



StaffScapes

HR for Growing Businesses

2025-2026 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 Team 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 6/1/2025 through 5/31/2024

Humana PPO \$1000 Annual Max Dental Plan

Employee	\$17.47
Employee Plus One Dependent	\$35.93
Employee Plus Two or More Dependents	\$55.42

Humana PPO \$2500 Annual Max Dental Plan

Employee	\$36.27
Employee Plus One Dependent	\$74.62
Employee Plus Two or More Dependents	\$115.13

Humana PPO \$5000 Annual Max Dental Plan

Employee	\$49.47
Employee Plus One Dependent	\$101.74
Employee Plus Two or More Dependents	\$157.00

Humana/EyeMed Vision

Employee	\$7.53
Employee Plus One Dependent	\$15.73
Employee Plus Two or More Dependents	\$21.57

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.

New Benefits BenePLUS Packages

Please view the full packet to determine monthly premiums and plan options available to you.

Flexible Spending and Dependent Care Account

Eligible employees can elect in up to \$2,500 for Flexible Spending and \$5,000 for Dependent Care



Introducing StaffScapes Dental Plans

StaffScapes offers employees a selection of three unique and useful plans which will benefit your entire family. All three plans are offered through Humana dental carrier. PPO plan options are what most people think of as traditional dental insurance. All PPO plans are on the PPO/Traditional network, have no waiting periods, and offer different price points which can be best suited for every budget.

Humana 5000 and 2500 PPO Dental Plans

These plans provide low deductibles and less out of pocket costs at your regular dental appointments. These Plan benefits are:

- 100% of Preventative Services;
- 100% of Basic Services;
- 60% of Major Services;
- \$25 Individual/\$75 Family deductible;
- Choice of \$2,500 or \$5,000 Annual Maximum;
- Find an in-network provider at <https://www.humana.com/dental-insurance/find-a-dentist>
- Manage benefits online or with the mobile app.

\$2,500 Annual Maximum

Employee Only: \$36.27/month	Employee & 1 \$74.62/month	Employee & 2 or more \$115.13/month
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\$5,000 Annual Maximum

Employee Only: \$49.47/month	Employee & Spouse \$101.74/month	Employee & 2 or more \$157.00/month
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Humana 1000 PPO Plan

The 1000 PPO Dental Plan provides a lower cost option that includes preventative, basic, and major service coverage. These Plan benefits are:

- \$1,000 Annual Maximum;
- 100% of Preventative, 50% of Basic, 30% of Major Services;
- \$50 individual/\$150 family deductible.

Employee Only: \$17.47/month	Employee & 1 \$35.93/month	Employee & 2 or more \$55.42/month
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Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist U&C 90
Deductible (excludes orthodontia services)	Individual: \$25 Family: \$75	Individual: \$50 Family: \$150
Deductible applies to all services excluding preventive services.		
Annual maximum (excludes orthodontia services)	\$5,000	
Preventive services Routine oral examinations (3 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+) Routine cleanings (2 per year) Fluoride treatment (1 per year, through age 16) Sealants (permanent molars, through age 16) Space maintainers (primary teeth, through age 15) Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible	100% no deductible
Basic services Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Routine extractions General anesthesia ¹ Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14)	100% after deductible	100% after deductible

¹ Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.



Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist U&C 90
Major services Oral Surgery (tooth extractions including impacted teeth) Crowns (1 per tooth every 5 years) Inlays/onlays (1 per tooth every 5 years) Bridges (1 every 5 years) Dentures (1 every 5 years) Denture relines/rebases (1 every 3 years, following 6 months of denture use) Denture repair and adjustments (following 6 months of denture use) Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) Periodontics (periodontal cleanings 2 per year, scaling/root planing and surgery 1 per quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	60% after deductible	50% after deductible

Orthodontia services

Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out-of-network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type ²	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment, and timely add-on	No	No	No	Not available

² Late applicant enrollment will have the following waiting periods: 12 months basic & major services.



Questions?

Visit **Humana.com** or call **866-427-7478**
Monday – Saturday, 8 a.m. – 11 p.m., and
Sunday, 11 a.m. – 8 p.m., Eastern time.
Find a dentist at **Humana.com/findadentist**.



Register today!

Register or sign in to MyHumana at **Humana.com**
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claims, find a dentist and more!



Custom Humana Dental PPO

CO PPO INFS FLEX 100/100/60

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Services	In-network dentist Network: PPO/Traditional Preferred		Out-of-network dentist INFS	
Deductible (excludes orthodontia services)	Individual: \$25	Family: \$75	Individual: \$50	Family: \$150
Deductible applies to all services excluding preventive services.				
Annual maximum (excludes orthodontia services)	\$2,500			
Preventive services Routine oral examinations (3 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+) Routine cleanings (2 per year) Fluoride treatment (1 per year, through age 16) Sealants (permanent molars, through age 16) Space maintainers (primary teeth, through age 15) Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible		100% no deductible	
Basic services Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Routine extractions General anesthesia ¹ Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14)	100% after deductible		100% after deductible	

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Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist INFS
Major services Oral Surgery (tooth extractions including impacted teeth) Crowns (1 per tooth every 5 years) Inlays/onlays (1 per tooth every 5 years) Bridges (1 every 5 years) Dentures (1 every 5 years) Denture relines/rebases (1 every 3 years, following 6 months of denture use) Denture repair and adjustments (following 6 months of denture use) Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) Periodontics (periodontal cleanings 2 per year, scaling/root planing and surgery 1 per quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	60% after deductible	50% after deductible
Orthodontia services	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.	

If a member uses services rendered by providers with whom we have agreements, the fee or maximum allowable charge that we have negotiated with that provider will apply; if a member uses services rendered by a provider with whom we do not have agreements, coinsurance will apply to the maximum allowable charge. Out of network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type ²	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment, and timely add-on	No	No	No	Not available

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Services	In-network dentist Network: PPO/Traditional Preferred		Out-of-network dentist INFS	
Deductible (excludes orthodontia services)	Individual: \$50	Family: \$150	Individual: \$50	Family: \$150
Deductible applies to all services excluding preventive services.				
Annual maximum (excludes orthodontia services)	\$1,000			
Preventive services	100% no deductible		70% no deductible	
Routine oral examinations (3 per year)				
Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)				
Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+)				
Routine cleanings (2 per year)				
Fluoride treatment (1 per year, through age 16)				
Sealants (permanent molars, through age 16)				
Space maintainers (primary teeth, through age 15)				
Oral Cancer Screening (1 per year, ages 40 and older)				
Basic services	50% after deductible		20% after deductible	
Emergency care for pain relief				
Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)				
Composite fillings (1 per tooth every 2 years, molar teeth)				
Routine extractions				
General anesthesia¹				
Stainless steel crowns				
Harmful habit appliances for children (1 per lifetime, through age 14)				

¹ Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.



Custom Humana Dental PPO

CO PPO INFS FLEX 100/50/30

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Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist INFS
Major services Oral Surgery (tooth extractions including impacted teeth) Crowns (1 per tooth every 5 years) Inlays/onlays (1 per tooth every 5 years) Bridges (1 every 5 years) Dentures (1 every 5 years) Denture relines/rebases (1 every 3 years, following 6 months of denture use) Denture repair and adjustments (following 6 months of denture use) Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) Periodontics (periodontal cleanings 2 per year, scaling/root planing and surgery 1 per quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	30% after deductible	10% after deductible
Orthodontia services	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.	

If a member uses services rendered by providers with whom we have agreements, the fee or maximum allowable charge that we have negotiated with that provider will apply; if a member uses services rendered by a provider with whom we do not have agreements, coinsurance will apply to the maximum allowable charge. Out of network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type ²	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment, and timely add-on	No	No	No	Not available

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Find a dentist at **Humana.com/findadentist**.



Register today!

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Limitations and exclusions (all services):

In addition to the limitations and exclusions listed in **Your plan benefits section**, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment with the dentist.
6. Any service we consider cosmetic unless it is necessary as a result of an accidental injury sustained while you are covered under this policy. We consider the following cosmetic procedures to include, but are not limited to:
 - Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
 - Any service to correct congenital malformation;
 - Any service performed primarily to improve appearance;
 - Characterizations and personalization of prosthetic devices; or
 - Any procedure to change the spacing and/or shape of the teeth.
7. Charges for:
 - Any type of implant and all related services;
 - Precision or semi-precision attachments;
 - Overdentures and any endodontic treatment associated with overdentures;
 - Other customized attachments;
 - Any service for 3D imaging (cone beam images);
 - Temporary and interim dental services;
 - Additional charges related to material or equipment used in the delivery of dental care.
 - Charges rendered for treatment in a clinical or dental facility sponsored or maintained by the employer policyholder;
 - The removal of any implants unless specified in the Summary of Your Benefits section of this certificate.
8. Any service related to:
 - Altering vertical dimension of teeth;
 - Restoration or maintenance of occlusion;
 - Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
 - Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
 - Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any service not specifically listed in Your plan benefits.
14. Any service that:
 - Is not eligible for benefits based upon clinical review;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional acceptance; or
 - Is deemed to be experimental or investigational in nature.
15. Orthodontic services unless specified in your Summary of your benefits. Only the services specified in the orthodontic rider will be covered orthodontic benefits under this plan.
16. Any expense incurred before your effective date or after the date your coverage under this policy terminates (unless the service is eligible under Extension of benefits).
17. Services provided by someone who ordinarily lives in your home or who is a family member.
18. Charges exceeding the reimbursement limit for the service.
19. Treatment resulting from any intentionally self-inflicted injury or bodily illness.



20. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
21. Temporary dental services.
22. Repair and replacement of orthodontic appliances.
23. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
24. The oral surgery benefits under this plan does not include:
 - a. Any services for orthognathic surgery;
 - b. Any services for destruction of lesions by any method;
 - c. Any services for tooth transplantation;
 - d. Any services for removal of a foreign body from the oral tissue or bone;
 - e. Any services for reconstruction of surgical, traumatic, or congenital defects of the facial bones;
 - f. Any separate fees for pre and post-operative care.
25. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periradicular surgical procedures for covered services.

General anesthesia or conscious sedation administered due, but not limited to, the following reasons are not covered:

 1. Pain control unless a documented allergy to local anesthetic is provided.
 2. Anxiety.
 3. Fear of pain.
 4. Pain management.
 5. Emotional inability to undergo surgery.
26. Preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.
27. Replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.

28. Any caries susceptibility testing, laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.
29. Separate fees for pre- and post-operative care and re-evaluation within 12 months are not considered covered services under the surgical periodontic services in this plan.
30. We do not cover services that generally are considered to be medical services except those specifically noted as covered in this certificate.

Excess coverage

We will not pay benefits for any accidental injury if other insurance will provide payments or expense coverage, regardless of whether the other coverage is described as primary, excess or contingent. If your claim against another insurer is denied or partially paid, we will process your claim according to the terms and conditions of this certificate. If we make a payment, you agree to assign to us any right you have against the other insurer for dental expenses we pay. Payments made by the other insurer will be credited toward any applicable coinsurance or deductibles for the year.

Missing tooth clause: See plan document for more details

Insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

The Network Access Plan, which describes an access plan specific to your network, is available at Humana.com or by calling our customer service department and requesting a copy.



StaffScapes

HR for Growing Businesses

Introducing StaffScapes Vision Plans

Through EyeMed's Insight network 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 flexibility and savings.

Vision provider search engine is available 24/7 at www.humana.com.

Insight Network		Out of Network
Annual Eye Exam	\$10 with dilation	\$30 with dilation
Lenses (per pair)	See Below	See Below
Single Vision	\$10	Up to \$25
Bifocal	\$10	Up to \$40
Trifocal	\$10	Up to \$55
Lenticular	\$10	Up to \$100
Progressive	See Progressive Lens Options	See Progressive Lens Options
Materials Copay	\$10	
Frame Allowance	\$130; 20% off balance over \$130	\$65
Frequencies		
Exam/Lens/Frames	12/12/12	12/12/12
Contact Lenses		
Fit & Follow Up Exams		
Standard:	Covered in full	Not covered
Premium:	10% off Retail	Not covered
Contacts		
Elective	Conventional: \$130 Allowance; 15% off balance over \$130; Disposable \$130 Allowance	\$104 Allowance
Medically Necessary	Covered in full	\$200 Allowance
Lens Options		
Progressive Lenses		
Standard	\$10	Up to \$10
Premium		
Tier 1	\$110	Not Covered
Tier 2	\$120	Not Covered
Tier 3	\$135	Not Covered
Tier 4	\$90 Copay, 80% of charge less \$120 allowance	Not Covered
Std. Polycarbonate	Covered in Full	Not Covered
Scratch Resistant	Covered in Full	Not Covered
Anti-Reflective Coating		
Standard	\$45	Not Covered
Premium		
Tier 1	\$57	Not Covered
Tier 2	\$68	Not Covered
Tier 3	20% of retail	Not Covered
Ultraviolet Coating	Covered in full	Not Covered
Polarized	20% of retail	Not Covered
LASIK or PRK	Members may also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.	Not Covered

Employee Only: \$7.53/month	Employee & 1 \$15.73/month	Employee & 2 or more \$21.57/month
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Services	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Exam with dilation as necessary	\$10	Up to \$30
Retinal imaging ^{*1}	Up to \$39	Not covered
Contact lens exam²		
Standard contact lens fit and follow-up*	Paid in full	Not covered
Premium contact lens fit and follow-up*	10% off retail	Not covered
Frames³	\$130 allowance, 20% off balance over \$130	\$65 allowance
Standard plastic lenses		
Single vision	\$10	Up to \$25
Bifocal	\$10	Up to \$40
Trifocal	\$10	Up to \$60
Lenticular	\$10	Up to \$100
Lens options⁴		
UV coating*	Paid in full	Not covered
Tint (solid and gradient)*	\$15	Not covered
Standard scratch-resistance*	Paid in full	Not covered
Standard polycarbonate - Adults*	Paid in full	Not covered
Standard polycarbonate - Children <19	Paid in full	Not covered
Standard anti-reflective coating*	\$45	Not covered
Premium anti-reflective coating*		
• Tier 1	\$57	Not covered
• Tier 2	\$68	Not covered
• Tier 3	20% off retail	Not covered
Standard progressive (add-on to bifocal)	\$10	Up to \$40
Premium progressive*		
• Tier 1	\$110	Not covered
• Tier 2	\$120	Not covered
• Tier 3	\$135	Not covered
• Tier 4	\$90 copay, 80% of charge less \$120 allowance	Not covered
Photochromatic / Plastic transitions*	\$75	Not covered
Polarized*	20% off retail	Not covered

*This service is not a covered benefit under your insurance policy. However, this service may be available to members from participating providers at the discounted rate shown. Members should confirm pricing with their provider.



Services	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Contact lenses⁵ (applies to materials only)		
Conventional	\$130 allowance, 15% off balance over \$130	\$104 allowance
Disposable	\$130 allowance	\$104 allowance
Medically necessary	\$0	\$200 allowance
Frequency		
Examination	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
Diabetic eye care: Care and testing for diabetic members		
Examination • Up to (2) services per year	\$0	Up to \$77
Retinal imaging • Up to (2) services per year	\$0	Up to \$50
Extended Ophthalmoscopy • Up to (2) services per year	\$0	Up to \$15
Gonioscopy • Up to (2) services per year	\$0	Up to \$15
Scanning laser • Up to (2) services per year	\$0	Up to \$33

¹Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

²Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³Discounts may be available on all frames except when prohibited by the manufacturer.

⁴Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

⁵Plan covers contact lenses or lenses for frames, but not both.

Optional benefits

12-month frame benefit	Benefit replaces the 24-month frequency of the base plan.
Polycarbonate lenses for children <19	Provides for standard polycarbonate lens with \$0 copay.



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Additional plan discounts

- Members may receive a 20% discount on items not covered by the plan, at network providers. Members may contact their participating provider to determine what costs or discounts are available. 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. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name vision materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members may receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. Since Lasik or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.



Questions?

Visit **Humana.com** or call **877-398-2980**
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Sunday, 11 a.m. – 8 p.m., Eastern time.
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Register today!

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to view your coverage details, ID cards, manage
claims, find a vision provider and more!



Limitations and exclusions (all services):

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthesiologist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

The Network Access Plan, which describes an access plan specific to your network, is available at www.humana.com or by calling our customer service department and requesting a copy.

Insured by Humana Insurance Company

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.



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

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

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Critical Illness Insurance

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

How does it work?

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

Why is this coverage so valuable?

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

What's covered?

Critical illnesses	
<ul style="list-style-type: none"> • 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	\$0.145	\$0.180
25-29	\$0.300	\$0.380
30-34	\$0.365	\$0.460
35-39	\$0.260	\$0.330
40-44	\$0.190	\$0.245
45-49	\$0.195	\$0.250
50-54	\$0.240	\$0.310
55-59	\$0.315	\$0.405
60-64	\$0.410	\$0.520
65+	\$0.500	\$0.635

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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BenePLUS Mind Package

\$13.68/month

Teladoc Mental Health (\$0 visit fee)

Teladoc Mental Health provides confidential therapy on your terms with virtual access to licensed therapists for only \$0 per visit. You and your family members 13 and older can establish an ongoing relationship with a licensed therapist through video or phone sessions, and get support for anxiety, depression, stress, grief, PTSD, family or marriage issues, and more.

Telephonic EAP

Professional counseling and work/life support to help you cope with the ups and downs of life.

Health Advocate Solutions

Your lifeline for healthcare and insurance help. Get one-on-one support from professionals and registered nurses for medical, billing or insurance-related issues.

Fertility, Surrogacy, & Adoption

Fertility, Surrogacy, and Adoption by WINFertility provides education, resources, discounts on medical services, and emotional support for non-traditional family-building options such as infertility, adoption, surrogacy, and egg donation.

NB Rx

Save big on prescription medications at thousands of pharmacies nationwide.

NB Deals

NB Deals is your one-stop shop for exclusive discounts. Browse over 40 different categories across 500+ merchants for endless opportunities to save, with new deals added weekly.

NB Travel

Experience more. Spend less. Enjoy deep discounts on hotels, flights, activities, and more.

BenePLUS Pet Package

\$7.36/month

NB Pet Telehealth

Pets are family, and NB Pet Telehealth by GoLexi helps make caring for them affordable and convenient. With 24/7 access to a trusted network of veterinarians, you can ask questions, discuss behavioral issues, train, and even get help determining if a trip to the ER or primary veterinarian is necessary. Get the advice you need for eligible pets with real-time, no-fee consultations by phone or video, and give them the love and attention they deserve.

NB Pet Rx

Keeping your pet healthy can be expensive, especially with longer lifespans and advanced veterinary care. Luckily, NB Pet Rx makes it easy and affordable with simple pricing and fast delivery of pet medications. As a member, you can enjoy big savings of up to 70% compared to the vet's office and up to 90% off on human generics for your furry friend. Just provide your pet and vet details during checkout, and we'll take care of contacting your vet and shipping your pet's medications directly to your door.

Pet Care

Caring for pets can be rrrrruff! Keep your pets happy and healthy with discounts on everything from toys and treats to vet visits and eats! You can save on prescription medications and foods, veterinary services, a GPS-enabled lost pet notification system, and more.

Worklife Services

Everyday help for everyday living. Your worklife concierge helps with the good, the challenging and everything in between.

NB Travel

Experience more. Spend less. Enjoy deep discounts on hotels, flights, activities, and more.

NB Deals

NB Deals is your one-stop shop for exclusive discounts. Browse over 40 different categories across 500+ merchants for endless opportunities to save, with new deals added weekly.

BenePLUS Security Package

\$13.54/month - Individual

\$21.98/month - Family

LifeLock Premier

Norton LifeLock provides comprehensive, all-in-one protection against threats to your identity, personal devices, and online privacy. No one intends to be unsafe online, but chances are, your info is already out there making you more vulnerable to cybercrime. Norton LifeLock defends you against these threats with 24/7 service and support from live agents and helps you feel more confident in our connected world.

Legal Access

Have legal questions? Get legal answers. Free and discounted services from experienced lawyers.

LawAssure Enhanced

Need a will, power of attorney or rental agreement? Save hundreds of dollars in attorney's fees with LawAssure, an online service that makes personalized legal document creation easy and accessible.

BenePLUS Combo Package

\$26.58/month - Individual

\$35.02/month - Family

Includes all the great benefits in the 3 packages above!

**Scan the QR codes
to watch videos
about the benefits
in these packages!**



Security Package



Pet Package



Mind Package

DISCLOSURES

This program is NOT insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It contains a 30-day cancellation period, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Member shall receive a reimbursement of all periodic membership fees if membership is canceled within the first 30 days after the effective date. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Website to obtain participating providers: MyBenefitsWork.com. Mental Health visits are not available 24/7/365. Mental Health visits are not available 24/7/365 and must be scheduled. Mental Health visits are not available to minors 12 and younger. Mental Health visits with a psychiatrist are not currently available for adolescents ages 13-17. Not all Mental Health specialists will be available in all states. NB Pet Telehealth by GoLexi is not for use in medical emergencies or urgent situations. If there is reason to believe a pet is experiencing an emergency, call a veterinarian immediately or contact the nearest animal hospital. NB Pet Telehealth should not be considered veterinary care advice, and is not a substitute for primary veterinary care advice, diagnosis, or treatment. NB Pet Telehealth is not a replacement for regular in-office visits or vaccinations. NB Pet Telehealth is not insurance. NB Pet Telehealth veterinarians cannot prescribe medications, and reserve the right to deny service for potential misuse. NB Pet Telehealth operates subject to state regulations. No one can prevent all identity theft or all cybercrime. Many Norton LifeLock security and privacy features are not enabled upon enrollment, and members must take action to activate these protections. †We do not monitor all transactions at all businesses. *Norton Family and Norton Parental Control can only be installed and used on a child's PC, iOS, or Android device, but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device-PC, Mac, iOS, and Android-via our mobile apps, or by signing into their account at my.norton.com and selecting Parental Control via any browser. Not available in VT & WA.

Teladoc Mental Health

Enjoy Convenient Access to Therapists

from the Comfort of
Home

- 20% of Americans suffer from a mental health issue

What Teladoc Mental Health Does for You

- Receive confidential therapy on your terms for \$0 per session
- Establish an ongoing relationship with a licensed therapist through video or phone sessions
- Get support for anxiety, depression, stress/PTSD, panic disorder, grief, family or marriage issues, and more
- Adolescent therapy available for teens ages 13-17, excluding psychiatry
- Teladoc's licensed therapists are available seven days a week

Mental Health visits are not available 24/7/365 and must be scheduled. Mental Health visits are not available to minors 12 and younger. Mental Health visits with a psychiatrist are not currently available for adolescents ages 13-17. Not all Mental Health specialists will be available in all states.

Telephonic EAP



Receive Help on Managing Work and Life Stresses

- Four out of five Americans report feeling stressed, and 15% feel it's unmanageable

What Telephonic EAP Does for You

- Call 24/7 for unlimited access to professional counselors
- Short-term assistance for personal issues like stress, depression, family problems, substance abuse, and more
- Referrals for long-term counseling or specialized care when appropriate
- Help and referrals for childcare and eldercare issues, legal and financial concerns, time management, and more



Download the **New Benefits Mobile App**
844.713.2870 | MemberPortal.NewBenefits.com

Fertility, Surrogacy, and Adoption

Powered by WINFertility

Receive Guidance and Support

for Fertility Treatments,
Surrogacy, Egg Donation,
and Adoption

"I am 37 years old and have faced infertility for years. Last year someone recommended Aspire Fertility and for the first time in years we had a ray of hope. Then came the financial burden of IVF and I started to panic again until they told me about WIN. Once I was connected with WIN, I was educated on their bundle package and cost, which turned out to be cheaper than paying straight to the facility. If it wasn't for WIN, we wouldn't have had the opportunity to go through IVF for our miracle...now we have the most adorable baby girl!"

Jamie, WIN Consumer Patient

What Fertility, Surrogacy, and Adoption Does for You

- Highly trained Nurse Care Managers serve a personal advocate to help you understand fertility treatment and medication options and determine the best course of action for you
- Receive access to a network of top-ranked fertility specialists, IVF treatment and fertility medication discount bundles, genetic testing and egg freezing services, financial resources, and more
- Employee Adoption & ART program (EAAP) provides comprehensive on-demand videos, one-on-one coaching, and live webinars to support your journey of adoption, foster care, surrogacy, and egg donation



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Health Advocate™ Solutions

Experts Help You Navigate Healthcare and Negotiate Medical Bills

- In-network healthcare prices vary by 300% or more

What Health Advocate Solutions Gives You Access to:

Health Advocacy

- You'll be connected to a Personal Health Advocate who can help:
 - Untangle medical bills and insurance claims
 - Locate doctors specialists, hospitals, dentists, and pharmacies
 - Clarify benefits and answer questions about tests, treatments, and medications
 - Coordinate care among multiple providers
 - Assist with eldercare and related healthcare issues
 - Arrange second opinions
 - Transfer medical records
 - Provide information about generic drug options

Medical Bill Saver™

- Experts who know the ins and outs of billing practices will attempt to negotiate discounts on your behalf, possibly leading to a reduction in your costs
- Receive an easy-to-read personal Savings Results Statement summarizing the outcome and payment terms for successful negotiations

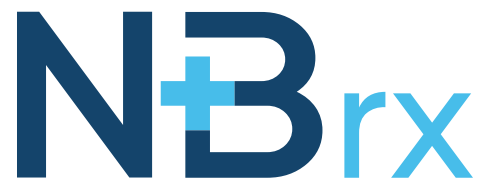
NurseLine™

- Highly trained registered nurses are on-call 24/7 to answer your questions for non-urgent concerns
- Nurses can offer self-care tips, direct you to the appropriate care for immediate attention, or tell you how to ease common problems such as sore shoulder
- Respond to most requests by the next business day
- Have passed rigorous credentialing and completed extensive training



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The Health Advocate program is not health insurance. Health Advocate provides administrative, information and referral type services, through its employees. Health Advocate does not provide medical services and does not recommend treatment. Independent healthcare practitioners, who are not Health Advocate's employees or agents, provide all medical services. In life-threatening emergencies, call 911 or go directly to the nearest hospital emergency room for treatment. If 911 is not available in your area, call the local police or fire department or go directly to the nearest hospital emergency room.



Save on Prescriptions

for the Whole Family,
Including Pets



- Save 10% to 85% on most prescription medications

What NB Rx Does for You

- Receive discounts on thousands of medications at 60,000+ retail pharmacies nationwide, including Walgreens, Target, CVS, and many other independent, national, and regional chains
- Find the best deal by comparing prescription prices at participating pharmacies with our Rx pricing tool located through your mobile app or web portal; then text or email the prescription price to easily cash in your savings at the pharmacy
- My Medicine Cabinet feature allows you to save your prescription search so you can easily refresh pricing for your next refill
- Even if you have insurance, you can present both cards at the pharmacy or research online to receive the lowest price



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Pharmacy discounts are not insurance, not intended as a substitute for insurance, and only available at participating pharmacies.

Pet Care



**Keep your Pets
Happy and
Healthy**
with Discounted
Products and Services

- Spending on pets exceeds \$72 billion per year

What **Pet Care** Does for You

- Save 25% on all in-house medical services at participating veterinarians
- Take 25% off most purchases from PetCareRx.com, including prescriptions, preventatives, toys, and supplies
- Keep pets safe with the 24/7 Lost Pet Recovery Service, with pet tags for each enrolled pet
- Enjoy 35% off monthly Pin Paws membership with GPS-enabled lost pet notification system



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Affordable Pet Meds

for Your Furry
(or Non-Furry) Friends

- Americans spend an estimated \$13.7 billion on pet medications annually

What NB Pet Rx Does for You

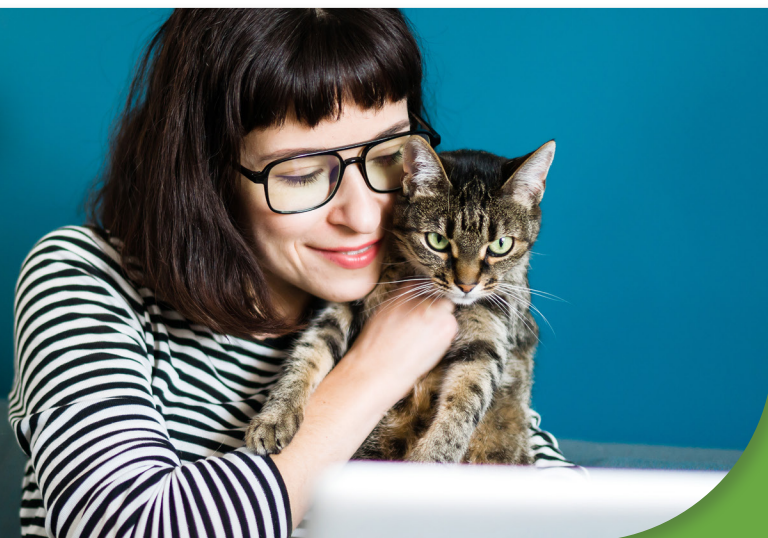
- Easy and convenient – NB Pet Rx contacts your vet's office for prescription information and ships your pet's medication directly to your door
- Save up to 70% on pet medications compared to the vet's office, and up to 90% on human generics suitable for pets
- A wide range of over 1,500 prescription and over-the-counter products for all of your pet's health needs



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Get Help Caring for Your Pet

with 24/7 Access to
No-Fee Veterinarian
Consultations by Phone
or Video



- Real-time consultations from a trusted network of U.S. licensed veterinarians

What NB Pet Telehealth Does for You

- Ask questions, discuss behavioral issues, training, and even get help determining if a trip to the ER or primary veterinarian is necessary
- Unlimited access to no-fee veterinary consultations for all eligible pets in your home
- Around the clock advice, anytime, anywhere
- Once scheduled, consultations start within one hour



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NB Pet Telehealth by GoLexi is not for use in medical emergencies or urgent situations. If there is reason to believe a pet is experiencing an emergency, call a veterinarian immediately or contact the nearest animal hospital. NB Pet Telehealth should not be considered veterinary care advice, and is not a substitute for primary veterinary care advice, diagnosis, or treatment. NB Pet Telehealth is not a replacement for regular in-office visits or vaccinations. NB Pet Telehealth is not insurance. NB Pet Telehealth veterinarians cannot prescribe medications, and reserve the right to deny service for potential misuse. NB Pet Telehealth operates subject to state regulations.

Worklife Services

Worklife Consultants

Find Referrals,
Resources, and More

- Life stressors distract employees for 8 hours per week at work

What Worklife Services Does for You

- Call 24/7 to speak with a Worklife Consultant counselor who handles the heavy lifting of time-consuming, research-heavy tasks so you can stay focused on what's important
- Consultants Counselors review extensive database to determine the best options for your needs, then deliver a comprehensive referral packet within 48 to 72 hours
- Finds information on childcare, summer camps, and school-age programs
- Helps with public, private, and specialty school references from kindergarten through college
- Provides resources for adoption, pregnancy, and disabled and aging loved ones
- Gives referrals for house cleaning, lawn maintenance, pet care, and home and auto repair



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LifeLock Premier Family

Safeguard Your Family's Identity

with ID Theft Monitoring and Resolution



Approximately 15 million Americans have their identity stolen every year

What LifeLock Premier Family Does for You

- ▶ **Device Security** – Protect your PCs, Macs, and mobile devices with multi-layered, advanced security, including parental control*, firewall protection, cloud backup, password management, and more for up to 10 devices
- ▶ **Online Privacy** – Reduce public exposure of your personal information with tools like Privacy Monitor™, Norton Secure VPN, and SafeCam
- ▶ **Social Media Monitoring** – Check social media accounts for suspicious activity, and get notified if your accounts are ever compromised
- ▶ **Bank and Credit Card Activity Alerts** – Get notified of cash withdrawals, balance transfers, large purchases, unusual charges, and recurring charges
- ▶ **Bank Account Takeover Alerts** – Get notified if someone takes over your account or adds a new account holder
- ▶ **Investment Account Activity Alerts** – Get notified of withdrawals and balance transfers
- ▶ **Credit Monitoring†** – Keep an eye on your credit with monitoring from all three credit bureaus, and get notified of key changes or possible fraud
- ▶ **White-Glove Restoration Service** – Recover from identity theft quickly with help from a dedicated team of U.S.-based Identity Restoration Specialists

*No one can prevent all identity theft or all cybercrime. Many Norton LifeLock security and privacy features are not enabled upon enrollment, and members must take action to activate these protections. †We do not monitor all transactions at all businesses. *Norton Family and Norton Parental Control can only be installed and used on a child's PC, iOS, or Android device, but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device—PC, Mac, iOS, and Android—via our mobile apps, or by signing into their account at my.norton.com and selecting Parental Control via any browser.*

LifeLock Premier

Safeguard Your Identity with ID Theft Monitoring and Resolution



Approximately 15 million Americans have their identity stolen every year

What LifeLock Premier Does for You

- ▶ **Device Security** – Protect your PCs, Macs, and mobile devices with multi-layered, advanced security, including parental control*, firewall protection, cloud backup, password management, and more for up to five devices
- ▶ **Online Privacy** – Reduce public exposure of your personal information with tools like Privacy Monitor™, Norton Secure VPN, and SafeCam
- ▶ **Social Media Monitoring** – Check social media accounts for suspicious activity, and get notified if your accounts are ever compromised
- ▶ **Bank and Credit Card Activity Alerts** – Get notified of cash withdrawals, balance transfers, large purchases, unusual charges, and recurring charges
- ▶ **Bank Account Takeover Alerts** – Get notified if someone takes over your account or adds a new account holder
- ▶ **Investment Account Activity Alerts** – Get notified of withdrawals and balance transfers
- ▶ **Credit Monitoring†** – Keep an eye on your credit with monitoring from all three credit bureaus, and get notified of key changes or possible fraud
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LawAssure Enhanced



Create
High-Quality
Legal Documents
with Expert Guidance

• More than half of American adults don't have a will

What LawAssure Enhanced Does for You

- Access and create high-quality, personalized legal documents, saving hundreds of dollars in attorney's fees
- Deal with legal matters wherever it's most convenient for you, even on your tablet or phone
- Securely share your documents with trusted advisors or an attorney
- Safely store and edit your documents, or export them for printing and signature
- Available legal documents include:
 - Wills
 - Powers of attorney
 - Healthcare directives
 - Living trusts
 - Divorce paperwork
 - Complaint letters
 - Elder care agreement
 - Premarital agreements
 - Advance directive
 - Child care agreement
 - Leases
 - Bills of sales
 - Building work letters



Download the **My Benefits Work Mobile App**
800.800.7616 | **MyBenefitsWork.com**

Legal Access



Enjoy Free and Discounted Services from Experienced Lawyers

• 7 in 10 households face a legal issue every year

What Legal Access Does for You

- Attorneys help with traffic tickets, bankruptcy, divorce, and spousal and child support
- Free services* include one-on-one consultations, attorney-made phone calls, help with legal documents, assistance with government programs, representation in small claims court, and a Simple and Living Will
- Attorneys charge 25% off their hourly rate
- You'll be referred to plan attorneys based on location, language, and area of law
- Also available for your spouse, dependents up to age 23, your parents, and your spouse's parents



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**In many states, attorney liability may require plan attorneys to obtain a retainer from the member prior to providing some of the free member benefits.*



Save Money on Everyday Goods

with On-Demand
Discounts



- Click and save up to 65% on shopping, entertainment, travel, and more

What NB Deals Does for You

- Access on-demand discounts from over 40 different categories across 500+ merchants nationwide
- Enjoy the perks of budgeting and couponing without the hassle – just search the app and follow the instructions to save
- Find savings on water park tickets, sporting events, closing costs on a new home, senior living facilities, pet supplies, streaming services, and more



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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 or receipts 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



StaffScapes

HR for Growing Businesses

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. Childcare expenses will be reimbursed only after services are rendered.

If you have any questions about your rights under a Flexible Spending Account please contact StaffScapes, Inc. at (303) 466-7864 or outside the Denver metro area (800) 551-7607.



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:

-
- 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)

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