



»» WORKFORCE OPTIMIZATION®

# 2022 Benefits at a glance

» Independence Choice

 **Insperity**<sup>®</sup>  
HR that Makes a Difference™

This brochure provides an overview of your Insperity benefits package. Actual benefits are subject to the provisions and limitations of the agreements between Insperity and its benefits providers. Detailed benefits information is available on the Insperity Premier™ platform at [portal.insperity.com](https://portal.insperity.com).

Except where otherwise indicated, employees must work 30 or more hours per week, on average (20 hours per week in Hawaii), or meet the requirements for continuing eligibility during an approved leave of absence, to be eligible for the health and welfare benefits in this package. Certain individuals are excluded from participation.

Please refer to the Summary Plan Description (SPD) for each Plan on Insperity Premier for full eligibility requirements.

## Questions about your Insperity benefits?

**Insperity is here to help, and we speak your language. Call the Insperity Contact Center from 7.am. to 7 p.m. CT, Monday through Friday, for personal assistance with everything from choosing a medical coverage option to enrolling online and more. Assistance is available in more than 200 languages, from Spanish to Tagalog.**

**¿Tienes preguntas sobre tus beneficios? Insperity está aquí para ayudarte, pues hablamos tu idioma. Llama al Centro de Contacto de Insperity de lunes a viernes de 7 a.m. a 7 p.m., hora del centro, para recibir todo tipo de ayuda personal, desde cómo elegir opciones de cobertura médica hasta cómo inscribirte en línea y más. Ofrecemos asistencia en más de 200 idiomas, desde español hasta tagalo.**



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# Your wellbeing is our everything

To us, wellness encompasses the comfort, health, and happiness of the whole person. That's why when it comes to on-demand resources to support every aspect of your health, your Insperity benefits have you covered. Visit the Wellbeing On-Demand page on the Insperity Premier™ platform to access the complete range of support offered, from Optum® Live and Work Well and 24/7 telemedicine options for your physical and emotional health, to programs, tools, and opportunities to develop your financial, social, and professional health.

## YOUR SOCIAL HEALTH

### Optum Live and Work Well

- Caregiving
- Relationships
- Parenting
- Community
- Virtual volunteering opportunities
- Charitable giving
- Disaster relief

## YOUR FINANCIAL HEALTH

- Retirement planning tools
- ID theft prevention and recovery
- Financial planning & coaching
- Legal advice and mediation
- Will creation
- Power of attorney
- Tax preparation

## YOUR EMOTIONAL HEALTH

### Optum Live and Work Well

- Work/life balance resources
- 24/7 live assistance from licensed counselors
- Behavioral health care provider search tool
- Virtual therapy options, including Talkspace and Sondermind®
- Stress management apps, including Sanvello™
- Substance use and recovery resources
- Crisis support

## YOUR PROFESSIONAL HEALTH

### Diversity, equity, and inclusion

- Learning resources
- Self-paced training
- Blog posts and articles

### Insperity training and development

- Leadership and productivity resources
- Stress management
- Burnout support
- Blog posts and articles

## YOUR PHYSICAL HEALTH

### Resources available through your selected medical coverage carrier:

- 24/7 telemedicine options
- Wellness programs
- Weight management
- Nutrition counseling
- Tobacco cessation
- Condition management

### MarketPlace™ Perks at Work Health and Wellness

- Gym memberships
- Fitness equipment
- Weight loss programs
- Wellness app subscriptions
- Virtual classes for meditation, yoga, Pilates and more

### Insperity Safety Services

- Workplace safety webinars
- Workplace safety and health topics
- Ergonomic tips for working from home



## Leading the way, taking care of our people

“

**My parents recently lost their home to an electrical fire and I called the EAP program. It gave me huge peace of mind knowing I had access to Emergency Shelter Assistance.**

**Hayley M.**  
Insperity Employee

# Optum<sup>®</sup> Live and Work Well

## Available to all employees (full-time, part-time or seasonal) and their dependents

The Insperity Employee Assistance Program (EAP) is administered by Optum and offers a variety of resources to support every aspect of your health and wellbeing, including:

### YOUR PHYSICAL HEALTH

- Licensed clinicians
- Chronic condition management
- Substance use disorder support
- Hospitalization
- Recovery

### YOUR EMOTIONAL HEALTH

- Virtual and on-demand therapy, featuring Sondermind<sup>®</sup>, Sanvello<sup>™</sup> and Talkspace
- Face-to-face counseling
- Crisis support
- Critical incident response
- Disaster recovery

### YOUR SOCIAL HEALTH

- Childcare and Eldercare
- Pet resources
- Assistance for military and veterans
- Relocation assistance

### YOUR FINANCIAL HEALTH

- Financial coaching and retirement planning
- Tax preparation
- ID theft prevention/recovery
- Legal consultation
- Trusts, wills, power of attorney



### Access free EAP services

Many EAP services are available at no cost to Insperity employees and their dependents. Visit [liveandworkwell.com](https://liveandworkwell.com) and use access code Insperity, or call 866.402.0003 to learn more.

“

**I (recently had) a major illness that required three surgeries with a lot of follow up treatment (while also) going through a divorce and caring for a sick parent. The EAP provided me with individual counseling, support group recommendations, a nurse that contacted me each week to check up on my care (at no cost to me), as well as legal services, financial planning and help with elder care.**

**Andrell G.**

Insperity employee



# Spotlight on Caregiving

## Additional resources for caregivers available through Optum® Live and Work Well

If you are caring for an aging parent, or an ill or disabled family member, Optum can provide referrals for support groups, home health workers, nursing facilities, rehab centers, physical therapists and more.

Optum also offers caregiving resources for parents, including a childcare finder tool to locate day care, nannies, babysitters, and care for special needs children.

In-person classes are available on parenting, prenatal education, newborn care, stepfamilies, blended families and non-traditional families.

Additional resources include articles, podcasts, and webinars on topics such as positive discipline, coping with parenting stress, newborn care, and dealing with cyberbullying.



### Access caregiver support

Access caregiver support tools and resources by logging in to [liveandworkwell.com](https://liveandworkwell.com) (access code Insperty), click, “find a resource” then select “Eldercare” or “Childcare.”

## Caregiving Statistics



**More than  
3.9 million  
caregivers provide  
care to adults with a  
disability or illness**

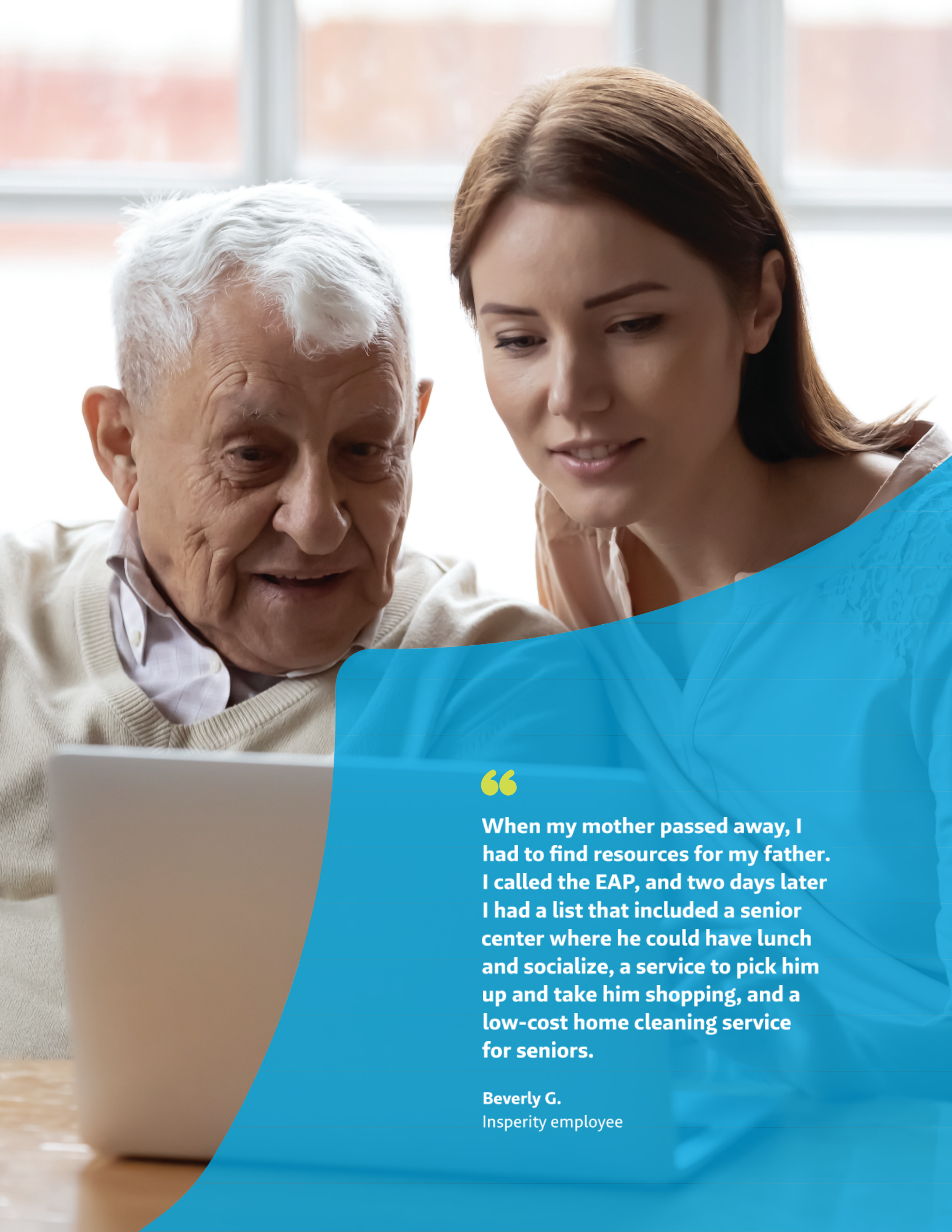


**61%  
of caregivers have a  
full time job**



**45%  
of caregivers have  
had at least one  
financial impact**

Statistics sourced from  
the Family Caregiver Alliance (FCA)



“

When my mother passed away, I had to find resources for my father. I called the EAP, and two days later I had a list that included a senior center where he could have lunch and socialize, a service to pick him up and take him shopping, and a low-cost home cleaning service for seniors.

Beverly G.  
Insperity employee

# MarketPlace Perks at Work

## Wellbeing Resources on MarketPlace™ Perks at Work

Insperty Perks at Work offers discounts and member pricing for a variety of products and services to support your family's wellbeing, including:

- Gym memberships and exercise equipment
- Nutrition counseling
- Weight management programs
- On-demand therapy and telehealth options
- Tutoring and continuing education programs
- Discounts on childcare services
- At-home meal and grocery delivery services
- Supplemental insurance
- Pet health insurance
- Cell phone service
- Household needs, gifts and electronics
- Travel needs including cruises, rental cars, hotels and more

## WOWPoints

When you purchase through MarketPlace, you can also earn WOWPoints to redeem for prizes or credit. WOWPoints never expire, have no blackout dates, and can be earned on top of other rewards like airline miles. Credit rewards can be used like cash to shop online, and every 100 WOWPoints earns \$1 in credit.

## Virtual classes with Community Online Academy

MarketPlace Perks at Work also features complimentary access to Community Online Academy (COA), which offers live and pre-recorded courses on a wide variety of topics, including meditation, physical wellness, hobbies, and personal development. Course examples include:

- Mindfulness, journaling, breathing exercises, and guided meditation
- Yoga, Pilates, stretching, and physical therapy exercises
- Leadership skills, public speaking, coding, and professional development
- Strength training, dance, HIIT, and aerobics classes
- Hobby courses such as knitting, drawing, and cooking
- COA Kids Club, an interactive after-school program for kids aged 5-16

**To learn more, or to register for COA classes, log in to [portal.insperty.com](https://portal.insperty.com) and click "MarketPlace."**

# The Insperity Commuter Benefits Program

## Available to all employees (full-time, part-time, and seasonal)

The Insperity Commuter Benefits Program allows you to save on your work commute by paying for eligible mass transit and/or parking expenses with pretax dollars. By using pretax dollars to pay for your transportation costs, you save by avoiding federal and state income and employment taxes on those dollars.

- **Eligible mass transit fees** include tickets, passes, tokens, vouchers or fares for buses, trains, subways, ferries, streetcars, commercial vanpools or other mass transportation vehicles you may use to travel between your residence and your workplace. The cost of commuting in a taxi or in your personal car or van is not included.
- **Eligible parking fees** include the cost of parking at or near your place of work, or parking fees for a location from which you commute to work via mass transportation or a vanpool, such as a park-and-ride lot. Residential parking fees are not eligible.

Once you've enrolled, you can order your transit passes and/or declare parking expenses in advance of each month you plan to use the benefit. Transit passes must be ordered, or parking expenses declared, by the 10th of each month for the following month. For Metro North and Long Island Railroads, orders must be placed by the 4th of the month for the following month.

Your expenses will be automatically deducted from your Insperity paycheck on a pretax basis, up to monthly limits established by the IRS for the current calendar year. Expenses above the monthly pretax limit are deducted on an after-tax basis from your paycheck.

**There is a monthly \$2 administrative fee to participate, except where prohibited by local ordinance.**

## Tax considerations

Please note that individuals who are considered to be self-employed (such as partners in a partnership, sole proprietors, and 2% shareholders of an S-corporation) are prohibited from participation based on IRS rules governing commuter benefit programs.

**To enroll in the Insperity Commuter Benefits Program, log in to [portal.insperity.com](https://portal.insperity.com) and select "Additional Benefits" under the "Benefits" page, then "Commuter Benefits" and "Access Now."**



## Do we have your current contact information?

Update your Insperity Premier™ profile with your current home address, email address, and phone number to ensure you don't miss enrollment opportunities and other important information about your Insperity benefits. Log on to [portal.insperity.com](https://portal.insperity.com), click on the arrow next to your name in the top right corner, and select "My Profile" to get started.

# The Insperity Adoption Assistance Program

## **Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average**

Insperity's Adoption Assistance Program is available to eligible employees with at least 180 days of continuous service prior to the date of the final adoption decree(s). If you are adopting a child through private adoption or a licensed adoption agency, you may be reimbursed up to \$1,500 of eligible adoption expenses per qualified adoption.

Expenses eligible for reimbursement must be directly related to and with the main purpose of adoption of an eligible child, and include:

- Reasonable and necessary adoption fees
- Court costs and attorney fees

Reimbursement is not available for the adoption of a stepchild(ren), or the child(ren) of a spouse/domestic partner, or expenses related to any surrogate parenting arrangement. Travel and lodging expenses associated with an adoption are also excluded.

**Applications for reimbursement, along with complete Program details and terms and conditions, are available on the Insperity Premier™ platform at [portal.insperity.com](https://portal.insperity.com). On the "Benefits" page, select "Additional Benefits," then "Adoption Assistance."**

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**I'll never forget when we were looking at adopting and thinking we could never afford to become parents...then one day a friend told me about the Adoption Assistance Program. The assistance allowed us to start saving again for the next chapter in our life. It was truly a blessing to my family.**

**Mikel N.**  
Insperity employee



# Insperty Training and Development

Grow your career and improve job performance with on-demand self-paced resources, instructor-led live virtual classes and classroom training programs available through Insperty, including:

- 5,000+ self-paced courses on business, safety, liability, productivity and IT topics
- 25,000+ books in online, audio and summary formats
- Leadership and productivity videos
- Targeted curriculums curated for key business topics
- External training/certification tracking
- Instructor-led virtual training
- Continuing education units on many courses

To learn more, log in to [portal.insperity.com](https://portal.insperity.com) and select “Training.”



## Wellbeing training and resources

Insperty Training and Development also offers a variety of resources to support your professional and emotional health, including classes for Diversity, Equity and Inclusion, time management, effective communications, guided meditations, stress management, healthy working relationships, and avoiding burnout.



“

Having a wide range of online courses and curriculums at my fingertips has helped me improve my current skills as well as discover new areas of interest. I highly recommend the online Learning Portal to anyone looking to expand their skillset.

**Marisa R.**  
Insperity employee

# The Insperity Health Care Flexible Spending Account Plan

## **Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average**

When you enroll in the Insperity Health Care Flexible Spending Account Plan (Health Care FSA), you can make pretax contributions up to the annual maximum through payroll deduction for qualifying health care expenses incurred during the plan year.

Eligible expenses include copays, coinsurance, and deductibles for medical, prescription, dental and vision expenses, as well as certain over-the-counter health care expenses. See IRS Publication 502 for a current list of qualified expenses.

## **Elect \$20 to \$229.16 in monthly contributions, up to a maximum annual contribution of \$2,750.**

Once enrolled, you will receive a Health Care Spending Card (a debit MasterCard® issued by UnitedHealthcare) funded with your elected amount. Use the card for eligible expenses at the time of service, or file a claim for reimbursement. You can file claims for any eligible expenses incurred during the plan year through March 31 of the following year; however, unused funds do not roll over to the next plan year and will be lost.

## **Tax considerations**

IRS rules prohibit individuals with general purpose health care FSA coverage (including an eligible spouse and dependents) from contributing to a health savings account (HSA). If you are currently contributing to an HSA (or intend to open and contribute to an HSA), you should not enroll in the Health Care FSA, as participation will make you ineligible to contribute to an HSA in the same calendar year.



## **Enrollment deadline**

Enroll within 30 days of becoming eligible; no wait period applies. To continue participation each year, submit a new election during the annual open enrollment period from Nov. 1 to Dec. 31.



# The Insperity Health Savings Account Program

## **Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average**

If you are an Insperity employee enrolled in an Insperity high deductible health plan (HDHP) coverage option, you can establish a health savings account (HSA) through the Insperity HSA Program (HSA Program). There are no federal taxes on pretax contributions made to your HSA, and the money in your HSA is tax-free when used for qualified health care expenses. Plus, you keep what you save – any unused funds remain in your account from year to year, earning tax-free interest and dividends when invested.

You may invest your HSA balance once it reaches \$2,100. There is a \$100 minimum per investment. Learn more about available investment options at [optumbank.com](https://optumbank.com).

**HSA contribution limits are \$3,650 for employee-only coverage, and \$7,300 for family coverage.**

Your elected HSA contribution amount can be changed as needed throughout the year. If you turn 55 or older within the tax year, you may contribute an additional \$1,000 of catch-up contributions.

## **Opening an Optum Bank HSA through the Insperity HSA Program**

To make HSA contributions through the HSA Program you will first need to apply for an Optum Bank HSA through the Insperity Premier™ platform. Once you have completed medical enrollment in an Insperity HDHP coverage option, go to the “Insperity Health Care Accounts” section then select “Apply” next to “Health Savings Account” under “Benefits” to begin.

Once your Optum Bank HSA is open and your Insperity HDHP coverage is in effect, you can make pre- or post-tax contributions (according to your eligibility in Insperity’s records) through Insperity payroll deduction. Insperity will pay the monthly account management fee while you remain an eligible employee of Insperity enrolled in an Insperity HDHP coverage option.

## **Tax considerations**

Pretax HSA contributions made by officers, highly compensated employees (HCEs), and owners of a C-Corporation (or lineal relatives of such owners) are subject to annual nondiscrimination testing under Internal Revenue Code Section 125. Certain tests are difficult to pass if participation by officers, HCEs and owners is significantly higher than participation by other employees. A testing failure may result in taxation of their pretax HSA contributions.

### **Talk to ALEX® before you enroll**

Before you enroll, talk to our interactive decision support tool ALEX about your tax savings options. If you’re enrolling in an HDHP coverage option, he’ll walk you through the advantages of using an HSA vs. an FSA for your anticipated health care expenses, recommend an annual contribution amount, and calculate your potential tax savings. During your initial and annual open enrollment periods you can find ALEX on the Insperity Premier™ platform. Log in to [portal.insperity.com](https://portal.insperity.com) and click “Start Now” next to Health Benefits, then select “Yes, help me find the best fit!” on the next screen.

# Short-term and Long-term Disability Benefits

**Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average**

Voluntary (100% employee-paid) disability insurance provides income protection if you are unable to perform your job due to illness or injury (including pregnancy/childbirth).

**Disability benefits pay up to 60% of your covered earnings.**

• **Short-term disability insurance pays up to 60% of covered weekly earnings, up to \$2,308 per week.**

There is a 14-day elimination period for short-term disability benefits. Benefits begin on the 15th day of disability and continue for up to 24 weeks following the elimination period or the end of disability, whichever comes first.

• **Long-term disability insurance pays up to 60% of covered monthly earnings, up to \$10,000 per month.**

Benefits begin after six continuous months of disability. The duration of long-term disability payments will depend on the circumstances of the disability and the age you become disabled. Refer to the Certificate of Coverage for details.

## **How are covered earnings calculated for disability, life and AD&D insurance?**

For full-time employees, covered earnings will generally be your base annual salary, plus actual earnings for the previous 12 months. Actual earnings include commissions, piece-work and fee based work. It does not include bonuses, overtime pay, special pay or another form of extra compensation. (If the employee has been employed for less than 12 months, actual earnings will be annualized.) Refer to the Certificate of Coverage for a complete definition.



# Life and Accidental Death & Dismemberment Insurance

**Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average**

Basic (100% employer-paid) life and AD&D insurance is provided automatically at no cost to eligible employees (no enrollment required). You may also elect voluntary (100% employee-paid) life and voluntary (100% employee-paid) AD&D insurance for yourself and any eligible dependents. Coverage in excess of the guaranteed issue amounts indicated below is subject to proof of good health.

Benefit	Available coverage amounts	Coverage details
<b>Basic Life and AD&amp;D Insurance</b> (100% employer-paid)	<b>Employee</b> 1 x annual covered earnings, up to \$50,000	Provided automatically to eligible employees. No enrollment is required.
<b>Voluntary Life Insurance</b> (100% employee-paid)	<b>Employee</b> 1 to 6 x annual covered earnings, up to \$2,500,000 <b>Spouse/Domestic Partner</b> \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$100,000, \$150,000, \$200,000 <b>Children</b> \$5,000 or \$10,000 per child	Guaranteed issue amount for employee is up to 3 x annual covered earnings or \$500,000, whichever is less. Guaranteed issue amount for spouse or domestic partner is \$10,000 or \$20,000.
<b>Voluntary AD&amp;D Insurance</b> (100% employee-paid)	<b>Employee</b> 1 to 6 x annual covered earnings, up to \$2,500,000 <b>Spouse/Domestic Partner only</b> 60% of employee coverage amount <b>Spouse/Domestic Partner + Children</b> 50% of employee coverage amount <b>Children only</b> 15% of employee coverage amount	Apply at any time; no proof of good health is required. Spouse/domestic partner must be under age 70 at time of enrollment.

Rates and details for voluntary coverage are available in the New York Life (formerly Cigna) Voluntary Benefits Book, or on the New York Life Group Benefits Solutions Benefits Guide site via [portal.insperity.com](https://portal.insperity.com).

## Enrollment deadline

You must enroll within 30 days of becoming eligible for guaranteed issue amounts of voluntary life. This 30-day period will follow any required waiting period. Applications received after the 30-day guaranteed issue period, or applications for coverage over guaranteed issue amounts submitted at any time, are subject to proof of good health.

# The Insperity Group Health Plan

**Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average and their dependents**

## Medical coverage

Medical coverage options include prescription coverage and vary by insurance carrier, region and coverage type. Availability is determined by benefits package and ZIP code service area.

All medical coverage options also include access to 24/7 telemedicine providers, registered nurses, condition management programs and wellness resources through the selected insurance carrier.

**The Insperity Group Health Plan is a calendar-year plan based on a 12-month coverage period which begins Jan. 1 and ends Dec. 31. Your deductibles and out-of-pocket maximums will reset each Jan. 1, and generally, any Plan design changes outlined in the Summary of Material Modifications (SMM) for that Plan year will also take effect at that time, even if your client company's open enrollment and 12-month coverage periods do not follow the calendar year.**

## Dental and vision coverage

Dental and vision coverage is available nationwide through UnitedHealthcare Dental and Vision Service Plan. Dental and vision must be elected together, but may be elected independently of medical coverage.

**If you enroll in medical and dental/vision coverage, you may elect any combination of that medical and/or dental and vision coverage for your dependents.**



## Enrollment deadline

Participation is not automatic. You must enroll within 30 days of becoming eligible. This 30-day period will follow any required waiting period. After your initial enrollment period, your next opportunity to enroll or make changes will be your annual open enrollment period, unless you experience a qualifying life event.

Your coverage effective date is the first day of your initial enrollment period for the Insperity Group Health Plan.

**Any contribution amounts you may owe for retroactive coverage will be deducted from future Insperity paychecks.**

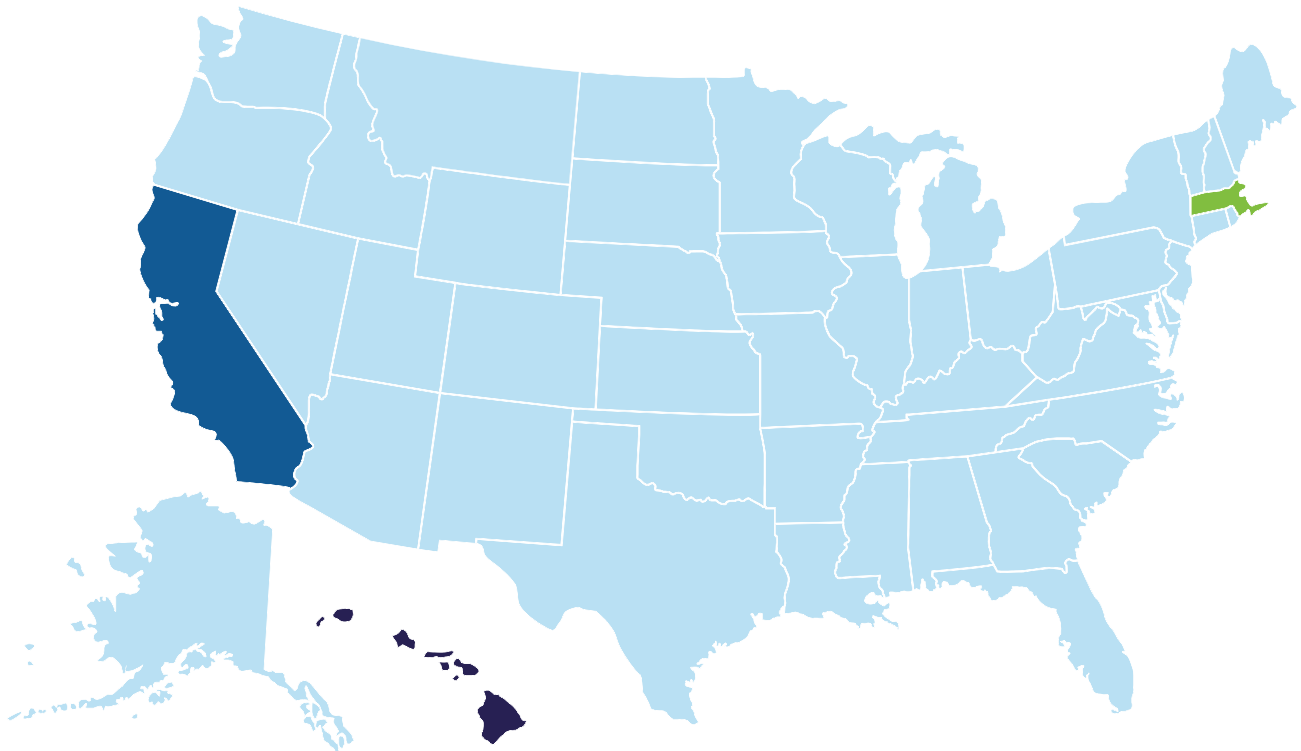
### Talk to ALEX® before you enroll

Before you enroll, talk to our interactive decision support tool ALEX. He'll ask a few questions about your health care needs, crunch some numbers and point out what makes the most sense for you. During your initial and annual open enrollment periods, you can find ALEX on the Insperity Premier™ platform. Log in to [portal.insperity.com](https://portal.insperity.com) and click "Start Now" next to Health Benefits, then select "Yes, help me find the best fit!" on the next screen.



## How to determine which coverage options are available to you

To participate in a coverage option, you must live in a ZIP code service area included in that insurance carrier's network. ZIP codes associated with an insurance carrier's network service area are determined by the insurance carrier (not Insperty) and are specific to the health insurance product offerings defined in the carrier's contract with Insperty. An indemnity (out-of-area) option is available to employees who live in a ZIP code service area not served by any Insperty insurance carrier's network.



<span style="color: #0070C0;">●</span> <b>National</b> UnitedHealthcare	<span style="color: #003366;">●</span> <b>California</b> UnitedHealthcare UnitedHealthcare of CA Kaiser Permanente Blue Shield of CA	<span style="color: #000080;">●</span> <b>Hawaii</b> HMSA Kaiser Permanente UnitedHealthcare	<span style="color: #008000;">●</span> <b>Massachusetts</b> Tufts
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**Log in to [portal.insperty.com](https://portal.insperty.com) to view your available coverage options and contribution rates.**

**The following pages include specific details on the coverage options available to you, as well as the terms, limits, exclusions, legal notices and requirements that apply to your Insperty Group Health Plan participation. Please review this information carefully before making your elections. An explanation of the terms used in the medical coverage option charts on the following pages can be found in the “Understanding Your Medical Coverage” section of this document.**

# National medical coverage options

Choice-level packages (available everywhere except MA and HI)

Medical (in-network)									
Coverage options		UHC Choice Plus 500/80	UHC Choice Plus 1000	UHC Choice Plus 1500	UHC Choice Plus 2500	UHC Choice Plus 6000	UHC Choice Plus HDHP 1500 (aggregate)	UHC Choice Plus HDHP 3000	UHC Choice Plus HDHP 5000
<b>Coinsurance plan pays after deductible</b>		80%	80%	80%	70%	100%	90%	90%	80%
<b>Medical calendar-year deductible</b>	<b>Individual</b>	\$500	\$1,000	\$1,500	\$2,500	\$6,000	\$1,500	\$3,000	\$5,000
	<b>Family</b>	\$1,500	\$3,000	\$4,500	\$7,500	\$13,200	\$3,000	\$6,000	\$10,000
<b>Annual out-of-pocket maximum</b>	<b>Individual</b>	\$5,000	\$4,500	\$6,350	\$6,850	\$7,000	\$4,000	\$6,650	\$6,650
	<b>Family</b>	\$10,000	\$9,000	\$12,700	\$13,700	\$14,000	\$7,350	\$13,300	\$13,300
<b>Office visit</b>		\$35	\$35	\$35	\$40	\$40	10%	10%	20%
<b>Specialist visit</b>		\$60	\$60	\$60	\$70	\$70	10%	10%	20%
<b>Virtual visit</b>		\$0	\$0	\$0	\$0	\$0	10%	10%	20%
<b>Urgent care</b>		\$75	\$75	\$75	\$75	\$75	10%	10%	20%
<b>Emergency room</b>		\$250	\$250	\$250	\$250	\$500	10%	10%	20%
<b>Outpatient surgery</b>		20%	20%	20%	30%	0%	10%	10%	20%
<b>Inpatient hospital</b>		20%	20%	20%	30%	0%	10%	10%	20%
Pharmacy									
<b>Prescription deductible</b>	<b>Individual</b>	\$100	\$100	\$100	\$100	\$200	Copays apply once medical deductible is met	Copays apply once medical deductible is met	Copays apply once medical deductible is met
	<b>Family</b>	\$300	\$300	\$300	\$300	\$600			
<b>Tier 1 copays</b>	<b>Retail</b>	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
	<b>Mail order</b>	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
<b>Tier 2 copays</b>	<b>Retail</b>	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
	<b>Mail order</b>	\$87.50	\$87.50	\$87.50	\$87.50	\$87.50	\$87.50	\$87.50	\$87.50
<b>Tier 3 copays</b>	<b>Retail</b>	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
	<b>Mail order</b>	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
<b>Tier 4 copays</b>	<b>Retail</b>	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120
	<b>Mail order</b>	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
Medical (out-of-network)									
<b>Coinsurance plan pays after deductible</b>		60%	60%	60%	50%	70%	70%	70%	60%
<b>Medical calendar-year deductible</b>	<b>Individual</b>	\$1,000	\$2,000	\$3,000	\$5,000	\$12,000	\$3,000	\$6,000	\$10,000
	<b>Family</b>	\$3,000	\$6,000	\$9,000	\$15,000	\$16,400	\$6,000	\$12,000	\$20,000
<b>Annual out-of-pocket maximum</b>	<b>Individual</b>	\$10,000	\$9,000	\$12,700	\$13,700	\$14,000	\$8,000	\$13,300	\$13,300
	<b>Family</b>	\$20,000	\$18,000	\$25,400	\$27,400	\$28,000	\$14,700	\$26,600	\$26,600

Copays and coinsurance rates listed are for non-preventive care. Virtual visit costs shown apply to carrier-designated telemedicine providers only. Online or phone appointments with your physician will be charged as an office or specialist visit as applicable. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Wellbeing resources

for National coverage options

The wellbeing resources listed below are available through your insurance carrier.



## MEMBER SERVICES SUPPORT

Contact your carrier's Member Services at the number on your ID card for questions about covered services and prescriptions, claims, and out-of-pocket costs.

**UnitedHealthcare: 866.873.3902**



## GET THE APP

Register on your carrier's website and download the mobile app to access ID cards, claims, coverage details, network providers and more.

**myuhc.com: UnitedHealthcare app**

**werally.com: Rally Health app (wellness)**



## 24/7 TELEMEDICINE AND NURSELINES

Talk to a doctor or registered nurse anytime on your carrier's Member Services number, site or app. Virtual visits are available through:

**Teladoc®**

**AmWell®**

**Dr. on Demand**

**Optum Virtual Care**



## WELLNESS

Nutrition counseling, personalized wellness coaching, weight loss programs and more available under "Health Resources" at myuhc.com.

**Rally® wellness coaches and interactive app**

**Quit for Life® tobacco cessation**

**Real Appeal® weight management**

## Reimbursement of out-of-network services

*The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.*

UnitedHealthcare Choice Plus coverage options pay benefits for non-emergency, non-network services after the deductible is met and according to a Medicare cost-based payment methodology defined by UnitedHealthcare as the Maximum Non-Network Reimbursement Program, or MNRP. Under MNRP, reimbursement amounts are a percentage of the published rates allowed by Medicare for the same or similar services.

Any difference between the amount billed by the non-network provider and the amount allowed by UnitedHealthcare may sometimes be balance billed to the participant by the provider.

Effective Jan. 1, 2022, UnitedHealthcare Choice Plus coverage options available through the Inspirity Group Health Plan are subject to the No Surprises Act, which prohibits balance billing certain situations involving emergency services and services performed at in-network facilities. Refer to your Certificate of Coverage for more information and contact UnitedHealthcare Member Services with any questions.

# California medical coverage options

Choice-level packages (choose from National UnitedHealthcare Choice Plus options or regional HMOs below)

Medical (in-network)							
Coverage options		UHC of California HMO	Blue Shield of California HMO	Blue Shield of California Deductible HMO 1000	Kaiser Permanente HMO	Kaiser Permanente Deductible HMO 1000	Kaiser Permanente HMO HDHP
Coinsurance plan pays after deductible		100%	100%	90%	100%	70%	90%
Medical calendar-year deductible	Individual	N/A	N/A	\$1,000	N/A	\$1,000	\$2,800
	Family	N/A	N/A	\$2,000	N/A	\$2,000	\$5,600
Annual out-of-pocket maximum	Individual	\$3,000	\$3,000	\$6,050	\$3,000	\$6,050	\$5,200
	Family	\$6,000	\$6,000	\$12,100	\$6,000	\$12,100	\$10,400
Office visit		\$25	\$25	\$35	\$25	\$35	10%
Specialist visit		\$50	\$50	\$50	\$50	\$50	10%
Virtual visit		\$0	\$0	\$0	\$0	\$0	0%
Urgent care		\$25	\$25	\$35	\$25	\$35	10%
Emergency room		\$200	\$200	10%	\$200	30%	10%
Outpatient surgery		\$125	\$150	10%	\$100	30%	10%
Inpatient hospital		\$500	\$500	10%	\$250	30%	10%
Pharmacy							
Prescription deductible		Deductible does not apply	Deductible does not apply	\$100 per member for select drugs	Deductible does not apply	\$100 per member for brand drugs	Copays apply once medical deductible is met
Tier 1 copays	Retail	\$10	\$10	\$10	\$10	\$10	\$10
	Mail order	\$25	\$20	\$20	\$20	\$10	\$20
Tier 2 copays	Retail	\$30	\$25	\$30	\$30	\$30	\$30
	Mail order	\$75	\$50	\$60	\$60	\$30	\$60
Tier 3 copays	Retail	\$50	\$40	N/A	N/A	N/A	N/A
	Mail order	\$125	\$70	N/A	N/A	N/A	N/A
Tier 4 copays	Retail	Rx 30% max \$200	Rx 30% max \$200	Rx 30% max \$200	Rx 30% max \$150	Rx 30% max \$150	Rx 30% max \$150
	Mail order	Rx 30% max \$200	Rx 30% max \$400	Rx 30% max \$400	Rx 30% max \$150	Rx 30% max \$150	Rx 30% max \$150
Medical (out-of-network)							
Coinsurance plan pays after deductible		N/A	N/A	N/A	N/A	N/A	N/A
Medical calendar-year deductible	Individual	N/A	N/A	N/A	N/A	N/A	N/A
	Family	N/A	N/A	N/A	N/A	N/A	N/A
Annual out-of-pocket maximum	Individual	N/A	N/A	N/A	N/A	N/A	N/A
	Family	N/A	N/A	N/A	N/A	N/A	N/A

Copays and coinsurance rates listed are for non-preventive care. Virtual visit costs shown apply to carrier-designated telemedicine providers only. Online or phone appointments with your physician will be charged as an office or specialist visit as applicable. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Wellbeing resources

for California coverage options

The wellbeing resources listed below are available through your insurance carrier.



## MEMBER SERVICES SUPPORT

Contact your carrier's Member Services at the number on your ID card for questions about covered services and prescriptions, claims, and out-of-pocket costs.

**Blue Shield: 855.256.9404**

**Kaiser Permanente: 800.464.4000**

**UnitedHealthcare: 866.873.3902**

**UHC California HMO: 800.624.8822**



## GET THE APP

Register on your carrier's website and download the mobile app to access ID cards, claims, coverage details, network providers and more.

**blueshieldca.com: Blue Shield of CA app**

**kp.org: Kaiser Permanente app**

**myuhc.com: UnitedHealthcare app**



## 24/7 TELEMEDICINE AND NURSELINES

Talk to a doctor or registered nurse anytime on your carrier's Member Services number, site or app. Virtual visits are available through:

**Blue Shield: Teladoc®**

**Kaiser: kp.org or Kaiser Permanente app**

**UHC: Teladoc, AmWell®, Dr. on Demand and Optum Virtual Care**



## WELLNESS

Nutrition counseling, personalized wellness coaching, weight loss programs and more.

**Blue Shield: wellvolution.com**

**Kaiser: kp.org/wellnesscoach**

**UHC: myuhc.com**

## Reimbursement of out-of-network services

*The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.*

California regional HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement.

Non-emergency services at an in-network facility provided by an out-of-network provider must be covered at the in-network cost sharing amount and paid directly to the provider (or denial issued) within 30 days. California law prohibits balance billing of HMO participants in these circumstances.

In addition, effective Jan. 1, 2022, California regional HMO coverage options and national UnitedHealthcare Choice Plus coverage options available through the Insperty Group Health Plan are subject to the No Surprises Act, which prohibits balance billing in certain situations involving emergency services and services performed at in-network facilities. Refer to your Certificate of Coverage for more information and contact your carrier with any questions.

# Hawaii medical coverage options

## Choice-level packages

Medical (in-network)				
Coverage options		UHC Options PPO	HMSA BCBS of Hawaii HMO	Kaiser Permanente HMO
Coinsurance plan pays after deductible		90%	90%	100%
Medical calendar-year deductible	Individual	\$100	Deductible does not apply	Deductible does not apply
	Family	\$300		
Annual out-of-pocket maximum	Individual	\$2,500	\$2,500 (medical only)	\$2,000
	Family	\$7,500	\$7,500 (medical only)	\$6,000
Office visit		10%	\$20	\$20
Specialist visit		10%	\$20	\$20
Virtual visit		10%, no deductible	\$0	\$20
Urgent care		10%	\$20	\$20
Emergency room		10%	\$100	\$50
Outpatient surgery		10%	10%	\$20
Inpatient hospital		10%	10%	\$50 per day
Pharmacy				
Prescription deductible		N/A	\$3,600 (Rx-only OOPM) \$4,200 (Rx-only OOPM)	N/A
Tier 1 copays	Retail	\$10	\$7	\$10
	Mail order	\$20	\$11	\$20
Tier 2 copays	Retail	\$15	\$30	\$35
	Mail order	\$30	\$65	\$70
Tier 3 copays	Retail	\$30	\$30 + \$45	\$35
	Mail order	\$60	\$65 + \$135	\$70
Tier 4 copays	Retail		\$100   \$200	\$200
	Mail order	N/A	N/A	N/A
Medical (out-of-network)				
Coinsurance plan pays after deductible		70%	N/A	N/A
Medical calendar-year deductible	Individual	Combined in/out of network	N/A	N/A
	Family			
Annual out-of-pocket maximum	Individual	Combined in/out of network	N/A	N/A
	Family			

Copays and coinsurance rates listed are for non-preventive care. Virtual visit costs shown apply to carrier-designated telemedicine providers only. Online or phone appointments with your physician will be charged as an office or specialist visit as applicable. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Wellbeing resources

for Hawaii coverage options

The wellbeing resources listed below are available through your insurance carrier.



## MEMBER SERVICES SUPPORT

Contact your carrier's Member Services at the number on your ID card for questions about covered services and prescriptions, claims, and out-of-pocket costs.

**HMSA: 800.776.4672**

**Kaiser: 800.966.5955**

**UnitedHealthcare: 866.873.3902**



## GET THE APP

Register on your carrier's website and download the mobile app to access ID cards, claims, coverage details, network providers and more.

**hmsa.com: HMSA Online Care® app**

**kp.org: Kaiser Permanente app**

**myuhc.com: UnitedHealthcare app**



## 24/7 TELEMEDICINE AND NURSELINES

Talk to a doctor or registered nurse anytime on your carrier's Member Services number, site or app. Virtual visits are available through:

**HMSA: HMSA Online Care app**

**Kaiser: kp.org or Kaiser Permanente app**

**UHC: Teladoc, AmWell®, Dr. on Demand**

**Optum Virtual Care**



## WELLNESS

Nutrition counseling, personalized wellness coaching, weight loss programs and more.

**HMSA: hmsa.com**

**Kaiser: kp.org/wellnesscoach**

**UHC: myuhc.com**

## Reimbursement of out-of-network services

*The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.*

Hawaii HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement.

UnitedHealthcare Options PPO pays benefits for non-emergency, non-network services after the out-of-network deductible is met according to a Medicare cost-based payment methodology defined by UnitedHealthcare as the Maximum Non-Network Reimbursement Program, or MNRP. Under MNRP, reimbursement amounts are a percentage of the published rates allowed by Medicare for the same or similar services. Any difference between the amount billed by the non-network provider and the amount allowed by UnitedHealthcare may sometimes be balance billed to the participant by the provider.

Effective Jan. 1, 2022, both regional HMO options and UnitedHealthcare coverage options available through the Inspirity Group Health Plan are subject to the No Surprises Act, which prohibits balance billing in certain situations involving emergency services and services performed at in-network facilities. Refer to your Certificate of Coverage for more information and contact your carrier with any questions.

# Massachusetts medical coverage options

## Choice-level packages

### Medical (in-network)

Coverage options		Tufts CareLink Advantage PPO 500/80	Tufts CareLink Advantage PPO 1000	Tufts CareLink Advantage PPO 1500	Tufts CareLink Advantage Saver PPO HDHP 1500 (aggregate)	Tufts CareLink Advantage Saver PPO HDHP 3000 (aggregate)	Tufts Value HMO	Tufts Advantage Deductible HMO 1000	Tufts Advantage Deductible HMO 2000	Tufts Advantage Saver HMO HDHP 1500 (aggregate)	Tufts Advantage Saver HMO HDHP 3000 (aggregate)
Coinsurance plan pays after deductible		80%	80%	80%	90%	90%	100%	100%	100%	90%	65%
Medical calendar-year deductible	Individual	\$500	\$1,000	\$1,500	\$1,500	\$3,000	N/A	\$1,000	\$2,000	\$1,500	\$3,000
	Family	\$1,500	\$3,000	\$4,000	\$3,000	\$6,000		\$2,000	\$4,000	\$3,000	\$6,000
Annual out-of-pocket maximum	Individual	\$5,000	\$4,500	\$6,350	\$4,000	\$4,000	\$3,000	\$5,000	\$6,350	\$4,000	\$4,000
	Family	\$10,000	\$9,000	\$12,700	\$7,350	\$7,350	\$6,000	\$10,000	\$12,700	\$7,350	\$7,350
Office visit		\$35	\$35	\$35	10%	10%	\$25	\$25	\$30	10%	35%
Specialist visit		\$35	\$35	\$35	10%	10%	\$40	\$40	\$45	10%	35%
Virtual visit		\$0	\$0	\$0	0%	0%	\$0	\$0	\$0	0%	0%
Urgent care		\$35	\$35	\$35	10%	10%	\$25	\$25	\$30	10%	35%
Emergency room		\$250	\$250	\$250	10%	10%	\$250	\$250	\$250	10%	35%
Outpatient surgery		20%	20%	20%	10%	10%	\$100	0%	0%	10%	35%
Inpatient hospital		20%	20%	20%	10%	10%	\$500	0%	0%	10%	35%

### Pharmacy

Prescription deductible		N/A	N/A	N/A	Copays apply once deductible is met	Copays apply once deductible is met	N/A	N/A	N/A	Copays apply once deductible is met	Copays apply once deductible is met
Tier 1 copays	Retail	\$10	\$10	\$10	\$10	\$10	\$10	\$15	\$15	\$10	\$15
	Mail order	\$20	\$20	\$20	\$20	\$20	\$20	\$30	\$30	\$20	\$30
Tier 2 copays	Retail	\$35	\$35	\$35	\$35	\$35	\$30	\$30	\$30	\$35	\$30
	Mail order	\$70	\$70	\$70	\$70	\$70	\$60	\$60	\$60	\$70	\$60
Tier 3 copays	Retail	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
	Mail order	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120
Tier 4 copays		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### Medical (out-of-network)

Coinsurance plan pays after deductible		60%	60%	60%	70%	70%	N/A	N/A	N/A	N/A	N/A
Medical calendar-year deductible	Individual	\$1,000	\$2,000	\$3,000	Combined in/out of network	Combined in/out of network	N/A	N/A	N/A	N/A	N/A
	Family	\$3,000	\$6,000	\$8,000							
Annual out-of-pocket maximum	Individual	\$10,000	\$9,000	\$10,000	Combined in/out of network	Combined in/out of network	N/A	N/A	N/A	N/A	N/A
	Family	\$20,000	\$18,000	\$20,000							

Copays and coinsurance rates listed are for non-preventive care. Virtual visit costs shown apply to carrier-designated telemedicine providers only. Online or phone appointments with your physician will be charged as an office or specialist visit as applicable. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Wellbeing resources

for Massachusetts coverage options

The wellbeing resources listed below are available through your insurance carrier.



## MEMBER SERVICES SUPPORT

Contact your carrier's Member Services at the number on your ID card for questions about covered services and prescriptions, claims, and out-of-pocket costs.

**Tufts HMO options: 800.462.0224**

**Tufts PPO and HDHP options: 866.352.9114**



## GET THE APP

Register on your carrier's website and download the mobile app to access ID cards, claims, coverage details, network providers and more.

**mytuftshealthplan.com: Tufts Health Plan**



## 24/7 TELEMEDICINE AND NURSELINES

Talk to a doctor or registered nurse anytime on your carrier's Member Services number, site or app. Virtual visits are available through:

**Teladoc®: mytuftshealthplan.com**

**Nurse24™: 866.201.7919**



## WELLNESS

Nutrition counseling, personalized wellness coaching, weight loss programs and more.

**mytuftshealthplan.com**

**866.201.7919**

## Reimbursement of out-of-network services

*The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.*

Tufts HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement.

Tufts CareLink Advantage PPO coverage options pay benefits for non-emergency, non-network services after the deductible is met and according to a Reasonable Charge payment methodology. Reasonable charges are determined based on Medicare relative values. Any difference between the amount billed by the non-network provider and the amount allowed by Tufts may be balance billed to the participant by the provider, unless the service occurred at an in-network facility and the member did not consent to care with the non-network provider.

Effective Jan. 1, 2022, Tufts coverage options available through the Insperty Group Health Plan are subject to the No Surprises Act, which prohibits balance billing in certain situations involving emergency services and services performed at in-network facilities. Refer to your Certificate of Coverage for more information, and contact Tufts Member Services with any questions.

# Out-of-area medical coverage options

## Choice-level packages

Medical (in-network)					
Coverage options		UnitedHealthcare out-of-area 500	UnitedHealthcare out-of-area HDHP 1500 (aggregate)	UnitedHealthcare out-of-area HDHP 3000	UnitedHealthcare out-of-area HDHP 5000
<b>Coinsurance plan pays after deductible</b>		80%	80%	80%	80%
<b>Medical calendar-year deductible</b>	Individual	\$500	\$1,500	\$3,000	\$5,000
	Family	\$1,500	\$3,000	\$6,000	\$10,000
<b>Annual out-of-pocket maximum</b>	Individual	\$6,350	\$4,000	\$6,650	\$6,650
	Family	\$12,700	\$7,350	\$13,300	\$13,300
<b>Office visit</b>		20%	20%	20%	20%
<b>Specialist visit</b>		20%	20%	20%	20%
<b>Virtual visit</b>		20%	20%	20%	20%
<b>Urgent care</b>		20%	20%	20%	20%
<b>Emergency room</b>		20%	20%	20%	20%
<b>Outpatient surgery</b>		20%	20%	20%	20%
<b>Inpatient hospital</b>		20%	20%	20%	20%
Pharmacy					
<b>Prescription deductible</b>	Individual	\$100	Copays apply once medical deductible is met	Copays apply once medical deductible is met	Copays apply once medical deductible is met
	Family	\$300			
<b>Tier 1 copays</b>	Retail	\$10	\$10	\$10	\$10
	Mail order	\$25	\$25	\$25	\$25
<b>Tier 2 copays</b>	Retail	\$35	\$35	\$35	\$35
	Mail order	\$87.50	\$87.50	\$87.50	\$87.50
<b>Tier 3 copays</b>	Retail	\$60	\$60	\$60	\$60
	Mail order	\$150	\$150	\$150	\$150
<b>Tier 4 copays</b>	Retail	\$120	\$120	\$120	\$120
	Mail order	\$300	\$300	\$300	\$300
Medical (out-of-network)					
<b>Coinsurance plan pays after deductible</b>		N/A	N/A	N/A	N/A
<b>Medical calendar-year deductible</b>	Individual	N/A	N/A	N/A	N/A
	Family	N/A	N/A	N/A	N/A
<b>Annual out-of-pocket maximum</b>	Individual	N/A	N/A	N/A	N/A
	Family	N/A	N/A	N/A	N/A

Copays and coinsurance rates listed are for non-preventive care. Virtual visit costs shown apply to carrier-designated telemedicine providers only. Online or phone appointments with your physician will be charged as an office or specialist visit as applicable. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Wellbeing resources

for out-of-area coverage options

The wellbeing resources listed below are available through your insurance carrier.



## MEMBER SERVICES SUPPORT

Contact your carrier's Member Services at the number on your ID card for questions about covered services and prescriptions, claims, and out-of-pocket costs.

**UnitedHealthcare: 866.873.3902**



## GET THE APP

Register on your carrier's website and download the mobile app to access ID cards, claims, coverage details, network providers and more.

**myuhc.com: UnitedHealthcare app**

**werally.com: Rally Health app (wellness)**



## 24/7 TELEMEDICINE AND NURSELINES

Talk to a doctor or registered nurse anytime on your carrier's Member Services number, site or app. Virtual visits are available through:

**Teladoc®**

**AmWell®**

**Dr. on Demand**

**Optum Virtual Care**



## WELLNESS

Nutrition counseling, personalized wellness coaching, weight loss programs and more available under "Health Resources" at myuhc.com.

**Rally® wellness coaches and interactive app**

**Quit for Life® tobacco cessation**

**Real Appeal® weight management**

## Reimbursement of out-of-network services

*The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.*

Out-of-area (indemnity) medical coverage options are only available to eligible employees who live in a ZIP code service area not served by a carrier contracted with the Insperty Group Health Plan. No network limitations apply to covered services; however, your share of the costs will be less if you use an in-network provider or non-network provider that participates in UnitedHealthcare's Shared Savings Program.

Any difference between the amount billed by the non-network provider and the amount allowed by UnitedHealthcare may sometimes be balance billed to the participant by the provider.

Effective Jan. 1, 2022, UnitedHealthcare coverage options available through the Insperty Group Health Plan are subject to the No Surprises Act, which prohibits balance billing in certain situations involving emergency services and services performed at in-network facilities. Refer to your Certificate of Coverage for more information and contact UnitedHealthcare Member Services with any questions.

# Dental Benefits at a glance

Insperty dental and vision benefits must be elected together, but may be elected independently of medical coverage. Benefits are available to eligible employees nationwide.

Benefit levels shown below are in-network. The provider network is UnitedHealthcare Dental National Options PPO 30. Services received from non-network providers will be paid at reasonable and customary rates, and the participant will be responsible for any remaining balance.

**UnitedHealthcare Dental | myuhc.com | 877.816.3596**

Calendar-year deductible per person	Calendar-year maximum per person	Orthodontia lifetime maximum	Preventive and diagnostic services	Basic services	Major services	Orthodontic services
<b>\$50</b> \$150 max per family	<b>\$1,500</b> per year	<b>\$1,500</b> to age 19 only	Plan pays <b>100%</b> no deductible	Plan pays <b>80%</b> after deductible	Plan pays <b>50%</b> after deductible	Plan pays <b>50%</b> no deductible

- Preventive and diagnostic services include routine exams, cleaning, topical application of fluoride, diagnostic cast, bite-wing x-rays, sealants, and space maintainers.
- Basic (restorative) services include extractions, fillings, oral surgery, palliative emergency treatment, apicoectomy, occlusal guards, periodontic services, root canal therapy, and therapeutic pulpotomy.
- Major services include inlays, crowns, bridges, dentures, denture rebase or relines, repair of removable dentures, re-cementing of crowns and bridges, and repairs to fixed bridges.
- Orthodontic services include braces, retainers, and other appliances that correct misalignments for dependent children to age 19 only.
- There is no coverage for placement/replacement of dental implants, implant-supported crowns, implant-supporting structures, abutments, or prostheses.
- ID cards are issued when enrollment is processed.

**Additional limits and exclusions apply; see the Certificate of Coverage for complete coverage details.**



## Clear aligner therapy available through SmileDirectClub™

SmileDirectClub, which provides at-home clear aligner therapy for moderate orthodontic concerns, is part of the UnitedHealthcare Dental network. Covered services are available through the orthodontia benefit for enrolled dependents up to age 19. Visit [smiledirectclub.com/uhc](https://smiledirectclub.com/uhc) for more information.

# Vision Benefits at a glance

Insperty dental and vision benefits must be elected together, but may be elected independently of medical coverage. Benefits are available to eligible employees nationwide.

Benefit amounts shown below are for in-network services. The provider network is VSP Choice. The plan generally pays 100% of eligible expenses after the copay when network providers are used. Services from non-network providers must be paid at full cost by the participant at the time of service. A claim may then be filed for reimbursement of eligible expenses up to the out-of-network benefit allowance.

## Vision Service Plan | [vsp.com](http://vsp.com) | 800.877.7195

WellVision® exam every 12 months	Glasses frames every 24 months	Single vision lenses every 12 months	Lined bifocal lenses every 12 months	Lined trifocal lenses every 12 months	Lenticular lenses every 12 months	Contact lens every 12 months
You pay <b>\$15</b> copay	Plan pays up to <b>\$130</b> for frames	You pay <b>\$25</b> copay	You pay <b>\$25</b> copay	You pay <b>\$25</b> copay	You pay <b>\$25</b> copay	Plan pays up to <b>\$125</b> for lens/exam

- You may receive a benefit for either glasses (lenses only) or contact lenses per 12-month period, but not both.
- Benefits for frames are once every 24 months.
- Diabetic Eyecare Program Plus provides medical exams for diabetic eye disease, glaucoma, and age-related macular degeneration (AMD), as well as retinal screening for eligible members with diabetes, at a \$20 copay. Limitations and coordination with medical coverage may apply.
- Retinal screening for non-diabetic members is covered on an as-needed basis after a \$39 copay.
- Visually necessary contact lenses are covered 100% after a \$25 copay upon review and authorization by VSP.
- Progressive, polycarbonate, tinted and photochromic lenses, as well as anti-reflective or scratch-resistant coatings and other lens enhancements, will generally receive a 20-25% discount off provider price after base lens copay.
- No ID card is required. Simply tell your network provider you are a VSP member.

**Additional limits and exclusions apply; see the Certificate of Coverage for complete coverage details.**



### VSP savings for your eyes and ears

Additional discounts and special offers for contact lens exams, LASIK, eyeglass frames, sunglass frames, diabetes care, and TruHearing™ digital hearing aids are available to VSP members. Visit [vsp.com/offers](http://vsp.com/offers) for more information.

# Understanding Your Medical Coverage

## Annual out-of-pocket maximum (OOPM)

This is the most a participant must pay out of their own pocket during the calendar year before the plan begins to pay 100% of eligible expenses. Medical calendar-year deductibles, copays and coinsurance (including prescriptions, unless otherwise noted) generally apply toward satisfying the annual out-of-pocket maximum. Insperty coverage options with embedded deductibles will have embedded OOPMs; HDHP coverage options with aggregate deductibles will have aggregate OOPMs.

## Calendar-year deductible

This is the amount owed for certain covered health care services before the plan begins to pay benefits. Not all covered services require this deductible to be met (e.g., office visit copays under non-HDHP coverage options). All Insperty coverage options cover in-network physician office visits for preventive care services (as defined in the applicable Certificate of Coverage) at 100% with no copay or coinsurance, regardless of whether any deductible has been met.

Except as otherwise noted for certain HDHP-type coverage options, Insperty coverage options generally have “embedded” calendar-year deductibles and OOPMs. For family coverage under the embedded design, each covered family member needs to satisfy only an individual calendar-year deductible (not the entire family deductible) before the individual member can receive covered medical services or prescription drugs at copay or coinsurance levels. Individual family members are responsible for their own out-of-pocket covered medical expenses up to the individual-level OOPM. Combined individual out-of-pocket covered medical expenses for a family will never exceed the family-level OOPM.

Certain Insperty HDHP coverage options have “aggregate” (non-embedded) deductibles and OOPMs. For family coverage under the aggregate design, the entire family calendar-year deductible must be met before copays or coinsurance will apply for any individual family member. Only after the full family deductible is met will any family member be able to receive covered medical services or prescription drugs at copay or coinsurance levels. A family is responsible for all its members’ out-of-pocket covered medical expenses up to the family-level OOPM.

## Coinsurance

This is the Plan or participant’s share of the cost of a covered service, calculated as a percent of the allowed amount for the service. Coinsurance (where applicable) applies after the participant satisfies any applicable calendar-year deductible. Also, coinsurance generally will not apply where a copay applies. Unless otherwise indicated, percentages reflected in the medical coverage options charts reflect the coinsurance amount to be paid by the participant.

## Copays

A fixed amount you pay for a covered service from an in-network provider. Generally, whenever a medical copay applies, coinsurance will not apply, and you are not required to first satisfy any applicable medical calendar-year deductible.

## High deductible health plan (HDHP) options

HDHP coverage options generally do not cover any medical expenses other than preventive care until the applicable calendar-year deductible is met. All medical and pharmacy expenses apply to the applicable calendar-year deductible and OOPM. These expenses are the participant’s responsibility until the deductible is met. All Insperty HDHP coverage options are HSA-qualified.

## **In-network**

Providers and facilities that contract with your health insurance carrier are considered in-network; you will pay in-network copays, deductibles and coinsurance rates for eligible expenses from network providers.

## **Out-of-network**

Providers and facilities that do not contract with your health insurance carrier are considered out-of-network. If your coverage option does not include out-of-network coverage, no benefits will be paid for services received from out-of-network providers, except for emergency medical treatment.

If your elected coverage option pays benefits for services received from out-of-network providers, your financial responsibility will likely be much greater. It is important to understand how your specific insurance carrier reimburses for out-of-network services, and it is your responsibility to pay any cost difference between what the out-of-network provider charges and what the plan covers (i.e., what the insurance carrier pays). In addition, the cost difference, which could be substantial depending on the cost of the care received, does not apply to the OOPM.

### **Limitations and exclusions**

Certain health services have notification requirements and limitations that may vary based upon coverage option, insurance provider or state mandate. It is your responsibility as a participant to confirm that the services you plan to receive are covered health services, and to determine what precertification and/or notification requirement or limitations may apply.

Also, some Insperty Group Health Plan coverage options (at the discretion of the health insurance carrier) require covered individuals to designate a Primary Care Physician (PCP) who will be responsible for coordinating the covered individual's care. If your selected coverage option requires a PCP designation, you will receive more information at enrollment.

For each coverage option available to you, specific limitations and exclusions may apply, as outlined in the Certificate of Coverage (COC) for that option. These, along with the Insperty Group Health Plan Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) for each option, can be viewed on the Insperty Premier™ platform at [portal.insperty.com](https://portal.insperty.com). They are also available upon request by calling Insperty. Should there be a discrepancy or conflict between the information presented here and the actual Plan documents and insurance contracts, the Plan documents and insurance contracts will govern.



## Employee Medical Insurance Contributions

### 3 STEP SPORTS LLC

Bid: 4101900 - 30 -R

Benefit Plan: Independence Choice

Bundled: N

	Weekly Employee Contribution	Bi-Weekly Employee Contribution	Semi-Monthly Employee Contribution	Monthly Employee Contribution
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### ALL OTHERS

#### 500 Deductible 80%

Employee Only	\$77.04	\$154.09	\$166.93	\$333.86
Employee + Spouse	\$212.61	\$425.23	\$460.67	\$921.33
Employee + Child	\$195.64	\$391.28	\$423.89	\$847.78
Employee + Children	\$195.64	\$391.28	\$423.89	\$847.78
Employee + Family	\$305.68	\$611.36	\$662.31	\$1,324.61

#### 1000 Deductible

Employee Only	\$72.81	\$145.62	\$157.75	\$315.51
Employee + Spouse	\$205.06	\$410.13	\$444.31	\$888.61
Employee + Child	\$188.91	\$377.82	\$409.30	\$818.60
Employee + Children	\$188.91	\$377.82	\$409.30	\$818.60
Employee + Family	\$294.27	\$588.54	\$637.59	\$1,275.18

#### 1500 Deductible

Employee Only	\$61.51	\$123.02	\$133.27	\$266.54
Employee + Spouse	\$181.06	\$362.12	\$392.30	\$784.60
Employee + Child	\$167.10	\$334.20	\$362.05	\$724.09
Employee + Children	\$167.10	\$334.20	\$362.05	\$724.09
Employee + Family	\$258.85	\$517.69	\$560.84	\$1,121.67

#### 2500 Deductible

Employee Only	\$53.37	\$106.75	\$115.64	\$231.29
Employee + Spouse	\$165.08	\$330.17	\$357.68	\$715.36
Employee + Child	\$152.09	\$304.18	\$329.53	\$659.06
Employee + Children	\$152.09	\$304.18	\$329.53	\$659.06
Employee + Family	\$234.60	\$469.21	\$508.31	\$1,016.62

#### 6000 Deductible

Employee Only	\$45.02	\$90.05	\$97.55	\$195.10
Employee + Spouse	\$146.44	\$292.88	\$317.29	\$634.58
Employee + Child	\$135.94	\$271.87	\$294.53	\$589.06
Employee + Children	\$135.94	\$271.87	\$294.53	\$589.06
Employee + Family	\$207.72	\$415.44	\$450.06	\$900.12

#### 1500 Deductible - HDHP

Employee Only	\$69.68	\$139.35	\$150.97	\$301.93
Employee + Spouse	\$197.25	\$394.51	\$427.38	\$854.77
Employee + Child	\$181.20	\$362.41	\$392.61	\$785.22
Employee + Children	\$181.20	\$362.41	\$392.61	\$785.22
Employee + Family	\$282.04	\$564.08	\$611.09	\$1,222.18

#### 3000 Deductible - HDHP

Employee Only	\$46.01	\$92.03	\$99.70	\$199.39
Employee + Spouse	\$149.71	\$299.42	\$324.37	\$648.74
Employee + Child	\$139.02	\$278.04	\$301.21	\$602.42
Employee + Children	\$139.02	\$278.04	\$301.21	\$602.42
Employee + Family	\$213.01	\$426.03	\$461.53	\$923.06

## Employee Medical Insurance Contributions

### 3 STEP SPORTS LLC

Bid: 4101900 - 30 -R

Benefit Plan: Independence Choice

Bundled: N

	Weekly Employee Contribution	Bi-Weekly Employee Contribution	Semi-Monthly Employee Contribution	Monthly Employee Contribution
<b>5000 Deductible - HDHP</b>				
Employee Only	\$23.31	\$46.62	\$50.50	\$101.00
Employee + Spouse	\$114.06	\$228.13	\$247.14	\$494.28
Employee + Child	\$105.11	\$210.23	\$227.75	\$455.49
Employee + Children	\$105.11	\$210.23	\$227.75	\$455.49
Employee + Family	\$165.54	\$331.09	\$358.68	\$717.36
<b>THP Value HMO</b>				
Employee Only	\$87.18	\$174.36	\$188.88	\$377.77
Employee + Spouse	\$234.05	\$468.10	\$507.11	\$1,014.21
Employee + Child	\$214.71	\$429.42	\$465.21	\$930.42
Employee + Children	\$214.71	\$429.42	\$465.21	\$930.42
Employee + Family	\$322.48	\$644.96	\$698.71	\$1,397.42
<b>THP Advantage HMO 1000</b>				
Employee Only	\$62.57	\$125.14	\$135.57	\$271.14
Employee + Spouse	\$182.95	\$365.91	\$396.40	\$792.80
Employee + Child	\$168.26	\$336.51	\$364.56	\$729.11
Employee + Children	\$168.26	\$336.51	\$364.56	\$729.11
Employee + Family	\$248.71	\$497.41	\$538.87	\$1,077.73
<b>THP Advantage HMO 2000</b>				
Employee Only	\$52.03	\$104.06	\$112.73	\$225.46
Employee + Spouse	\$160.32	\$320.65	\$347.37	\$694.74
Employee + Child	\$148.49	\$296.99	\$321.74	\$643.47
Employee + Children	\$148.49	\$296.99	\$321.74	\$643.47
Employee + Family	\$217.17	\$434.33	\$470.53	\$941.05
<b>THP Advantage HMO Saver 1500 HDHP</b>				
Employee Only	\$55.31	\$110.62	\$119.84	\$239.68
Employee + Spouse	\$167.88	\$335.76	\$363.73	\$727.47
Employee + Child	\$155.04	\$310.09	\$335.93	\$671.86
Employee + Children	\$155.04	\$310.09	\$335.93	\$671.86
Employee + Family	\$239.64	\$479.29	\$519.23	\$1,038.46
<b>THP 3000 Deductible HMO - HDHP</b>				
Employee Only	\$23.31	\$46.62	\$50.50	\$101.00
Employee + Spouse	\$103.67	\$207.34	\$224.62	\$449.23
Employee + Child	\$97.10	\$194.19	\$210.38	\$420.75
Employee + Children	\$97.10	\$194.19	\$210.38	\$420.75
Employee + Family	\$146.23	\$292.46	\$316.83	\$633.66
<b>BCA HMO North</b>				
Employee Only	\$122.08	\$244.16	\$264.51	\$529.02
Employee + Spouse	\$296.09	\$592.19	\$641.53	\$1,283.07
Employee + Child	\$273.48	\$546.97	\$592.55	\$1,185.10
Employee + Children	\$273.48	\$546.97	\$592.55	\$1,185.10
Employee + Family	\$440.61	\$881.23	\$954.66	\$1,909.33

## Employee Medical Insurance Contributions

### 3 STEP SPORTS LLC

**Bid: 4101900 - 30 -R**

**Benefit Plan: Independence Choice**

**Bundled: N**

	Weekly Employee Contribution	Bi-Weekly Employee Contribution	Semi-Monthly Employee Contribution	Monthly Employee Contribution
<b>BCA HMO South</b>				
Employee Only	\$80.26	\$160.53	\$173.91	\$347.81
Employee + Spouse	\$208.79	\$417.58	\$452.38	\$904.76
Employee + Child	\$194.16	\$388.33	\$420.69	\$841.38
Employee + Children	\$194.16	\$388.33	\$420.69	\$841.38
Employee + Family	\$310.89	\$621.78	\$673.59	\$1,347.18
<b>BCA HMO 1000 North</b>				
Employee Only	\$85.49	\$170.98	\$185.23	\$370.46
Employee + Spouse	\$222.14	\$444.27	\$481.30	\$962.59
Employee + Child	\$206.17	\$412.35	\$446.71	\$893.42
Employee + Children	\$206.17	\$412.35	\$446.71	\$893.42
Employee + Family	\$328.76	\$657.53	\$712.32	\$1,424.64
<b>BCA HMO 1000 South</b>				
Employee Only	\$60.48	\$120.96	\$131.05	\$262.09
Employee + Spouse	\$168.36	\$336.71	\$364.77	\$729.54
Employee + Child	\$157.66	\$315.31	\$341.59	\$683.18
Employee + Children	\$157.66	\$315.31	\$341.59	\$683.18
Employee + Family	\$249.35	\$498.70	\$540.26	\$1,080.52
<b>Kaiser HMO CA North</b>				
Employee Only	\$64.65	\$129.30	\$140.08	\$280.15
Employee + Spouse	\$180.39	\$360.78	\$390.85	\$781.69
Employee + Child	\$173.10	\$346.21	\$375.06	\$750.12
Employee + Children	\$173.10	\$346.21	\$375.06	\$750.12
Employee + Family	\$245.46	\$490.92	\$531.83	\$1,063.66
<b>Kaiser HMO CA South</b>				
Employee Only	\$35.12	\$70.23	\$76.09	\$152.17
Employee + Spouse	\$133.20	\$266.40	\$288.60	\$577.20
Employee + Child	\$124.56	\$249.12	\$269.88	\$539.77
Employee + Children	\$124.56	\$249.12	\$269.88	\$539.77
Employee + Family	\$165.03	\$330.05	\$357.56	\$715.11
<b>Kaiser DHMO 1000 CA North</b>				
Employee Only	\$44.01	\$88.01	\$95.34	\$190.69
Employee + Spouse	\$137.25	\$274.50	\$297.38	\$594.75
Employee + Child	\$133.34	\$266.69	\$288.91	\$577.82
Employee + Children	\$133.34	\$266.69	\$288.91	\$577.82
Employee + Family	\$184.29	\$368.58	\$399.30	\$798.60
<b>Kaiser DHMO 1000 CA South</b>				
Employee Only	\$19.77	\$39.54	\$42.83	\$85.66
Employee + Spouse	\$99.78	\$199.56	\$216.19	\$432.38
Employee + Child	\$94.04	\$188.08	\$203.75	\$407.51
Employee + Children	\$94.04	\$188.08	\$203.75	\$407.51
Employee + Family	\$119.07	\$238.13	\$257.98	\$515.95

## Employee Medical Insurance Contributions

### 3 STEP SPORTS LLC

Bid: 4101900 - 30 -R

Benefit Plan: Independence Choice

Bundled: N

	Weekly Employee Contribution	Bi-Weekly Employee Contribution	Semi-Monthly Employee Contribution	Monthly Employee Contribution
<b>Kaiser HMO HDHP CA North</b>				
Employee Only	\$32.31	\$64.62	\$70.00	\$140.00
Employee + Spouse	\$113.72	\$227.45	\$246.40	\$492.80
Employee + Child	\$111.06	\$222.12	\$240.63	\$481.27
Employee + Children	\$111.06	\$222.12	\$240.63	\$481.27
Employee + Family	\$150.37	\$300.74	\$325.80	\$651.60
<b>Kaiser HMO HDHP CA South</b>				
Employee Only	\$10.39	\$20.78	\$22.52	\$45.03
Employee + Spouse	\$78.61	\$157.23	\$170.33	\$340.66
Employee + Child	\$74.93	\$149.87	\$162.35	\$324.71
Employee + Children	\$74.93	\$149.87	\$162.35	\$324.71
Employee + Family	\$90.87	\$181.74	\$196.88	\$393.76
<b>UHC of CA HMO North</b>				
Employee Only	\$119.85	\$239.70	\$259.67	\$519.34
Employee + Spouse	\$295.88	\$591.76	\$641.08	\$1,282.15
Employee + Child	\$281.15	\$562.31	\$609.16	\$1,218.33
Employee + Children	\$281.15	\$562.31	\$609.16	\$1,218.33
Employee + Family	\$409.59	\$819.19	\$887.46	\$1,774.91
<b>UHC of CA HMO South</b>				
Employee Only	\$68.25	\$136.50	\$147.88	\$295.76
Employee + Spouse	\$190.06	\$380.12	\$411.80	\$823.60
Employee + Child	\$182.64	\$365.29	\$395.73	\$791.46
Employee + Children	\$182.64	\$365.29	\$395.73	\$791.46
Employee + Family	\$259.07	\$518.15	\$561.33	\$1,122.65
<b>50 Deductible Dental and Vision</b>				
Employee Only	\$3.80	\$7.61	\$8.24	\$16.48
Employee + Spouse	\$13.27	\$26.55	\$28.76	\$57.52
Employee + Child	\$10.66	\$21.32	\$23.10	\$46.20
Employee + Children	\$10.66	\$21.32	\$23.10	\$46.20
Employee + Family	\$17.30	\$34.59	\$37.48	\$74.95

Employee contribution for medical benefits under Insperity's Section 125 plan are pre-tax.

Benefit ID cards will be mailed by the healthcare provider, to the home address within 30 days of receipt, by Insperity, of the Benefits Enrollment Form.

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