



BENEFITS OUTLINE 2021 / 2022

New hire benefits are effective date of hire

MEDICAL INSURANCE	PRIORITY HEALTH – PH-TRAD-BASE <small>In-Network Benefits</small>	TRADITIONAL
<u>EMPLOYEE COST / MONTH</u>	<u>FIXED CO-PAYS</u> (*AFTER DEDUCTIBLE)	<u>RX CO-PAYS</u> (*AFTER DEDUCTIBLE)
SINGLE: \$ 80.69	OFFICE VISIT (PCP): \$ 25	GENERIC: \$ 10
DOUBLE: \$ 177.51	SPECIALIST VISIT: \$ 40	PREFERRED BRAND: \$ 30
FAMILY: \$ 221.89	URGENT CARE: \$ 75	NON-PREFERRED BRAND: \$ 60
<u>EMPLOYER COST / MONTH</u>	ER VISIT: \$ 250	PREFERRED SPECIALTY: 20%, MAX \$100
SINGLE: \$ 457.23	AMBULANCE: \$ 150	NON-PREFERRED SPECIALTY: 20%, MAX \$200
DOUBLE: \$ 1,005.91	HIGH TECH IMAGING: \$ 150	
FAMILY: \$ 1,257.40	<u>COINSURANCE MAX</u> (plan year)	<u>TOTAL OUT-OF-POCKET MAXIMUM</u> (plan year)
<u>DEDUCTIBLE</u> (plan year)	INDIVIDUAL: \$ 3,000	INDIVIDUAL: \$ 8,150
INDIVIDUAL: \$ 1,000	FAMILY: \$ 6,000	FAMILY: \$ 16,300
FAMILY: \$ 2,000	<u>HOSPITAL COINSURANCE</u> 80%	
<i>SPECIAL FEATURES:</i>	<ul style="list-style-type: none"> • <u>WELLNESS VISITS/CHECKUPS</u>: Covered 100% w/no co-pay based on gender/age guidelines • <u>VIRTUAL VISITS</u>: 24/7 phone/video physician access, including dermatology & behavioral health • <u>ACCOUNT INFORMATION ON THE GO</u>: You can access your membership card, personal health plan information, use the cost estimator, order prescriptions and more using the MyHealth app. • <u>OUT-OF-NETWORK BENEFITS</u>: Please see individual plan summaries for details 	

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MEDICAL INSURANCE		PRIORITY HEALTH – PH-HSA-PREM In-Network Benefits		HSA	
EMPLOYEE COST / MONTH		CO-PAYS (*AFTER DEDUCTIBLE)		RX CO-PAYS (*AFTER DEDUCTIBLE)	
SINGLE:	\$ 73.45	OFFICE VISIT (PCP):	20%*	GENERIC/GENERIC VALUE:	\$ 10*
DOUBLE:	\$ 161.60	SPECIALIST VISIT:	20%*	PREFERRED BRAND:	\$ 40*
FAMILY:	\$ 202.00	URGENT CARE:	20%*	NON-PREFERRED BRAND:	\$ 80*
		ER VISIT:	20%*	PREFERRED SPECIALTY:	\$ 20%, MAX \$100*
		AMBULANCE:	20%*	NON-PREFERRED SPECIALTY:	\$ 20%, MAX \$200*
		HIGH TECH IMAGING:	20%*		
EMPLOYER COST / MONTH		COINSURANCE MAX (plan year)		TOTAL OUT-OF-POCKET MAXIMUM (plan year)	
SINGLE:	\$ 416.23	INDIVIDUAL:	\$ 600	INDIVIDUAL:	\$ 2,000
DOUBLE:	\$ 915.71	FAMILY:	\$ 1,200	FAMILY:	\$ 4,000
FAMILY:	\$ 1,144.65				
DEDUCTIBLE (plan year)		HOSPITAL COINSURANCE			
INDIVIDUAL:	\$ 1,400		80%		
FAMILY:	\$ 2,800				
SPECIAL FEATURES:					
<ul style="list-style-type: none"> • WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines • VIRTUAL VISITS: 24/7 phone/video physician access, including dermatology & behavioral health • ACCOUNT INFORMATION ON THE GO: You can access your membership card, personal health plan information, use the cost estimator, order prescriptions and more using the MyHealth app. • OUT-OF-NETWORK BENEFITS: Please see individual plan summaries for details • EMPLOYER HSA CONTRIBUTION: Single \$2,000 per year, Double/Family \$4,000.00 per year (HSA contributions are prorated and paid out per payroll) 					

MEDICAL INSURANCE		PRIORITY HEALTH – PH-HSA-BASE In-Network Benefits		HSA	
EMPLOYEE COST / MONTH		CO-PAYS (*AFTER DEDUCTIBLE)		RX CO-PAYS (*AFTER DEDUCTIBLE)	
SINGLE:	\$ 58.10	OFFICE VISIT (PCP):	20%*	GENERIC/GENERIC VALUE:	\$ 10*
DOUBLE:	\$ 127.83	SPECIALIST VISIT:	20%*	PREFERRED GENERIC:	\$ 40*
FAMILY:	\$ 159.78	URGENT CARE:	20%*	NON-PREFERRED BRAND:	\$ 80*
		ER VISIT:	20%*	PREFERRED SPECIALTY:	20% MAX \$100*
		AMBULANCE:	20%*	NON-PREFERRED SPECIALTY:	20% MAX \$200*
		HIGH TECH IMAGING:	20%*		
EMPLOYER COST / MONTH		COINSURANCE MAX (plan year)		TOTAL OUT-OF-POCKET MAXIMUM (plan year)	
SINGLE:	\$ 329.25	INDIVIDUAL:	\$ 2,200	INDIVIDUAL:	\$ 5,000
DOUBLE:	\$ 724.35	FAMILY:	\$ 3,400	FAMILY:	\$ 10,000
FAMILY:	\$ 905.44				
DEDUCTIBLE (plan year)		HOSPITAL COINSURANCE			
INDIVIDUAL:	\$ 2,800^		80%		
FAMILY:	\$ 5,600				
SPECIAL FEATURES:					
<ul style="list-style-type: none"> • WELLNESS VISITS/CHECKUPS: Covered 100% w/no co-pay based on gender/age guidelines • VIRTUAL VISITS: 24/7 phone/video physician access, including dermatology & behavioral health • ACCOUNT INFORMATION ON THE GO: You can access your membership card, personal health plan information, use the cost estimator, order prescriptions and more using the MyHealth app. • OUT-OF-NETWORK BENEFITS: Please see individual plan summaries for details • INDIVIDUAL DEDUCTIBLE: Embedded Individual Deductible can be met before the family deductible • EMPLOYER HSA CONTRIBUTION: Single \$2,800 per year, Double/Family \$5,600.00 per year (HSA contributions are prorated and paid out per payroll) 					

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WAIVE MEDICAL BENEFIT	\$	EMPLOYER PAID
<p>SPECIAL FEATURES:</p> <ul style="list-style-type: none"> Staff that are eligible for but waive medical coverage will receive \$4,000.00 annually, \$166.67/pay, for single, and \$6,000.00 annually, \$250.00/pay, for double and family in lieu of that coverage. Waive Medical is considered taxable income. 		

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

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

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

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

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

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

FLEX BENEFIT – HEALTH & DEPENDENT CARE	AXIOS HR	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH <ul style="list-style-type: none"> You elect how much to contribute annually 	SPECIAL FEATURES <ul style="list-style-type: none"> Health Care Spending Account Maximum Limit: \$2,750 Annually Dependent Care Spending Account Maximum Limit: \$5,000 Annually (Dependent Care expenses must be from a licensed care provider or program) FSA's give you a way to pay for your health care and / or dependent care expenses with pre-tax dollars. FSA's are voluntary – YOU decide how much to have taken out of your paycheck and put into your Health care and / or Dependent Care Spending Account(s). 	

OFF THE JOB ACCIDENT	MET LIFE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH <p>EMPLOYEE: \$ 8.16</p> <p>EE + SPOUSE: \$ 15.44</p> <p>EE + CHILD: \$ 16.84</p> <p>EE + FAMILY: \$ 21.13</p>	SPECIAL FEATURES <ul style="list-style-type: none"> This coverage pays you cash benefits that correspond with a variety of covered occurrences, such as dismemberment; dislocation or fracture; hospital confinement; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more. Benefits are paid once per accident unless otherwise noted in the schedule of benefits. Guaranteed issue coverage and coverage available for spouse and child(ren). See plan document for more details. 	

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

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

Legal / ID Protection	ID Shield/Legal Shield	VOLUNTARY EMPLOYEE PAID												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #9e9e9e;">Plan</th> <th style="background-color: #9e9e9e;">Family (per month)</th> <th style="background-color: #9e9e9e;">Individual (per month)</th> </tr> </thead> <tbody> <tr> <td>LegalShield</td> <td style="text-align: center;">23.95</td> <td style="text-align: center;">23.95</td> </tr> <tr> <td>IDShield</td> <td style="text-align: center;">18.95</td> <td style="text-align: center;">8.95</td> </tr> <tr> <td>Combined</td> <td style="text-align: center;">38.90</td> <td style="text-align: center;">32.90</td> </tr> </tbody> </table>		Plan	Family (per month)	Individual (per month)	LegalShield	23.95	23.95	IDShield	18.95	8.95	Combined	38.90	32.90	<p>SPECIAL FEATURES</p> <ul style="list-style-type: none"> <u>ID Shield</u> membership includes security and privacy monitoring social media monitoring, identity restoration and consolation services. <ul style="list-style-type: none"> If your identity is stolen, ID Shield will fully restore to pre-theft status. LEGAL Shield offers advice, consultation and representation including legal guidance for common issues. <ul style="list-style-type: none"> Membership includes a dedicated law firm, contracts and document review as well as preparation of your end of life documents,
Plan	Family (per month)	Individual (per month)												
LegalShield	23.95	23.95												
IDShield	18.95	8.95												
Combined	38.90	32.90												

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

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401(k)	EMPOWER (FORMERLY MASS MUTUAL)	RETIREMENT PLAN
	SERVICE LENGTH	AGE
ELIGIBILITY REQUIREMENTS:	<ul style="list-style-type: none"> No service length requirement 	<ul style="list-style-type: none"> Age 21+
		<ul style="list-style-type: none"> Immediate
	<ul style="list-style-type: none"> Enrollment in the 401k, or any contribution or beneficiary changes to your existing 401k, can be done on Empower's (formerly MassMutual) website, www.retiresmart.com. 	
SPECIAL FEATURES:	<ul style="list-style-type: none"> Employer matches 100% of the first 5% of employee contribution 	

PET INSURANCE	PET'S BEST	VOLUNTARY EMPLOYEE PAID
<p><i>Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.</i></p>		
<ul style="list-style-type: none"> Fast claims processing and payment – receive reimbursement via direct deposit or direct vet pay options available Use any veterinarian in the U.S. – including specialty and emergency clinics Access to a 24/7 pet helpline powered by whiskerDocs Exclusive Axios HR employee discount on a BestBenefit Plan 		
<p>The Pet Insurance benefit through Pet's Best is not run through payroll. If interested, employees can obtain plan information and enroll in the plan at www.petsbest.com/axios. Employees will pay premiums directly to Pet's Best.</p>		

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

ASSISTANCE FOR CAREGIVERS	CARALLEL – MyCareDesk	FREE USE OF SITE WITH REGISTRATION
SPECIAL FEATURES		<i>Access via the Axios HR Employee Portal under 'Axios Perks'</i>
<ul style="list-style-type: none"> ORGANIZE – Keep track of important documents, coordinate tasks and manage bill payment. COLLABORATE – Create your own care team and then share information, tasks and decision making. 	<ul style="list-style-type: none"> CONSULT – Speak with trusted and experienced Care Advocates through our full-service concierge. LEARN – Access tools and resources on topics like health, wealth, lifestyle, senior living and in-home care. 	

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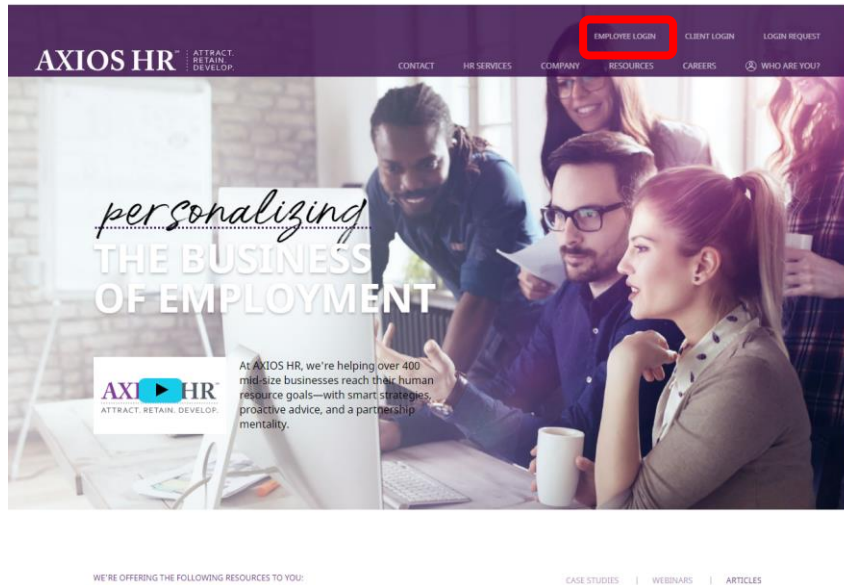




HOW TO COMPLETE OPEN ENROLLMENT – NAVIGATION INSTRUCTIONS

To elect your benefits for the 2021-2022 plan year, please follow these simple instructions. Please note that it is highly recommended that you use Google Chrome to complete your enrollment.

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



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



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

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

AXIOS HR

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Minimize Navigation

Pay

Most Recent Pay Statements

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

[View More](#)

Paid Time Off

Paid Time Off

Planned	Taken	Available
0 Hours	72 Hours	2.46 Hours

[PTO Summary](#)

Benefits

Aetna HSA Value 100% 6350
EMPLOYEE + 1
Effective 07/01/2018

AXERLIFE-LGH-25k
25000.00
Effective 07/01/2018

AXERSTD-1-8-26-500-LGH
450.00
Effective 01/01/2019

[View Benefits Summary](#)

New Messages

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

[View More](#)

The Axios HR Employee Care Team is here to assist you if you have any questions, or have any trouble making or submitting your benefit elections for the 2021-2022 benefit plan year. You can reach the Axios HR Employee Care Team by phone at 1-844-44AXIOS (1-844-442-9467) or by e-mailing service@axioshr.com.

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