



CoADVANTAGE®

# Employer Benefit Offerings

2021 - 2022

CoAdvantage offers Flexible Spending and Commuter Account options to provide savings and reduce taxes.

### Healthcare Flexible Spending Account

*Plan Year Maximum \$2,750*

A Healthcare FSA sets aside pre-tax funds to pay for a wide range of common out-of-pocket expenses, such as long-term care, hospital visits, physician copays, prescriptions, prescription copays and insurance plan deductibles.

### Limited-Purpose FSA

*Plan Year Maximum \$2,750*

Participants of a high-deductible health plan with an active Health Savings Account are not eligible to participate in a Healthcare FSA. However, pre-tax funds for dental and vision expenses can be contributed to a Limited-Purpose FSA.

### Dependent Care Flexible Spending Account

*Calendar Year Maximum \$5,000*

A Dependent or Daycare FSA covers eligible expenses for the care of:

- Dependent children under age 13
- A person of any age you claim as a dependent on your federal income tax return, and who is mentally or physically incapable of self-care
- Care of an elderly dependent family member who lives with you and qualifies as a tax dependent

### Commuter Parking and Transit Accounts

*Maximum Monthly Contribution \$270*

*Calendar Year Maximum \$3,240*

*Limits are inclusive of any employer contributions*

A Commuter Account is a pre-tax benefit used to pay for public transit and qualified parking as part of your daily commute to work. The Commuter Account saves participants an average of 30% on public transit and parking. Those eligible can sign up any time and are not subject to an annual “use it or lose it” policy, provided participant remains with their current employer.

### Who is eligible?

All full-time employees who work 30 hours or more per week and have fulfilled their benefit eligibility wait period.



### How does it work?

Each pay period a portion of your annual election amount will be deducted from your gross pay prior to calculating federal and Social Security taxes.

\*Sole proprietorship and partnership owners (including LLP and LLC companies taxed as partnerships) and more than two percent shareholders in an S Corporation are not eligible to participate in an FSA. Spouses and lineal ascendants and descendants of S Corporation shareholders are also ineligible.



### Customer Service

Contact Chard Snyder through Live Chat from the Chard Snyder website or send an email for quick, convenient, personal service:  
**[coadvantage.askpenny@chard-snyder.com](mailto:coadvantage.askpenny@chard-snyder.com)**

Contact the Chard Snyder Customer Care Center 1.855.321.9551  
Monday – Friday: 8 am – 8 pm ET

With a High Deductible Health Plan you are eligible to contribute tax-free money to an HSA Advantage Account with Chard Snyder. By having an HSA with Chard Snyder, you receive special pricing on service fees and the monthly maintenance fee is waived.

### Information About Your Health Savings Account

- Your account will be active in conjunction with your benefit effective date.
- Access information and tools to help you get the most out of your HSA plan [www.chard-snyder.com](http://www.chard-snyder.com)
- Within the Member Website, access account details, add beneficiaries, and sign up for email and text alerts.
- Go Mobile with the Chard Snyder Mobile App! You can view account balances, request reimbursements, scan products for eligibility, and view your investment summary.

### Health Savings Account (HSA) Eligibility Rules

- Must be 18 years of age or older.
- Must be covered under a qualified high deductible health plan.
- May not be covered by any non-HDHP plan.
- Must not be enrolled in VA Benefits, TriCare Coverage, or Medicare (Part A or Part B).
- May not be claimed as a dependent on another individual's tax return.

### IRS Annual Contribution Limits

Year	Contribution Limit (Single)	Contribution Limit (Family)	Additional Catch-Up Contribution (55 and older, Single and Family)
2021	\$3,600	\$7,200	\$1,000
2022	\$3,650	\$7,300	\$1,000

### Health Savings Account Uses

- ✓ Tax-free reimbursement of eligible expenses (please visit **[www.irs.gov](http://www.irs.gov)** for a list of qualified expenses)
- ✓ No use-it or lose-it feature (funds roll over year after year)
- ✓ Interest-bearing accounts (varies by financial institution)
- ✓ Portable – the funds are yours to use even if you do not enroll in a HDHP in the future
- ✓ Retirement Savings rules apply for any unused balance as you approach retirement
- ✓ Can be used for non-eligible expenses, but a 20% penalty and unpaid tax is due on any amount used

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**You're automatically enrolled and it's FREE!** Included with your CoAdvantage sponsored medical plan and supported by HealthAdvocate. This service is available to you, your spouse/domestic partner, dependents, parents and your parents-in-law!

**Find the right doctors**

We can find the right hospitals, specialists and other leading providers, anywhere in the country.

**Resolve benefits issues**

We'll do the legwork to resolve insurance claims and billing issues, untangle medical bills and coordinate benefits.

**Schedule appointments**

Our experts can expedite appointments, arrange second opinions and transfer medical records.

**Help with eldercare**

We can help address senior issues including finding eldercare services, adult day care and more.

**Work with insurance companies**

Our team works on your behalf to obtain appropriate approvals for needed services.

**Help you make informed decisions**

We will research conditions and treatment options, and facilitate second opinions.

**Assist in the transfer of medical records**

We'll handle the details of transferring X-rays and lab results.

**Get your questions answered**

We help you become informed about test results, treatments and medications.

**Call your Personal Health Advocate! 1.866.695.8622**

You have unlimited, confidential access to your own Personal Health Advocate 24 hours a day, 7 days a week for assistance with your medical, prescription, dental and vision plan benefits.

Visit us online at: [HealthAdvocate.com/members](https://HealthAdvocate.com/members)

**Download the app today.**





**You're automatically enrolled and it's FREE!**

Available to all employees and supported by Espyr. This service is available to you, your spouse/ domestic partner and your dependents!

**What is an Employee Assistance Program (EAP)?**

An EAP offers professional help when you need it to solve life issues we all face, whether personal or work-related. Espyr provides a customized assistance program offering professional counseling and consultation for our employees and their families.

Espyr offers assessment, counseling and referral services for a wide range of issues. Their professionals will help you to identify and clarify your concerns, explore options and develop a plan of action to create solutions that work for you. If additional assistance is needed, you will be referred to the most appropriate and affordable resources.

**Who provides these services?**

Espyr is a company with a mission to help people and organizations maximize their potential. Espyr employs a network of over 45,000 licensed and certified counselors in a variety of disciplines, including:

- Attorneys
- Financial Advisors

- Eldercare Specialists
- Childcare Specialists
- Professional Counselors
- Clinical Social Workers
- Alcohol and Drug Counselors
- Marriage and Family Therapists
- Psychologists

Espyr also offers extensive online resources to help with all kinds of common life challenges. You can find expert advice on a wide range of topics, gather information, find new resources and take valuable self-screenings.

**What type of help is provided?**

Espyr is an invaluable resource for personal life issues where you may need professional advice or guidance, including:

- Legal Advice and Services
- Financial Counseling
- Childcare Resources and Referrals
- Eldercare Consultation, Resources and Referrals
- Online Legal and Financial Library
- Academic Resources for Your Children (Or You) on a Variety of Educational Issues
- Adoption Resources Needed to Facilitate an Adoption
- ID Theft Recovery
- Pet Care Services and Referrals
- Relocation Resources
- Concierge Services

Experienced counselors are available to help you with a wide-range of issues, including:

- Stress
- Life Adjustments
- Crisis Situations
- Family, Marital or Relationship Problems
- Alcohol and Drug Issues
- Work Related Difficulties
- Psychiatric Issues
- Emotional Concerns
- Medical Problems

**Is counseling really confidential?**

**Yes.** Counseling sessions are completely confidential, within the bounds of the law. Your counselor will be glad to discuss confidentiality issues with you.

**What does this cost me?**

**Nothing.** We have arranged for these services through Espyr free of charge for you and any dependent family members. If a counselor should refer you to an outside specialist for services beyond the EAP's coverage, you may be responsible for the cost of those services. Your counselor will assist you in finding providers that are most affordable or covered by insurance.

**How do you contact Espyr? It's easy.** Just call 1.866.570.3478 anytime, 24/7. You can also learn more and confidentially request support at [espyr.com](https://www.espyr.com).

Download the Espyr app available for Android and iPhone. Website and mobile app password: COADV

DENTAL PLAN	BRONZE (Not available in AK & MT)	SILVER (Not available in AK & MT)	GOLD	PLATINUM
IN NETWORK				
DEDUCTIBLE & MAXIMUMS				
Calendar Year Deductible (Ind/Fam)	\$75/\$225	\$50/\$150	\$50/\$150	\$50/\$150
Calendar Year Maximum (Per Covered Person)	\$1,000	\$1,500	\$2,500	\$5,000
DENTAL SERVICES				
Preventive/Diagnostic Services (Deductible Waived): Type A				
Oral exam/screenings (every 6 months)	100%	100%	100%	100%
Bitewing x-rays (1x year)				
Cleaning (every 6 months)				
Fluoride treatment (child < 14/1x year)				
Minor Services: Type B				
Full mouth x-rays (every 60 months)	60%	80%	80%	80%
Initial & replacement fillings				
Emergency treatment (tooth pain)				
Major Services: Type C				
Oral surgery/anesthesia	40%	50%	50%	50%
Crown				
Orthodontia Services (Adult & Child to Age 26)	Not Covered	50% (\$1,000 Lifetime Max)	50% (\$1,500 Lifetime Max)	50% (\$2,000 Lifetime Max)
OUT OF NETWORK	Negotiated Fee Schedule MAC**	Negotiated Fee Schedule MAC**	R&C 80th Percentile***	R&C 90th Percentile***
MONTHLY PREMIUM COST				
Employee	\$20.00	\$27.00	\$40.00	\$59.00
Employee + Spouse	\$38.00	\$47.00	\$78.00	\$113.00
Employee + Child(ren)	\$51.00	\$61.00	\$89.00	\$130.00
Employee + Family	\$64.00	\$91.00	\$131.00	\$189.00

**Need help?****MetLife Customer Service**

Call 1.800.275.4638 (Option 1, Policy # 0215132) for ID cards, to find a provider or check status of claims.

**Your Personal Health Advocate**

Call 1.866.695.8622 for benefit questions; claims and billing issues; and to find a provider.

**Note:** This is a brief summary of dental benefits. Refer to the MetLife Dental Plan Certificate of Coverage for plan details. Your Deductible and Maximums reset annually on January 1.

To access your MetLife Dental plan Certificate of Coverage, log in to your CoAdvantage Employee Portal and access the Benefits Education Center.

Dependent child age limit is the end of the calendar year in which the child turns 26.

\*\*MAC: Maximum Allowable Charge. If you choose an out-of-network provider, your out of pocket costs may be higher. An out-of-network provider is not contracted with MetLife and that means you may be responsible for any difference in cost between the provider's fee and what MetLife will pay.

\*\*\*R&C Percentile: The Reasonable and Customary charge is based on the lowest of 1) the provider's actual charge; 2) the provider's usual charge for the same/similar service; or 3) the fee most providers would charge in the same geographical area and for the same/similar service as determined by MetLife.

## Sample Dental Procedure Listing

The chart below provides examples of procedures and the corresponding coinsurance level at which they would be covered. The below are only examples and the Certificate of Insurance would prevail in any discrepancy of information. (Preventive: Type A; Basic: Type B; Major: Type C)

Procedure	Bronze	Silver	Gold	Platinum
<b>Routine Exam (1 in 6 months)</b>	A	A	A	A
<b>Bitewing x-rays (1 in 12 months)</b>	A	A	A	A
<b>Cleaning (1 in 6 months)</b>	A	A	A	A
<b>Fluoride for children 13 and under (1 in 12 months)</b>	A	A	A	A
<b>Sealants (age 15 and under, 1 per molar in 60 months)</b>	B	B	B	B
<b>Periapical x-rays</b>	B	B	B	B
<b>Restorative amalgams</b>	B	B	B	B
<b>Restorative composites</b>	B	B	B	B
<b>Full mouth/panoramic x-rays (1 in 5 years)</b>	B	B	B	B
<b>Simple extractions</b>	C	C	C	B
<b>Repair/Maintenance of Crowns, Bridges and Dentures</b>	C	C	C	C
<b>Endodontics (nonsurgical)</b>	C	C	C	B
<b>Endodontics (surgical)</b>	C	C	C	C
<b>Periodontics (surgical)</b>	C	C	C	C
<b>Periodontics (nonsurgical)</b>	C	C	B	B
<b>Space Maintainers (13 and under, 1 per lifetime)</b>	B	B	B	B
<b>Crowns, Inlays and Onlays* (1 in 7 years per tooth)</b>	C	C	C	C
<b>Prosthodontics (fixed bridge, removable complete/partial dentures)</b>	C	C	C	C
<b>Surgical extractions</b>	C	C	C	C
<b>Anesthesia</b>	C	C	C	C

\*Crowns, Inlays and Onlays are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material.

VISION PLAN	LOW		HIGH	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
FREQUENCY (based on date of service)				
Examination	12 Months		12 Months	
Corrective Lenses <b>OR</b> Contact Lenses	12 Months		12 Months	
Frames	24 Months		12 Months	
VISION SERVICES				
Examination	\$10 Copay	\$45 Allowance	\$10 Copay	\$45 Allowance
Standard Corrective Lenses/Enhancements (Single, Bifocal, Trifocal, Lenticular)	\$20 Copay	\$30 - \$100 Allowance	\$10 Copay	\$30–\$100 Allowance
Frames	\$150 Allowance	\$70 Allowance	\$150 Allowance	\$70 Allowance
Contact Lenses				
Elective	\$150 Allowance	\$105 Allowance	\$150 Allowance	\$105 Allowance
Medically Necessary	\$20 Copay	\$210 Allowance	\$10 Copay	\$210 Allowance
Fitting & Evaluation	Up to \$60 Copay	Applied to the Allowance	Up to \$60 Copay	Applied to the Allowance
Laser Vision Correction	Average 15% Discount <b>OR</b> 5% off promotional offer	Not Covered	Average 15% Discount <b>OR</b> 5% off promotional offer	Not Covered
Add Pairs of Glasses and Sunglasses	20% Discount (only at participating providers)	Not Covered	20% Discount (only at participating providers)	Not Covered
MONTHLY PREMIUM COST				
Employee	\$5.54		\$6.88	
Employee + Spouse	\$11.11		\$13.80	
Employee + Child(ren)	\$9.40		\$11.68	
Employee + Family	\$15.50		\$19.25	

**Need help?****MetLife Customer Service**

Call 1.855.638.3931 (Policy # 0215132) for benefit plan details and claims payment.

**Your Personal Health Advocate**

Call 1.866.695.8622 to find quality providers, ask benefit questions, claims/billing issues and more.

**Note:** This is a brief summary of vision benefits. Refer to the MetLife Vision Plan Certificate of Coverage for plan details.

To access your MetLife Vision plan Certificate of Coverage, log in to your CoAdvantage Employee Portal and access the Benefits Education Center.

Dependent child age limit is the end of the calendar year in which the child turns 26.



Benefit Details	
<b>Eligibility</b>	All Full-time Employees
<b>Employee Coverage Options</b>	\$10,000 increments, to a Maximum \$1,000,000*
<b>Employee Guarantee Issue Maximum Amount†</b>	\$250,000
<b>Spouse Coverage Options</b>	\$5,000 increments, to a Maximum of the lesser of 100% of your coverage or \$250,000*
<b>Spouse Guarantee Issue Maximum Amount</b>	\$50,000
<b>Dependent Children Coverage Options</b>	\$10,000 (Ages 15 days to 26 years old if FT student)
<b>AD&amp;D Insurance</b>	Included in all Employee, Spouse, and Child amounts
<b>Accelerated Life Benefit: 12 Months or Less to Live</b>	Up to 80% of coverage, maximum of \$500,000
<b>Extended Death Benefit</b>	Included
<b>Conversion and Portability</b>	Included
<b>Employee Contribution</b>	100%

Monthly Premium Cost											
Age Bands	Rate per 1,000 benefit	\$10,000	\$30,000	\$50,000	\$80,000	\$100,000	\$120,000	\$150,000	\$180,000	\$200,000	\$250,000
< 25	\$0.091	\$0.91	\$2.73	\$4.55	\$7.28	\$9.10	\$10.92	\$13.65	\$16.38	\$18.20	\$22.75
25 - 29	\$0.094	\$0.94	\$2.82	\$4.70	\$7.52	\$9.40	\$11.28	\$14.10	\$16.92	\$18.80	\$23.50
30 - 34	\$0.115	\$1.15	\$3.45	\$5.75	\$9.20	\$11.50	\$13.80	\$17.25	\$20.70	\$23.00	\$28.75
35 - 39	\$0.126	\$1.26	\$3.78	\$6.30	\$10.08	\$12.60	\$15.12	\$18.90	\$22.68	\$25.20	\$31.50
40 - 44	\$0.136	\$1.36	\$4.08	\$6.80	\$10.88	\$13.60	\$16.32	\$20.40	\$24.48	\$27.20	\$34.00
45 - 49	\$0.192	\$1.92	\$5.76	\$9.60	\$15.36	\$19.20	\$23.04	\$28.80	\$34.56	\$38.40	\$48.00
50 - 54	\$0.310	\$3.10	\$9.30	\$15.50	\$24.80	\$31.00	\$37.20	\$46.50	\$55.80	\$62.00	\$77.50
55 - 59	\$0.513	\$5.13	\$15.39	\$25.65	\$41.04	\$51.30	\$61.56	\$76.95	\$92.34	\$102.60	\$128.25
60 - 64	\$0.832	\$8.32	\$24.96	\$41.60	\$66.56	\$83.20	\$99.84	\$124.80	\$149.76	\$166.40	\$208.00
65 - 69	\$1.333	\$13.33	\$39.99	\$66.65	\$106.64	\$133.30	\$159.96	\$199.95	\$239.94	\$266.60	\$333.25
70 - 74	\$2.739	\$27.39	\$82.17	\$136.95	\$219.12	\$273.90	\$328.68	\$410.85	\$493.02	\$547.80	\$684.75
> 75	\$3.478	\$34.78	\$104.34	\$173.90	\$278.24	\$347.80	\$417.36	\$521.70	\$626.04	\$695.60	\$869.50
Cost for Child(ren)	\$0.246	\$2.46									

Employee Rates are based on Employee's Age and Spouse Rates are based on Spouse's Age. Employee must enroll for coverage in order to elect Spouse and/or Dependent Child(ren) coverage.

\* Evidence of Insurability form will need to be completed for all amounts in excess of \$250,000 for Employees and \$50,000 for Spouses.

† Employees who elect any amount of supplemental life for themselves, and/or their spouses/children during their initial eligibility period, may elect up to the Guaranteed Issue amount(s) in subsequent annual enrollment periods without providing Evidence of Insurability prior to enrollment. Employees who decline coverage during initial eligibility must submit EOI for any future elections for themselves, and/or their spouses/children.

## Benefit Details

Plans	STD VOL 7 Days 13 Weeks-\$2308	STD VOL 14 Days 13 Weeks-\$2308	STD VOL 7 Days 26 Weeks-\$2308	STD VOL 14 Days 26 Weeks-\$2308
<b>Elimination Period</b>	7 Days	14 Days	7 Days	14 Days
<b>Benefit Period</b>	13 Weeks	13 Weeks	26 Weeks	26 Weeks
<b>Benefit Amount</b>	60% of Salary	60% of Salary	60% of Salary	60% of Salary
<b>Maximum Weekly Benefit</b>	\$2,308	\$2,308	\$2,308	\$2,308
<b>Maximum Annual Salary Covered</b>	\$200,000	\$200,000	\$200,000	\$200,000
<b>Portability</b>	None	None	None	None
<b>Eligibility</b>	All Full-time Employees	All Full-time Employees	All Full-time Employees	All Full-time Employees
<b>Guarantee Issue</b>	Yes	Yes	Yes	Yes
<b>Maternity Included</b>	Yes	Yes	Yes	Yes
<b>Pre-existing Condition Exclusion</b>	None	None	None	None
<b>Monthly Rate Per \$10 of Weekly Benefit</b>				
<b>Age Band 0 - 24</b>	\$0.38	\$0.31	\$0.48	\$0.39
<b>Age Band 25 - 29</b>	\$0.38	\$0.34	\$0.50	\$0.44
<b>Age Band 30 - 34</b>	\$0.33	\$0.29	\$0.44	\$0.38
<b>Age Band 35 - 39</b>	\$0.25	\$0.24	\$0.36	\$0.33
<b>Age Band 40 - 44</b>	\$0.27	\$0.23	\$0.38	\$0.34
<b>Age Band 45 - 49</b>	\$0.24	\$0.24	\$0.39	\$0.36
<b>Age Band 50 - 54</b>	\$0.30	\$0.28	\$0.45	\$0.42
<b>Age Band 55 - 59</b>	\$0.39	\$0.37	\$0.62	\$0.56
<b>Age Band 60 - 64</b>	\$0.49	\$0.44	\$0.83	\$0.74
<b>Age Band 65+</b>	\$0.54	\$0.50	\$0.89	\$0.83

If you waive Voluntary Short-Term Disability during your initial enrollment, an Evidence of Insurability form will be required if enrolling at any other time.

### How to Calculate Your Monthly Premium:

$$\begin{array}{ccccccccc}
 \boxed{\phantom{000000}} & \div 52 = & \boxed{\phantom{000000}} & \times 0.60 = & \boxed{\phantom{000000}} & \div 10 \times & \boxed{\phantom{000000}} & = & \boxed{\phantom{000000}} \\
 \text{1. Your Annual Salary} & & \text{2. Your Weekly Salary} & & \text{3. Your Weekly Benefit} & & \text{4. Applicable Monthly} & & \text{5. Your Monthly} \\
 \text{(not to exceed maximum from above)} & & & & & & \text{Rate from Above} & & \text{Premium}
 \end{array}$$

MetLife will subtract from your gross disability payment the amount that you receive or are entitled to receive as disability income or disability retirement payments under any state compulsory benefit act or law, other group insurance plan or governmental retirement system.

## Benefit Details

Plans	LTD VOL 60% - 90 Days - \$10k	LTD VOL 60% - 180 Days - \$10k
<b>Elimination Period</b>	90 Days	180 Days
<b>Benefit Period</b>	Up to the Social Security Normal Retirement Age	Up to the Social Security Normal Retirement Age
<b>Benefit Amount</b>	60% of Salary	60% of Salary
<b>Maximum Monthly Benefit</b>	\$10,000	\$10,000
<b>Maximum Annual Salary Covered</b>	\$200,000	\$200,000
<b>Portability</b>	None	None
<b>Eligibility</b>	All Full-time Employees	All Full-time Employees
<b>Guarantee Issue</b>	Yes	Yes
<b>Maternity Included</b>	Yes	Yes
<b>Pre-existing Condition Exclusion</b>	3/12	3/12
<b>Monthly Rate per \$100 of Monthly Salary</b>		
<b>Age Band 0 - 24</b>	\$0.040	\$0.030
<b>Age Band 25 - 29</b>	\$0.071	\$0.050
<b>Age Band 30 - 34</b>	\$0.131	\$0.101
<b>Age Band 35 - 39</b>	\$0.202	\$0.181
<b>Age Band 40 - 44</b>	\$0.323	\$0.272
<b>Age Band 45 - 49</b>	\$0.444	\$0.393
<b>Age Band 50 - 54</b>	\$0.564	\$0.474
<b>Age Band 55 - 59</b>	\$0.675	\$0.554
<b>Age Band 60 - 64</b>	\$0.665	\$0.504
<b>Age Band 65 - 69</b>	\$0.474	\$0.323
<b>Age Band 70+</b>	\$0.373	\$0.202

If you waive Voluntary Long-Term Disability during your initial enrollment, an Evidence of Insurability form will be required if enrolling at any other time.

### How to Calculate Your Monthly Premium:

$$\begin{array}{ccccccc}
 \text{[Box]} & \div 12 = & \text{[Box]} & \div 100 \times & \text{[Box]} & = & \text{[Box]} \\
 \text{1. Your Annual Salary} & & \text{2. Your Monthly Salary} & & \text{3. Applicable Monthly Rate from Above} & & \text{4. Your Monthly Premium} \\
 \text{(not to exceed maximum from above)} & & & & & & 
 \end{array}$$

MetLife will subtract from your gross disability payment the amount that you receive or are entitled to receive as disability income or disability retirement payments under any state compulsory benefit act or law, other group insurance plan or governmental retirement system.

**Group Voluntary Accident Insurance** pays benefits directly to you to help you be financially prepared in the event of an on- or off-the-job accident injury. This plan pays in addition to any other coverage including major medical insurance that can be used for non-medical related expenses that health insurance may not cover.

- Our Accident coverage helps offer peace of mind when an accidental injury occurs.
- Benefits correspond with treatment for on- and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures and more.
- Benefits are paid directly to you, unless you assign them to someone else.

As a result of a covered accidental injury, the following benefits will be paid:			
	Employee	Spouse	Child(ren)
<b>Accidental Death</b>	\$100,000	\$50,000	\$25,000
<b>Common Carrier Accidental Death</b> <i>Insured if a death is the result of a covered injury sustained while riding as a fare paying passenger on a scheduled common carrier.</i>	\$500,000	\$250,000	\$125,000
<b>Dismemberment</b>	Up to \$200,000	Up to \$100,000	\$50,000
<b>Dislocation and Fracture</b>	Up to \$8,000	\$4,000	\$2,000
<b>Initial Hospital Confinement</b>	\$2,000 for first-time hospital confinement; pays only once for each covered person over the lifetime of the certificate		
<b>Hospital Confinement</b>	\$800/day confined to a hospital up to a maximum of 90 days for any one covered injury		
<b>Intensive Care</b>	\$1,600/day confined to a hospital up to a maximum of 90 days for any one covered injury		
<b>Ambulance</b>	\$800 ground or \$2,400 air		
<b>Medical Expenses</b>	Up to \$600 expenses incurred for each medical or surgical treatment		
<b>Outpatient Physician's Treatment</b>	\$50 paid per visit outside the hospital		

### Monthly Premiums

Employee	Employee + Child(ren)	Employee + Spouse	Employee + Family
\$14.52	\$24.60	\$26.88	\$36.96

**Pre-existing Condition Limitation:** Allstate Workplace does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

**Policy is portable**

Benefits and Amounts	Option 1
<b>HSA Compatible Benefits</b>	
First day hospital confinement benefit	\$1,250
Limit to number of occurrences	One per year
Daily hospital confinement benefit	\$250
Maximum number of days <sup>1</sup>	90 days
Hospital intensive care benefit	\$250
Maximum number of days <sup>2</sup>	90 days
<b>Exclusions</b>	
Mental and nervous disorders covered	No
Drug addiction and alcoholism covered	No
Pregnancy waiting period	10 months
<b>Additional Options</b>	
Pregnancy (normal and complications) covered	Yes
Removal of pre-existing conditions limitation	Yes

**Monthly Premiums**

Option	Mode	HSA/Non-HSA	Employee	Employee + Spouse	Employee + Child(ren)	Family
1	Monthly	HSA	\$16.12	\$40.95	\$27.82	\$44.85

<sup>1</sup> Payable for each day, up to the max per continuous confinement in a hospital; not paid for any day the First Day Hospital Confinement is paid

<sup>2</sup> Payable for each day, up to the max per continuous confinement in a hospital intensive care unit; pays in addition to the First Day Hospital Confinement Benefit and Daily Hospital Confinement Benefit



### Group Cancer & Specified Illness Plan

Pays benefits directly to you, the employee, and pays in addition to any other coverage, including major medical insurance that can be used for non-medical related expenses that health insurance may not cover as a result of cancer and 29 other covered specified illnesses.

This plan has over 25 different benefits: a \$5,000 Cancer Initial Diagnosis Benefit; \$10,000 Radiation Chemotherapy Benefit; \$10,000 Blood; Plasma; Platelets; \$5,000 New and Experimental Treatment Benefits; In and Out-Patient Surgery Benefits up to \$1500; \$2,000 Prosthesis; \$200 Hospital Daily Benefit; and \$200 Intensive Care Daily Benefit. Benefits are paid as they go, covering the cost of specific treatments and expenses as they happen. All are reloadable each year.

**This policy also covers:** Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia Rocky Mountain Spotted Fever, Legionnaire's Disease (confirmation by culture of sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure of Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, Primary Biliary Cirrhosis.

Allstate will pay the benefits for the necessary treatment of cancer or a specified disease, and for any other condition directly caused or aggravated by the cancer or specified disease. Treatment must be received in the United States or its territories.

This plan also includes a \$100 Cancer Screening Benefit that pays you (and your covered family members) \$100 each calendar year if you have any one of 12 covered cancer screening tests performed while not hospital confined. The eligible cancer screening tests are: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemoccult stool analysis; Mammography; Pap Smear; PSA (blood test for prostate cancer); and Serum Protein Electrophoresis (test for myeloma). Allstate will pay this benefit regardless of the result of the test.

Monthly Premiums		
Age	Employee Only	Family
18-80	\$24.01	\$41.19

**Pre-existing Condition:** If the covered person has a pre-existing condition as defined below, this policy does not pay under this plan during the first 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which advice or treatment was received by the covered person during the six month period prior to the effective date of coverage.

**Policy is Convertible:** Covered person can obtain a policy of insurance (called the converted policy) without evidence of insurability.

**Guaranteed Issue:** During this initial open enrollment period only. If you do not enroll during this open enrollment and wish to enroll at a later date, you may have to provide evidence of insurability, which may result in a declination of coverage.

**Identity & Credit Monitoring**

InfoArmor gives you peace of mind by proactively monitoring for the most damaging types of identity fraud.\* By uncovering and resolving issues early, we can help minimize damages. We also monitor your credit through TransUnion.

**Credit Scores and Reports**

Gain access to a monthly credit score and a credit report each year from TransUnion. Stay informed and protect your financial assets by detecting credit misuse quickly.

**Password Protection**

Our secure vault automatically saves and syncs your passwords across desktop and mobile devices. This tool makes using complex passwords simple and safe.

**Social Media Reputation Monitoring**

We monitor Facebook, LinkedIn, Twitter, and Instagram profiles, generating actionable alerts that help defend you and your family from reputational damage or cyberbullying.\*

**Wallet Protection**

InfoArmor can easily replace the contents of a lost or stolen wallet through an online, secure vault that conveniently stores important documents.

**Digital Identity Report**

Our deep Internet search creates a snapshot of your exposed information online, giving you a chance to take control of your privacy.

**Privacy Advocate Remediation**

Have an expert on your side to guide you through the identity restoration process and fight back against identity thieves.

**\$1,000,000 Identity Theft Insurance Policy**

If you are a victim of fraud, we will reimburse your out-of-pocket costs to reinforce your financial security.†

**Solicitation Reduction**

Guidance on how to limit exposure to fraud while reducing annoying calls, mail, and preapproved credit offers.

**Plans and Pricing**

**\$7.95** per person per month

**\$13.95** per family per month‡

**Learn More at:** [MyPrivacyArmor.com](https://MyPrivacyArmor.com) | **Questions?** Call 800.789.2720

\*Network provides comprehensive coverage, although no solution can detect all suspicious activity. Nonetheless, our Privacy Advocates will work tirelessly to restore your identity regardless of when or how the damage was done.

†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of AIG. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

‡Family coverage is available for individuals that are supported by you financially or live under your roof

## Telephone and Office Consultations

for an unlimited number of personal and legal matters with an attorney of your choice

**E-Services** including attorney locator, law firm e-panel, law guide, free, downloadable legal documents, financial planning, insurance and work/life resources

## Estate Planning Documents

- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

## Document Review

- Any Personal Legal Documents

## Family Law

- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legalization
- Guardianship or Conservatorship
- Name Change

## Immigration Assistance

- Advice and Consultation
- Review of Immigration Documents
- Preparation of Affidavits and Powers of Attorney

## Elder Law Matters

- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect the participant

## Real Estate Matters

- Sale, Purchase or Refinancing of Your Primary, Second or Vacation Home
- Eviction and Tenant Problems (Primary Residence)
- Home Equity Loans for Your Primary, Second or Vacation Home
- Zoning Applications
- Boundary or Title Disputes
- Property Tax Assessment
- Security Deposit Assistance (For Tenant)

## Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

## Traffic Offenses\*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privilege Restoration (Includes License Suspension due to DUI)

## Personal Property Protection

- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

## Financial Matters

- Negotiations with Creditors
- Debt Collection Defense
- Identity Theft Defense
- LifeStages, Identity Management Services\*\*
- Personal Bankruptcy
- Tax Audit Representation (Municipal, State or Federal)
- Foreclosure Defense
- Tax Collection Defense

## Juvenile Matters

- Juvenile Court Defense, including Criminal Matters
- Parental Responsibility Matters

## Defense of Civil Lawsuits

- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense
- School Hearings
- Pet Liabilities

## Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

## Family Matters<sup>TM\*\*\*</sup>

- Available for an additional fee
- Separate plan for parents of participants for Estate Planning Documents
- Easy Enrollment, online or by phone

**Cost Per Employee Per Month**  
(Covers Spouse and Dependents\*)

**\$16.50**

**For More Information:** Visit [info.legalplans.com](http://info.legalplans.com) and enter access code: *Legal*, or call the Client Service Center at 1-800-821-6400 Monday - Friday from 8 a.m. to 7 p.m. (Eastern Time).

Pets are unpredictable. While it's hard to anticipate accidents and illnesses, pet insurance makes it a little easier to be prepared for them. From wellness care to significant incidents, it's the smart way to protect your pet's health and your pocketbook.

Pet insurance provides benefits for veterinary treatments related to accidents and illnesses, including cancer. Medical policies cover diagnostic tests, X-rays, prescriptions, surgeries, hospitalization and more. Competitively priced wellness coverage can be added to any plan.

- Use any veterinarian worldwide, including specialists and emergency providers
- Benefits renew in full each year
- Nation's oldest and largest pet insurer
- No additional charge for chronic care coverage
- No lifetime limits

Pet insurance offers nose-to-tail coverage for everything from ear infections to cancer. Plans are designed to fit your needs and your budget.

### Major Medical

Typical cost starts at \$29/month.<sup>1</sup>

- Highest reimbursement for accidents and illnesses, including cancer
- \$250 annual deductible
- Coverage for specified hereditary conditions

### Wellness Plus

Typical cost starts at \$21/month.<sup>1</sup>

- Covers wellness exams including vaccines, flea treatment and nail trims
- No deductible

### Major Medical + Wellness Plus

Typical cost starts at \$47/month.<sup>1</sup>

- Bundle both plans for more coverage and more savings

### Use your policy in three easy steps.

- 1 Pay for your pet's treatment at the time of service.
- 2 Fax or mail our easy-to-use claim form along with your receipts.
- 3 After meeting your policy's annual deductible, you'll be reimbursed according to your plan's benefit schedule.<sup>2</sup>

Chosen #1 by pet owners, with more than 1 million pets insured since 1982.<sup>3</sup>

### Examples of Covered Conditions

- Ear infections
- Skin rashes
- Abscesses
- Cancer
- Respiratory problems
- Diabetes
- Leukemia
- Vomiting
- Kidney & bladder infections
- Accidents  
(including lacerations, poisonings, fractures, sprains & wounds)

**To learn more and enroll  
call 1.800.GET.MET.8**

Metropolitan Life Insurance Company is the program administrator for pet insurance fulfilled by Nationwide®.

<sup>1</sup> Medical premiums vary based on the age of the pet, species, size (as an adult), and state of residence. Wellness premiums vary based on species of pet and state of residence. Wellness plans are not available in all states.

<sup>2</sup> Nationwide benefit schedules identify the amount that is available for exam fees, diagnostics, medications, surgeries and other treatments. The benefit schedule is also available online at [petinsurance.com](http://petinsurance.com).

<sup>3</sup> Nationwide internal data as of June 2015.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Insurance plans are offered and administered by Nationwide through its subsidiaries and affiliates. Underwritten by Veterinary Pet Insurance Company (CA), Brea, CA, an A.M. Best A rated company (2013); National Casualty Company (all other states), Madison, WI, an A.M. Best A+ rated company (2014). Nationwide, the Nationwide N and Eagle, and Nationwide Is On Your Side are service marks of Nationwide Mutual Insurance Company. ©2016 Nationwide. These companies are not affiliated with Metropolitan Life Insurance Company or its affiliates.

**MetLife Auto & Home's group insurance program is available to you as a voluntary benefit through your employer's association with CoAdvantage.**

As part of the program, you have access to unique savings on auto and home insurance, as well as a variety of other insurance policies, including: Coverage for boats, motorcycles, precious belongings and more. Plus, you could receive special group discounts.

- Qualify for a group discount of up to 15% off your policy
- Receive extra savings if you've been with your company for a long time
- Save more with the superior driver discount
- Make the most of our multi-vehicle savings when you insure more than one vehicle with MetLife Auto & Home
- Earn an additional discount when you pay your premium through automatic bank account\* deduction

**Save Time and Money with Automatic Payment Options**

Sign up to have your auto and home insurance payments deducted directly from your bank account. Here are the benefits:

- You may qualify for a bank account deduction discount
- It's easier! No checks or payment schedules to worry about
- There are no fees or interest charges
- There is no charge for this convenient service

**Renters: Secure Your Possessions with MetLife Auto & Home**

Even if you don't own your home, you should still protect your belongings. MetLife Auto & Home's Renters Insurance provides coverage for theft and damage. Save money when you choose us for your renters and auto coverage. Our optional specialty packages cover:

- Luxury Items
- Electronics
- Musical Instruments
- Recreational/Sports Equipment

**The Choice is Simple!**

You can receive quotes, ask questions, make changes to your policy, and report claims by calling 1-800-761-3043. Our insurance consultants are available extended hours during the week and on Saturday and Sunday. Claims may be reported 24 hours a day, 7 days a week. Please have your current policies with you when you call.

**It's easy to get started. Call 1.800.761.3043**  
**Reference CoAdvantage's Global Production Classification Code: DTS**

Home insurance is not part of MetLife Auto & Home's benefit offering in MA and FL.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates: Economy Preferred Insurance Company, Metropolitan Casualty Insurance Company, Metropolitan Direct Property and Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Group Property and Casualty Insurance Company, and Metropolitan Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. Coverage, rates, discounts, and policy features vary by state and product, and are available in most states to those who qualify. Met P&C®, MetCas<sup>SM</sup>, and MetGen<sup>SM</sup> are licensed in the state of Minnesota.



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**Your Account Comes with a FREE Family Membership!**

# Enrolling in Benefits

## Key Guidelines for Benefits Enrollment

Benefits enrollment is now easier than ever with CoAdvantage's online benefit enrollment system, CoAdEnroll.

### Eligibility

You are eligible to enroll in benefits if you are a full-time employee working 30 or more hours per week. If eligible, you will be given the opportunity to access CoAdEnroll to complete your enrollment online.

### Change Restrictions

Federal guidelines stipulate that there are only two occasions when an employee may revoke or modify their annual pre-tax benefit elections under a flexible benefit plan:

1. During the annual open enrollment period
2. When an employee experiences a qualified change of status related to:
  - Employee's marital status
  - Spouse or dependent coverage status
  - Health coverage cost increase greater than 10 percent
  - Entitlement to Medicare or Medicaid
  - Employee's employment status: termination, rehire, relocation, move from full time to part time

### Section 125 Pre-Tax Benefits

Section 125 is part of the Internal Revenue Code that allows you to convert a taxable cash benefit (salary) into non-taxable benefits. Under the Section 125 program, deductions for certain benefits will automatically be taken before taxes, reducing your taxable income. This means your pre-tax benefit deduction amounts are not considered wages for federal income tax purposes.

### Pre-Tax Benefits

If you enroll, deductions for the following benefits will be taken before taxes:

- |           |                              |
|-----------|------------------------------|
| • Medical | • Critical Illness           |
| • Dental  | • Hospital Indemnity         |
| • Vision  | • Accident                   |
| • FSA     | • Cancer & Specified Illness |
| • HSA     | • Commuter Accounts          |

## STEPS TO COMPLETE ENROLLMENT

### 1. Collect Important Information

Prior to enrolling, you will need to collect all dependent and beneficiary information required for enrollment. Be sure to gather date of birth and social security number information for any dependents you want to cover. Certain benefit plans may require a beneficiary (i.e., life insurance), so be sure to have name, contact information, date of birth and social security number ready when you enroll.

### 2. Accessing CoAdEnroll

You will receive an email with instructions on how to access CoAdEnroll to complete your online benefits enrollment. Be sure to access CoAdEnroll as soon as it's available so you can have time to review all benefit options and make your elections.

### 3. Plan Elections

Review each benefit option. You can elect or waive coverage for each available benefit and indicate which dependents you would like to cover for each (if applicable).

As you elect or waive coverage, your total monthly cost will show in the shopping cart at the top right of your page.

### 4. Review & Sign

Once you've made all elections, you will be presented a Benefits Enrollment Summary page. All benefits you elected and those you waived will be listed with your total monthly cost for each. Review and sign. Your benefit elections will be effective the first of the month following a benefit waiting period identified by your employer (can be up to 60 days).

You will receive a confirmation email with the Benefits Enrollment Summary attached.

## Carrier Member Services

If you have questions prior to becoming effective, please contact a CoAdvantage Representative. Our benefit partners contact information listed here is for you to use to locate participating providers for health, dental or vision and to access service after you have enrolled and are effective with the carrier.

When calling any of our Benefit Partners, please provide CoAdvantage as your employer.

### **Allstate**

Accident, Cancer, and Hospital  
Indemnity Supplemental Coverage  
800.521.3535  
allstatebenefits.com

### **Chard Snyder**

Health Savings, Flexible Spending,  
and Commuter Accounts  
1.855.321.9551  
chard-snyder.com

### **Corporate Perks**

Employee Discount/Savings Program  
coa.corporateperks.com  
(Registration Code: CoAdv2018\*!)

### **Espyr**

Employee Assistance and  
Resources Program  
866.570.3478  
espyr.com (Password: COADV)

### **Health Advocate**

Health Advocacy and Assistance (No charge)  
866.695.8622  
healthadvocate.com/members

### **InfoArmor**

Identity and Privacy Protection  
800.789.2720  
myprivacyarmor.com

### **MetLaw**

Legal Coverage and Services  
800.821.6400  
Info.legalplans.com

### **MetLife**

Dental, Vision, Critical Illness  
Supplemental Coverage, Life and  
Disability Income Protection  
800.275.4638  
MetLife.com







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