p><i>Emergency services by an Out-of-Network provider will be considered at the Network benefit Level.</i></p>		
Emergency Health Care Services - Outpatient <sup>1</sup>	You pay a \$300 per occurrence copay per visit prior to and in addition to paying any Annual Deductible.*	You pay a \$300 per occurrence copay per visit prior to and in addition to paying any Annual Deductible.*
<p><i>Notification is required if it results in confinement to an Out-of-Network Hospital.</i></p>		

See Full Benefit Summary on [KTBSonline.com](http://KTBSonline.com)



# Option 3 UHC PPO Choice Plus \$1000 100%

## Medical Benefits

	In Network	Out-of-Network
<b>Annual Medical Deductible</b>		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

\*After the Annual Medical Deductible has been met.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

	In Network	Out-of-Network
<b>Annual Out-of-Pocket Limit</b>		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

## What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Network	Out-of-Network
	<b>Preventive Care Services</b>	
Preventive Care Services	No copay	50%*
<p>Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.</p> <p>Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings.</p>		
<b>Office Services - Sickness &amp; Injury</b>		
Primary Care Physician		
All other covered persons	\$25 copay	50%*
Covered persons less than age 19	No copay	50%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.</p> <p>Telehealth is covered at the same cost share as in the office.</p>		

See Full Benefit Summary on [KTBSonline.com](http://KTBSonline.com)

# Option 3 UHC PPO Choice Plus \$1000 100%

## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

Specialist

\$75 copay

50%\*

*Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.*

*Telehealth is covered at the same cost share as in the office.*

Urgent Care Center Services

\$50 copay

50%\*

*Additional copays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery and lab work.*

Virtual Care Services

No copay

Not covered

*Network Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.*

### Emergency Care

Ambulance Services - Emergency Ambulance

Air Ambulance

No copay\*

No copay\*

Ground Ambulance

No copay\*

No copay\*

Ambulance Services - Non-Emergency Ambulance<sup>1</sup>

Air Ambulance

No copay\*

No copay\*

Ground Ambulance

No copay\*

50%\*

Dental Services - Accident Only

No copay\*

50%\*

*Emergency services by an Out-of-Network provider will be considered at the Network benefit Level.*

Emergency Health Care Services - Outpatient<sup>1</sup>

You pay a \$300 per occurrence copay per visit prior to and in addition to paying any Annual Deductible.\*

You pay a \$300 per occurrence copay per visit prior to and in addition to paying any Annual Deductible.\*

*Notification is required if it results in confinement to an Out-of-Network Hospital.*

See Full Benefit Summary on [KTBSonline.com](http://KTBSonline.com)

# Option 3 UHC PHARMACY COVERAGE



## Pharmacy Benefits

Pharmacy Plan Details	
Pharmacy Network	Broad
Prescription Drug List	Advantage

### In Network

Annual Pharmacy Deductible	
Individual	You do not have to pay a pharmacy deductible
Family	You do not have to pay a pharmacy deductible

Prescription Drug Product Tier Level	Up to a 31-day supply		Up to a 90-day supply
	In-Network Retail Pharmacy***	Out-of-Network Retail Pharmacy	In-Network Mail Order Pharmacy**
Tier 1 \$	\$10	\$10	\$25
Tier 2 \$\$	\$35	\$35	\$87.50
Tier 3 \$\$\$	\$75	\$75	\$187.50
Tier 4 \$\$\$\$	\$250	\$250	\$625
Specialty Prescription Drug Product Tier Level	In-Network Specialty Pharmacy	Out-of-Network Specialty Pharmacy	Specialty Mail Order**
Tier 1 \$	\$10	\$10	Not applicable
Tier 2 \$\$	\$150	\$150	Not applicable
Tier 3 \$\$\$	\$350	\$350	Not applicable
Tier 4 \$\$\$\$	\$500	\$500	Not applicable



# DENTAL COVERAGE



## Stay In-Network

Use [www.myuhc.com](http://www.myuhc.com) to verify your dental provider is **in-network**. Verify your plan National PPO 20 Network

## UnitedHealthcare®

### Consumer MaxMultiplier Options PPO 20/covered dental services

dental plan  
P8154 /MAC

	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
<b>Individual Annual Deductible</b>	\$50	\$50	\$0	\$0
<b>Family Annual Deductible</b>	\$150	\$150	\$0	\$0
<b>Annual Maximum Benefit*</b> <i>(The total benefit payable by the plan will not exceed the highest listed maximum amount for either Network or Non-Network services.)</i>	\$1500 per person per calendar year	\$1500 per person per calendar year	\$1500 per person per lifetime	\$1500 per person per lifetime
<b>Annual Deductible Applies to Preventive and Diagnostic Services</b>	No			
<b>Annual Deductible Applies to Orthodontic Services</b>	No			
<b>Waiting Period</b>	No waiting period			
<b>Orthodontic Eligibility Requirement</b>	Children and adult			

COVERED SERVICES**	NETWORK PLAN PAYS***	NON-NETWORK PLAN PAYS****	BENEFIT GUIDELINES
<b>DIAGNOSTIC SERVICES</b>			
Periodic Oral Evaluation	100%	100%	Limited to 2 times per consecutive 12 months.
Radiographs	100%	100%	Bitewing: Limited to 1 series of films per calendar year. Complete/Panorex: Limited to 1 time per consecutive 36 months.
Lab and Other Diagnostic Tests	100%	100%	
<b>PREVENTIVE SERVICES</b>			
Dental Prophylaxis (Cleanings)	100%	100%	Limited to 2 times per consecutive 12 months.
Fluoride Treatments	100%	100%	Limited to covered persons under the age of 16 years and limited to 2 times per consecutive 12 months.
Sealants	100%	100%	Limited to covered persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.
Space Maintainers	100%	100%	For covered persons under the age of 16 years, limit 1 per consecutive 60 months.
<b>BASIC DENTAL SERVICES</b>			
Restorations (Amalgam or Anterior Composite)**	80%	80%	Multiple restorations on one surface will be treated as a single filling.
General Services (including Emergency Treatment)	80%	80%	Palliative Treatment: Covered as a separate benefit only if no other service was done during the visit other than X-rays. General Anesthesia: when clinically necessary. Occlusal Guard: Limited to 1 guard every consecutive 36 months.
Simple Extractions	80%	80%	Limited to 1 time per tooth per lifetime.
Oral Surgery (includes surgical extractions)	80%	80%	
Periodontics	80%	80%	Perio Surgery: Limited to 1 quadrant or site per consecutive 36 months per surgical area. Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months. Periodontal Maintenance: Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement.
Endodontics	80%	80%	Root Canal Therapy: Limited to 1 time per tooth per lifetime.
<b>MAJOR DENTAL SERVICES</b>			
Inlays/Onlays/Crowns**	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
Dentures and other Removable Prosthetics	50%	50%	Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.
Fixed Partial Dentures (Bridges)**	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
<b>ORTHODONTIC SERVICES</b>			
Diagnose or correct misalignment of the teeth or bite	50%	50%	

# DENTAL

**ANNUAL MAXIMUM BENEFIT PER CALENDAR YEAR:** \$1500 PER COVERED

INDIVIDUAL

**DEDUCTIBLE:** INDIVIDUAL \$50 FAMILY \$150

**PREVENTIVE SERVICES 100%**

- Dental Prophylaxis (Cleanings) Fluoride Treatments
- Sealants
- Space Maintainers

**BASIC DENTAL SERVICES 100%**

- Restorations (Amalgam or Anterior Composite)\*\*
- General Services (including Emergency Treatment)
- Simple Extractions
- Oral Surgery (includes surgical extractions)
- Periodontics Endodontics

**MAJOR DENTAL SERVICES 80%**

- Inlays/Onlays/Crowns\*\*
- Dentures and other Removable Prosthetics
- Fixed Partial Dentures (Bridges)\*\*

**ORTHODONTIC SERVICES 50%**

- Diagnose or correct misalignment of the teeth or bite

**Important plan notes highlights!**

- \*\*\* The network percentage of benefits is based on the discounted fee negotiated with the provider.
- \*\*\*\* The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider.
- \* This plan includes a maximum benefit award program. Some of the unused portion of your annual maximum benefit may be available in future benefit periods.
- \*\* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

\*See full benefit summary for all details

# DENTAL Maximum Multiplier



## Get rewarded for taking care of your smile!

UHC Consumer MaxMultiplier® program rewards you for keeping up with your dental care by adding dollars to next year's annual maximum. And it's included as part of your dental plan

Dental Plans Consumer MaxMultiplier-  
**\$1,500 annual maximum**



Earn award dollars for visiting your dentist at least once a year.



Your award dollars will help to pay for claims that go beyond your annual maximum.



Unused award dollars can roll over each year.

Earn up to **\$500** to add to your \$1,500 annual maximum.

Original Annual Maximum	Annual Claim Threshold	Annual Account Award	Annual Network Bonus	Annual Award + Bonus Maximum	Consumer MaxMultiplier Account Limit	Total Annual Maximum + Account Limit
\$1,500	\$750	\$400	\$100	\$500	\$1,500	\$3,000

### How your award dollars add up:

Here's an example of the award dollars you could earn if you visit your dentist at least once this year.

This year's annual max | \$1,500  
 Total claims less than | \$750  
 ↓  
**EARN \$400 AWARD**

All claims are with network dentists. +

**\$100 AWARD**

=

**\$500 AWARD FOR NEXT YEAR**

Your award dollars are added to next year's annual maximum to pay for qualifying claims.



# VISION COVERAGE



## Stay In-Network

Use [www.myuhcvision.com](http://www.myuhcvision.com) to verify your vision provider is **in-network**.

While **Out-of-Network** access is available, you may be responsible for costs above allowed amounts shown if you choose those providers that do **NOT** participate with UHC's Spectra Eyecare Network Providers!

## MYUHCVISION.COM

Exam with Materials	
<b>Benefit Frequency</b>	
Comprehensive Exam(s)	Once every 12 months
Comprehensive Exam(s) for persons with diabetes	Twice every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses instead of Eyeglasses	Once every 12 months
<b>In-Network Services</b>	
<b>Copays</b>	
Exam(s)	\$ 10.00
Eyeglasses (lenses and frame)	\$ 25.00
Contact lenses instead of Eyeglasses	\$ 25.00
Retinal Screening for persons with diabetes	\$ 0.00
<b>Frame Benefit</b> - for frames that exceed the allowance, an additional 30% discount may be applied to the overage <sup>1</sup>	
Private Practice Provider	\$ 130.00 retail frame allowance
Retail Chain Provider	\$ 130.00 retail frame allowance
<b>Lens Options</b> - this list highlights the discounted cost on our most popular lens options. Exact pricing may vary; confirm cost with your provider prior to purchase.	
Standard Scratch Coating	\$0
Scratch Warranty	\$10
Tint	\$14
UV Coating	\$16
Photochromic	\$67
Anti-Reflective Tier I	\$30
Anti-Reflective Tier II	\$50
Anti-Reflective Tier III	\$75
Anti-Reflective Tier IV	\$95
Roll and Polish Edges	\$13
Progressive Tier I	\$55
Progressive Tier II	\$100
Progressive Tier III	\$150
Progressive Tier IV	\$200
Progressive Tier V	\$250
High Index (<1.66)	\$53
High Index (1.66-1.73)	\$63
Polycarbonate for Adults	\$33
Polycarbonate for Dependent Children	\$0
<b>Contact Lens Benefit<sup>2</sup></b>	
<b>Elective contact lenses</b> Allowance is applied toward the purchase of contact lenses. Contact lens copay is waived.	\$125.00
<b>Elective contact lens fitting and evaluation</b> Allowance is applied toward the contact lens fitting/evaluation fees.	\$40.00
<b>Necessary contact lenses<sup>3</sup></b>	Covered in full after copay (if applicable).



# EMPLOYER PAID GROUP TERM LIFE AD&D



## COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit <sup>2</sup> : \$50,000	AD&D: Included

Group Term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer gives extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT	
Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.	
LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

# SUPPLEMENTAL TERM LIFE AD&D



More than half of Americans (53%) expressed a heightened need for life insurance because of COVID-19.<sup>1</sup>

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



## COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit <sup>2</sup> : Increments of \$10,000 Maximum: the lesser of 3x earnings or \$300,000	AD&D: Included
Spouse	Benefit <sup>2</sup> : Increments of \$5,000. Maximum: the lesser of 50% of your supplemental coverage or \$25,000	AD&D: Included
Child(ren)	Benefit: \$10,000	AD&D: Included

## AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

<sup>2</sup>Your benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.

# SUPPLEMENTAL TERM LIFE RATING

Rates available in your document download are loaded into your enrollment system, so you don't have to calculate your costs. However, when looking at rate tables available for print, be sure to verify the PAY PERIOD shown so you know you are using the rate chart appropriate to how often YOU are paid!

Just select the amount of coverage you would like for you in increments of \$10,000 up to 3X your earnings to a maximum of \$300,000. Your spouse can be covered in increments of \$5,000 up to up to 50% of what you choose for yourself, with a maximum benefit available of \$25,000. Children are permitted \$10,000 in coverage.

Rates will populate based on the age of the employee and the pay periods biweekly v. weekly in the enrollment system!



\*Full premium rate worksheet is available in paper version in document download

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Benefit	Bi-weekly Premium Amount (Cost per Pay Period – 26/Year) ←											
	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.25	\$0.22	\$0.25	\$0.35	\$0.47	\$0.71	\$1.04	\$1.43	\$1.70	\$2.42	\$4.25	\$11.92
\$20,000	\$0.50	\$0.44	\$0.51	\$0.69	\$0.94	\$1.42	\$2.08	\$2.85	\$3.40	\$4.84	\$8.50	\$23.84
\$30,000	\$0.75	\$0.66	\$0.76	\$1.04	\$1.41	\$2.13	\$3.12	\$4.28	\$5.10	\$7.26	\$12.75	\$35.76
\$40,000	\$1.00	\$0.89	\$1.02	\$1.38	\$1.88	\$2.84	\$4.15	\$5.70	\$6.79	\$9.67	\$17.00	\$47.69
\$50,000	\$1.25	\$1.11	\$1.27	\$1.73	\$2.35	\$3.55	\$5.19	\$7.13	\$8.49	\$12.09	\$21.25	\$59.61
\$60,000	\$1.50	\$1.33	\$1.52	\$2.08	\$2.82	\$4.26	\$6.23	\$8.56	\$10.19	\$14.51	\$25.50	\$71.53
\$70,000	\$1.74	\$1.55	\$1.78	\$2.42	\$3.30	\$4.98	\$7.27	\$9.98	\$11.89	\$16.93	\$29.76	\$83.45
\$80,000	\$1.99	\$1.77	\$2.03	\$2.77	\$3.77	\$5.69	\$8.31	\$11.41	\$13.59	\$19.35	\$34.01	\$95.37
\$90,000	\$2.24	\$1.99	\$2.28	\$3.12	\$4.24	\$6.40	\$9.35	\$12.84	\$15.29	\$21.77	\$38.26	\$107.29
\$100,000	\$2.49	\$2.22	\$2.54	\$3.46	\$4.71	\$7.11	\$10.38	\$14.26	\$16.98	\$24.18	\$42.51	\$119.22
\$110,000	\$2.74	\$2.44	\$2.79	\$3.81	\$5.18	\$7.82	\$11.42	\$15.69	\$18.68	\$26.60	\$46.76	\$131.14
\$120,000	\$2.99	\$2.66	\$3.05	\$4.15	\$5.65	\$8.53	\$12.46	\$17.11	\$20.38	\$29.02	\$51.01	\$143.06
\$130,000	\$3.24	\$2.88	\$3.30	\$4.50	\$6.12	\$9.24	\$13.50	\$18.54	\$22.08	\$31.44	\$55.26	\$154.98
\$140,000	\$3.49	\$3.10	\$3.55	\$4.85	\$6.59	\$9.95	\$14.54	\$19.97	\$23.78	\$33.86	\$59.51	\$166.90
\$150,000	\$3.74	\$3.32	\$3.81	\$5.19	\$7.06	\$10.66	\$15.58	\$21.39	\$25.48	\$36.28	\$63.76	\$178.82
\$160,000	\$3.99	\$3.54	\$4.06	\$5.54	\$7.53	\$11.37	\$16.62	\$22.82	\$27.18	\$38.70	\$68.01	\$190.74
\$170,000	\$4.24	\$3.77	\$4.32	\$5.88	\$8.00	\$12.08	\$17.65	\$24.24	\$28.87	\$41.11	\$72.26	\$202.67
\$180,000	\$4.49	\$3.99	\$4.57	\$6.23	\$8.47	\$12.79	\$18.69	\$25.67	\$30.57	\$43.53	\$76.51	\$214.59

# VOLUNTARY SHORT-TERM DISABILITY

A disability can happen to anyone. A back injury, pregnancy, or serious illness can lead to months without a regular paycheck. If you're unable to work for a short period of time due to a non-work-related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.



## COVERAGE INFORMATION

\*Full premium rate worksheet is available on paper and will be built into your enrollment platform

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
60%	\$1,500	On the 15 <sup>th</sup> day	On the 15 <sup>th</sup> day	11 weeks

VOLUNTARY SHORT TERM DISABILITY INSURANCE												
Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)												
Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rates	\$0.0646	\$0.3466	\$0.5229	\$0.3951	\$0.1002	\$0.0752	\$0.0715	\$0.1145	\$0.1472	\$0.1302	\$0.1302	\$0.1302

To calculate your bi-weekly premium amount, use the following formula.

$$\frac{\text{Your Annual Earnings}}{\div 52} = \frac{\text{Your Weekly Earnings}}{\div 52} \times 60\% = \frac{\text{Weekly Benefit Max}}{\div 10} = \frac{\text{Weekly Benefit Max}}{\div 10} \times \text{Rate} = \text{Premium Amount}$$

= \$1,500

5962e NS 07/21 . Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

# VOLUNTARY LONG-TERM DISABILITY

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.



## COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
60%	\$10,000	The greater of \$100 or 10% of the benefit	After 90 days disabled	Disabled before: Age 63 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 4 years

### VOLUNTARY LONG TERM DISABILITY INSURANCE

Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)



Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rates	\$0.0462	\$0.0346	\$0.0651	\$0.1302	\$0.1666	\$0.2709	\$0.2345	\$0.3323	\$0.2631	\$0.2289	\$0.2289	\$0.2289

To calculate your bi-weekly premium amount, use the following formula.

$$\frac{\text{Your Annual Earnings Maximum} = \$200,000}{12} = \text{Your Monthly Earnings} \div 100 = \text{Rate} \times \text{Rate} = \text{Premium Amount}$$

# HARTFORD LIFE ADDITIONAL SERVICES

If you are enrolled in insurance coverage with The Hartford, you may also be eligible to receive additional services. These services help with challenges that come before and after a claim.

Be sure to read the information provided below; The Hartford wants to be there when you need us!



<b>SERVICES AVAILABLE</b>	
<b>COVERAGE ENROLLED IN</b>	<b>ADDITIONAL SERVICES AVAILABLE</b>
Short Term Disability	Ability Assist Counseling Services Health Champion
Long Term Disability	Ability Assist Counseling Services Health Champion Travel Assistance and ID Theft Protection Services
Life	Ability Assist Counseling Services Health Champion Beneficiary Assist Counseling Services EstateGuidance Will Services Funeral Concierge Services Travel Assistance and ID Theft Protection Services

\*See Flyer for Additional Services



# COLONIAL LIFE – Pays You for Inpatient Stays



## Hospital Confinement Indemnity Insurance

Deductibles and coinsurance that you are responsible for under your health plan could leave you responsible for thousands of dollars. What is your out-of-pocket expense limit? Payments on this benefit are made payable to you!

### One family's journey

Nathan was doing yard work with his wife when his chest pains began. After he was examined by a doctor, the couple was relieved to learn it was just a false alarm.



#### EMERGENCY ROOM VISIT

Nathan received immediate care at the nearest emergency room.



#### DIAGNOSTIC PROCEDURE

The doctor ordered an MRI to determine the cause of Nathan's pain.



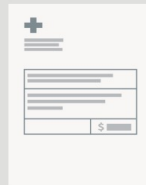
#### HOSPITAL CONFINEMENT

Nathan was admitted to the hospital for a 24-hour stay while the doctors ran additional tests. After the tests confirmed there were no issues, he was released the following day.



#### DOCTOR'S OFFICE VISIT

A few weeks later, he had a follow-up appointment with his family doctor.



The average hospital bill is approximately **\$35,000 per stay.**

Agency for Healthcare Research and Quality, Overview of Hospital Stays in the United States, 2011, HCUP Statistical Brief #166, 2013

### NATHAN'S OUT-OF-POCKET EXPENSES

Emergency room co-pay	\$100
Deductible	\$1,500
Doctor's visit co-pay	\$25
	<b>\$1,625</b>

### NATHAN'S BENEFITS

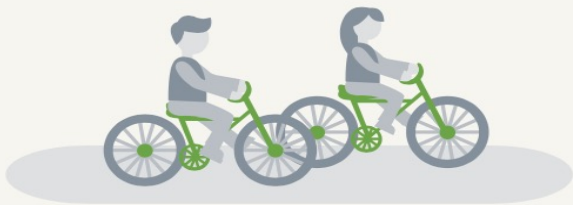
Emergency room visit	\$100
Diagnostic procedure	\$250
Hospital confinement	\$1,500
Doctor's office visit	\$25
	<b>\$1,875</b>



# COLONIAL LIFE— Pays YOU for Accidents

**Colonial Life**  
The benefits of good hard work.®

## Accident Insurance



### THE TAYLOR FAMILY

*The Taylor's two teenage kids, Isabella and Benjamin, both love sports. Isabella dislocated her ankle falling off her bike and needed treatment right away.*

#### How their accident policy helped:



*Isabella's care in the orthopedic clinic required a co-pay and co-insurance. Her benefit helped cover these, plus costs for X-rays, crutches and accident follow-up treatment.*



### ALEX AND KATHERINE

*Now that they're empty-nesters, Alex and Katherine love to travel and camp in national parks. One night, Alex tripped over the logs for their campfire and broke his collarbone.*

#### How their accident policy helped:



*Alex used his benefit to cover his yearly deductible and co-pays for the surgery, hospital confinement and physical therapy he needed to get back in shape.*

# COLONIAL LIFE— Pays You for Critical Illness



## Protect your way of life

To help with critical illness costs that medical insurance may not cover, Dr. Marius Barnard, a South African heart surgeon, created critical illness insurance.<sup>10</sup>

### Critical illness insurance may help with costs such as:

#### ■ Lost income

You, your spouse or another family member may need to take time away from work to help with treatment and recovery.

#### ■ Travel and lodging

You may need to travel to a specialty treatment center and stay for an extended period of time.

#### ■ Medical expenses

You could have out-of-pocket expenses, such as co-pays and deductibles.

#### ■ Rehabilitation

While recovering, you may require additional assistance, such as speech therapy or physical therapy.

## The facts about critical illnesses

### Common critical illnesses

Critical illnesses may include conditions such as heart attack, stroke, major organ failure and cancer.

- 85% of heart attack victims survive.<sup>1</sup>
- Stroke is a leading cause of serious long-term disability.<sup>2</sup>
- Every 10 minutes, someone is added to the organ donation waiting list.<sup>3</sup>
- More than 10% of adults in the United States may have chronic kidney disease.<sup>4</sup>
- 5-10% of all cancers are hereditary.<sup>5</sup>

### Risk factors

Fortunately, we know more about what causes many critical illnesses, and many Americans are more conscious about their health.

- Heredity is just one stroke risk factor; others include age, gender, ethnicity and even some medical conditions.<sup>6</sup>
- Diabetes and hypertension are the leading causes of kidney failure.<sup>4</sup>
- 80% of premature heart disease, stroke and diabetes can be prevented.<sup>7</sup>



# **isolved** Benefit Services

Enrollment Solutions & More!



# FLEXIBLE SPENDING ACCOUNT (F.S.A)

## What is a Flexible Spending Account?

A **Flexible Spending Account** is a tax benefit that allows you to set aside part of your pay before taxes for eligible medical or dependent care expenses.

### What's the Benefit?

- Pay fewer taxes
- Increase spendable income
- Uniform Coverage Rule allows full access to your health care election
- Deductibles and co-pays (including prescriptions)\*
- Dental and orthodontia expenses\*
- Vision expenses (exams, eyeglasses, contact lenses and solution, Lasik)\*

*\*After insurance has paid their portion*

	With an FSA:	Without an FSA:
Salary	\$30,000.00	\$30,000.00
FSA election	-\$2,500.00	-\$0.00
Taxable income	\$27,500.00	\$30,000.00
Taxes	-\$7,500.00	-\$9,000.00
Take home pay	\$20,000.00	\$21,000.00
FSA funds	+\$2,500.00	+\$0.00
Spendable income	\$22,500.00	\$21,000.00

### Account Choice



Health Care Flexible Spending Account



Dependent Care Flexible Spending Account

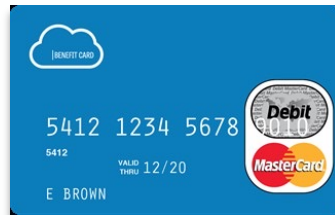
# FLEXIBLE SPENDING ACCOUNT

• **isolved** Benefit Services

## How to use the debit card

### Why use the Debit Card

- No money paid out-of-pocket
- No waiting for reimbursement
- Immediate identification of eligible purchases
- Automatic approval of certain recurring expenses



### What is an Eligible Expense?

- ✓ Dental, vision and medical expenses can be reimbursed through your FSA
- ✓ Service must have happened
- ✓ Must go through all eligible insurance first
- ✓ Use your debit card after insurance has paid their portion

### Co-pays and Plan Information

- Office call co-pays
- Co-pays for expenses through a spouse's plan may not auto-approve
- Plan year is Calendar Year January through December
- Run-out period in which to submit claims in the plan year
- Carryover of unused balance up to \$500

### Debit Card Follow-up

Request for your receipts by letter

- First letter
  - Shortly after swipe
- Second letter
  - 15 days following the first letter
- Third and final letter
  - 30 days following the first letter

**Card may be temporarily deactivated**

### No Substantiation?

Ineligible expenses or lost receipts

- Repay the expense
- Send in claims to offset
- Add to W-2 as taxable income
- Withhold from pay

### Not using your Debit Card?

- After expense has happened
  - No proof of payment is required
  - Submit claims online, mobile app, mail or fax
- Your claim is processed within two business day  
Receive a check in the mail or direct deposit

# EMPLOYEE SELF SERVICE ENROLLMENT

Log-in to iSolved: <https://payrollnetwork.myisolved.com/>  
 Using your Employee Self-Service credentials, follow the steps below.  
 If you have any issues logging in, please contact:

Laura Donohoe: Hartford Basic Life/AD&D  
 Hartford

**EMPLOYEE SELF-SERVICE**

Employee Welcome  
 Employee Messages  
 Employee Profile  
 Employee Profile Picture  
 Pay History  
 W2/ACA/1099 Forms  
 Benefits Summary  
 Benefit Updates  
 Benefit Plan Details  
**Benefit Enrollment Wizard**  
 Life Events Wizard  
 Life Events History  
 Name/Address View/Update  
 Employee Contacts  
 Certifications/Licenses  
 Education Updates  
 Company Assets  
 Direct Deposit Updates  
 Documents  
 Jobs  
 Federal Reporting Data  
 Salary  
 Skills  
 Tax Updates Wizard

**Plan Information**

\*Coverage  
**Employee Only**

Per pay amount  
**\$0.00**

**Covered Participants**

Participant Name	Covered	Requested Amount	Actual Amount	Age-reduced Amount
Laura S Donohoe	<input checked="" type="checkbox"/>	50,000	50,000	Not applicable

**Beneficiaries**

Beneficiary Name	Selected	Primary	Contingent
Michael L Donohoe	<input type="checkbox"/>		
Michael J Donohoe	<input type="checkbox"/>		
Lucas L Donohoe	<input type="checkbox"/>		
Liam D Donohoe	<input type="checkbox"/>		

**Elected Benefit Costs**

	Per Pay	Per Month	Per Year
Medical			\$112.24
Dental			
Vision			Waived
FSA Medical			Waived
FSA Dependent Care			Waived
Basic Life/ AD&D			\$0.00
LTD			\$7.27
STD			\$21.81
Voluntary EE Life/ AD&D			\$0.65
Voluntary Spouse Life/ AD&D			\$1.29
Voluntary Child Life/AD&D			\$0.55
<b>Total</b>			<b>\$143.81</b>

**Final review**  
 Review and submit

**Employee Tip #1:**  
 See EMPLOYEE MESSAGES

- Find Benefit Summaries
- Review Flyers
- Locate Resources

**Employee Tip #2:**  
 You must click the PINK colored box that says "SUBMIT" to confirm enrollment is complete!

**\*\*\*step 4. to finalize your enrollment click here!\*\*\***

**You must add contingents if you have more than 1 beneficiary**

# NEXT STEPS

Review Enrollment Resources Online at Isolved- <https://payrollnetwork.myisolved.com/>

- Look Over New Coverage Offers
- Schedule Private Benefit Counseling Sessions
- Complete Enrollment Online by September 15<sup>th</sup>

---

## Schedule YOUR Private Enrollment Meetings

**Nicole Cavender:** <https://calendly.com/ncavender/qed-employee-benefit-consult>

Nicole Cavender is with Arrow Benefits Consulting, Inc. She is our Broker and is available to review and answer questions not just during Open Enrollment but throughout the year.

Meetings with Nicole are confidential and meant to offer you a setting that you can ask specific/personal questions outside the group setting. Please use her as a resource when making your decisions.

**Nick Cusmano:** [https://calendly.com/nick\\_Cusmano/meet-with-nick](https://calendly.com/nick_Cusmano/meet-with-nick)

Nick Cusmano is your Colonial Life Insurance Company. Colonial is providing three valuable benefits that can be customized to help offset expenses you incur for specific occurrences. The only way to enroll in these valuable options is to meet personally with Nick Cusmano. Again, all meetings are confidential and are meant to provide you as many resources as possible and provide you with the most personalized enrollment experience, we can provide.







Thank You!

