



BENEFITS OUTLINE 2019 / 2020

Plan Year 7/1/2019 – 6/30/2020
New hire benefits are effective date of hire

MEDICAL INSURANCE	AETNA – AET-HSA-PREM In-Network Benefits	HSA
EMPLOYEE COST / MONTH	CO-PAYS (*AFTER DEDUCTIBLE)	RX CO-PAYS (*AFTER DEDUCTIBLE)
SINGLE: \$ 158.66	OFFICE VISIT (PCP): \$ NA	GENERIC/GENERIC VALUE: \$ 10*
DOUBLE: \$ 349.63	SPECIALIST VISIT: \$ NA	PREFERRED BRAND: \$ 40*
FAMILY: \$ 436.96	URGENT CARE: \$ NA	NON-PREFERRED BRAND: \$ 80*
	ER VISIT: \$ NA	PREFERRED SPECIALTY: \$ 20%, MAX \$100*
	AMBULANCE: \$ NA	NON-PREFERRED SPECIALTY: \$ 20%, MAX \$100*
EMPLOYER COST / MONTH	HIGH TECH IMAGING: \$ NA	
SINGLE: \$ 348.19		
DOUBLE: \$ 765.44		
FAMILY: \$ 958.24		
DEDUCTIBLE (calendar year)	COINSURANCE MAX (calendar year)	TOTAL OUT-OF-POCKET MAXIMUM (calendar year)
INDIVIDUAL: \$ 1,350	INDIVIDUAL: \$ 0	INDIVIDUAL: \$ 2,000
FAMILY: \$ 2,700	FAMILY: \$ 0	FAMILY: \$ 4,000
	HOSPITAL COINSURANCE 100%	
SPECIAL FEATURES:	<ul style="list-style-type: none"> • WELLNESS VISITS/CHECKUPS: Covered 100% w/ no co-pay based on gender/age guidelines • TELEDOC VIRTUAL VISITS: 24/7 phone/video physician access, including dermatology & behavioral health • INFORMED HEALTH LINE: Get your general health questions answered anytime, anywhere, 24/7 • OUT-OF-NETWORK BENEFITS: Please see individual plan summaries for details • EMPLOYER HSA CONTRIBUTION (ANNUALLY): Single = \$2,700, Double and Family = \$5,400 	

MEDICAL INSURANCE	AETNA – AET-HSA-BASE In-Network Benefits	HSA
EMPLOYEE COST / MONTH	CO-PAYS (*AFTER DEDUCTIBLE)	RX CO-PAYS (*AFTER DEDUCTIBLE)
SINGLE: \$ 47.48	OFFICE VISIT (PCP): 10%*	GENERIC VALUE: \$ 3*
DOUBLE: \$ 104.38	SPECIALIST VISIT: 10%*	GENERIC: \$ 10*
FAMILY: \$ 130.67	URGENT CARE: 10%*	PREFERRED BRAND: \$ 35*
	ER VISIT: 10%*	NON-PREFERRED BRAND: \$ 60*
EMPLOYER COST / MONTH	AMBULANCE: 10%*	PREFERRED SPECIALTY: 25% MAX \$250*
SINGLE: \$ 348.19	HIGH TECH IMAGING: 10%*	NON-PREFERRED SPECIALTY: 25% MAX \$250*
DOUBLE: \$ 765.44		
FAMILY: \$ 958.24		
DEDUCTIBLE (calendar year)	COINSURANCE MAX (calendar year)	TOTAL OUT-OF-POCKET MAXIMUM (calendar year)
INDIVIDUAL: \$ 2,700 [^]	INDIVIDUAL: \$ 1,300	INDIVIDUAL: \$ 4,000
FAMILY: \$ 5,400	FAMILY: \$ 2,600	FAMILY: \$ 8,000
	HOSPITAL COINSURANCE 90%	
SPECIAL FEATURES:	<ul style="list-style-type: none"> • WELLNESS VISITS/CHECKUPS: Covered 100% w/ no co-pay based on gender/age guidelines • TELEDOC VIRTUAL VISITS: 24/7 phone/video physician access, including dermatology & behavioral health • INFORMED HEALTH LINE: Get your general health questions answered anytime, anywhere, 24/7 • OUT-OF-NETWORK BENEFITS: Please see individual plan summaries for details • INDIVIDUAL DEDUCTIBLE: Embedded Individual Deductible can be met before the family deductible • EMPLOYER HSA CONTRIBUTION (ANNUALLY): Single = \$2,700, Double and Family = \$5,400 	

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WAIVE MEDICAL BENEFIT	\$	EMPLOYER PAID
<u>SPECIAL FEATURES:</u>	<ul style="list-style-type: none"> Staff that are eligible for but waive medical coverage will receive \$4,000 annually (\$166.66/pay) for Single, or \$6,000 annually (\$250.00/pay) for double or family, in lieu of that coverage. Waive Medical is considered taxable income. 	

DENTAL INSURANCE	DELTA DENTAL PREFERRED	EMPLOYER PAID
<u>EMPLOYEE COST / MONTH</u>	<u>FEATURES</u>	<u>DESCRIPTION</u> (assumes in-network)
SINGLE: \$ 0.00	BENEFIT MAX [^] : \$ 1,000	PREVENTATIVE SERVICES: NO DEDUCTIBLE APPLIES – COVERED 100%
DOUBLE: \$ 0.00	DEDUCTIBLE [^] : \$ 50	BASIC SERVICES: COVERED 80% AFTER DEDUCTIBLE
FAMILY: \$ 0.00	ORTHO MAX: \$ 1,000	MAJOR SERVICES: COVERED 50% AFTER DEDUCTIBLE
	<ul style="list-style-type: none"> Lifetime 	ORTHODONIC: COVERED 50% AFTER DEDUCTIBLE
<u>SPECIAL FEATURES:</u>		DEPENDENTS: COVERED TO AGE 26
<ul style="list-style-type: none"> No ID card required – simply let your provider know you have Delta Dental and they will be able to look you up by your SSN Delta Dental Premier Network [^] Benefit Maximum and Deductible(s) are calendar year 		

VISION INSURANCE	EYEMED	EMPLOYER PAID
<u>EMPLOYEE COST / MONTH</u>	<u>FEATURES</u>	<u>DESCRIPTION</u>
SINGLE: \$ 0.00	EXAMS: ONCE EVERY 12 MONTHS	EXAM CO-PAY: \$ 10
DOUBLE: \$ 0.00	CONTACTS: ONCE EVERY 12 MONTHS	CONTACT LENSES: \$130 Allowance
FAMILY: \$ 0.00	CONTACTS: ONCE EVERY 12 MONTHS	DEPENDENTS: COVERED TO AGE 26
	FRAMES: ONCE EVERY 24 MONTHS	
<u>SPECIAL FEATURES:</u>	<ul style="list-style-type: none"> No ID card required – simply let your provider know you have EyeMed and they will look you up by your SSN Benefit frequency based on date of last visit 	

LIFE INSURANCE	LINCOLN FINANCIAL - CHARTER	EMPLOYER PAID
<u>COVERAGE</u>	<u>SPECIAL FEATURES:</u>	
EMPLOYEE: \$ 50,000	<ul style="list-style-type: none"> <u>LifeKeys</u>: Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life policy. <u>TravelConnect</u>: Travel assistance services for employees and eligible dependents traveling more than 100 miles from home. 	
SPOUSE: \$ 2,000		
DEPENDENT: \$ 1,000		

LONG TERM DISABILITY	LINCOLN FINANCIAL - CHARTER	EMPLOYER PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	<u>SPECIAL NOTES:</u>
EMPLOYEE: \$ 0.00	<ul style="list-style-type: none"> 60% of weekly salary up to \$7,500 /month Elimination Period: 180 days Max Duration of Benefits: till age 65 	<ul style="list-style-type: none"> <u>Pre-Existing Condition</u>: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 12 months. <u>Benefit Limitations</u>: <ul style="list-style-type: none"> Mental Illness: 24 months Substance Abuse: 24 months Specified Illness: No Limit

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SHORT TERM DISABILITY	LINCOLN FINANCIAL - CHARTER	EMPLOYER PAID
<u>EMPLOYEE COST / MONTH</u> EMPLOYEE: \$ 0.00	<u>COVERAGE</u> <ul style="list-style-type: none"> 60% of weekly salary up to \$1,000 per week Benefits begin on (Accident) 1st day Benefits begin on (Illness) 8th day Max Duration of Benefits: 26 weeks 	<u>SPECIAL NOTES:</u> <ul style="list-style-type: none"> <u>Pre-Existing Condition:</u> You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 6 months.

LIFE INSURANCE	LINCOLN FINANCIAL - CHARTER	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u> <ul style="list-style-type: none"> Rates are based on employee's age and amount of coverage 	<u>COVERAGE</u> <p>EMPLOYEE: \$10k to \$200k guarantee, Max. 5X Salary or \$500k</p> <p>SPOUSE: \$5k to \$50k guaranteed, Max. \$250k or 50% of Emp.</p> <p>DEPENDENT: \$10k guaranteed</p>	<u>SPECIAL NOTES:</u> <ul style="list-style-type: none"> You must elect coverage for yourself in order to elect coverage for your spouse and / or child(ren) Any amount elected over the guarantee issue amount will be subject to medical underwriting

OFF THE JOB ACCIDENT	ALLSTATE	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u> <p>EMPLOYEE: \$ 13.76</p> <p>EE + SPOUSE: \$ 20.85</p> <p>EE + CHILD: \$ 31.91</p> <p>EE + FAMILY: \$ 39.96</p>	<u>SPECIAL FEATURES</u> <ul style="list-style-type: none"> This coverage pays you cash benefits that correspond with a variety of covered occurrences, such as dismemberment; dislocation or fracture; hospital confinement; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more. Benefits are paid once per accident unless otherwise noted in the schedule of benefits. Guaranteed issue coverage and coverage available for spouse and child(ren). See plan document for more details. 	

HOSPITAL INDEMNITY	ALLSTATE	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u> <p>EMPLOYEE: \$ 7.67</p> <p>EE + SPOUSE: \$ 20.15</p> <p>EE + CHILD: \$ 13.26</p> <p>EE + FAMILY: \$ 21.84</p>	<u>SPECIAL FEATURES</u> <ul style="list-style-type: none"> This coverage pays a cash benefit for hospital confinement. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. Guaranteed issue coverage and coverage available for spouse and child(ren). Coverage can be continued as long as premiums are paid to Allstate Benefits. See plan document for more details. 	

CRITICAL ILLNESS	ALLSTATE	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u> <ul style="list-style-type: none"> Rates will vary based on your issue age, who you wish to cover, the amount of coverage and whether or not you use tobacco products 	<u>SPECIAL FEATURES</u> <ul style="list-style-type: none"> Benefit Coverage options are \$10,000 or \$20,000 This coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs (such as cancer, major organ failure, etc.), what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event. <u>How It Works:</u> You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, this coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition. 	

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EAP	EMPLOYEE ASSISTANCE PROGRAM	EMPLOYER PAID
<p>SPECIAL FEATURES:</p> <p>https://eaccares.com</p>	<ul style="list-style-type: none"> Provides up to five personal counseling sessions around various concerns including: <ul style="list-style-type: none"> bereavement substance abuse relationships & family 	<ul style="list-style-type: none"> child care finances various other stressors

Legal / ID Protection	ID Shield/ Legal Shield	VOLUNTARY EMPLOYEE PAID												
<p>SPECIAL FEATURES</p>														
<table border="1"> <thead> <tr> <th>Plan</th> <th>Family (per month)</th> <th>Individual (per month)</th> </tr> </thead> <tbody> <tr> <td>LegalShield</td> <td>23.95</td> <td>23.95</td> </tr> <tr> <td>IDShield</td> <td>18.95</td> <td>8.95</td> </tr> <tr> <td>Combined</td> <td>38.90</td> <td>32.90</td> </tr> </tbody> </table>	Plan	Family (per month)	Individual (per month)	LegalShield	23.95	23.95	IDShield	18.95	8.95	Combined	38.90	32.90	<ul style="list-style-type: none"> ID Shield membership includes security and privacy monitoring social media monitoring, identity restoration and consolation services. <ul style="list-style-type: none"> If your identity is stolen, ID Shield will fully restore to pre-theft status. LEGAL Shield offers advice, consultation and representation including legal guidance for common issues. <ul style="list-style-type: none"> Membership includes a dedicated law firm, contracts and document review as well as preparation of your end of life documents, 	
Plan	Family (per month)	Individual (per month)												
LegalShield	23.95	23.95												
IDShield	18.95	8.95												
Combined	38.90	32.90												

FINANCIAL WELLNESS	FINFIT	FREE USE OF SITE WITH REGISTRATION
<p>SPECIAL FEATURES</p> <ul style="list-style-type: none"> Assess your Personal Financial Health Budget Building Tools Financial Calculators Life Planning 	<ul style="list-style-type: none"> Financial Education information Online tracking of your bank accounts 24/7 Financial Wellness provided online Short-Term Loan Assistance* 	<p><i>Access via the Axios HR Payroll website in Axios Perks</i></p>
<p>* Fee Based Service, subject to credit approval</p>		

FLEX BENEFIT – HEALTH & DEPENDENT CARE	AXIOS HR	VOLUNTARY EMPLOYEE PAID
<p>EMPLOYEE COST / MONTH</p> <ul style="list-style-type: none"> You elect how much to contribute annually 	<p>SPECIAL FEATURES</p> <ul style="list-style-type: none"> Health Care Spending Account Maximum Limit: \$2,700 Annually Dependent Care Spending Account Maximum Limit: \$5,000 Annually NEW FSA's give you a way to pay for your health care and / or dependent care expenses with pre-tax dollars. FSA's are voluntary – YOU decide how much to have taken out of your paycheck and put into your Health care and / or Dependent Care Spending Account(s). See the Flexible Spending Account section for more information. 	

401(k)	MASS MUTUAL	RETIREMENT PLAN						
<p>ELIGIBILITY REQUIREMENTS:</p>	<table border="1"> <thead> <tr> <th>SERVICE LENGTH</th> <th>AGE</th> <th>ENTRY DATE</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Immediate </td> <td> <ul style="list-style-type: none"> 21+ Years Old </td> <td> <ul style="list-style-type: none"> Immediate </td> </tr> </tbody> </table>	SERVICE LENGTH	AGE	ENTRY DATE	<ul style="list-style-type: none"> Immediate 	<ul style="list-style-type: none"> 21+ Years Old 	<ul style="list-style-type: none"> Immediate 	
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<p>SPECIAL FEATURES:</p>	<ul style="list-style-type: none"> Single Sign on through Employee Self Service Portal (coming soon!) Employer matches 100% of the first 5% contributed by the employee 							

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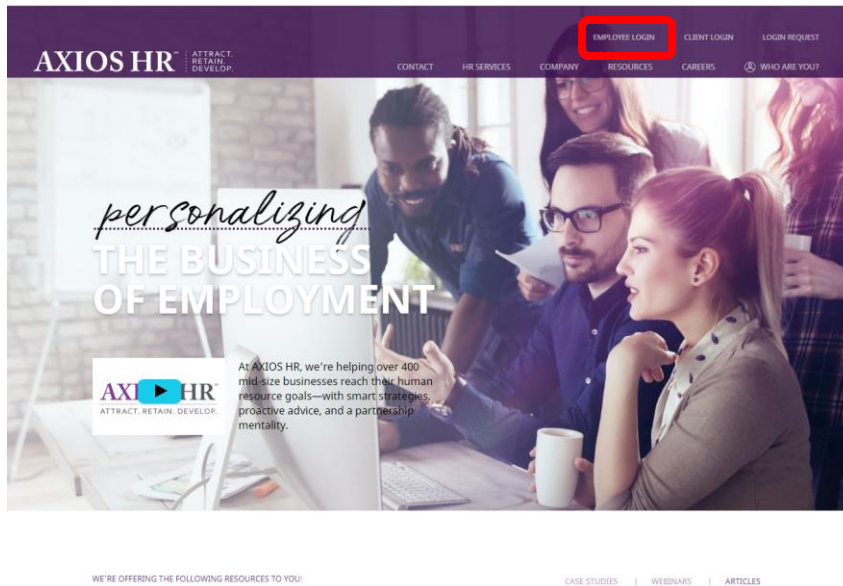
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HOW TO COMPLETE OPEN ENROLLMENT – NAVIGATION INSTRUCTIONS

To elect your benefits for the 2019-2020 plan year, please follow these simple instructions. Please note that it is highly recommended that you use Google Chrome to complete your enrollment.

Go to <https://axioshr.com/>, and click on the ‘Employee Login’ link at the top right of the screen:



Enter your employee credentials and click the blue ‘Log In’ button:



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If you have forgotten your username or password, you may use the 'Forgot Username?' or 'Forgot Password?' links on the login screen for assistance retrieving or resetting your credentials. You may also contact Axios HR for assistance at 1-844-44AXIOS, or by e-mailing service@axioshr.com. The Axios HR Employee Care Team is available to assist you Monday-Friday from 8am-5pm.

Once you are logged in to the Employee Portal, navigate to the Benefits Enrollment tool by clicking on 'Benefits' in the side menu and then on 'Benefits Enrollment'. The enrollment experience will open in a separate window. If the separate window is not opening, make sure you do not have any pop-ups blocked.

AXIOS HR

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Pay

Most Recent Pay Statements

- 04/10/2019
- 03/27/2019
- 03/13/2019

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Paid Time Off

Paid Time Off

Planned	Taken	Available
0	72	2.46

[PTO Summary](#)

New Messages

- 04/18/2019
Last Chance to Complete Your Benefits Enrollment
- 04/14/2019
Annual Enrollment Ends in 5 Days
- 04/11/2019
We Have Received Your Benefit Selections

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Benefits

- Aetna HSA Value 100% 6350
EMPLOYEE + 1
Effective 07/01/2018
- AXERLIFE-LGH-25k
25000.00
Effective 07/01/2018
- AXERSTD-1-8-26-500-LGH
450.00
Effective 01/01/2019

[View Benefits Summary](#)

The Axios HR Employee Care Team is here to assist you if you have any questions, or have any trouble making or submitting your benefit elections for the 2019-2020 benefit plan year. You can reach the Axios HR Employee Care Team by phone at 1-844-44AXIOS (1-844-442-9467) or by e-mailing service@axioshr.com.

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