



StaffScapes
HR for Growing Businesses

**2022-2023
Benefits Package**

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



StaffScapes offers dental, vision, life insurance and supplemental benefit options for you and your family. The benefits have a 60-day wait period, which means the effective date would be the 1st of the month after 60 days. Online enrollment must be completed by the effective date of initial coverage, during annual open enrollment in June, or within 30 days of a qualifying life event.

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.

Monthly Premium Rates Effective 6/1/2022 through 5/31/2023

EPO Dental Plan**

Employee	\$13.00
Employee Plus One Dependent	\$24.90
Employee Plus Two or More Dependents	\$41.60

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

United Concordia PPO \$2500 Annual Max Dental Plan

Employee	\$35.83
Employee Plus One Dependent	\$76.89
Employee Plus Two or More Dependents	\$114.98

United Concordia PPO \$5000 Annual Max Dental Plan

Employee	\$38.17
Employee Plus One Dependent	\$82.13
Employee Plus Two or More Dependents	\$123.39

Unum/EyeMed Vision

Employee	\$7.79
Employee Plus One Dependent	\$14.70
Employee Plus Two or More Dependents	\$21.53

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.

United Concordia Dental

Introducing StaffScapes Dental Plans

StaffScapes offers employees a selection between three unique and useful plans which will benefit your entire family. All three plans are offered through United Concordia. The two PPO plans Elite Plus network, have no waiting periods, and offer different price points which can best suited for every budget. The EPO plan utilize the Advantage Plus network, there is an annual maximum, deductible, and a copay schedule. *Employees can select this EPO Plan if the reside in select states (with more states coming soon). The current states available: CO, AZ, MD, VA, DC, PA, WV.*

United Concordia 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 \$2,500 or \$5,000 Annual Maximum;
- One additional cleaning during pregnancy;
- See any dentist or maximize your benefits by utilizing the national network of more than 425,639 dentists; and
- Find an in-network provider at <https://www.unitedconcordia.com/find-a-dentist/#/>
- Manage benefits online or with the mobile app.

\$2,500 Annual Maximum

Employee Only: \$35.83/month	Employee & 1 \$76.89/month	Employee & 2 or more \$114.98/month
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\$5,000 Annual Maximum

Employee Only: \$38.17/month	Employee & Spouse \$82.13/month	Employee & 2 or more \$123.39/month
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United Concordia EPO Plan

The EPO Dental Plan an annual maximum, deductible, and a copay schedule. *Employees can select this EPO Plan if the reside in select states (with more states coming soon). The current states available: CO, AZ, MD, VA, DC, PA, WV.*

- \$1,500 Annual Maximum;
- \$50 individual/\$150 family deductible;
- Covers many routine dental concerns; and
- Copays for additional services beyond routine concerns.

Employee Only: \$13.00/month	Employee & 1 \$24.90/month	Employee & 2 or more \$41.60/month
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Dental Benefits Summary for StaffScapes, Inc – High Plan

Effective Date: June 1, 2022

Network: Elite Plus

Benefit Category ¹	CONCORDIA PREFERRED PLAN	
	In-Network ²	Non-Network ⁴
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings		
Fluoride Treatment		
Sealants		
Class II – Basic Services		
Palliative Treatment	100%	100%
Space Maintainers		
Basic Restorative (Fillings)		
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Class III – Major Services		
Endodontics	60%	50%
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Implants		
Included Plan Features		
The College Tuition Benefit® – College Savings Program ⁵	<ul style="list-style-type: none">• Earn Tuition Rewards® points redeemable for tuition discounts• Receive 2,000 at signup, then 2,000 points/year• Each child enrolled receives a one-time bonus of 500 Tuition Rewards points• One Tuition Rewards point = \$1 reduction in full tuition• Use Tuition Rewards points at participating private colleges and universities	
Smile for Health®--Wellness ³ <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i> <i>Pregnancy is also a covered condition</i>	<ul style="list-style-type: none">• Covers 1 additional periodontal maintenance per year and all are covered at 100%• Scaling and root planing are covered at 100%• 4 periodontal surgery procedures are covered at 100%	
Pregnancy Benefit ³	Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health®--Wellness ³	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Calendar Year Deductible (per person/per family)	\$25/\$75 Excludes Class I	\$50/\$150 Excludes Class I
Calendar Year Maximum (per person)	\$5,000	
Reimbursement	Elite <i>Plus</i>	90 th Percentile

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company. For more information please visit the "Disclaimers" link at www.UnitedConcordia.com. Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011 (1-800-332-0366).

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

1. Dependent children to age 26.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.
3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.
4. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 90th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.
5. Tuition Rewards® is a Registered Trademark of and administered by SAGE Scholars, Inc. Participation in the program is contingent upon enrollment with SAGE Scholars, Inc. Tuition Rewards are not an underwritten benefit but a value-added program. Tuition Rewards not available in all jurisdictions (SAGE). SAGE is not a subsidiary or affiliate of United Concordia Insurance Company (UCIC). Subject to eligibility requirements and terms and conditions. Tuition Rewards are a value-added program and not an insured benefit. Program participation subject to enrollment with SAGE. "Points" are credits that may be used to discount the cost of Tuition and have no cash value. UCCI does not provide services related to this program. Tuition Rewards not available in all jurisdictions. Program subject to change without notice.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。

Dental Benefits Summary for StaffScapes, Inc – Low Plan

Effective Date: June 1, 2022

Network: Elite Plus

Benefit Category ¹	CONCORDIA PREFERRED PLAN	
	In-Network ²	Non-Network ⁴
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings		
Fluoride Treatment		
Sealants		
Class II – Basic Services		
Palliative Treatment	100%	100%
Space Maintainers		
Basic Restorative (Fillings)		
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Class III – Major Services		
Endodontics	60%	50%
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Implants		
Included Plan Features		
The College Tuition Benefit® – College Savings Program ⁵	<ul style="list-style-type: none">• Earn Tuition Rewards® points redeemable for tuition discounts• Receive 2,000 at signup, then 2,000 points/year• Each child enrolled receives a one-time bonus of 500 Tuition Rewards points• One Tuition Rewards point = \$1 reduction in full tuition• Use Tuition Rewards points at participating private colleges and universities	
Smile for Health®--Wellness ³ <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i> <i>Pregnancy is also a covered condition</i>	<ul style="list-style-type: none">• Covers 1 additional periodontal maintenance per year and all are covered at 100%• Scaling and root planing are covered at 100%• 4 periodontal surgery procedures are covered at 100%	
Pregnancy Benefit ³	Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health®--Wellness ³	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Calendar Year Deductible (per person/per family)	\$25/\$75 Excludes Class I	\$50/\$150 Excludes Class I
Calendar Year Maximum (per person)	\$2,500	
Reimbursement	Elite Plus	90 th Percentile

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

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3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.
4. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 90th Percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.
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Save More with a Network Dentist

Advantage Plus

United Concordia's large, nationwide dentist network, combined with our knowledge of local markets, means you can find affordable, quality care with great service no matter where you live.

What Is a Network Dentist?

Network dentists agree to accept United Concordia's discounted fees as payment in full for covered services. Non-network dentists can charge you more. This means you'll lower your out-of-pocket expense using a network dentist.

You can still receive care from any licensed dentist. But your benefits may differ and your out-of-pocket costs could be higher with a non-network dentist. Using a network dentist maximizes your dental benefits because they:

SAVE MONEY—A network dentist saves you the difference between our negotiated fees and the dentist's regular charges. And, you stretch your benefit dollars by getting more services before reaching your annual maximum.



Using a network dentist maximizes your benefits

Savings Example¹

Member's Annual Dental Care	Example Dentist Charge	Network Dentist Visit—Member Responsibility ²	Non-network Dentist Visit—Member Responsibility	Member's Savings for Visiting a Network Dentist
2 Cleanings	\$151	\$0	\$63	\$63
2 Exams	\$85	\$0	\$45	\$45
1 Set X-rays	\$117	\$0	\$59	\$59
2 Composite Fillings	\$227	\$22	\$149	\$127
1 Crown	\$931	\$324	\$611	\$287
TOTAL	\$1,512	\$346	\$928	\$582

1. Savings estimates based on internal data for zip code 17011, as of 06/18; savings will vary by dentist, service and geographic region.

2. All services performed by an Advantage Plus network dentist.

SAVE TIME—Network dentists file your claims for you, saving you time and the hassle of paperwork.

SAVE WORRY—Every network dentist goes through a rigorous review, so you know you're getting high-quality care.

You Can Find Quality Care No Matter Where You Live

Finding YOUR Dentist

It's not just about finding a dentist; it's about finding YOUR dentist. While our vast network includes 79,000 dentists,* we also understand your local market. We research the facilities and costs in your area, and carefully screen and qualify each dentist to help you get the best dental care.

How to Find a Dentist

It's simple to search, compare and get directions to an **Advantage Plus** network dentist with the **Find a Dentist** tool on UnitedConcordia.com. Once you have clicked the "Find a Dentist" button on the home page and searched by location or dentist name, be sure to select "**Advantage Plus**" in the "Dental Network" drop down area.

You can search by specialty, county, ZIP code, street address, dentist or practice name. If your dentist is not in our network, and you'd like him or her to participate, go to the **Members** section of UnitedConcordia.com, select Forms, and click **Recommend Your Dentist**.



*Wherever you live or work, you'll probably find two or more of our network dentists within 10 miles.**

UNITED CONCORDIA[®] DENTAL
Protecting More Than Just Your Smile[®]

Savings estimates based on internal data for zip code 17011, as of 06/18; savings will vary by dentist, service and geographic region.

*Based on United Concordia Dental internal research and reports, 2/22.

This advertisement is not an offer of coverage or proposal of insurance. The Group Policy or Contract and Certificate of Insurance ("Plan Documents") include a complete listing of covered services, limitations, exclusions, cancellation and renewal provisions. In the event of conflict, the Plan Documents will govern. PPO products underwritten by: United Concordia Insurance Company. Not all products are available in all jurisdictions. United Concordia policies cover dental benefits only. For a complete listing of the products and services available in your area, the specific UCCI company licensed to provide those products, and exclusions, limitations, renewal, cancellation and cost information, contact a United Concordia account representative or visit UnitedConcordia.com. United Concordia Insurance Company, California certificate of authority number 3739-0, is domiciled in Arizona at its statutory address, 2198 East Camelback Road, Suite 260, Phoenix, AZ 85016. Available products are underwritten by United Concordia Insurance Company in OK and written on OK policy forms OK9802S/L (2/13). The administrative office of UCCI and/or its licensed corporate affiliates is located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011.

MEM-0274-0918 • Advantage Plus

IMPORTANT INFORMATION ABOUT YOUR PLAN

- ▶ This schedule of benefits provides a listing of procedures covered by your plan. For procedures that require a copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these copayments to the dental office at the time of service.
- ▶ Your plan includes a \$50 individual deductible or \$150 family deductible
- ▶ Your plan has an annual maximum in the amount of \$1,500

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
CLINICAL ORAL EVALUATIONS			SPACE MAINTENANCE (passive appliances)		
D0120	Periodic Oral Evaluation - Established Patient	0	D1526	Space Maintainer - Removable - bilateral, maxillary	0
D0140	Limited Oral Evaluation - Problem Focused	0	D1527	Space Maintainer - Removable - bilateral, mandibular	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	0	D1551	Re-cement or re-bond bilateral space maintainer - maxillary	0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0	D1552	Re-cement or re-bond bilateral space maintainer - mandibular	0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0	D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	0
D0180	Comprehensive Periodontal Evaluation	0	D1556	Removal of fixed unilateral space maintainer - per quadrant	0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			D1557	Removal of fixed unilateral space maintainer - maxillary	0
D0210	Intraoral - Complete Series Of Radiographic Images	0	D1558	Removal of fixed unilateral space maintainer - mandibular	0
D0220	Intraoral- Periapical First Radiographic Image	0	D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	0
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	AMALGAM RESTORATIONS (including polishing)		
D0240	Intraoral - Occlusal Radiographic Image	0	D2140	Amalgam - One Surface, Primary Or Permanent	45
D0270	Bitewing - Single Radiographic Image	0	D2150	Amalgam - Two Surfaces, Primary Or Permanent	55
D0272	Bitewings - Two Radiographic Images	0	D2160	Amalgam - Three Surfaces, Primary Or Permanent	65
D0273	Bitewings - Three Radiographic Images	0	D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	75
D0274	Bitewings - Four Radiographic Images	0	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0	D2330	Resin-Based Composite - One Surface, Anterior	45
D0330	Panoramic Radiographic Image	0	D2331	Resin-Based Composite - Two Surfaces, Anterior	60
DENTAL PROPHYLAXIS			D2332	Resin-Based Composite - Three Surfaces, Anterior	70
D1110	Prophylaxis, Adult	0	D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	80
D1120	Prophylaxis, Child	0	D2390	Resin-Based Composite Crown, Anterior	80
TOPICAL FLUORIDE TREATMENT (office procedure)			D2391	Resin-Based Composite - One Surface, Posterior	50
D1206	Topical Application Of Fluoride Varnish	0	D2392	Resin-Based Composite - Two Surfaces, Posterior	70
D1208	Topical Application Of Fluoride - Excluding Varnish	0	D2393	Resin-Based Composite - Three Surfaces, Posterior	80
OTHER PREVENTIVE SERVICES			D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	90
D1351	Sealant - Per Tooth	0	INLAY/ONLAY RESTORATIONS		
D1354	Application of Caries Arresting Medicament - Per Tooth	0	D2510	Inlay - Metallic - One Surface	395
SPACE MAINTENANCE (passive appliances)					
D1510	Space maintainer - fixed, unilateral - per quadrant	0			
D1516	Space Maintainer - Fixed - bilateral, maxillary	0			
D1517	Space Maintainer - Fixed - bilateral, mandibular	0			
D1520	Space maintainer - removable, unilateral - per quadrant	0			

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
INLAY/ONLAY RESTORATIONS			OTHER RESTORATIVE SERVICES		
D2520	Inlay - Metallic - Two Surfaces	430	D2950	Core Buildup Including Any Pins When Required	65
D2530	Inlay - Metallic - Three Or More Surfaces	455	D2951	Pin Retention - Per Tooth, In Addition To Restoration	20
D2542	Onlay - Metallic-Two Surfaces	505	D2952	Post And Core In Addition To Crown, Indirectly Fabricated	130
D2543	Onlay - Metallic - Three Surfaces	510	D2954	Prefabricated Post And Core In Addition To Crown	100
D2544	Onlay - Metallic - Four Or More Surfaces	590	D2971	Additional Procedures To Customize a Crown to Fit Under an Existing Partial Denture Framework	25
D2610	Inlay - Porcelain/Ceramic--One Surface	350	D2980	Crown Repair Necessitated By Restorative Material Failure	65
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	410	D2981	Inlay Repair Necessitated By Restorative Material Failure	45
D2630	Inlay - Porcelain/Ceramic - Three Or More Surfaces	430	D2982	Onlay Repair Necessitated By Restorative Material Failure	45
D2642	Onlay - Porcelain/Ceramic Two Surfaces	475	PULPOTOMY		
D2643	Onlay - Porcelain/Ceramic Three Surfaces	510	D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	90
D2644	Onlay - Porcelain Ceramic Four Or More Surfaces	570	D3221	Pulpal Debridement, Primary And Permanent Teeth	90
D2650	Inlay - Resin-Based Composite -One Surface	340	D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	90
D2651	Inlay-Resin-Based Composite - Two Surfaces	405	ENDODONTIC THERAPY ON PRIMARY TEETH		
D2652	Inlay - Resin-Based Composite -Three Or More Surfaces	450	D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	140
D2662	Onlay - Resin-Based Composite -Two Surfaces	410	D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	170
D2663	Onlay - Resin-Based Composite -Three Surfaces	485	ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	530	D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	470
CROWNS - SINGLE RESTORATIONS ONLY			D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	550
D2710	Crown-Resin-Based Composite (Indirect)	215	D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	745
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	225	D3333	Internal Root Repair Of Perforation Defects	120
D2720	Crown, Resin With High Noble Metal	525	ENDODONTIC RETREATMENT		
D2721	Crown, Resin With Predominantly Base Metal	465	D3346	Retreatment Of Previous Root Canal Therapy - Anterior	510
D2722	Crown, Resin With Noble Metal	490	D3347	Retreatment Or Previous Root Canal Therapy - Premolar	585
D2740	Crown, Porcelain/Ceramic	615	D3348	Retreatment Of Previous Root Canal Therapy - Molar	835
D2750	Crown, Porcelain Fused To High Noble Metal	630	APEXIFICATION/RECALCIFICATION PROCEDURES		
D2751	Crown-Porcelain Fused To Predominantly Base Metal	595	D3351	Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	170
D2752	Crown, Porcelain Fused To Noble Metal	615	D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Pulpal Space Disinfection, Etc.)	90
D2780	Crown - 3/4 Cast High Noble Metal	605	D3353	Apexification/Recalcification-Final Visit (Includes Completed Root Canal Therapy- Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	275
D2781	Crown - 3/4 Cast Predominantly Base Metal	555	D3355	Pulpal Regeneration - Initial Visit	170
D2782	Crown - 3/4 Cast Noble Metal	605	D3356	Pulpal Regeneration - Interim Medication Replacement	90
D2783	Crown - 3/4 Porcelain/Ceramic	565	D3357	Pulpal Regeneration - Completion Of Treatment	90
D2790	Crown, Full Cast High Noble Metal	625			
D2791	Crown - Full Cast Predominantly Base Metal	555			
D2792	Crown, Full Cast Noble Metal	605			
D2794	Crown - titanium and titanium alloys	555			
OTHER RESTORATIVE SERVICES					
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	25			
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	35			
D2920	Re-Cement Or Re-Bond Crown	25			
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	85			
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	100			
D2932	Prefabricated Resin Crown	95			
D2933	Prefabricated Stainless Steel Crown With Resin Window	95			
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	95			

ADA Code	ADA Description	Member Pays \$
APICOECTOMY/PERIRADICULAR SERVICES		
D3410	Apicoectomy - Anterior	345
D3421	Apicoectomy - Premolar (First Root)	400
D3425	Apicoectomy - Molar (First Root)	460
D3426	Apicoectomy (Each Additional Root)	165
D3450	Root Amputation - Per Root	175
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	200
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	260
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	320

OTHER ENDODONTIC PROCEDURES		
D3920	Hemisection (Including Any Root Removal) Not Including Root Canal Therapy	210

SURGICAL SERVICES (including usual postoperative care)		
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	310
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	140
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	330
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	185
D4249	Clinical Crown Lengthening-Hard Tissue	420
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	600
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	260
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	195
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	170
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	195
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site, (Includes Membrane Removal)	330
D4270	Pedicle Soft Tissue Graft Procedure	345
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) First Tooth, Implant, Or Edentulous Tooth Position In Graft	345
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	140
D4275	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site And Donor Material) First Tooth, Implant, Or Edentulous Tooth Position In Graft	350
D4276	Combined Connective Tissue And Pedicle Graft, Per Tooth	555

ADA Code	ADA Description	Member Pays \$
SURGICAL SERVICES (including usual postoperative care)		
D4277	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites), First Tooth, Implant, Or Edentulous Tooth Position In A Graft	225
D4278	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites), Each Additional Contiguous Tooth, Implant, Or Edentulous Tooth Position In Same Graft Site	75
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant, Or Edentulous Tooth Position In Same Graft Site	115
D4285	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site And Donor Material) - Each Additional Contiguous Tooth, Implant, Or Edentulous Tooth Position In Same Graft Site	115

NON-SURGICAL PERIODONTAL SERVICES		
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	185
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	80
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	60
D4355	Full Mouth Debridement To Enable a Comprehensive Oral Evaluation And Diagnosis on a Subsequent Visit	60

OTHER PERIODONTAL SERVICES		
D4910	Periodontal Maintenance	110

COMPLETE DENTURES (including routine post delivery care)		
D5110	Complete Denture - Maxillary	745
D5120	Complete Denture - Mandibular	775
D5130	Immediate Denture - Maxillary	810
D5140	Immediate Denture - Mandibular	815

PARTIAL DENTURES (including routine post-delivery care)		
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	630
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	630
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	825
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	825
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	665
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	665
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	875
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	875

ADA Code	ADA Description	Member Pays \$
PARTIAL DENTURES (including routine post-delivery care)		
D5225	Maxillary Partial Denture - Flexible Base (Including retentive/clasping materials, Rests And Teeth)	740
D5226	Mandibular Partial Denture - Flexible Base (Including retentive/clasping materials, Rests And Teeth)	740
D5227	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests, and teeth)	665
D5228	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	665
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	415
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	415
ADJUSTMENTS TO DENTURES		
D5410	Adjust Complete Denture - Maxillary	20
D5411	Adjust Complete Denture - Mandibular	20
D5421	Adjust Partial Denture - Maxillary	20
D5422	Adjust Partial Denture - Mandibular	20
REPAIRS TO COMPLETE DENTURES		
D5511	Repair Broken Complete Denture Base, Mandibular	60
D5512	Repair Broken Complete Denture Base, Maxillary	60
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth)	50
REPAIRS TO PARTIAL DENTURES		
D5611	Repair Resin Partial Denture Base, Mandibular	55
D5612	Repair Resin Partial Denture Base, Maxillary	55
D5621	Repair Cast Partial Framework, Mandibular	65
D5622	Repair Cast Partial Framework, Maxillary	65
D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	55
D5640	Replace Broken Teeth-Per Tooth	50
D5650	Add Tooth To Existing Partial Denture	50
D5660	Add Clasp To Existing Partial Denture - Per Tooth	70
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	435
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	435
DENTURE REBASE PROCEDURES		
D5710	Rebase Complete Maxillary Denture	160
D5711	Rebase Complete Mandibular Denture	160
D5720	Rebase Maxillary Partial Denture	155
D5721	Rebase Mandibular Partial Denture	155
D5725	Rebase Hybrid Prosthesis	155
D5765	Soft Liner for Complete or Partial Removable Denture - Indirect	100
DENTURE RELINE PROCEDURES		
D5730	Reline Complete Maxillary Denture (direct)	100
D5731	Reline Complete Mandibular Denture (direct)	100
D5740	Reline Maxillary Partial Denture (direct)	85
D5741	Reline Mandibular Partial Denture (direct)	85
D5750	Reline Complete Maxillary Denture (indirect)	140

ADA Code	ADA Description	Member Pays \$
DENTURE RELINE PROCEDURES		
D5751	Reline Complete Mandibular Denture (indirect)	140
D5760	Reline Maxillary Partial Denture (indirect)	140
D5761	Reline Mandibular Partial Denture (indirect)	140
OTHER REMOVABLE PROSTHETIC SERVICES		
D5863	Overdenture - Complete Maxillary	835
D5864	Overdenture - Partial Maxillary	825
D5865	Overdenture - Complete Mandibular	835
D5866	Overdenture - Partial Mandibular	825
IMPLANT SUPPORTED PROSTHETICS		
D6058	Implant Abutment Supported Porcelain/Ceramic Crown	630
D6059	Implant Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	630
D6060	Implant Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	615
D6061	Implant Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	615
D6062	Implant Abutment Supported Cast Metal Crown (High Noble Metal)	605
D6063	Implant Abutment Supported Cast Metal Crown (Predominantly Base Metal)	555
D6064	Implant Abutment Supported Cast Metal Crown (Noble Metal)	605
D6065	Implant Supported Porcelain/Ceramic Crown	565
D6066	Implant Supported Crown - Porcelain fused to high noble alloys	615
D6067	Implant Supported Crown - high noble alloys	615
D6094	Abutment Supported Crown - titanium and titanium alloys	585
OTHER IMPLANT SERVICES		
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown	25
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture	45
FIXED PARTIAL DENTURE PONTICS		
D6205	Pontic - Indirect Resin Based Composite	455
D6210	Pontic-Cast High Noble Metal	535
D6211	Pontic-Cast Predominantly Base Metal	535
D6212	Pontic-Cast Noble Metal	535
D6214	Pontic - titanium and titanium alloys	535
D6240	Pontic-Porcelain Fused To High Noble Metal	540
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	540
D6242	Pontic-Porcelain Fused To Noble Metal	540
D6245	Pontic - Porcelain/Ceramic	510
D6250	Pontic, Resin With High Noble Metal	495
D6251	Pontic, Resin With Predominantly Base Metal	495
D6252	Pontic, Resin With Noble Metal	495
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6545	Retainer-Cast Metal For Resin Bonded Fixed Prosthesis	250
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	250
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	225
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	395

ADA Code	ADA Description	Member Pays \$
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	430
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	420
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	455
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	420
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	455
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	420
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	450
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	505
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	510
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	500
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	510
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	490
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	510
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	480
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	510
D6624	Retainer Inlay - Titanium	395
D6634	Retainer Onlay - Titanium	510

FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6710	Retainer Crown - Indirect Resin Based Composite	460
D6720	Retainer Crown, Resin With High Noble Metal	525
D6721	Retainer Crown, Resin With Predominantly Base Metal	465
D6722	Retainer Crown, Resin With Noble Metal	495
D6740	Retainer Crown - Porcelain/Ceramic	615
D6750	Retainer Crown, Porcelain Fused To High Noble Metal	610
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	565
D6752	Retainer Crown, Porcelain Fused To Noble Metal	615
D6780	Retainer Crown, 3/4 Cast High Noble Metal	605
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	525
D6782	Retainer Crown - 3/4 Cast Noble Metal	530
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	520
D6790	Retainer Crown, Full Cast High Noble Metal	605
D6791	Retainer Crown, Full Cast Predominantly Base Metal	555
D6792	Retainer Crown, Full Cast Noble Metal	605
D6794	Retainer crown - titanium and titanium alloys	555

OTHER FIXED PARTIAL DENTURE SERVICES		
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	45
D6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure	130

ADA Code	ADA Description	Member Pays \$
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7111	Extraction, Coronal Remnants - Primary Tooth	25
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	55

SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D3921	Decoronation or Submergence of an Erupted Tooth	170
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	170
D7220	Removal Of Impacted Tooth - Soft Tissue	170
D7230	Removal Of Impacted Tooth - Partially Bony	250
D7240	Removal Of Impacted Tooth - Completely Bony	250
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	140
D7251	Coronectomy-Intentional Partial Tooth Removal	220

OTHER SURGICAL PROCEDURES		
D3471	Surgical repair of root resorption – anterior	200
D3472	Surgical repair of root resorption – premolar	260
D3473	Surgical repair of root resorption – molar	320
D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	245
D7280	Exposure Of An Unerupted Tooth	260
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	70
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	105

ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	130
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	160
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	115

VESTIBULOPLASTY		
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	410
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment, And Management Of Hypertrophied And Hyperplastic Tissue)	445

SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	245
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	320

EXCISION OF BONE TISSUE		
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	300
D7472	Removal Of Torus Palatinus	300
D7473	Removal Of Torus Mandibularis	250
D7485	Reduction Of Osseous Tuberosity	275

ADA Code	ADA Description	Member Pays \$
SURGICAL INCISION		
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	75
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	150
TREATMENT OF CLOSED FRACTURES		
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth (Simple)	280
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	280
TREATMENT OF OPEN FRACTURES		
D7770	Alveolus - Open Reduction Stabilization Of Teeth (Compound)	715
D7771	Alveolus - Closed Reduction Stabilization Of Teeth	585
OTHER REPAIR PROCEDURES		
D7961	Buccal / labial frenectomy (frenulectomy)	170
D7962	Lingual frenectomy (frenulectomy)	170
D7963	Frenuloplasty	170
D7971	Excision Pericoronal Gingival	90
D7972	Surgical Reduction Of Fibrous Tuberosity	215
D7995	Synthetic Graft - Mandible Or Facial Bones, By Report	240
UNCLASSIFIED TREATMENT		
D9110	Palliative (Emergency) Treatment Of Dental Pain, Minor Procedures	0
ANESTHESIA		
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	90
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	85
D9230	Inhalation Of Nitrous Oxide/Anxiolysis, Analgesia	25
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	75
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	70
D9248	Non-Intravenous Conscious Sedation	80
PROFESSIONAL CONSULTATION		
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	0

Unum VisionSM Powered by EyeMed

More flexibility, choice and savings

Through EyeMed's Insight network, Unum VisionSM 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

Outline of benefits

Vision care services	In-network member cost	Out-of-network reimbursements
Exam (1 per 12 months)	\$10 co-pay	Up to \$40
Retinal Imaging Benefit	\$39	Not Covered
Standard plastic lenses (1 per 12 months)		
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
Lens Options		
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
Frames (1 per 12 months)		
Members may select any frame available	\$130 allowance	Up to \$91
Contact lenses (1 per 12 months)		
<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
Plus: 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:
\$7.79/month

Employee & 1
\$14.70/month

Employee & 2 or more
\$21.53/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, 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 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?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	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?

Your monthly premium	Plan 1
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



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.

Underwritten by:

Unum Insurance Company, Portland, Maine

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

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?

You:	Choose from \$10,000 to \$20,000 of coverage in increments of \$5,000 with no medical questions if you apply during this enrollment.
Your spouse:	Spouses can get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	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. 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	\$0.20	\$0.20
30 - 34	\$0.29	\$0.29
35 - 39	\$0.43	\$0.43
40 - 44	\$0.62	\$0.63
45 - 49	\$0.89	\$0.89
50 - 54	\$1.27	\$1.27
55 - 59	\$1.79	\$1.89
60 - 64	\$2.59	\$2.59
65 - 69	\$3.82	\$3.82
70 - 74	\$5.86	\$5.86
75 - 79	\$8.44	\$8.44
80 - 84	\$12.01	\$12.01
85+	\$19.16	\$19.16

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.

Underwritten by: Unum Insurance Company, Portland, Maine

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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:¹

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

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

¹ 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			
1 Calculate your weekly disability benefit.			
\$ _____ ÷ 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.)
2 Calculate your cost per paycheck.			
\$ _____ ÷ 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.[†]
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 ^{††}	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.[†]
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.

[†] 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. ^{††} 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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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.

Empower 401k 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:

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- 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 participant's 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.