



## 2021-2022 Benefits Package

Dental • Vision • Life • Short-Term  
Disability •  
Employee Assistance Program • Supplemental  
Insurance  
401K • Flexible Spending Account





# StaffScapes

*Human Resource Solution Center*

## Benefit Package 2021-2022

Welcome to StaffScapes, congratulations on your new employment! We are excited to have you on our team and would like to take this opportunity to share some exciting news with you. As a co-employee of StaffScapes, there are several exciting opportunities available to employees averaging 30 hours per week. StaffScapes offers dental, vision, life insurance and supplemental benefit options for you and your family.

StaffScapes benefits have a 60-day wait period, which means the effective date would be the 1<sup>st</sup> of the month after 60 days. Online enrollment must be completed by the effective date of coverage. If you do not take this opportunity to enroll, you will not be able to enroll again until the next Annual Enrollment in June 2022 or if you experience a qualified life event. Examples include but are not limited to, birth of a child, marriage or divorce.

Please take a couple of minutes to review the enclosed benefit information package and contact your Benefit Specialist at StaffScapes to answer any questions at (303) 466-7864.

**Note: StaffScapes is required to pay all our benefit carriers one month in advance. This means we pay for July's premiums in June, August premiums in July, etc. Depending on when your company is paid, there may be back-premiums deducted from your paycheck to become current on the premiums paid schedule.**



# StaffScapes

Human Resource Solution Center

## Monthly Benefit Rate Sheet

Effective from 6/1/2021 through 05/31/2022

### Beta Alpha Discount Dental Plan\*\*

Employee	\$12.10
Employee Plus One Dependent	\$22.40
Employee Plus Two or More Dependents	\$32.70

*\*\*The Alpha dental plan is a discount fee for service dental plan and is in no way considered insurance*

### Unum PPO \$1500 Annual Max Dental Plan

Employee	\$36.84
Employee Plus One Dependent	\$79.05
Employee Plus Two or More Dependents	\$118.22

### Unum PPO \$2500 Annual Max Dental Plan

Employee	\$39.24
Employee Plus One Dependent	\$84.44
Employee Plus Two or More Dependents	\$126.87

### Unum/EyeMed Vision

Employee	\$7.35
Employee Plus One Dependent	\$13.87
Employee Plus Two or More Dependents	\$20.31

### Unum Group Accident

Employee	\$10.52
Employee Plus Spouse	\$18.67
Employee Plus Child(ren)	\$24.14
Employee Plus Family	\$32.29

### Unum Critical Insurance Rates

Please view the full packet to determine monthly premiums and coverage amounts available to you.

### Unum Short Term Disability

Please view the full packet to determine monthly premiums and coverage amounts available to you.

### Unum Voluntary Term Life and AD&D Insurance Rates

Please view the full packet to determine monthly premiums and coverage amounts available to you.

Enrollment forms and plan summaries are available on our website [www.staffscapes.com](http://www.staffscapes.com) or call StaffScapes and speak to a benefits specialist.

# Unum & Beta Health Dental

## Introducing StaffScapes Dental Plans

StaffScapes offers employees a selection between three unique and useful plans which will benefit your entire family. The two PPO plans utilize the Unum DenteMax network, have no waiting periods, and offer different price points which can best suited for every budget. The Alpha Discount plan utilize the Beta Health Association network, have no waiting periods and lower discount plan option.

## Unum PPO Dental Plans

The Unum PPO plans are what most people will think of as traditional dental insurance. The monthly premiums are more, but aside from low deductibles, you will pay less out of pocket at your regular dental appointments. The PPO Plan covers:

- 100% of Preventative Treatments;
- 100% of Basic Services;
- 60% of Major Services;
- Choice of \$1500 or \$2500 Annual Maximum;
- A Third visit for any expecting mothers;
- See any dentist or maximize your benefits by utilizing our national network of more than 323,000+ dental access points with discounted fees for in-network services; and
- Find an in-network provider at [unumdentalcare.com](http://unumdentalcare.com)
- Manage benefits online with AlwaysAssist.com and on-the-go with the AlwaysAssist mobile app.

### **\$1500 Annual Maximum**

<b>Employee Only:</b> \$36.84/month	<b>Employee &amp; 1</b> \$79.05/month	<b>Employee &amp; 2 or more</b> \$118.22/month
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### **\$2500 Annual Maximum**

<b>Employee Only:</b> \$39.24/month	<b>Employee &amp; 1</b> \$84.44/month	<b>Employee &amp; 2 or more</b> \$126.87/month
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## Alpha Dental Discount Plan

The Alpha Dental Plan is a discount plan which utilizes the Beta Health Association network but offers a substantial discount off fixed prices. The result is that the monthly premium is less, but there will be fees for each service you receive at each visit.

- Has no annual maximums;
- Covers many routine dental concerns (including orthodontia); and
- Specialty dental visits offered at a discount of 20% off

<b>Employee Only:</b> \$12.10/month	<b>Employee &amp; 1</b> \$22.40/month	<b>Employee &amp; 2 or more</b> \$32.70/month
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## Outline of Benefits

Unum PPO Plans	In-Network	Out-of-Network
<b>Deductible: Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.</b>	\$50 per benefit year	\$50 per benefit year
<b>Benefit Annual Maximums: (Class A, B, and C benefits)</b>	Choice of: \$1500 or \$2500	
<b>Preventive Services (Class A):</b> <b>No waiting periods</b> <ul style="list-style-type: none"> <li>•Routine exams (2 per 12 months)</li> <li>•Prophylaxis (2 per 12 months)</li> <li><i>(1 additional cleaning or periodontal maintenance per 12 months if member is in 2<sup>nd</sup> or 3rd trimester of pregnancy)</i></li> <li>•Bitewing x-rays (maximum of 4 films; 1 per 12 months)</li> <li>•Fluoride treatment for children up to age 16 (1 per 12 months)</li> <li>•Sealants for children up to age 16 (permanent molars 1 per 36 months)</li> <li>•Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for age 40+)</li> <li>•Full mouth / panoramic x-rays (1 per 24 months)</li> </ul>	100%	100%
<b>Basic Services (Class B):</b> <b>No waiting periods</b> <ul style="list-style-type: none"> <li>•Emergency treatment (1 per 12 months)</li> <li>•Space maintainers for children up to age 16 (1 per 24 months)</li> <li>•Simple restorative services (fillings; benefit allowed for amalgam restorations on posterior teeth)</li> <li>•Simple extractions</li> </ul>	100%	100%
<b>Major Services (Class C):</b> <b>No waiting periods</b> <ul style="list-style-type: none"> <li>•Inlays and onlays</li> <li>•Oral surgery (extractions and impacted teeth) &amp; anesthesia (subject to review, covered with complex oral surgery)</li> <li>•Repair of crown, denture, or bridge</li> <li>•Non-surgical periodontics</li> <li>•Endodontics (root canals)</li> <li>•Surgical periodontics (gum treatments)</li> <li>•Crowns, bridges, dentures and endosteal implants (in lieu of an approved 3-unit bridge)</li> </ul>	60%	50%
<b>Plus:</b> We offer a Carryover benefit \$350 with a threshold limit of \$700 and a Carryover Account Maximum of \$1250.		

**For questions or more detailed information, please do not hesitate to contact the StaffScapes Benefits Department at 303-466-7864.**

#### Dental carryover benefit

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! If an Insured submits qualifying claims for covered expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's threshold limit, the insured will be credited a carryover benefit. Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year. If an insured reaches his or her certificate year maximum benefit, we will pay a benefit from the insured's carryover account up to the amount stored in the insured's carryover account. The accrued carryover benefits stored in the carryover account may not be greater than the carryover account limit.

The limits for this policy/certificate are: Carryover benefit \$350, threshold limit \$700, carryover account Limit \$1250.

#### Other specifications:

- 12- An insured's carryover account will be eliminated, and the accrued carryover benefits lost, if the insured has a break in coverage of any length of time, for any reason.
- 13- Eligibility for a carryover benefit will be established or reestablished at the time the first qualifying claim in a benefit year is received for covered expenses incurred during that benefit year.
- 14- In order to be eligible to accumulate the carryover benefit, an insured must be enrolled in the plan at least four months prior to the start of the new policy year. Example: If the plan effective date is January 1st, the insured must be enrolled by September 1st.
- 15- Only claims incurred on or after the start of the next policy year will count toward the threshold limit.
- 16- Carryover benefits will not be applied to an insured's carryover account until the policy year that starts one year from the date the rider first applies.
- 17- If charges for Class C services are not payable for an insured due to a benefit waiting period for certain covered procedures, this rider will not apply to the insured until the end of such waiting period. And, if the waiting period ends within the three months prior to the start of this plan's next benefit year, this rider will not apply to the insured until the next benefit year.
- 18- Carryover benefits will not be applied to an insured's carryover account until the benefit year that starts one year from the date the rider first applies.

#### Definitions:

- 19- "Benefit year" means calendar year or policy year, according to the type of plan applicable under the policy/certificate to which this rider is attached.
- 20- "Carryover account" means the amount of an insured's accrued carryover benefits.
- 21- "Carryover account limit" means the maximum amount of cumulative Carryover benefits that an insured can store in his or her carryover account.
- 22- "Carryover benefit" means the dollar amount, which will be added to an insured's carryover account when he or she receives benefits in a benefit year that do not exceed the threshold limit.
- 23- Qualifying claim means a claim under procedure classes A, B and C, and must include 1 exam & 1 cleaning.
- 24- "Threshold limit" means the maximum amount of benefits for all procedure classes A, B, C and D that an insured can receive during a benefit year and still be entitled to receive the carryover benefit.

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (888) 400-9304.

Services not listed: If you expect to require a dental or vision service not included on this brochure, it may still be covered. Please contact customer service at (888) 400-9304 to confirm your exact benefits.

- Alternate treatment: Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members

may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

#### Exclusions/limitations:

Unum members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered.

The following dental services are not covered:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- the correction of congenital malformations;
- the replacement of lost, discarded, or stolen appliances;
- replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than [5] years old and cannot be made serviceable;
- appliances, services or procedures relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fraction; (v) bite registration; or (vi) bite analysis;
- services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- multiple x-rays done on same date of service will be combined to a full- mouth x-ray;
- cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.

#### Takeover benefits:

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us.

Application of takeover benefits is subject to Underwriting review and approval.

New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, certificate of creditable coverage, etc.).

Late entrants: Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with Unum will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying. The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental – DN2002 and DN2007 or contact your Unum Dental representative.

1. Netminder data (September 2016)

Starmount Life Insurance Company  
8485 Goodwood Boulevard • Baton Rouge, LA 70806 PH: (888)  
400-9304  
Policy Forms: Dental – DN2002 and DN2007

(06-18)

Dental plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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## Alpha Dental Plan of Colorado Summary of Benefits

- Average savings of 70% on all dental services
- No waiting on ANY services, including major & ortho
- Unlimited services – use as much as you like
- Very low out-of-pocket cost – significant savings!
- Affordable monthly cost
- Cosmetic dentistry included
- Orthodontics for children and adults
- No deductibles or claim forms

## How does the Alpha Dental Plan work?

- The Alpha Dental Plan is a network-only, co-pay dental plan. All of the Alpha discounted fees on our fee schedule have been pre-negotiated with every Alpha Dental General Dentist, so there are no hidden costs or expenses. This plan is not insurance.
- You must see an Alpha Dental Provider (ADP) to receive the discounted savings. There are no out-of-network benefits on this plan. Below is a list of the most common dental procedures and what you will pay. Please see the full fee schedule or link below to find all the covered procedures and your significant savings on the Alpha Dental Plan!

## Alpha Dental Plan Savings (what you pay)

<u>ADA Code</u>	<u>Dental Procedure Description</u>	<u>Normal fee</u>	<u>Alpha Fee</u>	<u>Savings</u>
0999	Office Visit	\$71	\$10	86%
0150	Comprehensive Exam	\$126	\$16	87%
0274	Bitewings x-ray (four films)	\$89	\$20	78%
1110	Prophylaxis-adult	\$108	\$15	86%
0120	Periodic oral exam-established patient	\$72	\$10	86%
0210	Intraoral- complete series	\$221	\$48	78%
2330	Resin based composite (one surface)	\$215	\$58	73%
2790*	Crown-full cast high noble metal	\$1,580	\$502	68%
3330	Molar (excluding final restoration)	\$1,425	\$539	62%
4341	Periodontal Scaling/Root Planning	\$348	\$147	58%
5110*	Complete denture-maxillary	\$2,433	\$721	70%
7140	Extraction erupted tooth	\$261	\$65	75%
9230	Nitrous Oxide	\$113	\$32	72%

Alpha Plan Provider and Full Fee Schedule Search Link:

[www.betaplans.com/Alpha19/](http://www.betaplans.com/Alpha19/)

Please visit [betaplans.com/alpha19](http://betaplans.com/alpha19) to locate a provider near you. There are providers across Colorado to select from!

## Alpha Dental - Plan 19 Fee Schedule

<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Diagnostic and Preventive Services (x-rays and cleanings)</u>				
D0999	Routine office visit	\$71	\$10	86%
D0120	Periodic oral evaluation - established patient	\$72	\$10	86%
D0140	Limited oral evaluation - problem focused	\$107	\$21	81%
D0150	Comprehensive oral evaluation - new or established patient	\$126	\$16	87%
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$209	\$46	78%
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$99	\$25	75%
D0180	Comprehensive periodontal evaluation - new or established patient	\$135	\$31	77%
D0210	Intraoral - complete series of radiographic images	\$221	\$48	78%
D0220	Intraoral - periapical first radiographic image	\$50	\$9	82%
D0230	Intraoral - periapical each additional radiographic image	\$43	\$9	79%
D0240	Intraoral - occlusal radiographic image	\$77	\$8	90%
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$117	\$8	93%
D0270	Bitewing - single radiographic image	\$40	\$5	88%
D0272	Bitewings - two radiographic images	\$63	\$10	84%
D0273	Bitewings - three radiographic images	\$77	\$15	81%
D0274	Bitewings - four radiographic images	\$89	\$20	78%
D0277	Vertical bitewings - 7 to 8 radiographic images	\$137	\$25	82%
D0330	Panoramic radiographic image	\$152	\$64	58%
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$164	\$71	56%
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$97	\$31	68%
D0460	Pulp vitality tests	\$79	\$0	100%
D0470	Diagnostic casts	\$169	\$68	60%
D1110	Prophylaxis - adult	\$108	\$15	86%
D1120	Prophylaxis - child	\$81	\$15	81%
D1208	Topical application of fluoride - excluding varnish	\$55	\$16	71%
D1330	Oral hygiene instructions	\$77	\$0	100%
D1351	Sealant - per tooth	\$76	\$16	79%
D1510	Space maintainer - fixed, unilateral	\$421	\$214	49%
D1515	Space maintainer - fixed - bilateral	\$554	\$299	46%
D1520	Space maintainer - removable - unilateral	\$504	\$257	49%
D1525	Space maintainer - removable - bilateral	\$618	\$290	53%
D1550	Re-cement or re-bond space maintainer	\$121	\$22	81%
D1999	Additional prophyl (for perio maintenance)	\$108	\$46	57%
<u>Restorative Services (fillings and crowns)</u>				
D2140	Amalgam - one surface, primary or permanent	\$198	\$44	78%
D2150	Amalgam - two surfaces, primary or permanent	\$252	\$57	78%
D2160	Amalgam - three surfaces, primary or permanent	\$306	\$72	77%
D2161	Amalgam - four or more surfaces, primary or permanent	\$369	\$85	77%
D2330	Resin-based composite - one surface, anterior	\$215	\$58	73%
D2331	Resin-based composite - two surfaces, anterior	\$264	\$71	73%
D2332	Resin-based composite - three surfaces, anterior	\$318	\$92	71%
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$403	\$153	62%
D2390	Resin-based composite crown, anterior	\$648	\$357	45%
D2391	Resin-based composite - one surface, posterior	\$248	\$128	48%
D2392	Resin-based composite - two surfaces, posterior	\$322	\$180	44%
D2393	Resin-based composite - three surfaces, posterior	\$397	\$222	44%
D2394	Resin-based composite - four or more surfaces, posterior	\$460	\$239	48%
D2510	Inlay - metallic - one surface	\$1,260	\$416	67%
D2520	Inlay - metallic - two surfaces	\$1,284	\$424	67%
D2530	Inlay - metallic - three or more surfaces	\$1,367	\$451	67%
D2542	Onlay - metallic-two surfaces	\$1,384	\$457	67%
D2543	Onlay - metallic-three surfaces	\$1,410	\$467	67%
D2544	Onlay - metallic-four or more surfaces	\$1,472	\$484	67%
D2610	Inlay - porcelain/ceramic - one surface	\$1,312	\$432	67%

# Alpha Dental Plan 19 Fee Schedule - Page 2 of 6

Code	Description	Average Regular Cost	You Pay Only	Average Savings
<u>Restorative Services (fillings and crowns) Continued</u>				
D2620	Inlay - porcelain/ceramic - two surfaces	\$1,335	\$454	66%
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$1,372	\$480	65%
D2642	Onlay - porcelain/ceramic - two surfaces	\$1,367	\$465	66%
D2643	Onlay - porcelain/ceramic - three surfaces	\$1,392	\$487	65%
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$1,476	\$516	65%
D2650	Inlay - resin-based composite - one surface	\$1,266	\$417	67%
D2651	Inlay - resin-based composite - two surfaces	\$1,257	\$414	67%
D2652	Inlay - resin-based composite - three or more surfaces	\$1,319	\$436	67%
D2662	Onlay - resin-based composite - two surfaces	\$1,319	\$514	61%
D2663	Onlay - resin-based composite - three surfaces	\$1,333	\$519	61%
D2664	Onlay - resin-based composite - four or more surfaces	\$1,416	\$538	62%
D2710	Crown - resin-based composite (indirect)	\$1,317	\$435	67%
D2720	Crown - resin with high noble metal	\$1,382	\$456	67%
D2721	Crown - resin with predominantly base metal	\$1,330	\$438	67%
D2722	Crown - resin with noble metal	\$1,351	\$446	67%
D2740	Crown - porcelain/ceramic	\$1,519	\$501	67%
D2750	Crown - porcelain fused to high noble metal	\$1,509	\$498	67%
D2751	Crown - porcelain fused to predominantly base metal	\$1,383	\$414	70%
D2752	Crown - porcelain fused to noble metal	\$1,419	\$481	66%
D2780	Crown - 3/4 cast high noble metal	\$1,505	\$602	60%
D2781	Crown - 3/4 cast predominantly base metal	\$1,372	\$549	60%
D2782	Crown - 3/4 cast noble metal	\$1,377	\$551	60%
D2783	Crown - 3/4 porcelain/ceramic	\$1,498	\$584	61%
D2790	Crown - full cast high noble metal	\$1,580	\$502	68%
D2791	Crown - full cast predominantly base metal	\$1,363	\$422	69%
D2792	Crown - full cast noble metal	\$1,425	\$464	67%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$166	\$22	87%
D2920	Re-cement or re-bond crown	\$159	\$42	73%
D2930	Prefabricated stainless steel crown - primary tooth	\$368	\$128	65%
D2931	Prefabricated stainless steel crown - permanent tooth	\$442	\$153	65%
D2932	Prefabricated resin crown	\$475	\$199	58%
D2933	Prefabricated stainless steel crown with resin window	\$489	\$220	55%
D2940	Protective restoration	\$178	\$50	72%
D2950	Core buildup, including any pins when required	\$369	\$104	72%
D2951	Pin retention - per tooth, in addition to restoration	\$112	\$31	72%
D2952	Post and core in addition to crown, indirectly fabricated	\$566	\$166	71%
D2953	Each additional indirectly fabricated post - same tooth	\$427	\$117	73%
D2954	Prefabricated post and core in addition to crown	\$458	\$134	71%
D2955	Post removal	\$290	\$127	56%
D2957	Each additional prefabricated post - same tooth	\$396	\$159	60%
D2960	Labial veneer (resin laminate) - chairside	\$941	\$247	74%
D2999	Complex rehabilitation crown and bridge procedures (6 or more) per unit in the same treatment		\$145	

**PLEASE NOTE** - Any procedures listed in this section that require lab work do not include the specific billed lab fee that the provider was charged by the lab for the dental work that you are having done. Doctors, please make sure that all members fully understand what their fees will be and what the savings are from your normal full fees before treatment begins.

## Endodontic Services (root canals)

D3110	Pulp cap - direct (excluding final restoration)	\$118	\$34	71%
D3120	Pulp cap - indirect (excluding final restoration)	\$121	\$35	71%
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$301	\$99	67%
D3221	Pulpal debridement, primary and permanent teeth	\$327	\$111	66%
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$402	\$125	69%
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$429	\$131	70%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$1,017	\$359	65%
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$1,161	\$425	63%
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$1,425	\$539	62%
D3331	Treatment of root canal obstruction; non-surgical access	\$852	\$366	57%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$612	\$251	59%
D3333	Internal root repair of perforation defects	\$483	\$199	59%
D3346	Retreatment of previous root canal therapy - anterior	\$1,186	\$474	60%
D3347	Retreatment of previous root canal therapy - premolar	\$1,335	\$520	61%
D3348	Retreatment of previous root canal therapy - molar	\$1,634	\$637	61%

# Alpha Dental Plan 19 Fee Schedule - Page 3 of 6

<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Endodontic Services (root canals) Continued</u>				
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$490	\$196	60%
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space	\$359	\$148	59%
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$712	\$285	60%
D3410	Apicoectomy - anterior	\$1,002	\$443	56%
D3421	Apicoectomy - premolar (first root)	\$1,112	\$505	55%
D3425	Apicoectomy - molar (first root)	\$1,243	\$554	55%
D3426	Apicoectomy (each additional root)	\$597	\$214	64%
D3430	Retrograde filling - per root	\$389	\$143	63%
D3450	Root amputation - per root	\$717	\$273	62%
D3470	Intentional reimplantation (including necessary splinting)	\$1,030	\$391	62%
D3910	Surgical procedure for isolation of tooth with rubber dam	\$337	\$77	77%
D3920	Hemisection (including any root removal), not including root canal therapy	\$656	\$302	54%
D3950	Canal preparation and fitting of preformed dowel or post	\$360	\$163	55%
<u>Periodontic Services (gum disease)</u>				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$866	\$410	53%
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$472	\$260	45%
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$1,024	\$439	57%
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$903	\$380	58%
D4245	Apically positioned flap	\$1,102	\$473	57%
D4249	Clinical crown lengthening - hard tissue	\$1,057	\$454	57%
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$1,536	\$703	54%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$1,222	\$550	55%
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$924	\$416	55%
D4264	Bone replacement graft - retained natural tooth - each additional site in	\$778	\$342	56%
D4266	Guided tissue regeneration - resorbable barrier, per site	\$1,062	\$459	57%
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$1,237	\$556	55%
D4268	Surgical revision procedure, per tooth	\$1,101	\$485	56%
D4270	Pedicle soft tissue graft procedure	\$1,203	\$530	56%
D4320	Provisional splinting - intracoronal	\$724	\$338	53%
D4321	Provisional splinting - extracoronal	\$644	\$301	53%
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$348	\$147	58%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$268	\$113	58%
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$251	\$125	50%
D4910	Periodontal maintenance	\$191	\$75	61%
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$142	\$67	53%
D4999	Periodontal screening and scoring	\$46	\$15	68%
<u>Prosthetic Services - Removable (dentures)</u>				
D5110	Complete denture - maxillary	\$2,433	\$721	70%
D5120	Complete denture - mandibular	\$2,464	\$731	70%
D5130	Immediate denture - maxillary	\$2,606	\$1,037	60%
D5140	Immediate denture - mandibular	\$2,638	\$1,048	60%
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,968	\$618	69%
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,924	\$587	69%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,495	\$724	71%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,494	\$719	71%
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$1,400	\$447	68%
D5410	Adjust complete denture - maxillary	\$127	\$48	63%
D5411	Adjust complete denture - mandibular	\$127	\$48	63%
D5421	Adjust partial denture - maxillary	\$127	\$48	63%
D5422	Adjust partial denture - mandibular	\$127	\$48	63%



# Alpha Dental Plan 19 Fee Schedule - Page 4 of 6

<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Prosthodontic Services - Removable (dentures) Continued</u>				
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$264	\$83	69%
D5630	Repair or replace broken clasp - per tooth	\$368	\$135	63%
D5640	Replace broken teeth - per tooth	\$276	\$94	66%
D5650	Add tooth to existing partial denture	\$314	\$121	61%
D5660	Add clasp to existing partial denture - per tooth	\$369	\$153	59%
D5710	Rebase complete maxillary denture	\$827	\$362	56%
D5711	Rebase complete mandibular denture	\$803	\$353	56%
D5720	Rebase maxillary partial denture	\$773	\$292	62%
D5721	Rebase mandibular partial denture	\$773	\$293	62%
D5730	Reline complete maxillary denture (chairside)	\$528	\$229	57%
D5731	Reline complete mandibular denture (chairside)	\$522	\$227	57%
D5740	Reline maxillary partial denture (chairside)	\$501	\$210	58%
D5741	Reline mandibular partial denture (chairside)	\$515	\$213	59%
D5750	Reline complete maxillary denture (laboratory)	\$644	\$198	69%
D5751	Reline complete mandibular denture (laboratory)	\$644	\$198	69%
D5760	Reline maxillary partial denture (laboratory)	\$632	\$199	69%
D5761	Reline mandibular partial denture (laboratory)	\$632	\$198	69%
D5810	Interim complete denture (maxillary)	\$1,284	\$475	63%
D5811	Interim complete denture (mandibular)	\$1,285	\$476	63%
D5820	Interim partial denture (maxillary)	\$1,010	\$374	63%
D5821	Interim partial denture (mandibular)	\$989	\$357	64%
D5850	Tissue conditioning, maxillary	\$304	\$87	71%
D5851	Tissue conditioning, mandibular	\$292	\$82	72%

**PLEASE NOTE** - Any procedures listed in this section that require lab work do not include the specific billed lab fee that the provider was charged by the lab for the dental work that you are having done. Doctors, please make sure that all members fully understand what their fees will be and what the savings are from your normal full fees before treatment begins.

## Implant / Abutment Supported Prosthetic Services (where available)

D6000 through D6199	30% Discount
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**PLEASE NOTE** - Doctors, please make sure that all members understand what their fees will be and what the savings are from your normal full fees before treatment begins.

## Prosthodontic Services - Fixed (dentures)

D6210	Pontic - cast high noble metal	\$1,531	\$485	68%
D6211	Pontic - cast predominantly base metal	\$1,398	\$408	71%
D6212	Pontic - cast noble metal	\$1,418	\$423	70%
D6240	Pontic - porcelain fused to high noble metal	\$1,520	\$501	67%
D6241	Pontic - porcelain fused to predominantly base metal	\$1,400	\$413	70%
D6242	Pontic - porcelain fused to noble metal	\$1,437	\$439	69%
D6245	Pontic - porcelain/ceramic	\$1,536	\$492	68%
D6250	Pontic - resin with high noble metal	\$1,441	\$459	68%
D6251	Pontic - resin with predominantly base metal	\$1,397	\$433	69%
D6252	Pontic - resin with noble metal	\$1,398	\$435	69%
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$1,253	\$464	63%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$1,344	\$483	64%
D6720	Retainer Crown - resin with high noble metal	\$1,440	\$475	67%
D6721	Retainer Crown - resin with predominantly base metal	\$1,372	\$453	67%
D6722	Retainer Crown - resin with noble metal	\$1,390	\$458	67%
D6740	Retainer Crown - porcelain/ceramic	\$1,522	\$533	65%
D6750	Retainer Crown - porcelain fused to high noble metal	\$1,533	\$505	67%
D6751	Retainer Crown - porcelain fused to predominantly base metal	\$1,386	\$415	70%
D6752	Retainer Crown - porcelain fused to noble metal	\$1,424	\$442	69%
D6780	Retainer Crown - 3/4 cast high noble metal	\$1,493	\$492	67%
D6781	Retainer Crown - 3/4 cast predominantly base metal	\$1,378	\$455	67%
D6782	Retainer Crown - 3/4 cast noble metal	\$1,402	\$476	66%
D6783	Retainer Crown - 3/4 porcelain/ceramic	\$1,486	\$490	67%
D6790	Retainer Crown - full cast high noble metal	\$1,556	\$493	68%
D6791	Retainer Crown - full cast predominantly base metal	\$1,394	\$432	69%
D6792	Retainer Crown - full cast noble metal	\$1,466	\$446	70%
D6930	Re-cement or re-bond fixed partial denture	\$240	\$90	63%

**PLEASE NOTE** - Any procedures listed in this section that require lab work do not include the specific billed lab fee that the provider was charged by the lab for the dental work that you are having done. Doctors, please make sure that all members fully understand what their fees will be and what the savings are from your normal full fees before treatment begins.

# Alpha Dental Plan 19 Fee Schedule - Page 5 of 6

<u>Code</u>	<u>Description</u>	<u>Average Regular Cost</u>	<u>You Pay Only</u>	<u>Average Savings</u>
<u>Oral Surgery Services (extractions)</u>				
D7111	Extraction, coronal remnants - deciduous tooth	\$190	\$62	67%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$261	\$65	75%
D7210	Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$387	\$106	73%
D7220	Removal of impacted tooth - soft tissue	\$440	\$118	73%
D7230	Removal of impacted tooth - partially bony	\$549	\$214	61%
D7240	Removal of impacted tooth - completely bony	\$674	\$270	60%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$768	\$300	61%
D7250	Removal of residual tooth roots (cutting procedure)	\$440	\$161	63%
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	\$760	\$303	60%
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$996	\$524	47%
D7280	Exposure of an unerupted tooth	\$668	\$291	56%
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$760	\$331	56%
D7286	Incisional biopsy of oral tissue-soft	\$475	\$207	56%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$422	\$161	62%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$633	\$234	63%
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$797	\$287	64%
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$1,325	\$491	63%
D7510	Incision and drainage of abscess - intraoral soft tissue	\$343	\$133	61%
D7911	Complicated suture - up to 5 cm	\$837	\$419	50%
D7912	Complicated suture - greater than 5 cm	\$1,378	\$689	50%
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$624	\$161	74%
D7970	Excision of hyperplastic tissue - per arch	\$698	\$248	64%
D7971	Excision of pericoronal gingiva	\$403	\$216	46%

## Orthodontic Services (braces for children and adults)

D0330	Panoramic radiographic image	\$152	\$64	58%
D8660	Pre-orthodontic treatment examination to monitor growth and development		20% Discount	
D8670	Periodic orthodontic treatment visit (child)		20% Discount	
D8670	Periodic orthodontic treatment visit (adult)		20% Discount	
D8680	Orthodontic retention		20% Discount	
D8693	Recement or rebond fixed retainer		20% Discount	
D8999	Orthodontic treatment plan and records		20% Discount	

## Other Orthodontic Procedure Guidelines

1. Invisalign procedures and treatment are to be discounted 20% off of the participating providers normal full fee.
2. All procedures not listed are to be discounted 20% off of the participating providers normal full fee.

## Miscellaneous Services

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$185	\$64	65%
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$106	\$54	49%
D9211	Regional block anesthesia	\$120	\$23	81%
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$87	\$16	82%
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	\$113	\$32	72%
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$119	\$52	56%
D9440	Office visit - after regularly scheduled hours	\$264	\$113	57%
D9910	Application of desensitizing medicament	\$91	\$7	92%
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$109	\$45	58%
D9941	Fabrication of athletic mouthguard	\$396	\$134	66%
D9950	Occlusion analysis - mounted case	\$490	\$220	55%
D9951	Occlusal adjustment - limited	\$290	\$106	64%
D9952	Occlusal adjustment - complete	\$922	\$342	63%
D9970	Enamel microabrasion	\$290	\$113	61%
D9972	External bleaching - per arch - performed in office	\$504	\$253	50%
D9973	External bleaching - per tooth	\$339	\$170	50%
D9974	Internal bleaching - per tooth	\$384	\$193	50%
D9975	External bleaching for home applications, per arch. Includes materials and fabrication	\$448	\$224	50%
D9986	Missed appointment (without 24 hour notice)	\$81	\$45	45%
D9987	Cancelled appointment (without 24 hour notice)	\$79	\$44	44%

## **Alpha Dental Plan 19 Fee Schedule - Page 6 of 6**

### **General Plan Limitations and Exclusions**

1. All procedures listed above do not include any specific lab fees or precious metal costs that are required. Members must agree in writing to all upgraded materials used before treatment begins and what the savings are off of your participating providers normal full fee. See each section for specific details.
2. Members are responsible for paying all amounts due to plan providers at the time services are rendered unless mutually agreed upon by all parties.
3. The above fees are for General Dentist use only. Plan specialist lists are available by calling 1(800) 807-0706 or emailing support@betaplans.com. All contracted plan specialists offer members up to a 25% discount off of their normal full fees depending on the provider and location.
4. Any procedure not listed (except Orthodontic treatment) will be discounted 30% off of the participating providers normal full fee.
5. Medical costs associated with any dental procedure are not covered on this plan.
6. Dentures or appliances will be replaced only after 5 years have elapsed since such dentures or appliances were provided under this program, unless the denture or appliance becomes unserviceable due to illness.
7. Any dental treatment started prior to members eligibility to receive services under this plan or started after a members termination are not covered.
8. Failure to follow the prescribed treatment or accidents occurring during the course of treatment may result in additional charges by your plan provider.
9. Failure to pay scheduled fees at the time services are rendered may prevent future dental services from being received until all past fees have been paid in full.
10. Services provided by non-participating providers are not covered on this plan.
11. Services which, in the opinion your plan provider, are not necessary for the members dental health, or are contrary to established dental ethics are not covered.
12. Cosmetic dental procedures are covered only if the attending dentist and member agree on the procedure and cost.
13. Services that are compensable under workmen's compensation or employer liability laws are not covered.
14. Myofunctional therapy procedures for training, treating, or developing muscles in and around the jaw or mouth including TMJ are not covered except by plan participating specialists (where available).
15. Any dental procedures or services that cannot be performed in the dental office due to the physical limitations of the member are not covered.
16. Any services that a participating General Dentist recommends be performed by a specialist are covered only if members sees a participating specialist.
17. The liability of Beta Health Association, Inc. is limited to the return of the members membership fees paid for one year by the member.
18. Members enrolled in this Beta Health Association, Inc. dental plan agree that neither it or it's employees are liable for dentistry or services provided by any contracted or non-contracted plan providers.
19. Members understand that plan providers are independent contractors and are not employed by Beta Health Association, Inc.
20. Extractions for asymptomatic third molars (wisdom teeth) are not covered unless they are causing movement of the teeth.
21. This dental program is in no way to be considered insurance. It is a discount fee-for-service dental plan.
22. Fees are subject to change on an as needed basis. Please contact Beta Health at 1-(800) 807-0706 for current fees.





# Unum Vision<sup>SM</sup> Powered by EyeMed

## More flexibility, choice and savings

Through EyeMed's Insight network, Unum Vision<sup>SM</sup> Powered by EyeMed provides the right mix of independent and retail providers – including popular national chains and regional favorites, as well as online options. You have access to care and services that offer more flexibility, choice and savings.

Vision provider search engine is available 24/7 at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

### Outline of benefits

Vision care services	In-network member cost	Out-of-network reimbursements
<b>Exam (1 per 12 months)</b>	\$10 co-pay	Up to \$40
<b>Retinal Imaging Benefit</b>	\$39	Not Covered
<b>Standard plastic lenses (1 per 12 months)</b>		
Single Vision	\$10 co-pay	Up to \$30
Bifocal	\$10 co-pay	Up to \$50
Trifocal	\$10 co-pay	Up to \$70
Lenticular	\$10 co-pay	Up to \$70
Standard Progressive	\$10 co-pay	Up to \$70
Premium Progressive Lens	\$75 co-pay	Up to \$50
Tier 1	\$95 co-pay	Up to \$50
Tier 2	\$105 co-pay	Up to \$50
Tier 3	\$120 co-pay	Up to \$50
Tier 4	\$75 co-pay, 80% of charge less \$120 allowance	Up to \$50
<b>Lens Options</b>		
Polycarbonate lenses (under age 19)	Covered	Up to \$32
Standard Polycarbonate lenses	Covered	Up to \$32
Standard Scratch Resistant Coating	Covered	Up to \$12
UV Coating	Covered	Up to \$12
<b>Frames (1 per 12 months)</b>		
Members may select any frame available	\$130 allowance	Up to \$91
<b>Contact lenses (1 per 12 months)</b>		
<i>In lieu of eyeglass lenses</i>	\$0 Co-pay	
Elective	\$130 allowance	Up to \$130
Medically Necessary	Covered	Up to \$210
Standard contact lens fitting exam fee	Covered	Up to \$40
Specialty contact lens fitting exam fee	\$55	Up to \$40
<b>Plus:</b> We offer nationwide access to discounts on LASIK surgery through a partnership with U.S. Laser Network. Discounts are available with participating providers. This is not an insured benefit. Visit our web site to find the specialist closest to you.		

**40%**  
discount on second  
complete pair of  
glasses  
in-network

**20% off**  
non-prescription  
sunglasses  
in-network

**20% off**  
remaining balance  
beyond plan  
coverage  
in-network

**Employee Only:**  
\$7.35/month

**Employee & 1**  
\$13.87/month

**Employee & 2 or more**  
\$20.31/month

LENSCRAFTERS

PEARLE VISION

TARGET  
Optical

Sears  
Optical

PRIVATE PRACTITIONERS

**Note:** Plan & rates are available in CO.  
12-month frame frequency EyeMed plan number: 10000055

## Other Unum Vision Powered by EyeMed specifications

**Dependent children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (855) 652-8686.

**Services not listed:** If you expect to require a vision service not included on this brochure, it may still be covered. Refer to the member portal at [www.eyemedvisioncare.com/unum](http://www.eyemedvisioncare.com/unum), to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and/or corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan.

Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

No benefits will be paid for services, materials connected with, or charges arising from:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing;
- Aniseikonic lenses;
- Medical and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment;
- Safety eyewear;
- Plano (non-prescription) lenses;
- Non-prescription sunglasses;
- Two pair of glasses in lieu of bifocals;
- Services or materials provided by any other group benefit plan providing vision care;
- Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers.

Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.

Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

### **Laser Vision Correction Network**

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Login to [www.eyemedvisioncare.com/unum](http://www.eyemedvisioncare.com/unum) for a list of participating laser vision correction providers.

### **Hearing Savings Plan included at no additional cost to the member!**

Unum offers a **Hearing Savings Plan** at no additional cost, to all of its Unum Vision Powered by EyeMed members. Partnering with Amplifon, the Hearing Savings Plan provides:

- 40% off hearing exams at thousands of convenient locations nationwide
  - Discounted set pricing on thousands of hearing aids, including those with the newest, most advanced technology
  - Low price guarantee – if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%
  - 60-day hearing aid trial period with no restocking fees
  - Free batteries for 2 years with initial purchase
- 3-year warranty plus loss and damage coverage

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series VI-2002 and VI-2007 or contact your Unum Vision representative.

Vision plans are marketed by Unum and EyeMed, administered by First American Administrators and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

8485 Goodwood Boulevard • Baton Rouge, LA 70806

Policy Forms: Vision - VI-2002 and VI-2007  
Customer Service: (855) 652-8686

(08-18)



## Accident Insurance

can pay you money for covered accidental injuries and their treatment.

### How does it work?

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

### Why is this coverage so valuable?

- It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles.
- You're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you change jobs or retire. You'll be billed directly.

### What's included?

#### Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Text #StaffscapesInc2020 to 45037 for information.

### Who can get coverage?

<b>You</b>	If you're actively at work*
<b>Your spouse</b>	Can get coverage as long as you have purchased coverage for yourself.
<b>Your children</b>	Dependent children from birth until their 26th birthday, regardless of marital or student status.

\*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

### How much does it cost?

<b>Your monthly premium</b>	<b>Plan 1</b>
You	\$10.52
You and your spouse	\$18.67
You and your children	\$24.14
Family	\$32.29

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at [www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap.guide.pdf](http://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap.guide.pdf)



## Accident Insurance – Schedule of Benefits

### Accidental Death and Dismemberment

AD&D	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Dismemberment	
Both Feet	\$50,000
Both Hands	\$50,000
One Foot	\$25,000
One Hand	\$25,000
Thumb and Index Finger of the same Hand	\$12,500
Coma	
Coma	\$10,000
Loss of Use	
Hearing	\$25,000
Sight of one Eye	\$25,000
Sight of both Eyes	\$50,000
Speech	\$25,000
Paralysis	
Uniplegia	\$12,500
Hemi/Paraplegia	\$25,000
Triplegia	\$37,500
Quadriplegia	\$50,000

### Hospitalization

Admission	\$1,000
Admission – Hospital ICU	\$1,000
Daily Stay (amount)	\$300
Daily Stay – Hospital ICU (amount)	\$300
Short Stay	\$200

### Injury

Burns	
2nd Degree Burns - At least 5%, but less than 20% of skin surface	\$500
2nd Degree Burns - 20% or greater of skin surface	\$1,000
3rd Degree Burns - Less than 5% of skin surface	\$2,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000
3rd Degree Burns - 20% or greater of skin surface	\$10,000

### Injury

Concussion	
Concussion	\$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150
Dislocations	
Knee joint (other than patella)	\$1,650
Ankle bone or bones of the foot (other than toes)	\$1,650
Hip joint	\$3,375
Collarbone (sternoclavicular)	\$825
Elbow joint	\$500
Hand (other than Fingers)	\$500
Lower Jaw	\$500
Shoulder	\$500
Wrist joint	\$500
Collarbone (acromioclavicular and separation)	\$325
Finger or Toe (Digit)	\$150
Kneecap (patella)	\$500
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	\$200
Fractures	
Skull (except bones of Face or Nose), Depressed	\$4,500
Hip or Thigh (femur)	\$3,375
Skull (except bones of Face or Nose), Non-depressed	\$2,250
Vertebrae, body of (other than Vertebral Processes)	\$1,350
Leg (mid to upper tibia or fibula)	\$1,350
Pelvis	\$1,350
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	\$675
Upper Arm between Elbow and Shoulder (humerus)	\$675
Upper Jaw, Maxilla (other than alveolar process)	\$675
Ankle (lower tibia or fibula)	\$450
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450
Foot or Heel (other than Toes)	\$450
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450
Kneecap (patella)	\$450

### Injury

Lower Jaw, Mandible (other than alveolar process)	\$450
Vertebral Processes	\$450
Rib	\$450
Tailbone (coccyx) , Sacrum	\$450
Finger or Toe (Digit)	\$225
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	\$200
Lacerations	
No Repair	\$50
Repair Less than 2 inches	\$150
Repair At least 2 inches but less than 6 inches	\$300
Repair 6 inches or greater	\$600
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	\$750
One Digit (a Thumb or Big Toe)	\$1,125
Two or more Digits	\$1,500
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	\$150
Ruptured or Herniated Disc	
One Disc	\$150
Two or more Discs	\$250
Recovery	
At-Home Care	\$100
Physician Follow-Up Visits	\$75
Physician Follow-Up Maximum Visits	2 Visits
Prescription Drug	\$25
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	\$100
Therapy Services (chiro, speech, PT, occ)	\$20
Therapy Services Maximum Days	15 Days
Surgery	
Dislocations	
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Anesthesia	
Epidural or Regional Anesthesia	\$100
General Anesthesia	\$250

## Accident Insurance – Schedule of Benefits cont.

### Surgery

Connective Tissue	
Exploratory without Repair	\$100
Repair for One Connective Tissue	\$800
Repair for Two or more Connective Tissues	\$1,200
Eye Surgery	
Eye Surgery, Requiring Anesthesia	\$300
Fractures	
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture
Surgical Repair maximum payable multiplier for multiple bones	2 Times
General Surgery	
Abdominal, Thoracic, or Cranial	\$1,500
Incidence per covered accident	1 Per Insured
Exploratory	\$150
Hernia Surgery	
Hernia Surgery	\$150
Knee Cartilage	
Knee Cartilage (Meniscus) Exploratory without Repair	\$150
Knee Cartilage (Meniscus) with Repair	\$750
Outpatient Surgical Facility	
Outpatient Surgical Facility	\$300
Ruptured or Herniated Disc Surgery	
Exploratory without Repair	\$125
One Disc	\$675
Two or more Discs	\$1,000
Treatment	
Ambulance	
Air	\$1,000
Ground	\$300
Durable Medical Equipment	
Tier 1 (arm sling, cane, medical ring cushion)	\$50
Tier 2 (bedside commode, cold therapy system, crutches)	\$100
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	\$200
Emergency Dental Repair	
Dental Crown	\$350
Dental Extraction	\$115
Filling or Chip Repair	\$90
Imaging	
Tier 1: X-rays or Ultrasound	\$50

### Treatment

Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$200
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
Lodging	
Lodging (per night)	\$150
Prosthetic Device	
One Device or Limb	\$750
Two or more Devices or Limbs	\$1,500
Skin Grafts	
For Burns - Payable as a % of the applicable Burn benefit	50%
Not Burns - Less than 20% of skin surface	\$250
Not Burns - 20% or greater of skin surface	\$500
Treatment	
Emergency Room Treatment	\$100
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	\$50
Pain Management Injections (epidural, cortisone, steroid)	\$100
Transfusions	\$400
Transportation (per trip)	\$100
Treatment in a Physician's Office or Urgent Care Facility (initial)	\$75

## Accident Insurance

See Schedule of Benefits for a complete listing of what is covered.

### Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

### Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as the result of any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, while sane;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
- infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping. Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- being intoxicated; and
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

### Termination of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:

- the date this policy is canceled by Unum or your employer;
  - the date you are no longer in an eligible group;
  - the date your eligible group is no longer covered;
  - the date of your death;
  - the last day of the period any required premium contributions are made;
  - the last day you are in active employment.
- However, as long as premium is paid as required, coverage will continue
- in accordance with the Continuation of your Coverage during Absences provision; or
  - if you elect to continue coverage for you, your Spouse, and Children under Portability of Accident Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

### Accident Insurance

THIS IS A LIMITED BENEFITS POLICY

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GAP16-1 et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

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## Critical Illness Insurance

can pay money directly to you when you're diagnosed with certain serious illnesses.

### How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

### Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
- You can use this coverage more than once.  
Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit pays 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

### What's covered?

Critical illnesses	
<ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Stroke</li> <li>• Major organ failure</li> <li>• End-stage kidney failure</li> </ul>	<ul style="list-style-type: none"> <li>• Coronary artery disease <b>Major (50%):</b> Coronary artery bypass graft or valve replacement</li> <li><b>Minor (10%):</b> Balloon angioplasty or stent placement</li> </ul>
Cancer conditions	
<ul style="list-style-type: none"> <li>• Invasive cancer — all breast cancer is considered invasive</li> </ul>	<ul style="list-style-type: none"> <li>• Non-invasive cancer (25%)</li> <li>• Skin cancer — \$500</li> </ul>
Progressive diseases	Supplemental conditions
<ul style="list-style-type: none"> <li>• Amyotrophic Lateral Sclerosis (ALS)</li> <li>• Dementia, including Alzheimer's disease</li> <li>• Multiple Sclerosis (MS)</li> <li>• Parkinson's disease</li> <li>• Functional loss</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of sight, hearing or speech</li> <li>• Benign brain tumor</li> <li>• Coma</li> <li>• Permanent Paralysis</li> <li>• Occupational HIV, Hepatitis B, C or D</li> <li>• Infectious Diseases (25%)</li> </ul>

### Why should I buy coverage now?

- It's more affordable when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- If you apply during your initial enrollment, you can get coverage without a health exam or medical questions.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

#### Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

### Who can get coverage?

<b>You:</b>	Choose from \$10,000 to \$20,000 of coverage in increments of \$5,000 with no medical questions if you apply during this enrollment.
<b>Your spouse:</b>	Spouses can get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
<b>Your children:</b>	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at [www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap.guide.pdf](http://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap.guide.pdf). Please refer to the certificate for complete definitions about these covered conditions. Coverage may vary by state. See exclusions and limitations.



## Critical Illness Insurance benefit and cost

Monthly rates per \$1,000 of coverage		
Age	Employee	Spouse
under 25	\$0.14	\$0.14
25 - 29	\$0.21	\$0.21
30 - 34	\$0.30	\$0.30
35 - 39	\$0.43	\$0.43
40 - 44	\$0.63	\$0.63
45 - 49	\$0.91	\$0.91
50 - 54	\$1.29	\$1.29
55 - 59	\$1.82	\$1.82
60 - 64	\$2.64	\$2.64
65 - 69	\$3.88	\$3.88
70 - 74	\$5.97	\$5.97
75 - 79	\$8.59	\$8.59
80 - 84	\$12.22	\$12.22
85+	\$19.50	\$19.50

Premium for \$50 Be Well Benefit	
Employee	\$1.54
Spouse	\$1.54

Text #StaffscapesInc2020 to 45037 for information.

### Pre-existing conditions

We will not pay benefits for a claim when the Covered Loss occurs in the first 12 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by or occurs as the result of any of the following:

- a Pre-existing Condition or
  - complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.
- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; drugs or medications were taken, or prescribed to be taken during that period: or symptoms existed.

The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage or increases in coverage become effective.

- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period;
- drugs or medications were taken, or prescribed to be taken during that period: or
- symptoms existed.

The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage or increases in coverage become effective.

Pre-existing Condition requirements are not applicable to Children who are newly acquired after your Coverage Effective Date

Date of diagnosis must be after the coverage effective date.

### Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

committing or attempting to commit a felony; being engaged in an illegal occupation or activity; injuring oneself intentionally or attempting or committing suicide, while sane; active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or Injury for self-defense; participating in war or any act of war, whether declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; being intoxicated; and a Date of Diagnosis that occurs while an Insured is legally incarcerated in a penal or correctional institution;

Additionally, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date.

### End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Critical Illness Insurance.

Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.

**THIS INSURANCE PROVIDES LIMITED BENEFITS.** This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete definitions of coverage and availability, please refer to Certificate Form GCIC16-1 or contact your Unum representative.

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## Short Term Disability Insurance

can pay you a weekly benefit if you have a covered disability that keeps you from working.

Employee Funded  
Choice Plan

### How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can continue to receive benefits. You may have a choice of coverage amounts and benefit durations.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

### Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

### Consider your weekly expenses



Food \$ \_\_\_\_\_



Transportation (gas, car payments, repairs) \_\_\_\_\_



Child care/elder care \_\_\_\_\_



Mortgage/rent \_\_\_\_\_



Utilities (electric, water, cable, phone) \_\_\_\_\_

Medical costs (co-pays, medications) \_\_\_\_\_

\$ \_\_\_\_\_

### What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:<sup>1</sup>

- Normal pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

<sup>1</sup> Unum internal data, 2015

Age	Rates	
	Options	
	EP: 14/14 BD: 11 weeks	EP: 7/7 BD: 12 weeks
15-24	\$0.290	\$0.360
25-29	\$0.600	\$0.760
30-34	\$0.730	\$0.920
35-39	\$0.520	\$0.660
40-44	\$0.380	\$0.490
45-49	\$0.390	\$0.500
50-54	\$0.480	\$0.620
55-59	\$0.630	\$0.810
60-64	\$0.820	\$1.040
65+	\$1.000	\$1.270

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

## How much coverage can I get?

You\*

You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.

#### Coverage amounts

Cover 60% of your weekly income, up to a maximum benefit of \$1,000 per week.

The weekly benefit may be reduced or offset by other sources of income.

\*See the Legal Disclosures for more information

Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may have to answer medical questions.

### Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits. You can choose the elimination period you want: 14/14 or 7/7. The first number is the number of days for accidents. The second number is for illnesses.

### Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a choice of 11 or 12 weeks

## Calculate your cost

- Follow the instructions on the worksheet at right to determine your cost per paycheck.
- For step 2:  
Enter your rate amount from the Rate Chart, based on your age and elimination period choice you want. (Choose the age you will be when your coverage becomes effective on 06/01/2019.)

Disability worksheet			
<b>1 Calculate your weekly disability benefit.</b>			
\$ _____ ÷ 52 = \$ _____ Your annual earnings	x _____ Your weekly earnings	60% = (Max % of income covered)	\$ _____ Max weekly benefit available (if the amount exceeds the plan max of \$1,000, enter \$1,000.)
<b>2 Calculate your cost per paycheck.</b>			
\$ _____ ÷ 10 = \$ _____ Your weekly benefit amount	x _____ Your rate	=	\$ _____ Your monthly cost

### Exclusions and limitations

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by StaffScapes, Inc for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

#### Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

#### Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

#### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

### Exclusions and limitations

Your plan does not cover any disabilities caused by, contributed to by, or resulting from your:

- Occupational sickness or injury - however, Unum will cover disabilities due to occupational sicknesses or injuries for partner or sole proprietors who cannot be covered by a workers' compensation law
- Intentionally self-inflicted injuries while sane;
- Active participation in a riot;
- Loss of a professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Pre-existing conditions (See the disclosure section to learn more.)

Your plan will not cover a disability due to war, declared, or undeclared, or any act of war.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

#### Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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**Term Life and Accidental Death & Dismemberment (AD&D) Insurance** can provide money for your family if you die or are diagnosed with a terminal illness.

Employee Funded

### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

### Why is this coverage so valuable?

If you initially purchased coverage, you can increase it up to \$100,000 to meet your growing needs—with no health questions or exams.

### What else is included?

#### A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

#### Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

#### Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

### Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

You	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings.  If you previously purchased coverage, you can increase it up to \$100,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
Your Spouse	Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself.  If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your Children	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students.  The maximum benefit for children live birth to 6 months is \$1,000.

### Who can get Accidental Death & Dismemberment (AD&D) coverage?

You	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
Your Spouse	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
Your Children	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage. Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

## How much coverage can I get?

### Calculate your costs

1. Enter the Term Life coverage amount you want.<sup>†</sup>
2. Divide by the amount shown.
3. Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age. (Choose the age you will be when your coverage becomes effective. To determine your spouse rate, choose the age the employee will be when coverage becomes effective. See your plan administrator for your plan effective date.)
4. Enter your monthly cost.

Term Life	1	2	3	4
Employee	\$_____,000	÷ \$10,000 = \$_____	X \$_____	= \$_____
Spouse	\$_____,000	÷ \$5,000 = \$_____	X \$_____	= \$_____
Child	\$_____,000	÷ \$2,000 = \$_____	X \$_____	= \$_____
Total cost				

Term Life monthly rate for employee			Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage		Per \$5,000 of coverage	\$0.700 per \$2,000 of coverage
	Tobacco <sup>††</sup>	Non-tobacco	Cost	
15-24	\$1.040	\$0.560	\$0.300	
25-29	\$1.040	\$0.560	\$0.360	
30-34	\$1.120	\$0.640	\$0.460	
35-39	\$1.600	\$0.880	\$0.660	
40-44	\$2.500	\$1.360	\$0.900	
45-49	\$4.400	\$2.400	\$1.480	
50-54	\$7.400	\$4.100	\$2.300	
55-59	\$13.000	\$7.200	\$3.500	
60-64	\$13.500	\$7.500	\$6.000	
65-69	\$23.000	\$13.500	\$10.000	
70-74	\$42.000	\$24.000	\$18.000	
75+	\$42.000	\$24.000	\$36.000	

1. Enter the AD&D coverage amount you want.<sup>†</sup>
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your monthly cost.

AD&D	1	2	3	4
Employee	\$_____,000	÷ \$10,000 = \$_____	X \$0.400	= \$_____
Spouse	\$_____,000	÷ \$5,000 = \$_____	X \$0.200	= \$_____
Child	\$_____,000	÷ \$2,000 = \$_____	X \$0.060	= \$_____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.400
Spouse	per \$5,000 of coverage	\$0.200
Child	per \$2,000 of coverage	\$0.060

Billed amount may vary slightly.

<sup>†</sup> If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts. <sup>††</sup> A tobacco user is defined as anyone who currently uses or has used a tobacco product within the last 12 months.

## Exclusions and limitations

### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

**Delayed Effective Date:** If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

### Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

### Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance.

Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

### Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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## SECTION 125 PLAN ELECTION FORM

Section 125 Plans provide an added benefit for employees who regularly have medical and childcare expenses while also reducing their income. Employees can deduct their insurance premiums pretax and set aside pretax funds to use toward qualified medical and dependent care expenses.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

DOB: \_\_\_\_\_ Employer: \_\_\_\_\_

### Flexible Spending Plan Election

Use this section for *Loss of Coverage Eligibility, initial eligibility* or flexible spending plan open enrollment to begin in January

FSA's provide an added benefit to employees especially those that regularly have medical and childcare expenses. Section 125 Flexible Spending accounts can save employees money in federal, state and local taxes on items they already pay out-of-pocket. Any expenses paid under this plan must be eligible expenses as governed by Internal Revenue Service (IRS) regulations must be for services provided for me or a qualifying individual and must not be reimbursed from any other source. The reimbursements submitted must have been rendered during the plan year. For more information please refer to the Flexible Spending Account plan highlights or contact StaffScapes.

\_\_\_\_ **Qualified Medical Expenses**  
\_\_\_\_ **Dependent Care**

\$ \_\_\_\_\_ **per year (\$2500 per year max)**  
\$ \_\_\_\_\_ **per year (\$5000 per year max)**

\*Please note the annual amount elected will be calculated into a per paycheck deduction.

\*\* Any unreimbursed amount remaining in the FSA account at the end of the plan year will be forfeited.

I elect to reduce my salary by the benefit amount(s) shown below on a pre-tax basis for the purpose of participating in the flexible spending account plan. Furthermore, by signing below, I agree to the terms and conditions of the StaffScapes Salary Reduction Plan. My signature below indicates that I have read and understand that my election is effective as of the date below and continues in effect until the next annual election period. I also understand that by signing and submitting this enrollment form, I am making an irrevocable election for the current plan year unless I have a qualified event as defined by the IRS.

\_\_\_\_\_  
Employee Signature (required)

\_\_\_\_\_  
Date

## **Flexible Spending Account**

### **General Plan Information**

- Your plan year information is available through StaffScapes benefits department.
- Expenses must be incurred during the plan year and receipts must reflect actual Date of Services rendered.
- Each employee must use the amount in the flexible spending account by the end of the plan year, or lose it. The “use it or lose it” rule means that employees cannot take cash at the end of the year for amount not used.
- Funds remaining at the end of each plan year may not be rolled over to the next year. These funds will be used to offset expenses for the plan.
- 90 days are allowed beyond the end of the plan year to request reimbursement of any funds remaining in your account. **LATE CLAIMS WILL NOT BE CONSIDERED.** Mailed claims must be postmarked by the last day of the 90-day grace period to be accepted.
- Upon termination of employment, eligibility for the 125 plan also terminates. Reimbursements for expenses incurred during the time of employment may be requested through the 90 days following the termination date. You may be eligible to elect Flex COBRA in order to continue your Flex Plan. Please consult StaffScapes Benefits Department for further information.
- The opportunity to participate in the plan is given at the beginning of the plan year, or when you become eligible upon employment. It may not be changed during the plan year unless there is a qualifying event, per IRS regulations, such as the employee’s marriage or divorce, birth or adoption of a child of the employee, change in daycare provider, death of an employees spouse or dependent, termination or drastic change in hours of employment of the employee or the employee’s spouse.
- Because social security is now based on your reduced (adjusted) gross income, those benefits, when you become eligible for them, could be reduced.

### **Medical Expense Account Information**

- Only medical expenses may be reimbursed through the medical expense account.
- Out-of-pocket medical expenses include those services incurred by other family members (spouse and dependents) in addition to the participant.
- Medical expenses may not be reimbursed under any other plan.
- If utilizing the medical expense reimbursement through Flex, those dollars allocated cannot apply toward a medical deduction (7.5% of gross income) for your income taxes.
- The maximum allowed for the medical expense account is \$2,500.00 per year.
- Receipts are required for the medical expense account reimbursement. (If expenses are covered through your health plan, they should be submitted to your insurance carrier). You may attach an explanation of benefits statement from your insurance carrier, which shows the date(s) of service, etc. or a receipt. Please note that receipts must show the DATE OF SERVICE (with in the current plan year), DESCRIPTION OF SERVICE, AND PAYMENT FOR EACH SERVICE. Check copies alone are not acceptable.



### **Dependent Care Expense Account Information**

- Only dependent care expenses may be reimbursed through the dependent care expense account.
- Dependent care expenses include day care expenses for dependents under the age of 13 and/or care for the elderly. Expenses for dependent care are eligible if it allows you to work. The Dependent Care account can only be used for daycare or before/after-school care. Tuition for education beyond kindergarten is non-reimbursable, unless this is classified as a special need due to handicap.
- The Internal Revenue Service will require the Social Security Number and/or Tax Identification Number of all dependent care providers you have utilized throughout the year on your personal income tax form. (If not an institution, the day care provider may be a relative, but must be at least 19 years old and be reporting your expense as their income).
- IRS limits dependent care reimbursement to a maximum of \$5,000.00 yearly per family (or \$2,500.00 yearly if married and filing single).
- Receipts are required for Dependent Care Expense Account reimbursement. Any written statement showing dates of service, description of service, amount paid and provider's signature will be sufficient. Please note that the IRS will require the Tax Identification Number and/or social Security Number of all day care providers you have utilized throughout the year on your personal income tax form.

NOTE: It is wise to keep copies of all submitted paperwork for yourself in case any are lost in transit to StaffScapes, Inc. In most cases claims will be paid within one month of submission.

### **Qualified Events**

Employees can make changes to their plan elections, when certain "qualified" events occur. These changes must be made within 30 days of the qualified event. Some examples of a qualified event are:

- Marriage or Divorce
- Birth or adoption of a child
- Death of a spouse or child
- Start or termination of employment
- A change from part-time to full-time status
- A significant change in health coverage

These are just some examples of Qualified Events, and each participant's specific event must be reviewed to assure eligibility.

## **Expenses Reimbursable From a Flexible Spending Account**

Below is a listing of some of the expenses that are eligible to be reimbursed under a qualified Flexible Spending Account. This listing does not include all expenses so please contact StaffScapes to review your specific expenses and eligibility.

**Abortion Legal**

**Acupuncture**

**Alcoholism and drug abuse**

**Ambulance**

**Artificial limb**

**Artificial teeth**

**Birth control pills and devices**

**Braille books and magazines**

**Breast reduction** - medically necessary

**Car controls** - special equipment installed in a car for the use of a person with disabilities.

**Chiropractor**

**Christian Science practitioners**

**Contact lenses**

**Crutches**

**Deductibles & Co-pays**

**Dental treatment**

**Eyeglasses**

**Fertility** - Treatment of infertility

**Flu shots**

**Guide dog**

**Hearing aids**

**Hospital**

**Human guide**

**Impotence or sexual inadequacy**

**Insulin**

**Laboratory fees**

**Laser eye surgery**

**Lead-based paint removal**

**►► Massage Therapy ONLY with Dr. Diagnosis and prescription**

**Medical aids** - Medical aids such as false teeth, hearing aids, orthopedic shoes, crutches and elastic hosiery are reimbursable.

**Medical monitoring and testing devices**

**Medical records charges**

**Norplant insertion or removal**

**Orthodontia**

**Orthopedic shoes**

**Organ donor**

**Osteopath**

**Oxygen**

**Physical therapy**

**Pre-existing conditions** - Medical expenses not covered because of the plan's pre-existing condition limitation are reimbursable.

**Prescription drugs**

**Prescription sunglasses**

**Prosthesis**

**Psychiatric care**

**Psychoanalysis**

**Psychologist**

**Radial Keratotomy**

**Seeing-eye dog**

**►► Smoking cessation program (over-the-counter) with prescription**

**Sterilization**

## **Expenses Reimbursable From a Flexible Spending Account**

**Substance abuse**

**Telephone & Television** - Special equipment for a hearing-impaired person

**Transportation** - Can deduct 12 cents a mile for use of car to obtain medical care, and parking fees and tolls can also be deducted.

**Vaccines**

**Vasectomy**

**Vision care**

**Well baby care**

**Wheelchair**

**X-ray fees**

\*\*\*\*\*

**NOTE: THE FOLLOWING ITEMS ARE NOT ELIGIBLE FOR REIMBURSEMENT**

**►► Over-the-Counter Medications without prescription**

*Holistic & Natural Remedies*

*Contact Lens replacement Insurance*

*Cosmetic Surgery*

*Electrolysis & Hair Transplants*

*Over-the-Counter Vitamins*

*Funeral and burial expenses*

*Health club dues*

*Cosmetic dental work*

**►► Teeth whitening/bonding - Cosmetic**

*Exercise equipment*

### **Definition of Qualified Dependent Care Expenses**

1. Qualified Dependent Care Expenses generally are expenses which you incur with respect to a Qualified Dependent, which will enable you to be able to work for the Company.
2. Under the Dependent Care Assistance Plan, a person will be treated as your "Qualified Dependent" if the person is a member of your household and is either a dependent of yours who is under the age of 13, for whom you are entitled to an exemption on your personal Federal tax return, or the person is your spouse or your dependent and is physically or mentally incapable of caring for himself or herself.
3. Included within the category of Qualified Dependent Care Expenses are expenses for household services and expenses for the care of a Qualified Dependent which are incurred in order to enable you to be employed at the company. If the expenses are incurred for services performed outside of your household, they will only be treated as Qualified Dependent Care Expense if the Qualified Dependent on whose behalf the services are performed either is under the age of 13 or regularly spends at least eight (8) hours per day in your household.
4. Expenses incurred with respect to a day care center will be treated as a Qualified Dependent Care Expenses under the Dependent Care Assistance Plan only if the day care center (i) complies with all applicable state and local government laws and regulations, (ii) provides care for more than six (6) persons (other than persons who reside at the day care center), and (iii) receives a fee, payment or grant for providing services.
5. Expenses which are paid to related individuals may be reimbursed, subject to the following special limits. Under the Dependent Care Assistance Plan, no reimbursement will be made for any expense which would otherwise be a Qualified Dependent Care Expense if you pay such expense (i) to your child who is either under the age 19 or who is a full time student, or (ii) to any other person for whom you (or your spouse) is entitled to an exemption on your personal federal income tax return.
6. Expenses paid for sending a Qualified Dependent to overnight camp are not treated as Qualified Dependent Care Expenses.
7. The amount of Qualified Dependent Care Expenses will reduce, dollar-for-dollar, the amount of expenses which are otherwise eligible for the Federal dependent care credit on your federal income tax return.

**NOTE:** Both you and your spouse must be employed. Child care expenses will be reimbursed only after services are rendered.

## **Flexible Benefits Plan: Frequently Asked Questions**

### **What is Flexible Spending?**

It is a tax savings method of accumulating monies that you spend during the "Plan Year" on eligible expenses. The "Plan Year" is defined as a 12-month calendar year.

### **How will the Flexible Benefits Plan save tax dollars?**

The monies accumulated in your flexible spending account will not be reported as earned income. There will be no taxes on this money and the tax savings will appear as increased take home pay. See Example.

### **What happens to my Flex Dollars?**

Let's assume you'll spend \$5000.00 over a 52-week period for childcare (as in the prior example). Each week for 52 weeks we will credit your childcare account for \$96.15. On a monthly basis, you submit a receipt for paid childcare and we will send you a check for the amount of the receipt as long as services have been rendered and the amount does not exceed the balance in your Flexible Spending Account for childcare.

### **What if I have monies left in my account at the end of the plan Year?**

In the Tax Reform Act of 1986, the IRS ruled that eligible expenses may only be taken in the Plan Year and you must submit receipts for reimbursement. All receipts must be for services received after your enrollment date in the Cafeteria Plan. Only estimate eligible expenses that you feel you can supply receipts for in the Plan Year. If you do not supply receipts you will forfeit any monies in your account. All receipts must be dated prior to the end of the Plan Year (December 31st) and received prior to March 31st of the following year.

### **What about medical reimbursements?**

This is another way to create tax savings by flexing deductibles, examinations, office visits for medical, dental, vision and hearing. Please be sure to provide a copy of any applicable Explanation of Benefits (EOB) forms along with a corresponding receipt.

### **Will a Flexible Spending Account help me?**

Each individual and/or family situation is different - so you must examine your own financial picture. For most taxpayers the flexing of childcare and medical expenses will save tax dollars providing you actually incurred the expense and can furnish paid receipts.

### **If my employment is terminated, what happens to my Flexible Spending Account?**

Your plan year would then end as of your termination date, unless COBRA continuation is elected. If COBRA were not elected, no additional funds would be deposited to your account; however, you still may submit receipts for eligible expenses and receive your reimbursement for the Plan Year. Your receipts must be dated prior to the date of termination, and received within 90 days of that termination.



# StaffScapes

*Human Resource Solution Center*

## **Empower Retirement Plan**

StaffScapes is proud to announce the availability of a 401(k) program to help you in your retirement planning. A 401(k) savings plan can reduce your current income taxes considerably and allow your investment to grow dramatically over the years. This program has many tax advantages and we strongly recommend that you take advantage of this benefit (if available). This program allows you to set aside before tax dollars to accumulate on a tax deferred basis for retirement. The Plan includes the following significant features:

- 
- Maximum investment options
  - Catch up contributions for ages 50 and older
  - Diverse investment lineup
  - Roth 401(k) After Tax Option
  - Investment allocations may be changed daily
  - Contribution percentage may be changed monthly
  - Quarterly statements mailed to participants home
  - Hardship provisions available for early withdrawal (10% penalty otherwise)

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Your employer may sponsor a 401k Plan through StaffScapes, please contact 303-466-7864 to inquire on your Retirement plan eligibility.

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