



# TANDEM HR

**Helping businesses control costs, reduce risk, create efficient human resources processes, attract top talent, and increase employee engagement and retention.**

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## About Tandem HR

**Our mission is to deliver comprehensive HR solutions so you can deliver business results.**

Tandem HR is a full-service HR company offering outsourced HR or Professional Employer Organization (PEO) solutions since 1998. We pride ourselves on our ability to provide high-touch HR solutions that impact your bottom line. *How?* Our first-in-class, employee-focused HR solutions fit your business needs so that you provide the best HR infrastructure, benefits, and culture to attract and retain the best employees.

With Tandem HR, you have direct access to a designated HR Business Partner who intimately knows your business mission and goals. Your HR Business Partner is backed by an array of professionals with expertise in every component of HR including payroll, benefits, risk management, employment law compliance and more.



**Where We Do Business**  
 Headquartered in Illinois with offices in Wisconsin, Missouri, and Texas, Tandem HR is a licensed PEO servicing worksite employees in 49 states.



# Tandem HR Accreditation



## Certified Professional Employer Organization (CPEO)

One of the first PEOs to be IRS Certified, meaning our clients have less liability and more protection.



## Employer Services Assurance Corporation (ESAC) Accredited

Only 5% of the outsourcing service providers in the nation are ESAC accredited. We complete rigorous quarterly audits to ensure we meet ethical, operational, and financial ESAC standards.



## National Association of Professional Employer Organizations

The National Association of Professional Employer Organizations (NAPEO) is the voice of the PEO industry and provides a regulatory oversight and advocacy. Our staff receive ongoing industry trainings and regularly participate on committees and the Board of Directors for NAPEO.



## Better Business Bureau

Tandem HR is proud to have an A+ rating with the Better Business Bureau due to our lawful business practices, ethical advertising, and positive customer experiences.

# Tandem HR Business Model

Your Tandem HR Business Partner (HRBP) is a single point of contact who understands your business goals, develops lasting relationships with your people, and focuses on your business needs.



## THE TEAM BEHIND YOUR HR BUSINESS PARTNER

Backing this certified professional is a team of experts including HR Specialists, Risk & Safety Team, Payroll Specialist, Benefits Specialist and a Shared Services Team (Your Solution Center) available to all worksite employees.



## Protecting Your Business

**Tandem HR provides Employment Practices Liability Insurance (EPLI) coverage for every PEO client.**

We act as the shield for the challenges you face as an employer. We work hard to mitigate any employment claims by helping you create a compliant and optimal work culture. Should a case come to fruition, we share the deductible with clients 50/50.

### Our EPLI policy covers the following costs:

- Defense expenses and mediation
- Judgements, settlements, verdicts, and awards
- Damages such as back pay and front pay
- Pre and Post-judgement interest, liquidated damages
- Discrimination based on race, gender, religion, national origin, age, disability or other category protected by federal, state or local employment discrimination law
- Sexual harassment
- Wrongful termination
- Wrongful, excessing or unfair discipline
- Termination or disciplinary action in violation of the Family Medical Leave Act or similar state or local laws
- Retaliation
- Negligent hiring, retention or supervision of others
- Wrongful infliction of emotional distress, mental anguish, or humiliation
- Defamation, libel, or slander
- Invasion of privacy

**\$2,000,000**  
**IN TOTAL COVERAGE**



## Our Trusted Partners

**One of the great things about partnering with Tandem HR is vendor consolidation when it comes to your HR needs.**

We continually keep a pulse on the latest and greatest vendor offerings and only partner with the most trusted names in the industry.

Our partners include:



## The PEO Solution

**As a Professional Employer Organization (PEO), Tandem HR supports tens of thousands of clients and worksite employees nationally in the areas of payroll administration, employee benefits, human resources, employment law compliance, workplace safety, and more!**

Tandem HR provides a single source HR solution with professional and friendly support, and access to top line products and technology.

**By combining the buying power of our clients, Tandem HR allows you to:**

- Contain and reduce employment-related overhead
- Become an employer-of-choice by offering the best benefits from leading carriers
- Increase productivity by allowing you to focus on your core business instead of non-revenue generating employee administration
- Reduce employer risk and increase compliance
- Operate more effectively, efficiently, and profitably
- Attract and retain top talent with robust benefits offerings

## PAYROLL & TAX

A dedicated payroll professional handles your payroll cycle and provides guidance on various payroll topics.

### REDUCED ADMINISTRATIVE BURDEN

- Prepare payroll per client specifications
- File employment reports
- Compute and track all deductions
- Process on-time payroll direct deposit, pay card, and live checks
- File state compliance new hire reports
- Process employment and wage verification requests
- Administer client and state regulated pay policies (i.e., paid time off, leaves, jury duty, holidays, etc.)

### DEPENDABLE PAYROLL COMPLIANCE

- Apply Fair Labor Standards Act (FLSA) and state/federal regulations to pay computation
- Calculate, collect, and remit all federal payroll taxes (Federal, Social Security, and Medicare)
- Calculate, collect, and remit all state and local taxes (Withholding & State Unemployment)
- Collect and remit garnishments and child support according to state laws
- Provide guidance and education on ever-changing payroll compliance

### SIMPLIFIED TRACKING & REPORTING

- Track accruals and balances for all paid time off
- Assist with Reports/General Ledger Accounts (custom uploadable general ledger into your accounting system)
- Employee self-service on-line access
- On-line payroll access including access to several on-demand and custom reports
- Full integrated time and attendance software solution available



## HR ADMINISTRATION

A partnership that allows you to spend less time on transactional work and more time on achieving your business goals.

### TIME & MONEY SAVED

- On HR training, tuition, and memberships
- On internal HR or HR consultants

### CUSTOMIZED HR PROJECTS

- Create and maintain a custom Employee Handbook, including multi-state compliance if applicable
- FLSA review
- Job descriptions review, revision, and creation
- Update HR reference materials
- Compliance posters and notices
- On-line enrollment form review (application, W-4, I-9, emergency contact, etc.)
- Electronic personnel file system maintenance
- Training and workshops

### EXPERT GUIDANCE & SUPPORT

- Employee relations assistance
- New hire on-boarding, orientations, and I-9s
- Support for performance appraisal process and related documentation
- Termination assistance; evaluate risk(s), documentation, severance and general release agreement, and exit evaluation
- Recruiting and interviewing guidelines and assistance
- Employee retention strategies
- Investigation support (i.e. culture assessment, harassment complaints)
- Oversight of employment laws, regulation changes and updates
- Employment audits (EEOC, FLSA, etc.)
- Strategic partner to support key business initiatives

## SHARED SERVICES

Resources for you and your employees beyond your dedicated service team include three Centers of Excellence and Your Solution Center.

### ONBOARDING | CENTER OF EXCELLENCE

- Applicant Tracking System\* (ATS) set up with a seamless integration into our HRIS
- Background checks\* which also integrate into ATS
- Pre-hire assistance for a smooth electronic onboarding experience including assistance with any onboarding challenges, kick off client training, and ensure any new job codes, positions, or worksite locations are loaded into the portal
- I-9 Everywhere\* to assist with remote employee status verification
- E-Verify\* set up and support for states with E-Verify requirements and elective E-Verify
- Work Opportunity Tax Credit\* (WOTC) support for those hiring qualified individuals
- Onboarding compliance assistance including Biometric Information Privacy Act, electronic onboarding reminders, and other timely tasks

### COMPLIANCE | CENTER OF EXCELLENCE

- Ensure most up-to-date Labor Law posters are available (electronic included, hard copies available for purchased cost)
- Keep a pulse on the constantly changing the regulation landscape and notify clients when regulation changes apply
- Unemployment claims management including receipt of and response to claims, wage reports, unemployment package delivery, and schedule hearings/protests where applicable
- Train and assist clients with Tandem Learn – our Learning Management Software – including mandatory training requirements
- Train and assist clients with Tandem Perform\* – our Performance Management Software

### LEAVE | CENTER OF EXCELLENCE

- Full FMLA processing and compliance by gathering leave data, determine eligibility, prepare and complete paperwork, answer leave questions, and ensure proper close when applicable
- Distribute short-term disability paperwork where applicable
- Collaborate with your Risk Management team on the Return to Work process

### YOUR SOLUTION CENTER

- English and Spanish speaking representatives available Monday – Friday from 8:00 AM – 5:00 PM (CST) to answer worksite employee's general questions about their payroll, benefits, or HR needs
- Available via phone, email or live chat on our website
- Boast a 95%+ answer rate with 100% of messages returned within 24 hours

## RISK MANAGEMENT

Experienced professionals partner with you to identify potential blind spots and mitigate exposures to the business.

### CRITICAL PRE-EMPLOYMENT SERVICES

- Pre-employment screening tests
- Background checks
- Education verification
- Credit checks
- Employment verification
- Drug screening

### OVERSIGHT OF WORKERS COMPENSATION & UNEMPLOYMENT INSURANCE

- Workers' comp annual audit
- Workers' comp claims administration
- Pay-as-you-go workers' comp system with no deposit required (must qualify)
- Vendor relationship management
- Workers' comp investigations, hearings, and preparation
- Certificate of workers' comp insurance administration
- Unemployment insurance payments
- Unemployment insurance claims response
- Representation at unemployment insurance hearings

### COMMITTED TO SAFETY & REGULATION COMPLIANCE

- Safety consultations
- OSHA regulations assistance and compliance
- Return-to-work oversight
- Federal and State(s) Family Medical Leave Act (FMLA)
- Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Employee Retirement and Income Security Act (ERISA)
- Fair Employment and Housing Act
- Equal Employment Opportunity Employment (EEO)
- Fair Labor Standards Act (FLSA)
- Department of Labor interface
- Numerous wage and hour laws

#### Assistance With Federal & State Employment Laws

Including government compliance, reporting, and agency interface for the following:

- Title VII Civil Rights Act
- Americans with Disabilities Act (ADA)
- Age Discrimination in Employment Act (ADEA)
- Equal Pay Act
- Immigration Reform and Control Act (IRCA)
- State specific statutes
- Varying child labor laws

## BENEFITS

Access to and administration of comprehensive benefits for the best plans and rates.

### ROBUST PLAN DESIGN & MAINTENANCE

- Multiple major medical plan designs to accommodate employee needs
- Insurance carrier analysis and negotiations
- Carrier interface/communications on the client's behalf

### COMPREHENSIVE ADMINISTRATION & EDUCATION

- Facilitation of initial plan descriptions, education, enrollment, and employee orientations
- Response to benefit plan questions for employees and clients
- Eligibility management
- COBRA administration
- Leave, FMLA, and disability administration
- Convenient and paperless process for open enrollment, new hire enrollment, and qualifying life events
- Benefit invoice reconciliation to ensure proper payments and credits are applied (for Master plan participants)
- Process employee status changes and qualifying events
- Cafeteria 125 plan/admin fees
- 5500 filings for master plan participants
- Maintenance of employee benefit files
- Escalated claims assistance support

### COMPLIANT TESTING & REPORTING

- Conduct all year-end testing to ensure plan compliance
- Provide required notices
- ACA compliance - reporting and notices
- 1095-C compliance (for master plans)
- ERISA compliance
- HIPAA compliance



### BENEFITS OPTIONS AVAILABLE

Plan details including carriers begin on page 19.

- Major medical insurance
- Dental insurance
- Vision insurance
- Group & Supplemental Life insurance
- Short-term disability insurance
- Long-term disability insurance
- Cafeteria 125 Plan
- Voluntary Accident, Critical Illness, and Hospital Indemnity Insurance
- Employee Assistance Program
- Flexible Spending Accounts (dependent care, parking, and transit)
- Health Savings Accounts
- Identity theft coverage
- Pet insurance
- Home & Auto insurance

## RETIREMENT SOLUTIONS

Maintenance, communication, administration, payroll integration, and plan procurement of your organization's retirement plan.

### FLEXIBLE FIDUCIARY PARTNERSHIP

- Customization of plan design according to your company needs
- Fiduciary responsibility (Tandem HR/BKS Retirement Services)
- Vanguard Target Date Funds/Mutual Fund along with a Socially Responsible Investment option
- Investment guidance
- Ongoing employee education by BKS Retirement Services
- Competitive expense ratios
- Professionally managed investment options

### DETAILED PLAN TESTING AND ADMINISTRATION

- Monitoring of investment options
- Tracking of contribution limits and catch-up contributions
- Establishing deductions with payroll
- Annual audit support and expenses
- Nondiscrimination testing and annual census collection
- Required plan testing and notices
- Processing of distributions upon termination
- Managing, with support from our administrator, approval or denial process for hardship and loan requests



Pooled Plan Provider

**TANDEM HR**

Custodian

*charles* SCHWAB

Recordkeeper & TPA



Investment Advisor



## Integrated Technology Platform

Our secure cloud-based platform, powered by PrismHR, delivers payroll, benefits, and HR while integrating seamlessly with additional products so you experience stability, accuracy, and efficiency.

### Make the work day easier

Employees and managers receive a user-friendly experience across all devices, such as mobile phones, tablets, PC, and more. They can view and change their personal information anywhere they have internet access.

### Move and grow faster

Robust, powerful reporting helps you analyze, understand and act on data to run your business better.

### Ensure accuracy

Easily access information and complete tasks regarding payroll, demographics, and taxes.

### Reduce complexity

Intuitive design and logical menus allow you to navigate our integrated HR services platform with ease across the complete employee lifecycle.

### Improve security

Control access to your sensitive data to ensure each member of your team sees only what they need, when they need to.



## TECHNOLOGY

Access to the tools and technology you need to stay innovative & adaptive in the midst of your ever-changing business landscape.

### CUTTING-EDGE HRIS

- Electronic and paperless employee onboarding
- Access to a user-friendly time and attendance tracking and scheduling tool
  - ✓ Web-based system that is integrated with our payroll system
  - ✓ Ability to restrict punching by geofencing locations or utilizing system restrictions
  - ✓ Monitor and approve PTO requests
  - ✓ Record work, vacation/paid time off, jury duty, bereavement, or other hours
- Electronic Benefit Enrollment System
- Applicant Tracking System
- Learning Management System
- Performance Management System
- Employee self-service portal that provides employees with greater control and flexibility
  - ✓ Confidential, on-line access to personal data
  - ✓ View time off accrual
  - ✓ View and print paystubs and W-2's
  - ✓ Manage and update personal data such as tax and direct deposit information



# Tandem Time

## TIME & ATTENDANCE SYSTEM

Helping companies manage time as their greatest strategic asset.

### GET STARTED IN 3 STEPS

Eliminate time theft and improve employee productivity in three easy steps.

#### 1 | CLOCK IN AND OUT

Employees punch in on any device.

#### 2 | MANAGE THE DATA

Manage in one centralized system.

#### 3 | EXPORT TO PAYROLL

Get your payroll done in seconds.



# Tandem Perform

## PERFORMANCE MANAGEMENT SYSTEM

A powerful platform for talent management.

Reimagine your goal setting and performance management practices with user-friendly software that brings automation, flexibility, goal planning, and continuous feedback to your employee performance strategy.



### GOAL PLANNING & ALIGNMENT

Drive employee engagement and focus. Vertical goal alignment means the projects an employee works on contribute to the key initiatives vital to business success.



### COMPETENCY BACKED STRUCTURE

Improve clarity in performance evaluations. Outline desirable behaviors based on competencies and create a consistent grading scale for evaluations. Easily identify high performers and those that need additional coaching.



### TALENT ANALYTICS

Gain valuable insights into how employees contribute to teams and workplace culture. Analyze performance trends over time by department, manager, or individual with comprehensive real-time analytics and visualization tools.

### FEATURES INCLUDE:

- 360 degree reviews
- Annual/bi-annual reviews
- Check-ins and progress updates
- 30/60/90 day new hire reviews
- Goals-based reviews
- Role-based reviews
- Competency-based reviews
- Goal cascading and planning
- Automated workflows
- Comprehensive competency library
- Intuitive portals for employees, managers, and HR
- Customizable scales, sections, and questions
- Employee recognition tools
- Cycle completion reports
- Actionable analytics
- 9-box grid reporting
- Automated cycle notifications and reminders



### An All-In-One Platform.

Boost profitability and productivity with our intuitive platform.

- Expenses
- Scheduling
- Biometrics
- Analytics
- Reporting
- Timesheets
- Compliance
- Geofencing
- Notifications

# Tandem Hire

## APPLICANT TRACKING SYSTEM

Full-integrated applicant tracking for simplified recruiting and onboarding.

### ONLINE RECRUITING, SIMPLIFIED

Tandem HR's easy-to-use online recruitment software will transform the way your organization finds your next team member. Move resumes out of the spreadsheet and into the cloud.

Our adaptable yet approachable system is backed by support beyond compare, so you have a team that is here to help make your recruiting experience as easy and seamless as possible.

### FEATURE-RICH HIRING SOFTWARE

An applicant tracking system (ATS) to help your organization post jobs online, manage applicants, and hire great employees.



#### ATTRACT TALENT

Showcase your brand and create a positive candidate experience.



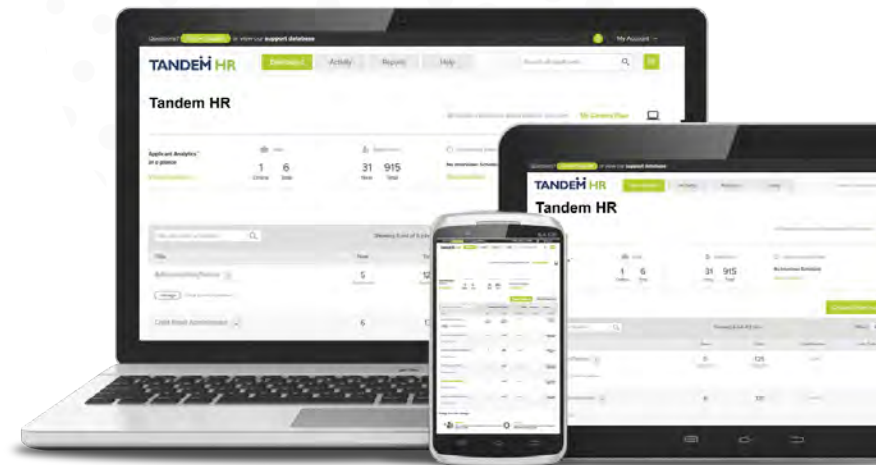
#### AUTOMATE HIRING

Save time and resources with the power of recruiting technology.



#### TEAM COLLABORATION

Easily manage the hiring process across the entire team.



# Tandem Learn

## LEARNING MANAGEMENT SYSTEM

Give learners of all abilities and roles access to courses and content anytime, anywhere, from any device.

This includes features such as quizzes, video assessments, gamification and leaderboards. This cloud-based, learning management software is designed to drive maximum engagement and information retention.



ANYTIME,  
ANYWHERE TRAINING



MOBILE-FRIENDLY  
COURSES



UPLOAD YOUR  
OWN CONTENT



FUN, ENGAGING  
VIDEO CONTENT



TOOLS TO TRACK  
YOUR PROGRESS



LEARNING TO  
ENHANCE YOUR CAREER

### Featuring thousands of courses on the topics of:

- Business writing
- Communication
- Conflict management
- Customer service
- Compliance and legal
- Computer and IT
- Diversity and inclusion
- Leadership development
- Management skills
- Productivity
- Personal development
- Presentation skills
- Project management
- Social skills
- Team Building
- Workplace harassment prevention



## Medical Benefits

### WHY BLUE CROSS AND BLUE SHIELD?

Since 1929, Blue Cross and Blue Shield companies have provided healthcare coverage to members, allowing them to live free of worry, free of fear. Blue Cross and Blue Shield offers a personalized approach to healthcare based on the needs of the communities where their members live and work. They work closely with hospitals and doctors in the communities they serve to provide quality, affordable healthcare.

We understand and answer to the needs of local communities, while providing nationwide healthcare coverage that opens doors for 115 million members in all 50 states, Washington, D.C., and Puerto Rico. Nationwide, more than 1.7 million doctors and hospitals contract with Blue Cross Blue Shield companies — more than any other insurer.

### Blue Cross and Blue Shield members also enjoy many benefits beyond their coverage including:

- Fitness Program
- Health Assessments
- Discount Program
- Digital Self-Management Programs
- Convenient App
- Virtual Visits
- Diabetes & Blood Pressure Management Tools
- Online Wellness Portal
- Hinge Health
- Weight Loss Program



## Blue Cross and Blue Shield of Illinois Plan Options



|  | PPO (MIBPP2060)                       | PPO (MIBPP2080)                      | PPO (MIBPP2130)                      | PPO (MIBPP2170)                      |
|--|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <b>Network</b>                         | PPO                                   | PPO                                  | PPO                                  | PPO                                  |
| Deductible (Ind. / Fam.)               | \$1,000 / \$3,000                     | \$1,500 / \$4,500                    | \$2,500 / \$7,500                    | \$5,000 / \$12,000                   |
| Co-Insurance                           | 20%                                   | 20%                                  | 20%                                  | 20%                                  |
| Out-of-Pocket Max (Ind. / Fam.)        | \$4,000 / \$12,000                    | \$4,500 / \$12,000                   | \$5,500 / \$12,000                   | \$5,600 / \$12,000                   |
| <b>PCP</b>                             | \$30 Copay                            | \$30 Copay                           | \$30 Copay                           | \$40 Copay                           |
| <b>Specialist</b>                      | \$50 Copay                            | \$50 Copay                           | \$50 Copay                           | \$60 Copay                           |
| <b>Urgent Care</b>                     | Ded. & Coins.                         | Ded. & Coins.                        | Ded. & Coins.                        | Ded. & Coins.                        |
| <b>Emergency Room</b>                  | \$150 Copay                           | \$150 Copay                          | \$150 Copay                          | \$250 Copay                          |
| <b>Out-Patient Blood/X-Ray</b>         | \$50 Copay                            | \$50 Copay                           | \$50 Copay                           | \$60 Copay                           |
| <b>Out-Patient Imaging</b>             | Ded. & Coins.                         | Ded. & Coins.                        | Ded. & Coins.                        | Ded. & Coins.                        |
| <b>Out-Patient Surgery</b>             | Ded. & Coins.                         | Ded. & Coins.                        | Ded. & Coins.                        | Ded. & Coins.                        |
| <b>Inpatient Hospital</b>              | Ded. & Coins.                         | Ded. & Coins.                        | Ded. & Coins.                        | Ded. & Coins.                        |
| <b>Prescription Drugs</b>              | \$0/\$10/\$50/\$100/\$150/\$250 Copay | \$0/\$10/\$35/\$75/\$150/\$250 Copay | \$0/\$10/\$35/\$75/\$150/\$250 Copay | \$0/\$10/\$35/\$75/\$150/\$250 Copay |
| <b>Mail Order Drugs</b>                | 2 x Copay                             | 2 x Copay                            | 2 x Copay                            | 2 x Copay                            |
| <b>Out-of-Network</b>                  |                                       |                                      |                                      |                                      |
| <b>Deductible (Ind. / Fam.)</b>        | \$2,000 / \$6,000                     | \$3,000 / \$9,000                    | \$5,000 / \$15,000                   | \$10,000 / \$24,000                  |
| <b>Co-Insurance</b>                    | 40%                                   | 40%                                  | 40%                                  | 40%                                  |
| <b>Out-of-Pocket Max (Ind. / Fam.)</b> | \$12,000 / \$36,000                   | \$13,500 / \$36,000                  | \$16,500 / \$36,000                  | \$16,800 / \$36,000                  |
| <b>Copay (Out. / In.)</b>              | \$0 / \$300                           | \$0 / \$300                          | \$0 / \$300                          | \$0 / \$300                          |

# Blue Cross and Blue Shield of Illinois Plan Options



|                                 | BCS PPO (MIBCS2120)                   | PPO OPTIONS (MIBCO2000)              |                                 |
|---------------------------------|---------------------------------------|--------------------------------------|---------------------------------|
| Network                         | Blue Choice Select PPO                | Tier 1:<br>Blue Choice PPO           | Tier 2:<br>PPO                  |
| Deductible (Ind. / Fam.)        | \$2,500 / \$7,500                     | \$500 / \$1,500                      | \$1,500 / \$4,500               |
| Co-Insurance                    | 20%                                   | 10%                                  | 30%                             |
| Out-of-Pocket Max (Ind. / Fam.) | \$4,500 / \$12,000                    | \$4,000 / \$10,200                   | \$5,600 / \$10,200              |
| PCP                             | \$30 Copay                            | \$20 Copay                           | \$50 Copay                      |
| Specialist                      | \$30 Copay                            | \$40 Copay                           | \$100 Copay                     |
| Urgent Care                     | Ded. & Coins.                         | \$75 Copay                           | \$75 Copay                      |
| Emergency Room                  | \$200 Copay                           | \$400 Copay, then 10% Coinsurance    |                                 |
| Out-Patient Blood/X-Ray         | \$30 Copay                            | \$40 Copay                           | \$100 Copay                     |
| Out-Patient Imaging             | Ded. & Coins.                         | Ded. & Coins.                        | Ded. & Coins.                   |
| Out-Patient Surgery             | Ded. & Coins.                         | \$200 Copay, then Ded. & Coins.      | \$400 Copay, then Ded. & Coins. |
| Inpatient Hospital              | Ded. & Coins.                         | \$250 Copay, then Ded. & Coins.      | \$500 Copay, then Ded. & Coins. |
| Prescription Drugs              | \$0/\$10/\$50/\$100/\$150/\$250 Copay | \$0/\$10/\$35/\$75/\$150/\$250 Copay |                                 |
| Mail Order Drugs                | 2 x Copay                             | 2 x Copay                            |                                 |
| <b>Out-of-Network</b>           |                                       |                                      |                                 |
| Deductible (Ind. / Fam.)        | \$5,000 / \$15,000                    | \$3,000 / \$9,000                    |                                 |
| Co-Insurance                    | 50%                                   | 50%                                  |                                 |
| Out-of-Pocket Max (Ind. / Fam.) | \$13,500 / \$36,000                   | \$16,800 / \$30,600                  |                                 |
| Copay (Out. / In.)              | \$0 / \$300                           | \$500 / \$600                        |                                 |

# Blue Cross and Blue Shield of Illinois Plan Options



|                                 | PPO OPTIONS (MIBCO2040)              |                                 | HDHP / HSA (MIEEE3043) |
|---------------------------------|--------------------------------------|---------------------------------|------------------------|
| Network                         | Tier 1:<br>Blue Choice PPO           | Tier 2:<br>PPO                  | PPO                    |
| Deductible (Ind. / Fam.)        | \$1,500 / \$4,500                    | \$3,500 / \$10,200              | \$3,100 / \$6,200      |
| Co-Insurance                    | 10%                                  | 30%                             | 0%                     |
| Out-of-Pocket Max (Ind. / Fam.) | \$3,000 / \$9,000                    | \$5,500 / \$10,200              | \$3,100 / \$6,200      |
| PCP                             | \$30 Copay                           | \$50 Copay                      | 100% after Ded.        |
| Specialist                      | \$50 Copay                           | \$100 Copay                     | 100% after Ded.        |
| Urgent Care                     | \$75 Copay                           | \$75 Copay                      | 100% after Ded.        |
| Emergency Room                  | \$400 Copay, then 10% Coinsurance    |                                 | 100% after Ded.        |
| Out-Patient Blood/X-Ray         | \$50 Copay                           | \$100 Copay                     | 100% after Ded.        |
| Out-Patient Imaging             | Ded. & Coins.                        | Ded. & Coins.                   | 100% after Ded.        |
| Out-Patient Surgery             | \$200 Copay, then Ded. & Coins.      | \$400 Copay, then Ded. & Coins. | 100% after Ded.        |
| Inpatient Hospital              | \$250 Copay, then Ded. & Coins.      | \$500 Copay, then Ded. & Coins. | 100% after Ded.        |
| Prescription Drugs              | \$0/\$10/\$35/\$75/\$150/\$250 Copay |                                 | 100% after Ded.        |
| Mail Order Drugs                | 2 x Copay                            |                                 | N/A                    |
| <b>Out-of-Network</b>           |                                      |                                 |                        |
| Deductible (Ind. / Fam.)        | \$7,000 / \$21,000                   |                                 | \$6,200 / \$12,400     |
| Co-Insurance                    | 50%                                  |                                 | 0%                     |
| Out-of-Pocket Max (Ind. / Fam.) | \$16,500 / \$30,600                  |                                 | \$6,200 / \$12,400     |
| Copay (Out. / In.)              | \$500 / \$600                        |                                 | \$0 / \$300            |

# Blue Cross and Blue Shield of Illinois Plan Options



|                                 | HDHP / HSA (MIEEE3063)              | HDHP / HSA (MIEEE3083) | HSA OPTIONS (MICOE3063) |                    |
|---------------------------------|-------------------------------------|------------------------|-------------------------|--------------------|
| Network                         | PPO                                 | PPO                    | Tier 1: Blue Choice PPO | Tier 2: PPO        |
| Deductible (Ind. / Fam.)        | \$3,100 / \$6,200                   | \$6,000 / \$12,000     | \$3,100 / \$9,200       | \$4,600 / \$13,800 |
| Co-Insurance                    | 20%                                 | 0%                     | 0%                      | 20%                |
| Out-of-Pocket Max (Ind. / Fam.) | \$6,200 / \$12,400                  | \$6,000 / \$12,000     | \$3,100 / \$9,200       | \$6,550 / \$14,000 |
| PCP                             | Ded. & Coins.                       | 100% after Ded.        | 100% after Ded.         | Ded. & Coins.      |
| Specialist                      | Ded. & Coins.                       | 100% after Ded.        | 100% after Ded.         | Ded. & Coins.      |
| Urgent Care                     | Ded. & Coins.                       | 100% after Ded.        | 100% after Ded.         | Ded. & Coins.      |
| Emergency Room                  | Ded. & Coins.                       | 100% after Ded.        | 100% after Deductible   |                    |
| Out-Patient Blood/X-Ray         | Ded. & Coins.                       | 100% after Ded.        | 100% after Ded.         | Ded. & Coins.      |
| Out-Patient Imaging             | Ded. & Coins.                       | 100% after Ded.        | 100% after Ded.         | Ded. & Coins.      |
| Out-Patient Surgery             | Ded. & Coins.                       | 100% after Ded.        | 100% after Ded.         | Ded. & Coins.      |
| Inpatient Hospital              | Ded. & Coins.                       | 100% after Ded.        | 100% after Ded.         | Ded. & Coins.      |
| Prescription Drugs              | 10%/10%/20%/30%/40%/50% Coinsurance | 100% after Ded.        | 100% after Deductible   |                    |
| Mail Order Drugs                | N/A                                 | N/A                    | N/A                     |                    |
| <b>Out-of-Network</b>           |                                     |                        |                         |                    |
| Deductible (Ind. / Fam.)        | \$6,200 / \$12,400                  | \$12,000 / \$24,000    | \$9,200 / \$27,600      |                    |
| Co-Insurance                    | 40%                                 | 0%                     | 40%                     |                    |
| Out-of-Pocket Max (Ind. / Fam.) | \$18,600 / \$37,200                 | \$12,000 / \$24,000    | \$19,650 / \$42,000     |                    |
| Copay (Out. / In.)              | \$0 / \$300                         | \$0 / \$0              | \$0 / \$0               |                    |

# Blue Cross and Blue Shield of Illinois Plan Options



|                                 | HMO (MIBAH2020)                       | HMO (MIBAV2110)                       | HMO (MIBAV2120)                      | HMO (MIBAH2010)                      |
|---------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| Network                         | Blue Advantage HMO                    | Blue Advantage HMO                    | Blue Advantage HMO                   | HMO Illinois                         |
| Deductible (Ind. / Fam.)        | \$0 / \$0                             | \$0 / \$0                             | \$0 / \$0                            | \$0 / \$0                            |
| Co-Insurance                    | 0%                                    | 0%                                    | 0%                                   | 0%                                   |
| Out-of-Pocket Max (Ind. / Fam.) | \$1,500 / \$3,000                     | \$3,000 / \$6,000                     | \$3,000 / \$6,000                    | \$1,500 / \$3,000                    |
| PCP                             | \$20 Copay                            | \$40 Copay                            | \$50 Copay                           | \$30 Copay                           |
| Specialist                      | \$40 Copay                            | \$60 Copay                            | \$70 Copay                           | \$50 Copay                           |
| Urgent Care                     | \$40 Copay                            | \$60 Copay                            | \$70 Copay                           | \$30 Copay                           |
| Emergency Room                  | \$250 Copay                           | \$350 Copay                           | \$400 Copay                          | \$250 Copay                          |
| Out-Patient Blood/X-Ray         | No Charge                             | No Charge                             | No Charge                            | No Charge                            |
| Out-Patient Imaging             | No Charge                             | No Charge                             | No Charge                            | No Charge                            |
| Out-Patient Surgery             | No Charge                             | \$250 Copay                           | \$300 Copay                          | No Charge                            |
| Inpatient Hospital              | No Charge                             | \$500 Copay                           | \$750 Copay                          | No Charge                            |
| Prescription Drugs              | \$0/\$10/\$50/\$100/\$150/\$250 Copay | \$0/\$10/\$50/\$100/\$150/\$250 Copay | \$0/\$10/\$35/\$75/\$150/\$250 Copay | \$0/\$10/\$35/\$75/\$150/\$250 Copay |
| Mail Order Drugs                | 2 x Copay                             | 2 x Copay                             | 2 x Copay                            | 2 x Copay                            |
| <b>Out-of-Network</b>           |                                       |                                       |                                      |                                      |
| Deductible (Ind. / Fam.)        | N/A                                   | N/A                                   | N/A                                  | N/A                                  |
| Co-Insurance                    | N/A                                   | N/A                                   | N/A                                  | N/A                                  |
| Out-of-Pocket Max (Ind. / Fam.) | N/A                                   | N/A                                   | N/A                                  | N/A                                  |
| Copay (Out. / In.)              | N/A                                   | N/A                                   | N/A                                  | N/A                                  |

# Blue Cross and Blue Shield of Texas Master Plan Options



|  | OPTION 1<br>PPO (MTBCP002)                | OPTION 2<br>PPO (MTBCP019)                | OPTION 3<br>PPO (MTBCP026)                | OPTION 4<br>PPO (MTBCB038)                |
|--|---|---|---|---|
| <b>Network</b>                         | Blue Choice PPO                           | Blue Choice PPO                           | Blue Choice PPO                           | Blue Choice PPO                           |
| Deductible (Ind. / Fam.)               | \$500 / \$1,500                           | \$2,000 / \$6,000                         | \$3,000 / \$9,000                         | \$5,000 / \$14,700                        |
| Co-Insurance                           | 0%  | 20%                                       | 30%                                       | 30%                                       |
| Out-of-Pocket Max (Ind. / Fam.)        | \$1,500 / \$4,500                         | \$5,000 / \$14,700                        | \$7,350 / \$14,700                        | \$5,600 / \$14,700                        |
| <b>PCP</b>                             | \$30 Copay                                | \$30 Copay                                | \$50 Copay                                | \$45 Copay                                |
| <b>Specialist</b>                      | \$60 Copay                                | \$60 Copay                                | \$100 Copay                               | \$90 Copay                                |
| <b>Urgent Care</b>                     | \$75 Copay                                | \$75 Copay                                | \$75 Copay                                | \$75 Copay                                |
| <b>Emergency Room</b>                  | \$500 Copay                               | \$500 Copay,<br>then Ded. & Coins.        | \$500 Copay,<br>then Ded. & Coins.        | \$500 Copay,<br>then Ded. & Coins.        |
| <b>Out-Patient Blood/X-Ray</b>         | No Charge                                 | No Charge                                 | No Charge                                 | Ded. & Coins.                             |
| <b>Out-Patient Imaging</b>             | No Charge                                 | Ded. & Coins.                             | Ded. & Coins.                             | Ded. & Coins.                             |
| <b>Out-Patient Surgery</b>             | No Charge                                 | Ded. & Coins.                             | Ded. & Coins.                             | Ded. & Coins.                             |
| <b>Inpatient Hospital</b>              | No Charge                                 | Ded. & Coins.                             | Ded. & Coins.                             | Ded. & Coins.                             |
| <b>Prescription Drugs</b>              | \$0/\$10/\$50/\$100/\$150/<br>\$250 Copay | \$0/\$10/\$50/\$100/\$150/<br>\$250 Copay | \$0/\$10/\$50/\$100/\$150/<br>\$250 Copay | \$0/\$10/\$50/\$100/\$150/<br>\$250 Copay |
| <b>Mail Order Drugs</b>                | 3 x Copay                                 | 3 x Copay                                 | 3 x Copay                                 | 3 x Copay                                 |
| <b>Out-of-Network</b>                  |   |   |   |   |
| <b>Deductible (Ind. / Fam.)</b>        | \$10,000 / \$20,000                       | \$4,000 / \$12,000                        | \$6,000 / \$18,000                        | \$10,000 / \$29,400                       |
| <b>Co-Insurance</b>                    | 50%                                       | 40%                                       | 50%                                       | 50%                                       |
| <b>Out-of-Pocket Max (Ind. / Fam.)</b> | Unlimited                                 | Unlimited                                 | Unlimited                                 | Unlimited                                 |
| <b>Copay (Out. / In.)</b>              | \$0 / \$0                                 | \$0 / \$0                                 | \$0 / \$0                                 | \$0 / \$0                                 |

# Blue Cross and Blue Shield of Texas Master Plan Options



|  | OPTION 5<br>PPO (MTBCB038)                | OPTION 6<br>HDHP / HSA<br>(MTBCP318H) | OPTION 7<br>HDHP / HSA<br>(MTBCP012H)  | OPTION 8<br>HMO (MTBEE011)                |
|--|---|---------------------------------------|--|---|
| <b>Network</b>                         | Blue Choice PPO                           | Blue Choice PPO                       | Blue Choice PPO                        | Blue Essentials HMO                       |
| Deductible (Ind. / Fam.)               | \$5,000 / \$14,700                        | \$3,100 / \$6,200                     | \$5,000 / \$10,000                     | \$1,000 / \$3,000                         |
| Co-Insurance                           | 30%                                       | 0%                                    | 20%                                    | 20%                                       |
| Out-of-Pocket Max (Ind. / Fam.)        | \$5,600 / \$14,700                        | \$3,100 / \$6,200                     | \$6,900 / \$13,800                     | \$4,000 / \$12,000                        |
| <b>PCP</b>                             | \$45 Copay                                | 100% after Ded.                       | Ded. & Coins.                          | \$30 Copay                                |
| <b>Specialist</b>                      | \$90 Copay                                | 100% after Ded.                       | Ded. & Coins.                          | \$60 Copay                                |
| <b>Urgent Care</b>                     | \$75 Copay                                | 100% after Ded.                       | Ded. & Coins.                          | \$75 Copay                                |
| <b>Emergency Room</b>                  | \$500 Copay,<br>then Ded. & Coins.        | 100% after Ded.                       | Ded. & Coins.                          | \$500 Copay,<br>then Ded. & Coins.        |
| <b>Out-Patient Blood/X-Ray</b>         | Ded. & Coins.                             | 100% after Ded.                       | Ded. & Coins.                          | Ded. & Coins.                             |
| <b>Out-Patient Imaging</b>             | Ded. & Coins.                             | 100% after Ded.                       | Ded. & Coins.                          | Ded. & Coins.                             |
| <b>Out-Patient Surgery</b>             | Ded. & Coins.                             | 100% after Ded.                       | Ded. & Coins.                          | Ded. & Coins.                             |
| <b>Inpatient Hospital</b>              | Ded. & Coins.                             | 100% after Ded.                       | Ded. & Coins.                          | Ded. & Coins.                             |
| <b>Prescription Drugs</b>              | \$0/\$10/\$50/\$100/\$150/<br>\$250 Copay | 100% after Ded.                       | 10%/10%/20%/30%/<br>40%/50% after Ded. | \$0/\$10/\$50/\$100/\$150/<br>\$250 Copay |
| <b>Mail Order Drugs</b>                | 3 x Copay                                 | N/A                                   | N/A                                    | 3 x Copay                                 |
| <b>Out-of-Network</b>                  |   |                                       |  |   |
| <b>Deductible (Ind. / Fam.)</b>        | \$10,000 / \$29,400                       | \$6,200 / \$12,400                    | \$10,000 / \$20,000                    | N/A                                       |
| <b>Co-Insurance</b>                    | 50%                                       | 30%                                   | 40%                                    | N/A                                       |
| <b>Out-of-Pocket Max (Ind. / Fam.)</b> | Unlimited                                 | Unlimited                             | Unlimited                              | N/A                                       |
| <b>Copay (Out. / In.)</b>              | \$0 / \$0                                 | \$0 / \$0                             | \$0 / \$0                              | N/A                                       |

# Blue Cross and Blue Shield of Texas Master Plan Options



|  | OPTION 9<br>HMO (MTBEE027)                | OPTION 10<br>HMO (MTBEE040)               | OPTION 11<br>HMO (MTBPA025)               | OPTION 12<br>HMO HSA<br>(MTBPA007H) |
|--|---|---|---|-------------------------------------|
| <b>Network</b>                         | Blue Essentials HMO                       | Blue Essentials HMO                       | Blue Premier HMO                          | Blue Premier HMO                    |
| Deductible (Ind. / Fam.)               | \$3,000 / \$9,000                         | \$5,000 / \$15,000                        | \$3,000 / \$9,000                         | \$5,000 / \$10,000                  |
| Co-Insurance                           | 0%  | 20%                                       | 0%  | 0%                                  |
| Out-of-Pocket Max (Ind. / Fam.)        | \$7,900 / \$15,800                        | \$7,900 / \$15,800                        | \$3,500 / \$10,500                        | \$5,000 / \$10,000                  |
| <b>PCP</b>                             | \$35 Copay                                | \$40 Copay                                | \$35 Copay                                | 100% after Ded.                     |
| <b>Specialist</b>                      | \$70 Copay                                | \$80 Copay                                | \$70 Copay                                | 100% after Ded.                     |
| <b>Urgent Care</b>                     | \$75 Copay                                | \$75 Copay                                | \$75 Copay                                | 100% after Ded.                     |
| <b>Emergency Room</b>                  | \$500 Copay                               | \$500 Copay,<br>then Ded. & Coins.        | \$500 Copay                               | 100% after Ded.                     |
| <b>Out-Patient Blood/X-Ray</b>         | 100% after Ded.                           | Ded. & Coins.                             | 100% after Ded.                           | 100% after Ded.                     |
| <b>Out-Patient Imaging</b>             | 100% after Ded.                           | Ded. & Coins.                             | 100% after Ded.                           | 100% after Ded.                     |
| <b>Out-Patient Surgery</b>             | 100% after Ded.                           | Ded. & Coins.                             | 100% after Ded.                           | 100% after Ded.                     |
| <b>Inpatient Hospital</b>              | 100% after Ded.                           | Ded. & Coins.                             | 100% after Ded.                           | 100% after Ded.                     |
| <b>Prescription Drugs</b>              | \$0/\$10/\$50/\$100/\$150/<br>\$250 Copay | \$0/\$10/\$50/\$100/\$150/<br>\$250 Copay | \$0/\$10/\$50/\$100/\$150/<br>\$250 Copay | 100% after Ded.                     |
| <b>Mail Order Drugs</b>                | 3 x Copay                                 | 3 x Copay                                 | 3 x Copay                                 | N/A                                 |
| <b>Out-of-Network</b>                  |   |   |   |                                     |
| <b>Deductible (Ind. / Fam.)</b>        | N/A                                       | N/A                                       | N/A                                       | N/A                                 |
| <b>Co-Insurance</b>                    | N/A                                       | N/A                                       | N/A                                       | N/A                                 |
| <b>Out-of-Pocket Max (Ind. / Fam.)</b> | N/A                                       | N/A                                       | N/A                                       | N/A                                 |
| <b>Copay (Out. / In.)</b>              | N/A                                       | N/A                                       | N/A                                       | N/A                                 |

## Additional Blue Cross and Blue Shield Member Benefits

As a Blue Cross and Blue Shield member, you also receive access to a wealth of health programs including:

### THE FITNESS PROGRAM

Blue Cross and Blue Shield members and their covered dependents (age 16+) may access a nationwide network of fitness locations for one low monthly fee.

| FITNESS PROGRAM OPTIONS   |                     |       |       |        |        |
|---|---------------------|-------|-------|--------|--------|
|   | Digital Only        | Base  | Core  | Power  | Elite  |
| Monthly Fee   | \$10                | \$19  | \$29  | \$39   | \$99   |
| Gym Facility Network Size   | Digital Access Only | 3,000 | 7,500 | 12,000 | 12,400 |
| <b>\$19 INITIATION FEE (NO INITIATION FEE FOR DIGITAL ONLY OPTIONS)</b> |                     |       |       |        |        |

#### Other perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.
- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

### HEALTH ASSESSMENT

Take our Health Assessment and find out if you're living a healthy lifestyle. Simply answer a few questions and get your wellness report. When you keep track of your goals and monitor your current health status, you have a greater change of seeing those goals through to completion.

The Health Assessment consists of nine parts, which you can complete all at once or over time, as your schedule permits. These parts include questions about your:

- Diet
- Physical activity
- Tobacco use
- Emotional health
- Health at work and on the road



## DISCOUNT PROGRAM – BLUE365

With Blue365, you save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or pre-authorizations. Once you sign up, weekly 'Featured Deals' will be emailed to you. These deals offer special savings for a short period of time.

Below are some examples of the ongoing deals offered through Blue365.

- **EyeMed | Davis Vision.** Save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get savings on laser vision correction.
- **TruHearing® | Beltone™ | Start Hearing Benefits.** You could get savings on hearing tests, evaluations, and hearing aids. Discounts may also be available for your immediate family members.
- **Dental SolutionsSM.** You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts at more than 70,000 dentists and more than 254,000 locations.
- **Jenny Craig® | Sun Basket | Nutrisystem®.** Get help reaching your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), and nutritional products and services.
- **Fitbit®.** You can customize your workout routine with Fitbit's family of trackers and smartwatches that work seamlessly with your lifestyle, your budget and your goals. You'll get a discount on Fitbit devices plus free shipping.
- **Reebok | SKECHERS®.** Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get a discount on select styles. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get additional discounts plus free shipping for your online orders.
- **InVite® Health.** InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value.
- **Livekick.** Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and a discount on a monthly plan with any Live Online Personal Training.
- **eMindful.** Get a discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.



See all the deals and learn more at [blue365deals.com/bcbstx](https://blue365deals.com/bcbstx).



## DIGITAL SELF-MANAGEMENT PROGRAMS

With these Digital Self-Management Programs, you'll get tips and techniques and the resources you'll need to help support your wellness goals in one of two learning formats:

**Interactive programs with learning activities and content that focus on behavioral changes to reinforce healthier habits.**

**Interactive programs include:**

- Managing Your Stress
- Quitting Tobacco
- Achieving Your Healthy Weight
- Maintaining Your Healthy Weight
- Nutrition For Better Health
- Enhancing Your Physical Activity
- Improving Your Blood Pressure
- Improving Your Oral Health
- Improving Your Sleep
- Living With Diabetes
- Staying Tobacco Free
- Financially Fit

**Educational programs that inform about symptoms, treatment options and lifestyle changes.**

**Educational programs include:**

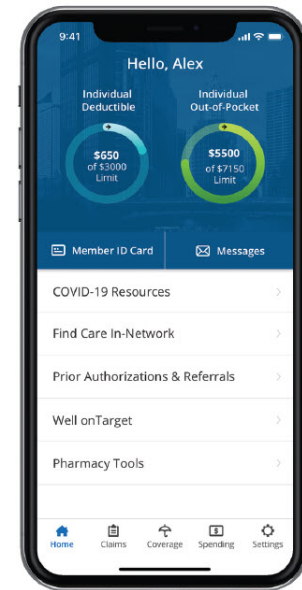
- Healthy Bones and Joints
- Improving Your Cholesterol
- Managing Your Metabolic Syndrome
- Preventative Health: Reducing Your Risks
- Preventing Diabetes
- Living With Asthma
- Living With Chronic Obstructive Pulmonary Disease
- Living With Congestive Heart Failure
- Living With Coronary Artery Disease
- Healthy Pregnancy



## CONVENIENT APP

The Blue Cross and Blue Shield app helps you manage your health wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View or print your member ID card
- Review your benefits and dependent coverage
- Keep track of your deductible and out-of-pocket expenses
- Log in securely with your fingerprint or face recognition
- View your Explanation of Benefits
- Claims, prior authorization or referral updates
- New documents to review
- Secure message notifications
- Find out about new benefits and services



Available in Spanish



## DIABETES & BLOOD PRESSURE MANAGEMENT TOOLS

Manage your diabetes or blood pressure with a Livongo advanced blood glucose meter or blood pressure monitor, 100% paid for by your employer.

### Diabetes Management

- Unlimited strips & lancets
- Connected blood sugar meter
- Personalized insights & more

### Blood Pressure Management

- One-on-one coaching
- Connected monitor
- Real-time tips & more



## ONLINE WELLNESS PORTAL

The Well onTarget Wellness Portal uses the latest technology to give you the tools you need for better health. Your wellness journey begins with a suggested list of activities based on the information you provided in the Health Assessment. Now you have a step-by-step plan to guide you on the way to living your best life.

### The suite of programs and tools include:

- **Digital Self-management Programs:** Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more!
- **Health and Wellness Library:** The health library has useful articles, podcasts and videos on health topics that are important to you.
- **Blue PointsSM Program:** Earn points for wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.
- **Tools and Trackers:** These interactive resources help keep you on track while making wellness fun.
- **Health Assessment:** Answer some questions to learn more about your health and receive a personal wellness report.
- **Fitness and Nutrition Tracking:** Get Blue Points for tracking activity with popular devices and mobile apps.
- **Personal Challenges:** Join a personal challenge to help you reach your goals. There are over 30 challenges, so you can choose the best one to fit your wellness journey. Topics include stress, sleep, physical activity and more!

## HINGE HEALTH

Blue Cross and Blue Shield members also gain access to personalized care for their back, knees, hips, shoulders, or neck at no additional cost. They've reduced pain in these areas 70% or more.



## WEIGHT LOSS PROGRAM

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods.

No points, plans, or counting calories. Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians and is clinically-proven for lasting results.



## VIRTUAL VISITS

When you and your loved ones need medical or behavioral health care, you want care fast. Blue Cross and Blue Shield members have access to virtual visits where the doctor is always in.

Get 24/7 non-emergency care from board-certified doctors and therapists through the phone, online video or mobile app. The average wait time for a consultation is less than 20 minutes and Virtual Visit doctors and therapists send e-prescriptions to your pharmacy so you can quickly be on your way to feeling better.



## Medical Benefits



### WHY AETNA?

As a part of CVS Health®, we're committed to doing more for you and every person we serve. With expert care. Extra support. A simple experience. And that's just the beginning. We can deliver health care in ways no one else can.

Guided by our purpose, CVS Health is building an entire world of health care around each and every person we serve, no matter where they are on their journey. Looking ahead, we've put in place strategies that will help us give more people a higher level of care.

Our holistic approach and unrivaled access to care helps members take charge of their health, on their terms. We engage them with seamless technology solutions, customized programs and resources, and proactive touchpoints along their journey.

### Aetna members receive additional discounts – no claims, referrals or limits for the entire family:

- Fitness program (gym memberships, home fitness, nutrition products)
- Hearing (exams, hearing aids, batteries)
- At home products (BP Monitor, activity trackers, EKG devices)
- Natural products & services (acupuncture, health & wellness products)
- Weight management (programs/ products)
- Vision (eye exams, frames, contact lenses, lasik surgery)
- Oral health care (water flossers, cavity fighting and oral care products)
- LifeMart shopping website (travel, electronics, family care, auto, home, wellness)

# Open Access Managed Choice Plan Options

| Control #237813  | MCOA 750/90%                                 | MCOA 1,000/80%                               | MCOA 1,500/70%                               | MCOA 2,000/80%                               | MCOA 3,000/70%                               | MCOA 5,000/70%                               |
|--|--|--|--|--|--|--|
| Florida Site   | Suffix 10                                    | Suffix 11                                    | Suffix 12                                    | Suffix 13                                    | Suffix 14                                    | Suffix 15                                    |
| EC Portfolio Plan Name                                 | OA MC 750/90%                                | OA MC 1,000/80%                              | OA MC 1,500/70%                              | OA MC 2,000/80%                              | OA MC 3,000/70%                              | OA MC 5,000/70%                              |
| Provider Directory Plan Name                           | Managed Choice* POS (Open Access)            | Managed Choice* POS (Open Access)            | Managed Choice* POS (Open Access)            | Managed Choice* POS (Open Access)            | Managed Choice* POS (Open Access)            | Managed Choice* POS (Open Access)            |
| Available as a PPO?                                    | No   | Yes  | No   | Yes  | Yes  | Yes  |
| PPO Portfolio Plan Name                                | N/A  | PPO 1,000/80%                                | N/A  | PPO 2,000/80%                                | PPO 3,000/70%                                | PPO 5,000/70%                                |
| Provider Directory Plan Name                           | N/A  | Open Choice* PPO                             | N/A  | Open Choice* PPO                             | Open Choice* PPO                             | Open Choice* PPO                             |
| Open Access  | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  |
| ODN Reimbursement                                      | 105%/140%                                    | 105%/140%                                    | 105%/140%                                    | 105%/140%                                    | 105%/140%                                    | 105%/140%                                    |
| HDHP Deductible/POB Style                              | Embedded                                     | Embedded                                     | Embedded                                     | Embedded                                     | Embedded                                     | Embedded                                     |
| Member Services #                                      | 1-800-704-7287                               | 1-800-704-7287                               | 1-800-704-7287                               | 1-800-704-7287                               | 1-800-704-7287                               | 1-800-704-7287                               |
| Plan Website Address                                   | www.aetna.com                                | www.aetna.com                                | www.aetna.com                                | www.aetna.com                                | www.aetna.com                                | www.aetna.com                                |
| CVSH Virtual Care and Virtual Primary Care eligible    | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  |
| <b>IN NETWORK</b>                                      |  |  |  |  |  |  |
| Open Access  | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  |
| Lifetime Max   | Unlimited                                    | Unlimited                                    | Unlimited                                    | Unlimited                                    | Unlimited                                    | Unlimited                                    |
| Deductible/Family Deductible                           | \$0  | \$0  | \$0  | \$0  | \$0  | \$0  |
| Plan Coinsurance                                       | 0%   | 0%   | 0%   | 0%   | 0%   | 0%   |
| Out of Pocket/Family OOP Limit (DED + COINS. + COPAYS) | \$3,000/2x                                   | \$4,500/2x                                   | \$4,500/2x                                   | \$6,850/2x                                   | \$6,850/2x                                   | \$6,850/2x                                   |
| Physician Office Visit                                 | \$25   | \$25   | \$35   | \$30   | \$40   | \$40   |
| Standard Virtual Office Visit (Teladoc)                | \$25   | \$25   | \$35   | \$30   | \$40   | \$40   |
| Specialist Office Visit                                | \$50   | \$50   | \$70   | \$60   | \$80   | \$80   |
| Preventive Services                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    |
| Inpatient Hospital                                     | 10% after ded                                | 20% after ded                                | 30% after ded                                | 20% after ded                                | 30% after ded                                | 30% after ded                                |
| Outpatient Hospital Expenses                           | 10% after ded                                | 20% after ded                                | 30% after ded                                | 20% after ded                                | 30% after ded                                | 30% after ded                                |
| Designated Minute Clinic                               | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services |
| Walk-in Clinic   | \$25   | \$25   | \$35   | \$30   | \$40   | \$40   |
| Emergency  | \$350  | \$350  | \$350  | \$350  | \$350  | \$350  |
| Ambulance  | \$350  | \$350  | \$350  | \$350  | \$350  | \$350  |
| Urgent Care  | \$85   | \$85   | \$85   | \$85   | \$85   | \$85   |
| Maternity - Office Visits / Preventive Services        | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    |
| Maternity - Childbirth/delivery professional services  | Covered                                      | Covered                                      | Covered                                      | Covered                                      | Covered                                      | Covered                                      |
| Maternity - Childbirth/delivery facility services      | 10% after ded                                | 20% after ded                                | 30% after ded                                | 20% after ded                                | 30% after ded                                | 30% after ded                                |
| Diagnostic Bloodwork (Labs)                            | 10% after ded                                | 20% after ded                                | 30% after ded                                | 20% after ded                                | 30% after ded                                | 30% after ded                                |
| Diagnostic X-Ray                                       | 10% after ded                                | 20% after ded                                | 30% after ded                                | 20% after ded                                | 30% after ded                                | 30% after ded                                |
| Complex Medical Imaging                                | 10% after ded                                | 20% after ded                                | 30% after ded                                | 20% after ded                                | 30% after ded                                | 30% after ded                                |
| Chiropractic Care                                      | \$50   | \$50   | \$70   | \$60   | \$80   | \$80   |
| Acupuncture (10 visits Max)                            | \$25   | \$25   | \$35   | \$30   | \$40   | \$40   |
| DME  | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                |
| Bariatric Surgery                                      | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  |
| Advanced Infertility Services                          | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  |
| Rx Deductible  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Rx Deductible Waiver                                   | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Pharmacy - RX Copay Tier                               | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) |
| Tier 1A  | \$3  | \$3  | \$3  | \$3  | \$3  | \$3  |
| Mail Order   | 2x   | 2x   | 2x   | 2x   | 2x   | 2x   |
| Rx Formulary   | Advanced Control - Aetna                     | Advanced Control - Aetna                     | Advanced Control - Aetna                     | Advanced Control - Aetna                     | Advanced Control - Aetna                     | Advanced Control - Aetna                     |
| Meets MA CC (as of January 2023)                       | Yes  | Yes  | Yes  | Yes  | No   | No   |
| <b>OUT OF NETWORK</b>                                  |  |  |  |  |  |  |
| Deductible/Family Deductible                           | 2,250/2x                                     | 3,000/2x                                     | 3,000/3x                                     | 6,000/2.5x                                   | 9,000/2.5x                                   | 10,000/3x                                    |
| Out of Pocket/Family OOP Limit (DED + COINS.)          | 8,000/2x                                     | 9,000/2x                                     | \$9,000/3x                                   | \$14,000/3x                                  | \$14,000/3x                                  | 20,000/3x                                    |
| Physician Office Visit                                 | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                |
| Standard Virtual Office Visit                          | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                |
| Specialist Office Visit                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                |
| Inpatient Hospital                                     | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                |
| Outpatient Hospital                                    | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                |
| Rx Deductible  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Rx Deductible Waiver                                   | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Pharmacy - RX Copay Tier                               | 50% after \$10/45/70                         | 50% after \$10/45/70                         | 50% after \$10/45/70                         | 50% after \$10/45/70                         | 50% after \$10/45/70                         | 50% after \$10/45/70                         |

# Elect Choice EPO Plan Options

| Control #237814  | EPO OA 20/100%                               | EPO OA 30/70%                                | EPO OA 1,000/70%                             | EPO OA 1500/100%                             | EPO OA 3,000/100%                            | EPO OA 5,000/100%                            | EPO OA 6350/100%                             |
|--|--|--|--|--|--|--|--|
| Florida Site   | Suffix 10                                    | Suffix 11                                    | Suffix 12                                    | Suffix 13                                    | Suffix 14                                    | Suffix 15                                    | Suffix 16                                    |
| EC Portfolio Plan Name                                 | EA EPO 0/100%, 20/35                         | EA EPO 0/70%                                 | EA EPO 1,000/70%                             | EA EPO 1500/100%                             | EA EPO 3,000/100%                            | EA EPO 5,000/100%                            | EA EPO 6350/100%                             |
| Provider Directory Plan Name                           | Elect Choice* EPO (Open Access)              | Elect Choice* EPO (Open Access)              | Elect Choice* EPO (Open Access)              | Elect Choice* EPO (Open Access)              | Elect Choice* EPO (Open Access)              | Elect Choice* EPO (Open Access)              | Elect Choice* EPO (Open Access)              |
| Available as a PPO?                                    | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| PPO Portfolio Plan Name                                | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Provider Directory Plan Name                           | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Open Access  | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  |
| ODN Reimbursement                                      | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| HDHP Deductible/POB Style                              | Embedded                                     | Embedded                                     | Embedded                                     | Embedded                                     | Embedded                                     | Embedded                                     | Embedded                                     |
| Member Services #                                      | 1-800-704-7287                               | 1-800-704-7287                               | 1-800-704-7287                               | 1-800-704-7287                               | 1-800-704-7287                               | 1-800-704-7287                               | 1-800-704-7287                               |
| Plan Website Address                                   | www.aetna.com                                | www.aetna.com                                | www.aetna.com                                | www.aetna.com                                | www.aetna.com                                | www.aetna.com                                | www.aetna.com                                |
| CVSH Virtual Care and Virtual Primary Care eligible    | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  |
| <b>IN NETWORK</b>                                      |  |  |  |  |  |  |  |
| Open Access  | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  | Yes  |
| Lifetime Max   | Unlimited                                    | Unlimited                                    | Unlimited                                    | Unlimited                                    | Unlimited                                    | Unlimited                                    | Unlimited                                    |
| Deductible/Family Deductible                           | \$0  | \$0  | \$1,000/2x                                   | 1,500/2x                                     | \$3,000/2x                                   | \$5,000/2x                                   | 6,850/2x                                     |
| Plan Coinsurance                                       | 0%   | 30%  | 30%  | 0%   | 0%   | 0%   | 0%   |
| Out of Pocket/Family OOP Limit (DED + COINS. + COPAYS) | \$3,000/2x                                   | \$5,000/2x                                   | \$5,000/2x                                   | \$5,000/2x                                   | \$5,500/2x                                   | \$7,350/2x                                   | \$7,900/2x                                   |
| Physician Office Visit                                 | \$20   | \$30   | \$30   | \$30   | \$35   | \$35   | \$40   |
| Standard Virtual Office Visit (Teladoc)                | \$20   | \$30   | \$30   | \$30   | \$35   | \$35   | \$40   |
| Specialist Office Visit                                | \$40   | \$60   | \$60   | \$60   | \$70   | \$70   | \$80   |
| Preventive Services                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    |
| Inpatient Hospital                                     | \$300 Copay then 0%                          | \$750 Copay then 30%                         | 30% after ded                                | \$300/day, 5 days, then 0% after ded         | \$600 Copay then 0% after ded                | \$200/day, 3 days, after deductible          | 0% after ded                                 |
| Outpatient Hospital Expenses                           | 0%   | 30%  | 30% after ded                                | 0% after ded                                 | 0% after ded                                 | 0% after ded                                 | 0% after ded                                 |
| Designated Minute Clinic                               | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services |
| Walk-in Clinic   | \$20   | \$30   | \$30   | \$30   | \$35   | \$35   | \$40   |
| Emergency  | \$350  | \$350  | \$350  | \$350  | \$350  | \$350  | 0% after ded                                 |
| Ambulance  | 0% No ded                                    | \$350  | \$350  | \$350  | \$350  | \$350  | 0% after ded                                 |
| Urgent Care  | \$85   | \$85   | \$85   | \$85   | \$85   | \$85   | \$85   |
| Maternity - Office Visits / Preventive Services        | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    |
| Maternity - Childbirth/delivery professional services  | Covered                                      | Covered                                      | Covered                                      | Covered                                      | Covered                                      | Covered                                      | Covered                                      |
| Maternity - Childbirth/delivery facility services      | \$300 Copay then 0%                          | \$750 Copay then 30%                         | 30% after ded                                | \$300/day, 5 days, then 0% after ded         | \$600 Copay then 0% after ded                | \$500/day, 3 days, after deductible          | 0% after ded                                 |
| Diagnostic Bloodwork (Labs)                            | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    | No Charge                                    |
| Diagnostic X-Ray                                       | 0%   | 30%  | 30% after ded                                | 0% after ded                                 | 0% after ded                                 | 0% after ded                                 | 0% after ded                                 |
| Complex Medical Imaging                                | \$250  | \$250  | 30% after ded                                | 0% after ded                                 | 0% after ded                                 | 0% after ded                                 | 0% after ded                                 |
| Chiropractic Services                                  | \$40   | \$60   | \$60   | \$60   | \$70   | \$70   | \$80   |
| Acupuncture (10 visits Max)                            | \$20   | \$30   | \$30   | \$30   | \$35   | \$35   | \$40   |
| DME  | 50%  | 50%  | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded                                |
| Bariatric Surgery                                      | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  |
| Advanced Infertility Services                          | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage                                  |
| Rx Deductible  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Rx Deductible Waiver                                   | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Pharmacy - RX Copay Tier                               | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) |
| Tier 1A  | \$3  | \$3  | \$3  | \$3  | \$3  | \$3  | \$3  |
| Mail Order   | 2x   | 2x   | 2x   | 2x   | 2x   | 2x   | 2x   |
| Rx Formulary   | Advance Control - Aetna                      | Advance Control - Aetna                      | Advance Control - Aetna                      | Advance Control - Aetna                      | Advance Control - Aetna                      | Advance Control - Aetna                      | Advance Control - Aetna                      |
| Meets MA CC (as of Jan. 2023)                          | Yes  | Yes  | Yes  | Yes  | No   | No   | No   |
| <b>OUT OF NETWORK</b>                                  |  |  |  |  |  |  |  |
| Deductible/Family Deductible                           | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Out of Pocket/Family OOP Limit (DED + COINS.)          | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Physician Office Visit                                 | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Standard Virtual Office Visit                          | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Specialist Office Visit                                | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Inpatient Hospital                                     | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Outpatient Hospital                                    | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Rx Deductible  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Rx Deductible Waiver                                   | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Pharmacy - RX Copay Tier                               | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  |

# OAMC / EPO HDHP Plan Options



# Trad PPO Plan Options



| Control #237815  | MC OA HDHP 3,250/80%   | MC OA HDHP 4,000/80%   | MC OA HDHP 6,350/100%   | EPO OA HDHP \$3,500/80%  | EPO OA HDHP 5,000/80%  | EPO OA HDHP \$6,000/80%  |
|--|--|--|---|--|--|--|
| Florida Suffix   | Suffix 10  | Suffix 11  | Suffix 12   | Suffix 20  | Suffix 21  | Suffix 22  |
| MC Portfolio Plan Name                                 | OA MC HDHP 3,250/80%   | OA MC HDHP 4,000/80%   | OA MC HDHP 6,350/100%   | OA EPO HDHP \$3,500/80%  | OA EPO HDHP 5,000/80%  | OA EPO HDHP \$6,000/80%  |
| Provider Directory Plan Name                           | Managed Choice® POS (Open Access)                              | Managed Choice® POS (Open Access)                              | Managed Choice® POS (Open Access)                                     | Elect Choice® EPO (Open Access)                                | Elect Choice® EPO (Open Access)                                | Elect Choice® EPO (Open Access)                                |
| Available as a PPO?                                    | Yes  | Yes  | No  | N/A  | N/A  | N/A  |
| PPO Portfolio Plan Name                                | PPO HDHP 3,250/90%   | PPO HDHP 4,000/80%   | N/A   | N/A  | N/A  | N/A  |
| Provider Directory Plan Name                           | Open Choice® PPO   | Open Choice® PPO   | N/A   | N/A  | N/A  | N/A  |
| Open Access  | Yes  | Yes  | Yes   | Yes  | Yes  | Yes  |
| ODN Reimbursement                                      | 105%/140%  | 105%/140%  | 105%/140%   | N/A  | N/A  | N/A  |
| HDHP Deductible/COOP Style                             | Embedded   | Embedded   | Embedded  | Embedded   | Embedded   | Embedded   |
| Member Services #                                      | 1-800-704-7287   | 1-800-704-7287   | 1-800-704-7287  | 1-800-704-7287   | 1-800-704-7287   | 1-800-704-7287   |
| Plan Website Address                                   | www.aetna.com  | www.aetna.com  | www.aetna.com   | www.aetna.com  | www.aetna.com  | www.aetna.com  |
| CVSH Virtual Care and Virtual Primary Care eligible    | Yes  | Yes  | Yes   | Yes  | Yes  | Yes  |
| <b>IN NETWORK</b>                                      |  |  |   |  |  |  |
| Open Access  | Yes  | Yes  | Yes   | Yes  | Yes  | Yes  |
| Lifetime Max   | Unlimited  | Unlimited  | Unlimited   | Unlimited  | Unlimited  | Unlimited  |
| Deductible/Family Deductible                           | 3,250/2x   | 4,000/2x   | 6,350/2x  | 3,500/2x   | 5,000/2x   | 6,000/2x   |
| Plan Coinsurance                                       | 10%  | 20%  | 0%  | 20%  | 20%  | 20%  |
| Out of Pocket/Family OOP Limit (DED + COINS. + COPAYS) | \$5,500/2x   | \$6,850/2x   | \$350/2x  | \$6,500/2x   | \$6,850/2x   | \$6,500/2x   |
| Physician Office Visit                                 | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Standard Virtual Office Visit (Teladoc)                | \$56 consult fee until deductible is met, then 20% coinsurance | \$56 consult fee until deductible is met, then 20% coinsurance | \$56 consult fee until deductible is met, then 20% coinsurance        | \$56 consult fee until deductible is met, then 20% coinsurance | \$56 consult fee until deductible is met, then 20% coinsurance | \$56 consult fee until deductible is met, then 20% coinsurance |
| Specialist Office Visit                                | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Preventive Services                                    | No Charge  | No Charge  | No Charge   | No Charge  | No Charge  | No Charge  |
| Inpatient Hospital                                     | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Outpatient Hospital Expenses                           | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Designated Minute Clinic                               | \$0 access to covered Minute Clinic Services after ded         | \$0 access to covered Minute Clinic Services after ded         | \$0 access to covered Minute Clinic Services after ded                | \$0 access to covered Minute Clinic Services after ded         | \$0 access to covered Minute Clinic Services after ded         | \$0 access to covered Minute Clinic Services after ded         |
| Walk-in Clinic   | 20% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Emergency  | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Ambulance  | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Urgent Care  | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Maternity - Office Visits / Preventive Services        | No Charge  | No Charge  | No Charge   | No Charge  | No Charge  | No Charge  |
| Maternity - Childbirth/delivery professional services  | Covered  | Covered  | Covered   | Covered  | Covered  | Covered  |
| Maternity - Childbirth/delivery facility services      | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Diagnostic Bloodwork (Labs)                            | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Diagnostic X-Ray                                       | 20% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Complex Medical Imaging                                | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Chiropractic Care                                      | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| Acupuncture (10 visits Max)                            | 10% after ded  | 20% after ded  | 0% after ded  | 20% after ded  | 20% after ded  | 20% after ded  |
| DME  | 50% after ded  | 50% after ded  | 50% after ded   | 50% after ded  | 50% after ded  | 50% after ded  |
| Bariatric Surgery                                      | No Coverage  | No Coverage  | No Coverage   | No Coverage  | No Coverage  | No Coverage  |
| Advanced Infertility Services                          | No Coverage  | No Coverage  | No Coverage   | No Coverage  | No Coverage  | No Coverage  |
| Rx Deductible  | Medical ded applies, waived for preventive medications         | Medical ded applies, waived for preventive medications         | Medical ded applies, waived for preventive medications                | Medical ded applies, waived for preventive medications         | Medical ded applies, waived for preventive medications         | Medical ded applies, waived for preventive medications         |
| Rx Deductible Waiver                                   | N/A  | N/A  | N/A   | N/A  | N/A  | N/A  |
| Pharmacy - RX Copay Tier                               | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max)                   | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max)                   | \$0 Copay, Subject to Medical Deductible and OOP                      | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max)                   | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max)                   | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max)                   |
| Tier 1A  | \$3  | \$3  | 0% after ded (Preventive Care drugs covered at 0%, Deductible Waived) | \$3  | \$3  | \$3  |
| Mail Order   | 2x   | 2x   | 2x  | 2x   | 2x   | 2x   |
| Rx Formulary   | Advanced Control - Aetna                                       | Advanced Control - Aetna                                       | Advanced Control - Aetna  | Advanced Control - Aetna                                       | Advanced Control - Aetna                                       | Advanced Control - Aetna                                       |
| Meets MA CC (as of January 2023)                       | Yes  | Yes  | Yes   | Yes  | Yes  | Yes  |
| <b>OUT OF NETWORK</b>                                  |  |  |   |  |  |  |
| Deductible/Family Deductible                           | 6,000/2x   | \$8,000/2x   | \$14,000/2x   | N/A  | N/A  | N/A  |
| Out of Pocket/Family OOP Limit (DED + COINS.)          | \$12,000/2x  | \$14,000/2x  | \$21,000/2x   | N/A  | N/A  | N/A  |
| Physician Office Visit                                 | 50% after ded  | 50% after ded  | 50% after ded   | N/A  | N/A  | N/A  |
| Standard Virtual Office Visit                          | 50% after ded  | 50% after ded  | 50% after ded   | N/A  | N/A  | N/A  |
| Specialist Office Visit                                | 50% after ded  | 50% after ded  | 50% after ded   | N/A  | N/A  | N/A  |
| Inpatient Hospital                                     | 50% after ded  | 50% after ded  | 50% after ded   | N/A  | N/A  | N/A  |
| Outpatient Hospital                                    | 50% after ded  | 50% after ded  | 50% after ded   | N/A  | N/A  | N/A  |
| Rx Deductible  | N/A  | N/A  | N/A   | N/A  | N/A  | N/A  |
| Rx Deductible Waiver                                   | N/A  | N/A  | N/A   | N/A  | N/A  | N/A  |
| Pharmacy - RX Copay Tier                               | 50% after \$10/45/70   | 50% after \$10/45/70 after ded                                 | 50% after ded   | N/A  | N/A  | N/A  |

| Control #237816  | CMed/Indemnity 1,000/80%                                       | PPO 1,000/80%                                | PPO 2,000/80%                                | PPO 5,000/70%                                | PPO HDHP 3,250/90%   |
|--|--|--|--|--|--|
| Florida Suffix   | Suffix 10  | Suffix 11                                    | Suffix 12                                    | Suffix 13                                    | Suffix 20  |
| MC Portfolio Plan Name                                 | CMed 1,000/80%   | OA MC 1,000/80%                              | DA MC 2,000/80%                              | DA MC 5,000/70%                              | DA MC HDHP 3,250/90%   |
| Provider Directory Plan Name                           | N/A  | Managed Choice® POS (Open Access)            | Managed Choice® POS (Open Access)            | Managed Choice® POS (Open Access)            | Managed Choice® POS (Open Access)                              |
| Available as a PPO?                                    | No   | Yes  | Yes  | Yes  | Yes  |
| PPO Portfolio Plan Name                                | N/A  | PPO 1,000/80%                                | PPO 2,000/80%                                | PPO 5,000/70%                                | PPO HDHP 3,250/90%   |
| Provider Directory Plan Name                           | N/A  | Open Choice® PPO                             | Open Choice® PPO                             | Open Choice® PPO                             | Open Choice® PPO   |
| Open Access  | No   | Yes  | Yes  | Yes  | Yes  |
| ODN Reimbursement                                      | 105%/140%  | 105%/140%                                    | 105%/140%                                    | 105%/140%                                    | 105%/140%  |
| HDHP Deductible/COOP Style                             | Embedded   | Embedded                                     | Embedded                                     | Embedded                                     | Embedded   |
| Member Services #                                      | 1-800-704-7287   | 1-800-704-7287                               | 1-800-704-7287                               | 1-800-704-7287                               | 1-800-704-7287   |
| Plan Website Address                                   | www.aetna.com  | www.aetna.com                                | www.aetna.com                                | www.aetna.com                                | www.aetna.com  |
| CVSH Virtual Care and Virtual Primary Care eligible    | No   | Yes  | Yes  | Yes  | Yes  |
| <b>IN NETWORK</b>                                      |  |  |  |  |  |
| Open Access  | Yes  | Yes  | Yes  | Yes  | Yes  |
| Lifetime Max   | Unlimited  | Unlimited                                    | Unlimited                                    | Unlimited                                    | Unlimited  |
| Deductible/Family Deductible                           | 1,000/2x   | 1,000/2x                                     | 2,000/2x                                     | 5,000/2x                                     | 3,250/2x   |
| Plan Coinsurance                                       | 20%  | 20%  | 20%  | 30%  | 10%  |
| Out of Pocket/Family OOP Limit (DED + COINS. + COPAYS) | \$4,500/2x   | \$4,500/2x                                   | \$6,850/2x                                   | \$6,850/2x                                   | \$5,500/2x   |
| Physician Office Visit                                 | 20% after ded  | \$25   | \$30   | \$40   | 10% after ded  |
| Standard Virtual Office Visit (Teladoc)                | \$56 consult fee until deductible is met, then 20% coinsurance | \$25   | \$30   | \$40   | \$56 consult fee until deductible is met, then 20% coinsurance |
| Specialist Office Visit                                | 20% after ded  | \$50   | \$60   | \$80   | 10% after ded  |
| Preventive Services                                    | No Charge  | No Charge                                    | No Charge                                    | No Charge                                    | No Charge  |
| Inpatient Hospital                                     | 20% after ded  | 20% after ded                                | 20% after ded                                | 30% after ded                                | 10% after ded  |
| Outpatient Hospital Expenses                           | 20% after ded  | 20% after ded                                | 20% after ded                                | 30% after ded                                | 10% after ded  |
| Designated Minute Clinic                               | 20% after ded  | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services | \$0 access to covered Minute Clinic Services                   |
| Walk-in Clinic   | 20% after ded  | \$25   | \$30   | \$40   | 10% after ded  |
| Emergency  | 20% after ded  | \$350  | \$350  | \$350  | 10% after ded  |
| Ambulance  | 20% after ded  | \$350  | \$350  | \$350  | 10% after ded  |
| Urgent Care  | 20% after ded  | \$85   | \$85   | \$85   | 10% after ded  |
| Maternity - Office Visits / Preventive Services        | No Charge  | No Charge                                    | No Charge                                    | No Charge                                    | No Charge  |
| Maternity - Childbirth/delivery professional services  | Covered  | Covered                                      | Covered                                      | Covered                                      | Covered  |
| Maternity - Childbirth/delivery facility services      | 20% after ded  | 20% after ded                                | 20% after ded                                | 30% after ded                                | 10% after ded  |
| Diagnostic Bloodwork (Labs)                            | 20% after ded  | 20% after ded                                | 20% after ded                                | 30% after ded                                | 10% after ded  |
| Diagnostic X-Ray                                       | 20% after ded  | 20% after ded                                | 20% after ded                                | 30% after ded                                | 10% after ded  |
| Complex Medical Imaging                                | 20% after ded  | 20% after ded                                | 20% after ded                                | 30% after ded                                | 10% after ded  |
| Chiropractic Care                                      | 20% after ded  | \$50   | \$60   | \$80   | 10% after ded  |
| Acupuncture (10 visits Max)                            | 20% after ded  | \$25   | \$30   | \$40   | 10% after ded  |
| DME  | 50% after ded  | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded  |
| Bariatric Surgery                                      | No Coverage  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage  |
| Advanced Infertility Services                          | No Coverage  | No Coverage                                  | No Coverage                                  | No Coverage                                  | No Coverage  |
| Rx Deductible  | N/A  | N/A  | N/A  | N/A  | Medical ded applies, waived for preventive medications         |
| Rx Deductible Waiver                                   | N/A  | N/A  | N/A  | N/A  | N/A  |
| Pharmacy - RX Copay Tier                               | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max)                   | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max) | \$10/45/70/30% (\$300 Max) / 50% (\$500 Max)                   |
| Tier 1A  | \$3  | \$3  | \$3  | \$3  | \$3  |
| Mail Order   | 2x   | 2x   | 2x   | 2x   | 2x   |
| Rx Formulary   | Advanced Control - Aetna                                       | Advanced Control - Aetna                     | Advanced Control - Aetna                     | Advanced Control - Aetna                     | Advanced Control - Aetna                                       |
| Meets MA CC (as of January 2023)                       | Yes  | Yes  | Yes  | No   | Yes  |
| <b>OUT OF NETWORK</b>                                  |  |  |  |  |  |
| Deductible/Family Deductible                           | 1,000/2x   | 3,000/2x                                     | 6,000/2.5x                                   | 10,000/3x                                    | 6,000/2x   |
| Out of Pocket/Family OOP Limit (DED + COINS.)          | \$4,500/2x   | 9,000/2x                                     | \$14,000/3x                                  | 20,000/3x                                    | \$12,000/2x  |
| Physician Office Visit                                 | 20% after ded  | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded  |
| Standard Virtual Office Visit                          | 20% after ded  | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded  |
| Specialist Office Visit                                | 20% after ded  | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded  |
| Inpatient Hospital                                     | 20% after ded  | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded  |
| Outpatient Hospital                                    | 20% after ded  | 50% after ded                                | 50% after ded                                | 50% after ded                                | 50% after ded  |
| Rx Deductible  | N/A  | N/A  | N/A  | N/A  | N/A  |
| Rx Deductible Waiver                                   | N/A  | N/A  | N/A  | N/A  | N/A  |
| Pharmacy - RX Copay Tier                               | 20% after \$10/45/70   | 50% after \$10/45/70                         | 50% after \$10/45/70                         | 50% after \$10/45/70                         | 50% after \$10/45/70   |

# Dental Insurance

|                                  | HIGH PLAN                     |                        | LOW PLAN                      |                        | HMO                 |
|----------------------------------|-------------------------------|------------------------|-------------------------------|------------------------|---------------------|
|                                  | NETWORK                       | NON-NETWORK            | NETWORK                       | NON-NETWORK            | NETWORK             |
| Deductible                       | \$50<br>(3 per family)        | \$50<br>(3 per family) | \$50<br>(3 per family)        | \$50<br>(3 per family) | \$5 Copay           |
| <b>COINSURANCE</b>               |                               |                        |                               |                        |                     |
| Preventive                       | 100%                          | 100%                   | 100%                          | 80%                    | Scheduled Fees      |
| Basic                            | 80%                           | 80%                    | 80%                           | 80%                    |                     |
| Major                            | 50%                           | 50%                    | 50%                           | 50%                    |                     |
| Orthodontia<br>(Child and Adult) | 50%                           | 50%                    | 50%                           | 50%                    |                     |
| <b>ANNUAL MAXIMUM</b>            | \$2,000                       |                        | \$1,500                       | \$1,000                | Unlimited           |
| <b>ORTHODONTIA<br/>MAXIMUM*</b>  | \$2,000<br>(Lifetime Maximum) |                        | \$1,000<br>(Lifetime Maximum) |                        | Discounts Available |
| <b>RATES</b>                     |                               |                        |                               |                        |                     |
| Single                           | \$41.24                       |                        | \$31.65                       |                        | \$19.10             |
| EE + Spouse                      | \$83.71                       |                        | \$62.66                       |                        | N/A                 |
| EE + Children                    | \$106.80                      |                        | \$79.40                       |                        | \$34.53             |
| Family                           | \$159.38                      |                        | \$119.35                      |                        | \$55.86             |
| <b>MAX ROLLOVER</b>              |                               |                        |                               |                        |                     |
| Threshold                        | \$800                         |                        | \$500                         |                        | N/A                 |
| Rollover Amount                  | \$400                         |                        | \$250                         |                        |                     |
| Rollover Bonus<br>Amount         | \$600                         |                        | \$350                         |                        |                     |
| Account Limit                    | \$1,500                       |                        | \$1,000                       |                        |                     |

# Vision Insurance

|   | HIGH PLAN                           |   | LOW PLAN                            |   |
|---|-------------------------------------|---|-------------------------------------|---|
|   | NETWORK                             | NON-NETWORK   | NETWORK                             | NON-NETWORK   |
| <b>FREQUENCY</b>  |                                     |   |                                     |   |
| Exam  | Once 12 Months                      |   | Once 12 Months                      |   |
| Lenses or Contact Lenses  | Once 12 Months                      |   | Once 12 Months                      |   |
| Frames  | Once 12 Months                      |   | Once 24 Months                      |   |
|   | NETWORK                             | NON-NETWORK   | NETWORK                             | NON-NETWORK   |
| <b>Exam</b>   | \$10 Copay                          | \$50 Allowance  | \$10 Copay                          | \$50 Allowance  |
| <b>Frames</b>   | \$150 Allowance,<br>20% off balance | \$48 Allowance  | \$130 Allowance,<br>20% off balance | \$48 Allowance  |
| <b>Basic Lenses:</b><br>Single<br>Bifocal<br>Trifocal<br>Lenticular | \$25 Copay                          | \$48 Allowance<br>\$67 Allowance<br>\$86 Allowance<br>\$126 Allowance | \$15 Copay                          | \$48 Allowance<br>\$67 Allowance<br>\$86 Allowance<br>\$126 Allowance |
| <b>Contact Lenses:</b><br>Conventional/Elective                     | \$150 Allowance                     | \$210/\$120<br>Allowances   | \$130 Allowance                     | \$210/\$120<br>Allowances   |
| <b>RATES</b>  |                                     |   |                                     |   |
| Single  | \$5.11                              |   | \$4.71                              |   |
| EE + Spouse   | \$9.09                              |   | \$8.38                              |   |
| EE + Children   | \$9.31                              |   | \$8.58                              |   |
| Family  | \$14.05                             |   | \$12.95                             |   |





## Your 401(K) Plan Made Easy

**Eligibility** | Immediate to One Year, based on client option.

**Plan Entry** | The first day of the month, following satisfaction of eligibility requirements.

**Employer Contribution** | Clients may choose a deferral-only plan or a plan design that allows employer matching contributions or profit sharing contributions on a per payroll basis or on a discretionary basis at year-end.

**Vesting** | Client may choose among Immediate, 3-Year Cliff, 5-Year Graded, or 6-Year Graded vesting schedules.

**Employee Contribution** | The deferral limit for 2022 is \$20,500. Employees age 50 and older may make an additional \$6,500 catch-up contribution. The minimum deferral is 1% of compensation, the maximum deferral is 90% of compensation. Contributions by owners and their direct relatives and employees earning over \$135,000 in 2021 may be limited as they may be deemed "highly compensated employees."

**Deferral Changes** | Changes to deferral percentages may be made on a daily basis during the plan year once enrolled. A participant may stop deferrals at any time. Changes may be submitted online or via a change form and must be submitted prior to the payroll for which the change is requested.

**Investment Changes** | Participants may change investment elections or transfer current holdings between funds every business day.

**Retirement Age** | The plan document recognizes 65.00 years of age for normal retirement. Participants may also take an in-service distribution of their vested account balance at age 59 ½.

**Reporting** | Quarterly statements are mailed to participants and daily statements are available online.

**Loans** | Participants may borrow up to 50% of their vested account balance, with the loan amount not to exceed \$50,000 less the highest outstanding loan balance in the last 12 months. The minimum loan amount is \$1,000. The maximum duration is 15 years for loans to finance the purchase of a primary residence and 5 years for all other loans. No prepayment penalties apply. Participants may have one loan outstanding at a time.

**Distributions** | Distributions are available at retirement, in the event of long-term disability, or upon termination of employment from your work-site. Hardship withdrawals for an immediate and pressing financial need are also available. Restrictions exist and proper documentation is required. Participants may also take an in-service distribution of their vested account balance at age 59 ½. Distributions are taxable and may also be subject to an early withdrawal penalty.

| <b>TANDEM PLAN SPONSOR EXPENSE REIMBURSEMENT FEES*</b>   |   |
|--|---|
| <i>Covers Tandem administrative services, Advisor/Consulting services, and yearly 5500/Audit</i> |   |
|  | Based on Adopting Employer Plan Balance |
| First \$1m   | .22%                                    |
| Assets \$1m - \$2m   | .19%                                    |
| Assets Over \$2m   | .15%                                    |
| <b>BlueStar Recordkeeping/Asset Charge*</b>  | Based on Adopting Employer Plan Balance |
| First \$500k   | .25%                                    |
| Assets \$500k - \$1m   | .20%                                    |
| Assets \$1m - \$3m   | .15%                                    |
| Assets \$3m - \$5m   | .10%                                    |
| Assets Over \$5m   | .05%                                    |
| <b>ACCOUNT FEE:</b>  | <b>\$24 per account</b>                 |
| <b>Transaction Fees</b>  |   |
| Termination Distributions  | \$100 per event                         |
| Withdrawals  | \$50 per event                          |
| Loan Originations  | \$100 per event                         |
| Loan Maintenance   | \$50 per year                           |

*\*Fees are automatically deducted against participant account balances on a quarterly basis or per event for activity fees.. Some fees may be direct billed to the adopting employer if requested by the adopting employer.*

### RECORD-KEEPING AND THIRD PARTY ADMINISTRATIVE SERVICES PROVIDED BY:





## Employer-Paid Group Life Insurance

### 5 PLAN OPTIONS

Option 1: Flat \$20,000

Option 2: Flat \$25,000

Option 3: Flat \$50,000

Option 4: 100% of salary to a maximum of \$150,000

Option 5: 200% of salary to a maximum of \$300,000

## Disability Insurance

### EMPLOYER-PAID SHORT-TERM DISABILITY

|  | SHORT-TERM DISABILITY (STD) 1 | SHORT-TERM DISABILITY (STD) 3 | SHORT-TERM DISABILITY (STD) 5 | SHORT-TERM DISABILITY (STD) 7 |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <b>Elimination Period</b>                  |                               |                               |                               |                               |
| Accident                                   | 7 Days                        | 7 Days                        | 7 Days                        | 7 Days                        |
| Sickness                                   | 7 Days                        | 7 Days                        | 7 Days                        | 7 Days                        |
| <b>Benefit Percentage</b>                  | 60% of Weekly Salary          | 60% of Weekly Salary          | 60% of Weekly Salary          | 60% of Weekly Salary          |
| <b>Benefit Maximum</b>                     | \$1,000 per Week              | \$1,000 per Week              | \$2,500 per Week              | \$2,500 per Week              |
| <b>Maximum Benefit Duration</b>            | 12 Weeks                      | 25 Weeks                      | 12 Weeks                      | 25 Weeks                      |
| <b>Pre-Existing Condition Restrictions</b> | N/A                           | N/A                           | N/A                           | N/A                           |
| <b>Rate per \$10</b>                       | \$0.228                       | \$0.296                       | \$0.250                       | \$0.322                       |

### EMPLOYER-PAID LONG-TERM DISABILITY

|  | LONG-TERM DISABILITY (LTD) 1 & 2   | LONG-TERM DISABILITY (LTD) 3 & 4   | LONG-TERM DISABILITY (LTD) 5 & 6   | LONG-TERM DISABILITY (LTD) 7 & 8   |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <b>Elimination Period</b>                  | 90 Days                            | 90 Days                            | 180 Days                           | 180 Days                           |
| <b>Benefit Percentage</b>                  | 60% of Monthly Salary              | 60% of Monthly Salary              | 60% of Monthly Salary              | 60% of Monthly Salary              |
| <b>Benefit Maximum</b>                     | \$5,000 per Month                  | \$10,000 per Month                 | \$5,000 per Month                  | \$10,000 per Month                 |
| <b>Maximum Benefit Duration</b>            | Up to SSNRA                        | Up to SSNRA                        | Up to SSNRA                        | Up to SSNRA                        |
| <b>Pre-Existing Condition Restrictions</b> | 3 Months Prior/<br>12 Months After | 3 Months Prior/<br>12 Months After | 3 Months Prior/<br>12 Months After | 3 Months Prior/<br>12 Months After |
| <b>Definition of Disability</b>            | 2 year Own-Occ                     | 2 year Own-Occ                     | 2 year Own-Occ                     | 2 year Own-Occ                     |
| <b>Rate per \$100 for Employer Paid</b>    | \$0.293                            | \$0.312                            | \$0.231                            | \$0.250                            |



# Health Savings Accounts (HSA)

## What are the benefits of a health savings account?

HSAs are tax-advantaged accounts that help people save and pay for qualified medical expenses.

### Benefits include:

- Contributions are pre-tax or tax deductible
- Earnings are income tax-free
- You can make income tax-free withdrawals for qualified medical expenses
- You can carry over unused available funds from year to year
- The HSA is yours to keep even if you change jobs, change health plans, or retire

### Who qualifies for an HSA?

To open an HSA, you must have a qualifying high-deductible health plan (HDHP) and meet other IRS eligibility requirements, unless an exception applies.

- You cannot be covered by any other health plan that is not an HDHP
- You cannot be currently enrolled in Medicare or TRICARE
- You cannot be claimed as dependent on another individual's tax return

### Employees can use HSA funds:

- To pay for qualified medical, dental, vision and prescription drug expenses, including certain over-the-counter drugs and medications, as defined in IRS Publications 502 and 969.
- As supplemental income after age 65. Once an employee is 65, they can withdraw funds for any reason without paying a penalty, but they will be subject to ordinary income tax. If they are under age 65 and use HSA funds for non-qualified expenses, they will need to pay taxes on the money they withdraw, as well as an additional 20% penalty.

| 2023 IRS HSA CONTRIBUTION LIMITS   |   |
|--|---|
| HSA contribution limit (employer + employee)   | <ul style="list-style-type: none"> <li>• Self-only : \$3,850</li> <li>• Family : \$7,750</li> </ul> |
| HSA catch-up contributions (age 55 or older)   | <ul style="list-style-type: none"> <li>• \$1,000</li> </ul>   |
| HDHP minimum deductibles   | <ul style="list-style-type: none"> <li>• Self-only: \$1,400</li> <li>• Family: \$2,800</li> </ul>   |
| HDHP maximum out-of-pocket amounts (deductibles, co-payments and other amounts but not premiums) | <ul style="list-style-type: none"> <li>• Self-only: \$7,050</li> <li>• Family: \$14,100</li> </ul>  |

*Any remaining available balance automatically rolls over year-to-year and as the employee is the owner of the HSA, they may continue to maintain the account if they change employers. The funds are theirs to keep.*



# Flexible Spending Accounts (FSA)

## What are the benefits of a flexible spending account?

Save and pay for eligible health care expenses the smart way through a pre-tax dollar FSA account.

### Lowering employee taxes.

When employees contribute to an FSA, they are setting aside pre-tax dollars in their FSA. Whenever they need to pay out-of-pocket for eligible health care costs, they just use their payment card.

### Employees can access funds immediately.

The money employees choose to put into their FSA is available to them on the first day of their plan year. They don't have to wait until their FSA balance grows to pay for eligible expenses.

### The "use it or lose it" rule.

The "use it or lose it" rule means that employees will lose any money left in their account at the end of the plan year. Be sure to encourage employees to use all of their FSA funds. But, even if some funds are left in their account at the end of the year, they may still come out ahead due to tax savings.

### It's the employee's choice.

### They decide how much to contribute.

With an FSA, employees choose how much to contribute. We help them to plan ahead, by providing a sample list of anticipated healthcare expenses for the coming year during the enrollment process.

### Employees may be able to use their FSA to pay for:

- Alcohol and drug addiction inpatient treatment
- Breast reconstruction surgery following a mastectomy or cancer
- (Certain) over-the-counter drugs and medications
- Dental treatment
- Diagnostic tests and devices
- Doctor's visits
- Eye exams
- Eyeglasses and contact lenses
- Fertility enhancements
- Hearing aids and batteries
- Physical therapy
- Prescriptions
- Smoking cessation programs

| FLEXIBLE SPENDING ACCOUNTS CONTRIBUTION LIMITS FOR 2023 |         |
|---|---------|
| Maximum salary deferral contribution                    | \$3,050 |
| Maximum carryover amount                                | \$610   |





# Prescription Drug Benefits

**It's important to take the medication you've been prescribed. Cost should never be the reason you don't.**

That's why Tandem HR has partnered with inSourceRx. We've made it easy and convenient to access affordable medications at a pharmacy near you. Simply enter the medication you've been prescribed and you'll see how much it will cost at a variety of local pharmacies.

When you access your inSourceRx Prescription Savings Card you can use it to save on all your medications and your pet's too! You're welcome to share this benefit with your friends and family members. This is a free benefit to all clients.

## Here's how it works:



### Access your card.

Start accessing your prescription savings card by downloading the card via e-mail or text, printing the card, or having it mailed to you.



### Check your savings.

And the prescription you need to fill on our easy form. Having the name of the medication handy will assure you see all the options available to you.



### Find a pharmacy.

Let's your city, state, or zip code to find pharmacies near you who honor the inSourceRx Prescription Savings Card.



### Show your card and SAVE.

Show your text, saved e-mail, or printed card to your pharmacist when you submit your prescription to be filled if you've had your prescription called in, show your inSourceRx Prescription Savings Card when you pay for your prescription.



# Pet Insurance

**With two budget-friendly options, there's never been a better time to protect your pet.**

## EMPLOYEE PLAN OPTIONS

- Employee owned and paid. Payroll-deducted and portable coverage
- Benefits can be elected or terminated any time throughout the year

## MY PET PROTECTION HIGHLIGHTS

**We offer a choice of reimbursement options so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 maximum annual benefit. Coverage includes:**

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental Diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- ...and more!

**Plus, every My Pet Protection policy includes these additional benefits to maximize your value:**

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

## INCLUDED WITH EVERY POLICY



- 24/7 access to veterinary experts (\$110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying your urgent care needs



- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

## Choose your level of coverage with My Pet Protection:



**50%**  
REIMBURSEMENT  
\$25-\$35/Month



**70%**  
REIMBURSEMENT  
\$27-\$47/Month

## ADDITIONAL HIGHLIGHTS

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple-pet discounts
- Guaranteed issuance



# Home, Auto, & Identity Theft Protection



## HOME, AUTO, & MORE!

Farmers GroupSelect insurance program includes auto, homeowners, renter's, condo, personal excess liability, boat and recreational vehicle insurance options.

To help you safeguard your belongings in your rented home or apartment, your employer has provided you with Farmer's GroupSelect's Insurance program offering you Renter's Insurance.

With renter's insurance, you can choose the coverage level that best fits your lifestyle. We offer four optional coverage packages that can be added to your basic renter's insurance policy, which cover:

- Luxury items
- Musical Instruments
- Electronics
- Recreational/sports equipment

**Save money with additional discounts!** In addition to renter's insurance coverages, find out if you qualify for discounts such as:

- Multi-Policy - When you choose us for your renters and auto coverage
- Protective Devices - When you install safety and security devices in your residence

**Get Valuable Assistance with Identity Protection Services.** You even get the added benefit of Identity Protection Services at no extra cost. It features one-on-one personal support and guidance from an identity theft specialist.



## IDENTITY THEFT INSURANCE

LifeLock makes identity theft protection easy.

- Employee Paid
- Payroll deducted
- Portable coverage
- May be elected or terminated any time throughout the year

# Employee Access to MemberDeals

You and your employees gain access to everything you need to work and play from any web-capable device, including discounts on electronics, entertainment, health & wellness, groceries and more!



**MemberDeals**  
EXCLUSIVE MEMBER ONLY OFFERS

Be sure to also check out our offering of exclusive savings on travel and entertainment.

Everyone loves a great deal on a great product or service. More importantly they talk to their friends and family about the deal they received! Employees can now say, "I got this great deal from work!", increasing employee retention and engagement for your company.

Visit often, as new products and discounts are constantly being added! Including:

- Rental Cars
- Gift cards
- Hotels
- Theme Parks
- Attractions
- Movie Tickets
- Events
- Live Shows
- Sports
- Ski Resorts
- Stay-cations
- Vision & Optics
- Appliances
- Beauty & Skincare
- Children & Family
- Crafts & Hobbies
- Electronics
- Work from Home
- Food & Wine
- Health & Wellness
- Home Insurance & Protection
- Jewelry
- Kaiser Fitness
- Loans & Refinancing
- Meal Planning
- Office
- Pets
- Subscriptions
- Travel
- Apparel & Accessories
- Automotive
- Cell Phones
- Computers & Tablets
- Education
- Entertainment
- Streaming Services
- ...and so much more!

# Employees Achieve Financial Freedom with FinFit®

**FinFit is a holistic financial wellness solution designed to enable an employee to identify their financial goals, assess the specific areas where financial wellness assistance is needed and provide tools and resources that allow the individual to achieve financial freedom without any liability to employers!**

FinFit's financial wellness programs support the key financial elements that impact an individual's overall well-being. Spend, Save, Borrow and Plan. FinFit offers a variety of educational resources, financial wellness programs, tools and solutions to assist employees in meeting their financial goals and incentivizes participation through a member rewards program.

## What FinFit offers:

- Personalized Financial Assessment
- Educational Tools and Resources
- Student Loan Services
- Early Wage Access
- Access to loans through Celtic Bank, Member FDIC
- One-on-One Financial Coaching
- Budget Calculators
- Financial Dashboard
- Coupon Vault
- FinFit IQ-Live Trivia



**Improving employees' financial well-being will lead to healthier individuals, which in turn, benefits the entire organization by creating a workplace culture of motivated, focused employees. Reduced absenteeism, decreased turnover rates and increased employee satisfaction and morale are only a few of the benefits financial wellness programs can bring to an organization.**



# Give Employees Access to Earned Wage Advances

**With ZayZoon, your employees can access a portion of their paycheck before payday. Zayzoon advances the employee a portion of their earned wages from ZayZoon's funds.**

The repayment of funds to ZayZoon occurs via a deduction on the next paycheck. The service is not a loan, employees pay a flat fee in order to access their earned wages before payday, without any employer liability.

**Improve Employee Wellness.** 38% of employees say financial stress is a distraction for them at work. Reducing financial stress minimizes distraction, reduces absenteeism and improves employee wellness.

**Increase Productivity.** By allowing your employees to access part of their paycheck when they need, they gain control over their finances between paydays. This can help them avoid costly alternatives like overdraft fees and predatory loan products.

**Retain and Recruit.** 25% of employees use our services. Employees are now asking if employers have Wages On-Demand as part of onboarding. Put ZayZoon in your job postings.

## Reduce Employee Financial Stress

- 38% of employees say financial stress distracts them at work. Do you have one of these employees? We can help.
- Instant 24/7365 Access to Earned Wages
- In 30 Seconds, employees can sign up and have funds in their account. Whether it's 3 pm or 3 am!

## Inexpensive for Employees

- Access increments of \$200 (up to 50% of an employees earned wages) for a \$5 flat fee to avoid overdraft fees, late bill payments or to cover a cash flow shortfall between paydays. Employees get paid when they need.

## Employees Avoid Costly Loans, Overdraft and Late Bill Payments

- Give access to your employees wages in advance of payday. They work everyday, why can't they get paid everyday?





## Next Steps & Implementation

Once a contract is signed, the first step is implementing the new client into our HRIS system. From start to finish, this process takes 4-6 weeks and includes loading employees into the system, launching online onboarding, an orientation meeting, online benefits enrollment, payroll processing and review, and then a transition to the ongoing service team.



## Additional Voluntary Benefits

Coverage helps cover living expenses if you are injured, hospitalized, or have a critical illness such as cancer or a stroke. Premiums are 100% employee paid.

- Critical Illness** – Helps cover medical expenses that your primary health insurance won't in the event of a serious illness like cancer or a stroke. This benefit is a cash payout.
- Accident Insurance** – Offers an extra layer of protection that pays you cash when you suffer an unexpected, qualifying accident such as a severe burn, broken bone, or emergency room visit. It provides money to cover any extra, out-of-pocket expenses associated with your injury.
- Hospital Indemnity** – Helps cover expenses due to hospitalization from a sickness or injury that may not be fully covered by your medical insurance such as deductibles, co-pays, transportation, and lodging.
- Short and Long-Term Disability and Life Insurance** – In addition to our employer-paid options, you may choose to offer voluntary (100% employee paid) disability or life insurance plans



# TANDEM HR

**We look forward to learning more about your business and how our comprehensive HR solutions can help you grow your business.**