



EMPLOYEE BENEFIT GUIDE

PLAN YEAR: October 1st, 2023 – September 30th, 2024

Use your smartphone camera or scanner app to open the recorded video of the open enrollment presentation



CONTENT

Open Enrollment.....	3
Eligibility.....	4
Benefit Elections and Changes.....	5
Enrollment Instructions.....	6
Medical Insurance.....	8
Ways to Save on Prescriptions.....	11
Enhanced Benefits.....	12
Dental Insurance.....	16
Vision Insurance.....	19
Basic Life.....	20
Voluntary Life.....	21
Short Term Disability.....	22
Long Term Disability.....	22
Contact Information.....	23

Information provided by



We strive to provide you with a comprehensive employee benefits program as part of your overall compensation package.

We put together this guide to help you understand your benefits and to help you get the most out of them. We encourage you to review it thoroughly so you can identify which offerings are best for you and your family.

If you have questions about your benefits, reach out to Human Resources or use the contact information included in this guide to get the answers you need.

This Employee Benefits Guide is designed to provide information about the benefit plans and programs offered by our organization during the plan year listed on the front cover. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs described herein. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this document and the SPD, the SPD shall prevail. The SPD is available from our Human resources department.

If you are electing dental, vision, short- and long-term disability, basic life and/or voluntary life coverage for the first time, you are required to be 'Actively at Work' on a full-time basis on the day that the coverage begins. 'Actively at Work' is defined as, you are working for your employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation.

WELCOME TO OPEN ENROLLMENT

CareerSource Pasco Hernando offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

If after reviewing the enclosed information you have questions on any of the items enclosed, please feel free to contact the Human Resources Department.

All eligible employees are required to complete their online benefit elections in Employee Navigator. Enrollment will capture elections for medical, dental, vision, life insurance, Short Term Disability and Long Term Disability. Please provide beneficiary information for your employer paid Life AD&D coverage. Should you experience a qualifying life event such as birth, divorce, loss of coverage, etc., during the plan year, please contact the Human Resources Department.



EFFECTIVE OCTOBER 1ST, 2023

or after you have completed your new hire waiting period.

ELIGIBILITY

Employees

All full-time employees are eligible for benefits on the first of the month following 60 days of employment. To be eligible for benefits, employees must work at least 30 hours per week.

Dependents

Your eligible dependents may also participate in the plan; however, your dependents may not enroll in the plan unless you are also enrolled in that plan. An eligible dependent is considered to be:

- Your legal spouse or Domestic Partner (proof of valid one-year partnership is required)
 - DOMESTIC PARTNER BENEFITS ARE DEDUCTED AFTER-TAX
- You or your spouse's child including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your spouse are the legal guardian who meets the below age restrictions:

Medical	Dependent child(ren) are covered up to age 30, coverage terminates on birthday.
Dental and Vision	Dependent child(ren) are covered up to age 26, coverage terminates end of the calendar year
Voluntary Life and AD&D	Dependent child(ren) may be covered up to age 26. Coverage terminates immediate/day of their 26 th birthday.

- A child who is primarily supported by you and incapable of self-sustaining employment by reasons of mental or physical handicap (proof of their condition and dependence must be submitted).
- A dependent also includes a child for whom healthcare coverage is required through a Qualified Medical Child Support Order or other court or administrative order.

WAITING PERIOD

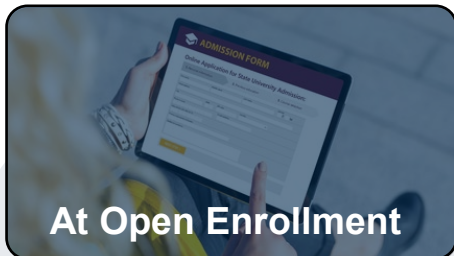
Newly hired employees are eligible for benefits on the first of the month following 60 days of employment.

TERMINATION OF BENEFITS

Termination of medical, dental, vision, and life benefits occur on the last day of the month following the last day worked. Disability and Enhanced Benefits term on the last day worked.

BENEFIT ELECTIONS AND CHANGES

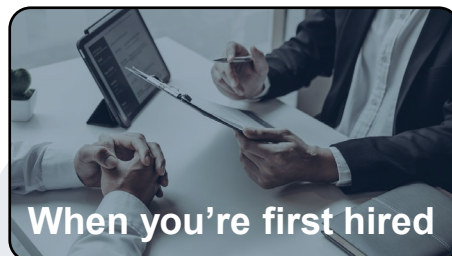
There are limited opportunities to enroll and/or make changes to your benefit elections. Make your selections carefully! The choices you make now will be effective through the end of the plan year, as long as you remain eligible.



At Open Enrollment

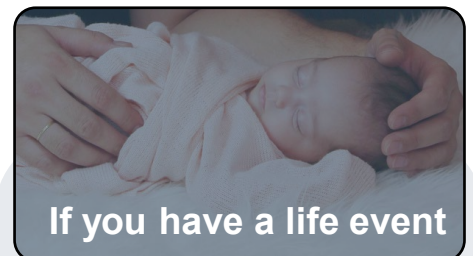
Open Enrollment is your annual opportunity to make changes to your elections.

Benefits selected during Open Enrollment are effective October 1, 2023.



When you're first hired

The benefits you elect begin on the first day of the month following 60 days of employment.



If you have a life event

Some life events allow you to change your coverage during the year. If you experience a life event, you have 30 days from the date of the event to request changes and provide the required documentation.

Some common life events are:

- Birth or adoption
- Marriage or Divorce
- Change in employment status or change in coverage under another employer-sponsored plan
- Loss or gain of eligibility under Medicare or Medicaid

Please submit your request for a benefit change following a life event to Human Resources. HR will enter your life event into Employee Navigator, you will then log into Employee Navigator to make your benefit changes



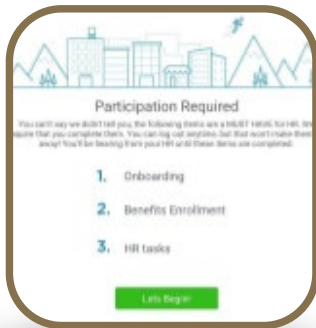
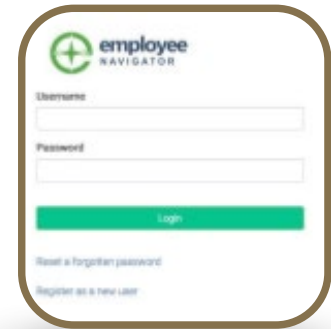
ENROLL IN YOUR BENEFITS ONE STEP AT A TIME

ENROLLMENT INSTRUCTIONS

STEP 1: LOG IN

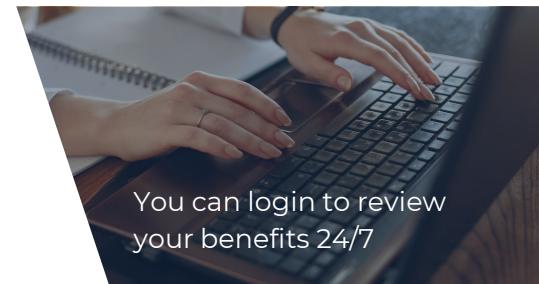
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.



STEP 2: WELCOME!

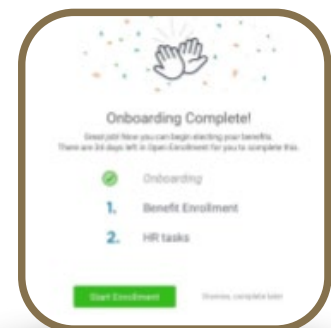
After you login click **Let's Begin** to complete your required tasks.



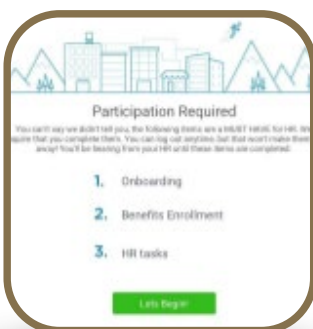
STEP 3: ONBOARDING (FOR FIRST TIME USERS, IF APPLICABLE)

Complete any assigned onboarding tasks before enrolling in your benefits.

Once you've completed your tasks click **Start Enrollment** to begin your enrollments.



TIP If you hit **"Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



STEP 4: START ENROLLMENTS

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections..

TIP Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

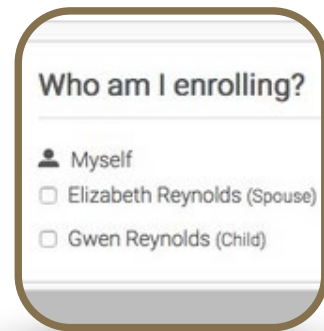
ENROLL IN YOUR BENEFITS ONE STEP AT A TIME

ENROLLMENT INSTRUCTIONS

STEP 5: BENEFIT ELECTIONS

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.



Who am I enrolling?

☒ Myself

☐ Elizabeth Reynolds (Spouse)

☐ Gwen Reynolds (Child)



My Cost: \$0.00

View employer contribution summary

Save & Continue

Don't want this benefit?

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

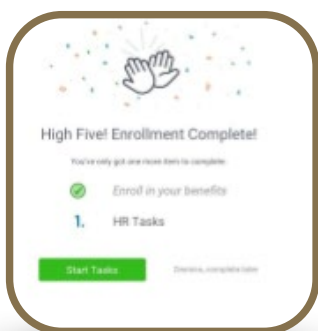
STEP 6: FORMS

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

STEP 7: REVIEW & CONFIRM ELECTIONS

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



High Five! Enrollment Complete!

You've only got one more item to complete:

- ☒ Enroll in your benefits
- 1. HR Tasks**

Start Tasks

Dismiss, complete later

STEP 8: HR TASKS (IF APPLICABLE)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

You can login to review your benefits 24/7

MEDICAL INSURANCE FLORIDA BLUE

You may choose from two medical plans through Florida Blue. When selecting your medical plan consider:

- The premium you'll pay (your payroll deduction)
- What you'll pay when accessing care (copays, deductible, coinsurance and max out of pocket)
- What medications are covered (also find out which coverage tier; and whether generics and/or mail order are available)
- Which providers are In-Network



SOME INSURANCE TERMS

COPAY

A fixed amount you pay when seeking care for certain services.

DEDUCTIBLE

The amount you pay for certain health care services in a calendar year before the plan begins paying any portion of those services. Embedded means per person deductible; non-embedded means a full family deductible.

COINSURANCE

The percentage you pay for certain services after meeting your deductible and before you meet your Out of Pocket Maximum.

OUT OF POCKET MAXIMUM

The most you will pay in a calendar year for covered services. This includes copays, deductibles, coinsurance, and prescriptions. Once the Out of Pocket Maximum has been met, the plan will pay 100% of covered services for the remainder of that calendar year.

BALANCE BILLING

The amount you are billed by Out-Of-Network providers to make up the difference between the amount they charge and what the insurance reimburses. This amount is in addition to and does not count toward your Out of Pocket Maximum.

	Blue Options 05773	Blue Options 05770
What Provider Network do I use?	Blue Options	Blue Options
Do I need to choose a Primary Care Physician (PCP)?	No	No
Do I need a referral to see a Specialist?	No	No
Can I go Out-Of-Network?	Yes. This plan has out-of-network benefits but you will incur additional expenses using out-of-network providers.	Yes. This plan has out-of-network benefits but you will incur additional expenses using out-of-network providers.
Where can I go for blood work?	In Florida; Quest. Outside Florida; refer to Provider Directory	

Medical Semi-Monthly (24) Payroll Deductions – PRE-TAX

	Blue Options 05773	Blue Options 05770
Employee	No cost	\$44.27
Employee + Spouse	\$294.52	\$395.45
Employee + Child(ren)	\$230.09	\$318.63
Employee + Family	\$506.21	\$647.87

MEDICAL INSURANCE

FLORIDA BLUE

BENEFIT SUMMARY	Blue Options 05773	Blue Options 05770
In Network Names	Blue Options	Blue Options
Financials		
Deductible	\$2,500 Per Individual \$7,500 Per Family	\$1,000 Per Individual \$3,000 Family Max
Coinsurance	20% after Deductible (Ded)	20% after Deductible (Ded)
Maximum Out of Pocket	\$6,350 Per Individual \$12,700 Family Max	\$3,500 Per Individual \$7,000 Family Max
Physician Services		
Preventive Care	No Charge	No Charge
Primary Care	Value Choice \$0 Primary Care \$35 Virtual Visits \$0	Value Choice \$0 Primary Care \$25 Virtual Visits \$0
Specialist	Value Choice \$20 Specialist \$85 Virtual Visits \$85	Value Choice \$20 Specialist \$45 Virtual Visits \$45
Hospitalization		
Inpatient Hospitalization	\$300 per admission deductible + 20% after Ded	20% after Ded
Outpatient Surgery	Ambulatory Surgical Center \$300 Hospital 20% after Ded	Ambulatory Surgical Center \$150 Hospital 20% after Ded
Physician Services (Hospital & ER)	20% after Ded	\$100 copay
Urgent Care	Value Choice \$0 Urgent Care \$100	Value Choice \$0 Urgent Care \$50
Emergency Room	\$350 copay	\$200 copay
Outpatient Diagnostics		
Routine Diagnostics (Lab & X-ray)	Lab: No copay X-ray: \$50 copay	Lab: No copay X-ray: \$50 copay
Major Diagnostics (MRI, CAT, PET Scans, etc.)	\$350 copay	\$200 copay
Prescriptions		
Rx Deductible	None	None
Tier Level 1	\$10 copay	\$10 copay
Tier Level 2	\$50 copay	\$50 copay
Tier Level 3	\$80 copay	\$80 copay
Tier Level 4	20% coinsurance	20% coinsurance
Mail Order Pharmacy	2.5 x retail copay (90 day supply)	2.5 x retail copay (90 day supply)
Out of Network		
Deductible	\$5,000 Per Individual \$15,000 Per Family	\$3,000 Per Individual \$6,000 Family Max
Coinsurance	50% after Deductible (Ded)	50% after Deductible (Ded)
Maximum Out of Pocket	\$13,000 Per Individual \$26,000 Family Max	\$7,000 Per Individual \$14,000 Family Max

Note: Your medical deductible runs on a calendar year basis, meaning it will reset to zero on 1/1/2024 & will accumulate until 12/31/2024

MEDICAL INSURANCE FLORIDA BLUE

When you enroll in any of the Florida Blue medical plans, you are able to access a variety of programs designed to help you get the most out of your health plan and to improve your overall health and well-being.

Register as a member at www.floridablue.com after you receive your ID Card to learn more and to use these programs.



FloridaBlue.com	Visit FloridaBlue.com to sign up for your secure Member Account. You will need your Member Number which is located on your Florida Blue ID card. Follow the prompts to set up your User ID and password to complete the registration.
Florida Blue Mobile App	Download the Florida Blue Mobile app today! Check plan benefits and see the status of your claims. Find the nearest in-network doctor, Urgent Care Center or pharmacy. Compare medical costs. View your member ID card.
Teladoc Virtual Visits	Visit a doctor virtually using your mobile device, tablet or computer 24/7 while enrolled in any of the Florida Blue medical plans. Virtual visits are ideal for things like bronchitis, a cold or the flu, fever, a rash, sinus problems, sore throat, stomachache and more. A doctor will give you a diagnosis and if necessary a prescription.
Better You Strides	Free online wellness program that uses your needs, goals and interests to build your customized plan to better your health. To register for this program first log in to your Florida Blue online account at FloridaBlue.com. Find "Your Guide to Better Health" on the right side of your home page and click "Get Started". Follow the prompts to create your account.
Nurses on Call	When you need answers right away, you can call a health coach 24/7. This is a great feature if you or your family members have health concerns or general health questions. Nursline is available at no cost. Simply call 877.789-2583.
Healthy Addition Prenatal Program	The Healthy Addition program works with you and your health care provider to help you have a healthy pregnancy. For more information email healthaddition@floridablue.com or call 800.955.7635, Option 6 Monday – Friday 8 AM – 5:30 PM EST.

TO FIND AN IN-NETWORK MEDICAL PROVIDER

TO LOCATE PROVIDERS IN FLORIDA

- Go to www.FloridaBlue.com
- Click 'Find a Doctor'
- Select a Plan type and follow the prompts

TIP When looking for specific providers, less data often returns better results. Start with the location and type of provider. When searching by name, enter only the first few letters of the provider's last name.

TO LOCATE PROVIDERS OUTSIDE OF FLORIDA

- Click 'Find a Doctor'
- Scroll to bottom of the page, click on Doctors & Hospitals Nationally
- Enter your location (zip code or city and state).
- Enter the three letters at the beginning of your Member ID
- Follow prompts for type of provider search.

A NOTE ABOUT FLORIDA BLUE PROVIDER NETWORKS

Verify that your provider is In-Network BEFORE your visit. The Florida Blue, Blue Care HMO plan only provides coverage for residents of Florida. If enrolled on the Blue Care HMO you will not have coverage if you receive care from a provider outside of Florida or if you seek service from an Out-Of-Network provider within Florida. Blue Options plans have coverage nationwide as well as Out-of-Network benefits.

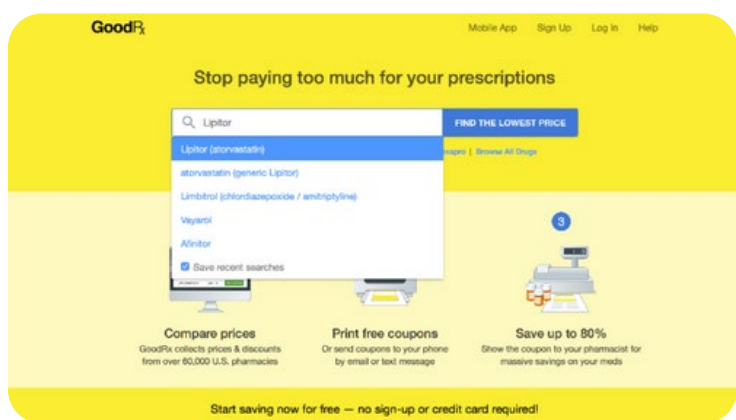
HOW GOODRX WORKS TO USE GOODRX

IN LESS THAN 90 SECONDS

Discover how GoodRx can provide big discounts on your prescription drugs!



TO USE GOODRX



1. Look up your drug and compare prices.

It's simple: Just go to the homepage, type in your drug's name in the search field and click the "Find the Lowest Price" button.

(We'll even help you spell the name of your prescription, because who spells Carvedilol correctly the first time?)

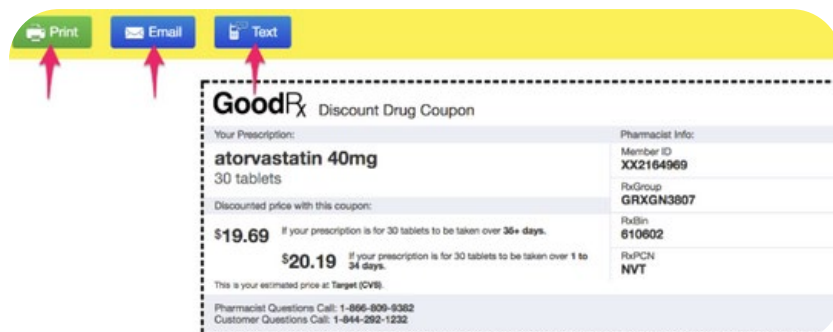
2. Print, email or text your coupon.

Select the "GET FREE COUPON" or "GET FREE DISCOUNT" button next to your preferred pharmacy. Then print, email or text the coupon to yourself.

GoodRx coupons will help you pay less than the cash price for your prescription. They're free to use and are accepted at virtually every U.S. pharmacy.

Don't have a printer or want to save paper? Show the coupon on your phone by:

- Sending the coupon to yourself via email or text, or
- Using our mobile app, or
- Visiting our mobile website



3. Present the free coupon to the pharmacist.

Similar to using a coupon at the grocery store, simply print, email or text the coupon. Bring it with you to the pharmacy when you pick up your prescription. The pharmacist will enter the coupon codes into their system to find the discount.



ENHANCED BENEFITS INTRODUCTION

Enhanced benefits can provide rewarding financial gain during what normally would be a very trying time. Accidents, critical illnesses and hospitalizations can occur when you least expect it. These plans can help fill in the gaps created by high deductibles and rising copays, providing the financial security you need to get you back on your feet. These benefits are offered on an Individual basis; you can choose the plan(s) that work best for you, cover your spouse and/or child(ren) even if they are not on your medical plan, and take the coverage with you if you leave. Cash benefits are paid directly to you, not the doctor or hospital, so you can use the money where you need it most.



ENHANCED: VOLUNTARY ACCIDENT ALLSTATE

With Accident coverage through Allstate, you receive benefits paid directly to you for unexpected accidents and injuries. You can utilize the payment any way that you choose, to help cover day-to-day living expenses or any other expenses not covered by your medical plan.

From simple things like bee stings or poison ivy, to more common things like broken bones or torn tendons, and even major events like a car accident where you may land in the hospital, Accident coverage allows you to cover your out-of-pocket risks.

With Off-Job coverage, you can be provided peace of mind if you are hurt on a weekend getaway or while at home, protection is in place.



Immediate Value	Pays \$50 per year per insured for seeking treatment with any doctor for any reason (i.e. dental, vision, wellness, follow-up for allergies, etc.)								
Benefit Highlights	<ul style="list-style-type: none">• Pays \$100 for Initial Doctor's Visit / Urgent Care• Pays \$200 for Emergency Room Visits• Pays \$50 for Doctor Follow-up Visits (up to 6 visits per accident)• Pays \$2,000 for initial hospitalization when admitted due to a covered accident, plus \$400 per night in the hospital (\$800/day for ICU).• Pays up to \$9,000 for broken bones and dislocations.• Pays for torn tendons, ligaments, rotator cuff, knee cartilage, wheelchair/crutches, CT/MRIs, follow-up visits, physical therapy, and many more treatments and injuries.• Includes an Accidental Death policy of up to \$50,000.								
Semi-Monthly (24) Payroll Deductions	<table><tr><td>Employee.....</td><td>\$4.97</td></tr><tr><td>Employee + Spouse.....</td><td>\$8.60</td></tr><tr><td>Employee + Child(ren)</td><td>\$12.64</td></tr><tr><td>Family.....</td><td>\$16.01</td></tr></table>	Employee.....	\$4.97	Employee + Spouse.....	\$8.60	Employee + Child(ren)	\$12.64	Family.....	\$16.01
Employee.....	\$4.97								
Employee + Spouse.....	\$8.60								
Employee + Child(ren)	\$12.64								
Family.....	\$16.01								

How does the plan work?

(Example for demonstration purposes only, actual benefits may change due to incurred treatment.)

You suffer a broken leg (Tibia) and are treated at the Emergency Room for your injury:

- Initial Medical Expense (ER) – \$200
- Broken Bone (Tibia) – \$6,400
- Follow-Up Visit to Orthopedic – \$50 x 2 = \$100
- Physical Therapy – \$30 x 6 = \$180

Total Benefit paid to you = \$6,880

**** No lifetime benefit maximums and benefits are paid per injury**

ENHANCED: CRITICAL ILLNESS W/ CANCER ALLSTATE

With Critical Illness coverage, you receive benefits paid directly to you when you are diagnosed with a covered illness. You can utilize the payment any way that you choose, to help cover day-to-day living expenses or any other expenses not covered by your medical plan.

A major illness such as a Heart Attack, Stroke or Invasive Cancer can leave you overwhelmed, both emotionally and financially. Critical Illness Insurance can relieve the financial and emotional impact of an illness so you can focus on recovery.



Immediate Value	Pays \$50 annually for a recognized wellness screening (employee and covered spouse)
Highlights	<ul style="list-style-type: none">You choose your benefit amount: \$10,000 or \$20,000Guaranteed Issue up to \$20,000 (No medical questions)Covered dependents receive 50% of the Employee's benefit amount in all categoriesRates vary by age of employee, tobacco status and coverage tierNo pre-existing condition limitations
Benefits	<ul style="list-style-type: none">If you are ever diagnosed with a Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure, Advanced Alzheimer's Disease or Parkinson's Disease, Benign Brain Tumor, Coma, Complete Loss of Hearing, Sight or Speech, Paralysis or Invasive Cancer, you will be paid a lump sum benefit (\$10,000 or \$20,000) based upon your diagnosisReoccurrence of Critical Illness and Cancer Benefit – You will receive 100% of benefit amount elected if diagnosed for a second time with an initial critical illness/cancer (if 6 months after first diagnosis)Coronary Artery Bypass & Carcinoma in Situ – 25% of benefit amount electedSkin Cancer Benefit of \$250 (once per calendar year)

How does the plan work?

You elect the \$10,000 coverage and are diagnosed with Invasive Cancer.

- Initial Diagnosis of Cancer: \$10,000
- 9 months later, you suffer a Heart Attack.
- Second Diagnosis: \$10,000

Total Benefit paid to you = \$20,000

ENHANCED: CRITICAL ILLNESS W/ CANCER ALLSTATE

Semi-Monthly (24) Payroll Deductions				
\$10k/\$20k Non-Tobacco				
Age	Employee (EE) Only	EE + Spouse	EE + Child(ren)	Family
18-24	\$1.23 / \$1.86	\$2.13 / \$3.08	\$1.23 / \$1.86	\$2.13 / \$3.08
25-29	\$1.54 / \$2.48	\$2.61 / \$4.01	\$1.54 / \$2.48	\$2.61 / \$4.01
30-34	\$2.06 / \$3.50	\$3.41 / \$5.55	\$2.06 / \$3.50	\$3.41 / \$5.55
35-39	\$2.97 / \$5.25	\$4.79 / \$8.20	\$2.97 / \$5.25	\$4.79 / \$8.20
40-44	\$4.08 / \$7.40	\$6.47 / \$11.46	\$4.08 / \$7.40	\$6.47 / \$11.46
45-49	\$5.66 / \$10.50	\$8.91 / \$16.15	\$5.66 / \$10.50	\$8.91 / \$16.15
50-54	\$7.78 / \$14.62	\$12.15 / \$22.38	\$7.78 / \$14.62	\$12.15 / \$22.38
55-59	\$10.29 / \$19.50	\$15.98 / \$29.78	\$10.29 / \$19.50	\$15.98 / \$29.78
60-64	\$14.60 / \$27.92	\$22.54 / \$42.51	\$14.60 / \$27.92	\$22.54 / \$42.51
65-69	\$20.44 / \$39.31	\$31.43 / \$59.74	\$20.44 / \$39.31	\$31.43 / \$59.74
70-74	\$27.95 / \$54.01	\$42.86 / \$81.94	\$27.95 / \$54.01	\$42.86 / \$81.94
75-79	\$37.24 / \$72.44	\$56.88 / \$109.67	\$37.24 / \$72.44	\$56.88 / \$109.67
80+	\$54.16 / \$106.18	\$82.29 / \$160.33	\$54.16 / \$106.18	\$82.29 / \$160.33

Semi-Monthly (24) Payroll Deductions				
\$10k/\$20k Tobacco				
Age	Employee (EE) Only	EE + Spouse	EE + Child(ren)	Family
18-24	\$1.37 / \$2.14	\$2.34 / \$3.50	\$1.37 / \$2.14	\$2.34 / \$3.50
25-29	\$1.70 / \$2.79	\$2.84 / \$4.48	\$1.70 / \$2.79	\$2.84 / \$4.48
30-34	\$2.52 / \$4.43	\$4.10 / \$6.94	\$2.52 / \$4.43	\$4.10 / \$6.94
35-39	\$3.85 / \$7.00	\$6.11 / \$10.84	\$3.85 / \$7.00	\$6.11 / \$10.84
40-44	\$5.43 / \$10.11	\$8.50 / \$15.52	\$5.43 / \$10.11	\$8.50 / \$15.52
45-49	\$8.10 / \$15.37	\$12.57 / \$23.46	\$8.10 / \$15.37	\$12.57 / \$23.46
50-54	\$11.76 / \$22.57	\$18.11 / \$34.31	\$11.76 / \$22.57	\$18.11 / \$34.31
55-59	\$15.98 / \$30.88	\$24.51 / \$46.85	\$15.98 / \$30.88	\$24.51 / \$46.85
60-64	\$22.98 / \$44.67	\$35.11 / \$67.63	\$22.98 / \$44.67	\$35.11 / \$67.63
65-69	\$32.51 / \$63.45	\$49.54 / \$95.94	\$32.51 / \$63.45	\$49.54 / \$95.94
70-74	\$44.10 / \$86.30	\$67.07 / \$130.38	\$44.10 / \$86.30	\$67.07 / \$130.38
75-79	\$55.90 / \$109.76	\$84.87 / \$165.65	\$55.90 / \$109.76	\$84.87 / \$165.65
80+	\$76.73 / \$151.33	\$116.16 / \$228.06	\$76.73 / \$151.33	\$116.16 / \$228.06

DENTAL INSURANCE

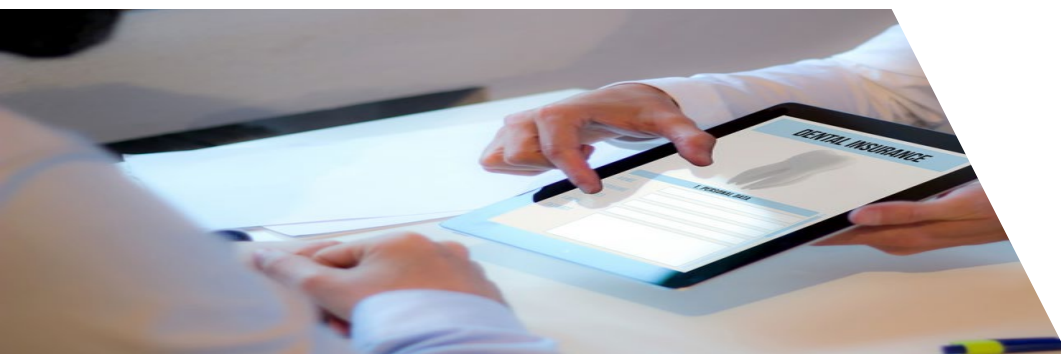
SUN LIFE

Services Include	Basic Dental		Enhanced Dental	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible	\$50 Individual \$150 Family	\$100 Individual \$300 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Preventive Services	Covered at 100% (no deductible)	Covered at 80% (no deductible)	Covered at 100% (no deductible)	Covered at 100% (no deductible)
Basic Services	Covered at 80% after Deductible	Covered at 70% after Deductible, + any balance over the Maximum Allowable Charge	Covered at 90% after Deductible	Covered at 80% after Deductible, + any balance over the Usual & Customary Charge
Major Services	Covered at 50% after Deductible	Covered at 40% after Deductible, + any balance over the Usual & Customary Charge	Covered at 60% after Deductible	Covered at 50% after Deductible, + any balance over the Usual & Customary Charge
Maximum Annual Benefit Per Person Covered	\$1,000		\$2,000	
Orthodontia Child Only	Covered at 40% (no deductible) \$1,000 lifetime maximum per covered child under 26		Covered at 50% (no deductible) \$1,000 lifetime maximum per covered child under 26	

Dental Semi-Monthly (24) Payroll Deductions – PRE-TAX

	Basic Dental	Enhanced Dental
Employee	\$8.36	\$12.75
Employee + Spouse	\$18.00	\$27.44
Employee + Child(ren)	\$21.65	\$37.22
Employee + Family	\$29.11	\$49.09

Waiting Periods Apply for Late Applicants: Employees who enroll in the Dental plan more than 31 days after becoming eligible will have a waiting period of 6-months for Type II Basic Restorations, 12-months for all other Type II Basic services, and 12-months for Type III Major Services and Type IV Orthodontic Services.



DENTAL INSURANCE

SUN LIFE

HOW TO FIND AN IN-NETWORK DENTIST

- Go to www.sunlife.com/findadentist
- Select a plan type
- Select your network from the dropdown
- Enter your zip code
- Click 'Search Dentists'

REMEMBER!

Always ask your Dentist to submit a pre-determination of coverage prior to having any service over \$300.

USUAL & CUSTOMARY CHARGES

This refers to the base amount that is treated as the standard or most common charge for a particular dental service when rendered in any given geographic area. When accessing care Out-Of-Network this is the amount on which the claim will be paid. You are responsible to pay the difference in the provider's actual charge and what the insurance reimburses.

PREDETERMINATION OF BENEFITS

This optional service provides you with an estimate on the amount to be covered prior to having a dental procedure. When your treatment plan is expected to exceed \$300, ask your Dentist to request the Predetermination Review. Your Dentist will submit your treatment plan and the insurance carrier returns an estimate of what they expect to pay and what you can expect to pay.

MAXIMUM ANNUAL BENEFIT

This is the most the insurance carrier will pay for covered services in a calendar year. You are responsible for any additional charges during that calendar year once the benefit has been exhausted.



DENTAL

Preventive Max Waiver®

Encouraging good oral health by not applying preventive treatments to the maximum.

A Lifetime of Smiles® option, Preventive Max Waiver provides members the same coverage for preventive services, without it counting towards their annual maximums. This makes more benefit dollars available for other care!



Preventive Max Waiver:

- Encourages preventive dental care and wellness
- Provides the same coverage without depleting the maximum
- Makes available more maximum dollars for costlier dental procedures

The national average for two exams, two cleanings and a set of bitewing x-rays is

\$380.¹

A molar root canal and associated services could exceed

\$1,000.¹

It's simple

Donna knows the importance of maintaining good oral health so this year during two checkups she has received five preventive treatments (two exams, two cleanings and one set of bitewing x-rays). See the Preventive Max Waiver (PMW) savings:



Dental Services	With PMW			Without PMW		
	PMW Plan Pays	Member Pays	Maximum Left	Plan Pays	Member Pays	Maximum Left
<ul style="list-style-type: none"> • 2 Exams • 2 Cleanings • Bitewing X-rays 	\$380	\$0	\$1,000	\$380	\$0	\$620

The extra \$380 Donna has in her annual maximum will come in handy, because at her last exam she found out she needs to get a root canal!

This fictional example is for illustrative purposes only. The facts presented were designed to demonstrate the benefits of the Preventive Max Waiver dental option.

1. 2020 Fair Health Data.

*Not yet available in all states.

This dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by the Patient Protection and Affordable Care Act. ("PPACA").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-DEN-C-01.

Products contain limitations, exclusions, reductions and restrictions. Issued contracts determine all plan features and benefits. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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VISION INSURANCE

SUN LIFE

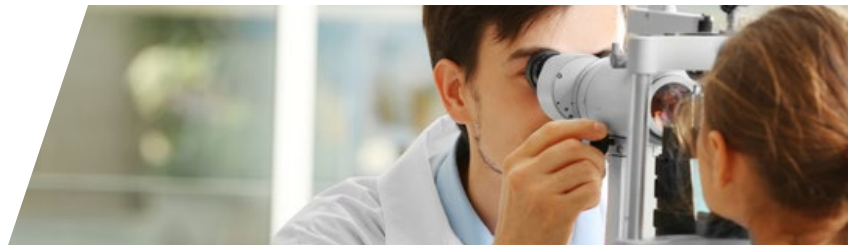
	FREQUENCY LIMITS	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE
Eye Exam	Covered once every 12 months	\$10 copay	Up to \$45
Eyeglass Lenses	Covered once every 12 months	\$25 copay	Up to: \$30 Single \$50 Bifocal \$60 Trifocal \$100 Lenticular
Traditional Eyeglass Frames	Covered once every 12 months	\$150 allowance 20% off amount over allowance Costco: \$80 allowance	Up to \$70
Contact Lenses	Covered once every 12 months instead of lenses and frames	Elective: \$150 allowance Medically Necessary: No copay	Elective: Up to \$105 Medically Necessary: Up to \$210

Vision Semi-Monthly (24) Payroll Deductions – PRE-TAX

Vision Plan	
Employee	\$2.35
Employee + Spouse	\$4.13
Employee + Child(ren)	\$4.22
Employee + Family	\$6.82

HOW TO FIND AN IN-NETWORK VISION PROVIDER

- Go to www.vsp.com
- Click on “Find a doctor”
- You have 3 options on how to find a dentist
 - Search by location
 - Search by office name
 - Search by doctor

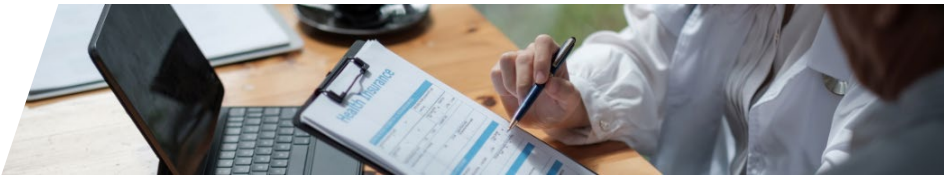


BASIC LIFE AND AD&D INSURANCE

SUN LIFE

EMPLOYER PAID LIFE AND AD&D

As a benefits eligible employee, our company provides you with a Basic Life and AD&D policy at no cost to you!



BASIC LIFE AND AD&D	
Basic Life Benefit	1 times annual earnings up to a maximum of \$175,000
AD&D Benefit	1 times annual earnings up to a maximum of \$175,000
Benefit Reduction	The benefit amounts shown above will reduce to 65% at age 65 and to 50% at age 70
Conversion	Upon termination of employment this policy may be converted to an individual policy. Please contact the carrier as soon as your employment ends to begin this process. You must apply and pay the required premium to the carrier within 30 days of your termination to exercise the conversion option
Payroll Deductions	Provided to eligible employees at no cost to you

IMPORTANT

Please be sure to name a Beneficiary when making your elections. You may name more than one if desired.

PRIMARY BENEFICIARY

The person or people that will receive the benefit upon your death. You name the beneficiary at the time of enrollment. You may also change your beneficiary at any time

SECONDARY BENEFICIARY OR CONTINGENT BENEFICIARY

The person or people that will receive the benefit upon your death ONLY if there is no living Primary Beneficiary at the time of your death.



VOLUNTARY LIFE INSURANCE

SUN LIFE

You can elect additional life insurance coverage for you, your spouse, and your dependent children. You must enroll in this coverage in order to elect coverage for your dependents. If you do not elect coverage when you are initially eligible, you will have to complete an Evidence of Insurability form for underwriting review & approval before any coverage is issued.



	EMPLOYEE COVERAGE	SPOUSE COVERAGE	DEPENDENT CHILD COVERAGE
Available Increments	\$10,000	\$5,000	\$10,000
Coverage Maximum	5 times your annual earnings or \$300,000, whichever is less	50% of the employee coverage amount or \$150,000, whichever is less	50% of the employee coverage amount or \$10,000, whichever is less
Guarantee Issue Amount	Newly eligible employees may elect up to \$100,000 without Evidence of Insurability	Elect up to \$50,000 on your newly eligible Spouse without Evidence of Insurability.	Elect up to \$1,000 on your newly eligible dependent children without Evidence of Insurability

EVIDENCE OF INSURABILITY (EOI)

A Medical questionnaire referred to as an Evidence of Insurability (EOI) Form is required if you (1) are a newly eligible employee or spouse electing an amount over the Guarantee Issue Limits, (2) you are adding or increasing your coverage during the annual enrollment. When EOI is required the insurance company will decide if your request will be approved. Amounts subject to EOI will not begin unless/until approved by the insurance company.



SHORT TERM DISABILITY INSURANCE

SUN LIFE

Short Term Disability Insurance is intended to provide you with temporary income replacement if you are unable to work due to an off-the-job accident or illness and are under the care of a doctor.



Benefits Begin	On the 8th day for accidents and sickness.
Benefit Amount	The plan pays you 60% of your weekly income, to a maximum of \$1,500 per week.
Payment Lasts	The plan will continue to pay you for up to 12 weeks if you remain disabled. This will coordinate with LTD coverage.

LONG TERM DISABILITY INSURANCE

SUN LIFE

Being financially secure doesn't just mean planning for retirement. A serious disability or accident can cause a real financial hardship, especially if your family depends on your income. Long Term Disability Insurance is intended to provide you with income replacement if you are unable to work due to an off-the-job accident or illness and are under the care of a doctor.



Benefits Begin	On the 91st day you are disabled.
Benefit Amount	The plan pays you 50% of your monthly income, to a maximum of \$8,000 per month.
Maximum Payment Period	Maximum duration is through Social Security Normal Retirement Age.
Pre-Existing Condition Limitation	A 3/12 Pre-Existing Condition Limitation applies to this plan. This means, any condition/symptom that you were treated, consulted with a physician, or took prescribed medications for in the 3-months prior to your effective date, will not be covered for the first 12-months of the policy. Any expenses incurred during this period that are not related to a pre-existing condition will be covered as long as the occurrence is after the effective date of the policy

CONTACTS

Carrier / Vendor	Phone / Email	Website
Florida Blue	Medical: 877-352-2583	www.floridablue.com
Sun Life	Dental: 800-442-7742 Vision: 800-877-7195 Life & Disability: 800-733-7879	www.sunlife.com/onlineadvantage www.vsp.com www.sunlife.com
Allstate	Enhanced Benefits: 800-521-3535	www.allstateatwork.com
Alltrust Insurance	727-772-4252 Rochelle Ormsby; Account Manager rorsby@alltrustinsurance.com	www.alltrustinsurance.com

DISCLAIMER

This guide and presentation is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents, including any disclosures (whether regarding "grandfathering" of plans or others) required by the healthcare reform law, the Patient Protection and Affordable Care Act (PPACA). In the event of a conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail. Please contact your Human Resources Department for further information.



INFORMATION PROVIDED BY



ACRISURE® PARTNER

The information contained herein is intended to serve only as a brief outline of the various insurance coverages. To avoid misunderstanding or misinterpretation as to the full scope of protection afforded, reference must be made to the respective policies for complete coverage details.