

WORKFORCE OPTIMIZATION®



# 2020 Benefits at a glance

Freedom Premier



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This brochure provides an overview of your Insperity benefits package. Actual benefits are subject to the provisions and limitations of the agreements between Insperity and its benefits providers. Detailed benefits information is available on the Insperity Premier™ platform at [portal.insperity.com](https://portal.insperity.com).

Except where otherwise indicated, employees must work 30 or more hours per week, on average (20 hours per week in Hawaii), or meet the requirements for continuing eligibility during an approved leave of absence, to be eligible for the health and welfare benefits in this package. Certain individuals are excluded from participation.

Please refer to the Summary Plan Description (SPD) for each Plan on Insperity Premier for full eligibility requirements.

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# Benefits at a glance

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The following benefits are available to all Insperity employees, whether full-time, part-time or seasonal:

## **The Insperity Employee Assistance Program (EAP)**

A counseling and consultation service available to all employees (and their dependents) with no hourly eligibility requirement. Most services are available to employees at no cost. The Insperity Employee Assistance Program (EAP) is administered by Optum®, and features:

- 24/7 access to registered nurses and counselors
- Legal consultation and mediation services (no cost for half-hour consultation, 25% discount on continuing services)
- Confidential financial coaching (two sessions included)
- Up to three face-to-face or virtual counseling sessions with EAP-affiliated behavioral health providers at no cost
- Child and elder care referrals
- Critical incident response with onsite employee counseling available
- Substance use disorder support with licensed clinicians
- Behavioral health care support with virtual visit options through [liveandworkwell.com](https://liveandworkwell.com)

To access Optum EAP resources 24 hours a day, 7 days a week, call 866.402.0003, or visit [liveandworkwell.com](https://liveandworkwell.com) and use access code "Insperity."

## **The Insperity Commuter Benefits Program**

Pay for job-related mass transit and/or parking expenses with pretax dollars (if eligible). There is a monthly \$2 administrative fee to participate, except where prohibited by local ordinance. You may enroll or discontinue participation at any time. If you do not enroll, the benefit is considered waived.

## **Learning and Development**

Self-paced online, live virtual and classroom training programs to learn new skills, maintain safety and compliance, improve performance and develop careers.

- 3,500+ self-paced courses on business, safety, liability management, desktop, and IT topics
- 25,000+ books in online, audio, and summary formats
- Business and desktop videos
- Instructor-led virtual training
- Continuing education units on many courses

## **MarketPlace™**

Offers online discounts on a variety of goods and services, including cell phone services, identity theft protection, pet health insurance, travel, electronics, gifts, household needs and more.

## **Insperity Pay Options**

Payroll direct deposit and debit pay card options are available.



# Benefits at a glance

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The following benefits are available to full-time (or full-time equivalent) Insperity employees who work 30 or more hours per week (20 or more hours in Hawaii) on average, and meet all other eligibility requirements:

## **The Insperity Adoption Assistance Program**

Reimburses up to \$1,500 of qualifying expenses per qualified adoption. Requires 180 days of continuous service after obtaining eligible status. The continuous service requirement must be satisfied prior to the date of the final adoption decree. Qualifying expenses must be incurred through private adoption or a licensed agency.

## **The Insperity Educational Assistance Program**

Reimburses up to \$1,500 per calendar year for approved undergraduate/graduate courses taken as part of a degree program, or up to \$500 per calendar year for approved continuing education expenses. Maximum \$1,500 reimbursement per calendar year. This program does not apply to courses, seminars, or training provided by Insperity or the client company.

## **The Insperity Health Care Flexible Spending Account (FSA) Plan**

Make pretax contributions (if eligible) up to the annual maximum through payroll deduction for qualifying health care expenses incurred during the plan year.

**For plan year 2020, you may elect from \$20 to \$225 in monthly contributions, up to a maximum annual contribution of \$2,700.**

Once enrolled, you will receive a Health Care Spending Card (a debit MasterCard® issued by UnitedHealthcare) funded with your elected amount. Use the card for eligible expenses at the time of service, or file a claim for reimbursement. You can file claims for any eligible expenses incurred during the plan year through March 31 of the following year; however, **unused funds do not roll over to the next plan year and will be lost.**

Please note that to continue FSA participation each year, you must submit a new election during the annual open enrollment period for the Insperity Health Care FSA (Nov. 1 to Dec. 31).



## **HSA or FSA?**

IRS rules prohibit individuals with general purpose health care FSA coverage (including an eligible spouse and dependents) from contributing to an HSA. If you are currently contributing to an HSA (or intend to open and contribute to an HSA), you should not enroll in the Insperity Health Care FSA Plan, as participation in the Health Care FSA will make you ineligible to contribute to an HSA in the same calendar year.

# Benefits at a glance

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## **The Insperity Health Savings Account (HSA) Program**

An HSA is a type of consumer-owned and managed savings account for individuals covered by a qualified high deductible health plan (HDHP). If you are an Insperity employee enrolled in an Insperity HDHP coverage option, you can establish an HSA through the Insperity HSA Program.

There are no federal taxes on pretax contributions made to your HSA, and the money you spend out of your HSA is tax-free when you use it for qualified health care expenses. Plus, you keep what you save – any unused funds remain in your account from year to year, earning tax-free interest and dividends when invested.

**In 2020, HSA contribution limits are \$3,550 for employee-only coverage, and \$7,100 for family coverage.** Your elected HSA contribution amount can be changed as needed throughout the year. If you will turn 55 or older within the tax year, you may contribute an additional \$1,000 of catch-up contributions.

## **Opening an Optum Bank® account through the Insperity HSA Program**

Please note that all transactions for HSA account holders are conducted electronically; internet access and a valid email address are required.

You will receive an email with instructions for setting up your account from Insperity's HSA Program Administrator within 24-48 hours of enrolling in an Insperity HDHP coverage option. If you enroll more than 30 days before your HDHP coverage effective date, however, you will not receive this email until approximately 30 days before the coverage effective date.

Once your HSA has been established, you can make pre- or post-tax contributions (according to your eligibility in Insperity's records) through Insperity payroll deduction. If you already have an HSA elsewhere, you can transfer the assets to your Optum Bank HSA, or link an existing Optum Bank HSA to the Insperity HSA Program to make contributions by payroll deduction.

**Insperity will pay the monthly account management fee while you remain an eligible employee of Insperity enrolled in an Insperity HDHP coverage option.**

## **Important tax information for owners, officers, and HCEs**

Pretax HSA contributions are made through the Insperity HSA Cafeteria Plan, which is subject to annual nondiscrimination testing. If you are an officer, highly compensated employee (HCE), or owner of a C-Corporation (or lineal relative of such owner), a nondiscrimination testing failure will result in taxation of your pretax HSA contributions.



## **Interested in investment options for your HSA?**

Treat your HSA like a 401(k) and invest it in mutual funds as part of a long-term savings strategy for your retirement. If your HSA reaches an investment threshold of \$2,100 or more, you can set up an investment account with Optum Bank and elect automatic transfers to grow your savings. Learn more at [optumbank.com](https://optumbank.com).

# Benefits at a glance

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## **Basic Term Life and Personal Accident Insurance (employer-paid)**

Basic term life and personal accident insurance pays an amount equal to 1 x covered annual earnings, up to \$50,000.

Benefits are reduced at age 65.

## **Basic Disability Insurance (employer-paid)**

Disability insurance provides income protection if you are unable to perform your job due to illness or injury.

- **Short-term disability insurance pays up to 60% of covered weekly earnings, up to \$2,308 per week.** There is a 14-day elimination period for short-term disability benefits. Benefits begin on the 15<sup>th</sup> day of disability and continue for up to 24 weeks following the elimination period or the end of disability, whichever comes first.
- **Long-term disability insurance pays up to 60% of covered monthly earnings, up to \$10,000 per month.** Benefits begin after six continuous months of disability and continue up to age 65 or the end of disability, whichever comes first. An abbreviated payment schedule applies for disability that begins at age 63 or older.

## **Voluntary Group Universal Life Insurance (employee-paid)**

You may elect voluntary group universal life for yourself and your eligible dependents in the following amounts:

- **Employee coverage from 1 to 6 x covered annual earnings, up to \$2,500,000**
- Spouse/domestic partner coverage at \$10,000; \$20,000; \$30,000; \$40,000; \$50,000; \$100,000; \$150,000; \$200,000
- Child coverage at \$5,000 or \$10,000 per child

The guaranteed issue amount for employee coverage during the initial eligibility period is up to 3 x covered annual earnings or \$500,000, whichever is less. The guaranteed issue amount for spouse/domestic partner coverage during the initial eligibility period is \$20,000. For coverage over guaranteed issue amounts, or for any amount of coverage (if elected after the initial eligibility period), Evidence of Insurability (EOI) will be required.

## **Voluntary Personal Accident Insurance (employee-paid)**

Voluntary personal accident insurance pays a benefit for an accidental death occurring within 365 days of a covered accident, or for accidental loss of limb or functionality (e.g., eyesight, hearing, paralysis). Evidence of Insurability is not required, and you can apply at any time. Benefits are reduced beginning at age 70.

- **Employee coverage from 1 to 6 x covered annual earnings, up to \$2,500,000**
- Spouse or domestic partner coverage is available at 60% of the coverage amount you elect for yourself
- Coverage for a spouse or domestic partner plus child(ren) is available at 50% of the coverage amount you elect for yourself plus 10% for each dependent child
- Coverage for dependent children only is available at 15% of the coverage amount you elect for yourself

See the **Cigna Voluntary Benefits Book** for coverage amounts and rates. More information on additional features available through Cigna, including Cigna Secure Travel<sup>®</sup> and Cignassurance<sup>®</sup>, is available at [portal.insperity.com](https://portal.insperity.com).

# Benefits at a glance

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## The Insperity Group Health Plan

Medical coverage options include prescription coverage and vary by insurance carrier, region and coverage type. Medical coverage options will also generally include carrier-sponsored wellness programs and telemedicine options (where permitted by state law). Availability is determined by benefits package and ZIP code service area.

Dental and vision coverage is available through UnitedHealthcare Dental and Vision Service Plan nationwide, and must be elected together, but may be elected independently of medical coverage.

**The Insperity Group Health Plan is a calendar-year plan based on a 12-month coverage period which begins Jan. 1 and ends Dec. 31. Your deductibles and out-of-pocket maximums will reset each Jan. 1, and generally, any Plan design changes outlined in the Summary of Material Modifications (SMM) for that Plan year will also take effect – even if your client company's open enrollment and 12-month coverage periods do not follow the calendar year.**

The following section offers specific details on the coverage options available to you, as well as terms, limits, exclusions, legal notices and requirements that apply to your Insperity Group Health Plan participation. Please review this information carefully before making your elections. If you have any questions, please call the Insperity Contact Center.



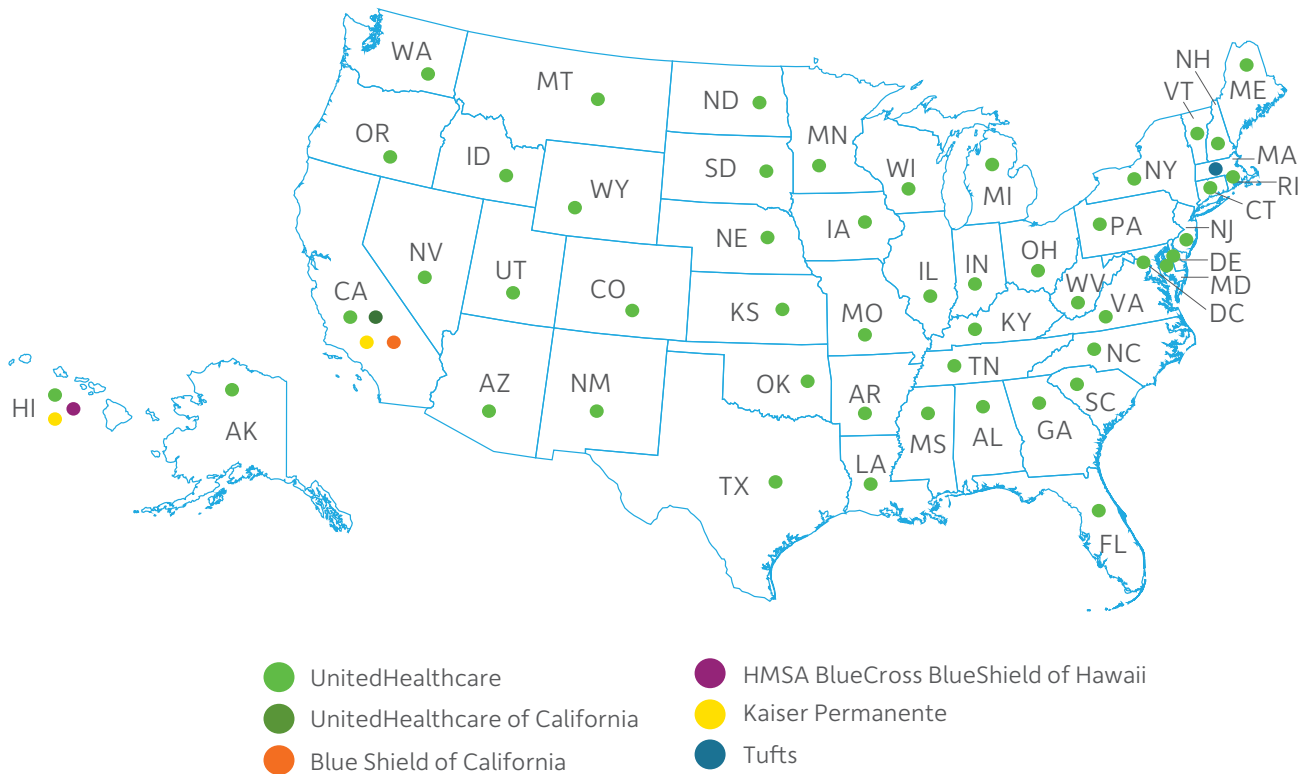
ALEX is an interactive support tool in online benefits enrollment that will help you select the best coverage for you and your family. When you talk to ALEX, he'll ask you a few questions about your health care needs, crunch some numbers and point out what makes the most sense for you. Log in to [portal.insperity.com](https://portal.insperity.com) and visit benefits enrollment to get started.



# Medical coverage map

The Insperity Group Health Plan medical coverage options available to an eligible employee are determined by:

- The Insperity benefits package selected by the client company,
- The employee's residential ZIP code service area, and
- The insurance carrier(s) and networks available in that area.



To participate in a coverage option, an eligible employee must live in a ZIP code service area included in that insurance carrier's network. ZIP codes associated with an insurance carrier's network service area are determined by the insurance carrier (not Insperity) and are specific to the health insurance product offerings defined in the carrier's contract with Insperity.

Where offered, an indemnity (out-of-area) option is available to employees who live in a ZIP code service area not served by any Insperity insurance carrier's network.



# National medical coverage options

## Premier-level packages

Coverage options		UHC Choice Plus 250	UHC Choice Plus 500/90	UHC Choice Plus HDHP 1500 (aggregate)	UHC Choice Plus HDHP 5000
Coinsurance plan pays after deductible		100% 70%	90% 70%	90% 70%	80% 60%
Medical calendar-year deductible	Individual	\$250 \$500	\$500 \$1,000	\$1,500 \$3,000	\$5,000 \$10,000
	Family	\$750 \$1,500	\$1,500 \$3,000	\$3,000 \$6,000	\$10,000 \$20,000
Annual out-of-pocket maximum	Individual	\$3,000 \$6,000	\$4,000 \$8,000	\$4,000 \$8,000	\$6,650 \$13,300
	Family	\$6,000 \$12,000	\$8,000 \$16,000	\$7,350 \$14,700	\$13,300 \$26,600
Office visit		\$30	\$30	10%	20%
Specialist visit		\$50	\$50	10%	20%
Virtual visit		\$20	\$20	10%	20%
Urgent care		\$75	\$75	10%	20%
Emergency room		\$250	\$250	10%	20%
Outpatient surgery		\$100	10%	10%	20%
Inpatient hospital		0%	10%	10%	20%

Out-of-network costs for covered services are indicated in green. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Copays and coinsurance rates listed are for non-preventive care. An explanation of the terms used in this chart can be found in the section "Understanding your medical coverage." Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

Want to save on covered care? Log in to [myuhc.com](https://myuhc.com) and select Find Care & Costs to compare providers and costs for urgent care, labs, imaging, procedures, condition management and more.



### Wellness

Wellness resources available for UnitedHealthcare members include the Quit for Life® tobacco cessation program, discounts for gym memberships, weight loss programs, and Rally®, an interactive app that provides personalized health and wellness advice. For more information, see "Health Resources" on [myuhc.com](https://myuhc.com), or contact UnitedHealthcare Member Services.



### Ask a nurse

Care24® nurses and counselors can provide confidential guidance on a variety of health topics and concerns. Information provided is general and not to be used as a substitute for consultation with a health care provider. Access registered nurses and counselors anytime through Care24 at 888.887.4114, or visit [nurselinechat.com/Insperity](https://nurselinechat.com/Insperity).

# National pharmacy coverage

## Premier-level packages

Coverage options		UHC Choice Plus 250	UHC Choice Plus 500/90	UHC Choice Plus HDHP 1500 (aggregate)	UHC Choice Plus HDHP 5000
Prescription deductible	Individual	\$100	\$100	Copays apply once medical deductible is met	Copays apply once medical deductible is met
	Family	\$300	\$300		
Tier 1 copays	Retail	\$10	\$10	\$10	\$10
	Mail order	\$25	\$25	\$25	\$25
Tier 2 copays	Retail	\$35	\$35	\$35	\$35
	Mail order	\$87.50	\$87.50	\$87.50	\$87.50
Tier 3 copays	Retail	\$60	\$60	\$60	\$60
	Mail order	\$150	\$150	\$150	\$150
Tier 4 copays	Retail	\$120	\$120	\$120	\$120
	Mail order	\$300	\$300	\$300	\$300

An explanation of the terms used in this chart can be found in the section “Understanding your medical coverage.” Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

## Reimbursement of out-of-network services

The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.

UnitedHealthcare Choice Plus coverage options pay benefits for non-emergency, non-network services after the deductible is met and according to a Medicare cost-based payment methodology defined by UnitedHealthcare as the Maximum Non-Network Reimbursement Program, or MNRP. Under MNRP, reimbursement amounts are a percentage of the published rates allowed by Medicare for the same or similar services. Any difference between the amount billed by the non-network provider and the amount allowed by UnitedHealthcare may be balance billed to the participant by the provider. UnitedHealthcare Choice Plus coverage options available through the Insperity Group Health Plan are subject to Texas insurance law. Any state laws regarding balance billing outside of Texas will not apply to participants enrolled in a UnitedHealthcare Choice Plus option.

If you are balance billed in excess of the applicable deductible, copay or coinsurance for emergency services received in any state, contact UnitedHealthcare Member Services for assistance.



### Condition management

Programs, provider referrals, coordination of care and additional resources for the management of serious or chronic conditions are available. UnitedHealthcare may contact eligible participants directly with program information. Call Member Services at the number on your Member ID to learn more.



### Virtual care

Talk to a doctor any time using your mobile device or computer for urgent care issues such as sinus infections, UTIs or flu. Providers for UnitedHealthcare include Dr. On Demand, Amwell®, and Teladoc®. Log on to myuhc.com to select a provider and learn more.

# California medical coverage options

Premier-level packages (choose from National UnitedHealthcare Choice Plus options or regional HMOs below)

Coverage options		UHC of California HMO	Blue Shield of California HMO	Kaiser Permanente HMO
Coinsurance plan pays after deductible		100% n/a	100% n/a	100% n/a
Medical calendar-year deductible	Individual	n/a	n/a	n/a
	Family	n/a	n/a	n/a
Annual out-of-pocket maximum	Individual	\$3,000 n/a	\$3,000 n/a	\$3,000 n/a
	Family	\$6,000 n/a	\$6,000 n/a	\$6,000 n/a
Office visit		\$25	\$25	\$25
Specialist visit		\$50	\$50	\$50
Virtual visit		\$25	\$5	\$0
Urgent care		\$25	\$25	\$25
Emergency room		\$200	\$200	\$200
Outpatient surgery		\$125	\$150	\$100
Inpatient hospital		\$500	\$500	\$250

Out-of-network costs for covered services are indicated in green. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Copays and coinsurance rates listed are for non-preventive care. An explanation of the terms used in this chart can be found in the section "Understanding your medical coverage." Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.



## Wellness

Personalized coaching and wellness programs are available for tobacco cessation, weight loss, and nutrition counseling. Kaiser members can schedule sessions at 866.862.4295 or [KP.org/wellnesscoach](https://kp.org/wellnesscoach). Blue Shield members can register at [wellvolution.com](https://wellvolution.com). Wellness program information for UnitedHealthcare of California is available at [myuhc.com](https://myuhc.com).



## Ask a nurse

Nurses and counselors can give confidential guidance on a variety of health concerns. Information provided is general and not to be used as a substitute for consultation with a health care provider. Call the Member Services number on your ID card to reach a registered nurse at any time.

# California pharmacy coverage

## Premier-level packages

Coverage options		UHC of California HMO	Blue Shield of California HMO	Kaiser Permanente HMO
Prescription deductible		n/a	n/a	n/a
Tier 1 copays	Retail	\$10	\$10	\$10
	Mail order	\$25	\$20	\$20
Tier 2 copays	Retail	\$30	\$25	\$30
	Mail order	\$75	\$50	\$60
Tier 3 copays	Retail	\$50	\$40	n/a
	Mail order	\$125	\$70	
Tier 4 copays	Retail	Rx 30% max \$200	Rx 30% max \$200	Rx 30% max \$150
	Mail order	Rx 30% max \$200	Rx 30% max \$400	Rx 30% max \$150

An explanation of the terms used in this chart can be found in the section "Understanding your medical coverage." Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

## Reimbursement of out-of-network services

The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.

California regional HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement. In some cases, non-emergency services from a non-network provider at an in-network facility may be also covered when authorized by an in-network primary care provider. California law prohibits balance billing of HMO participants in these circumstances.

If you are a California resident enrolled in a UnitedHealthcare National Choice Plus coverage option, please note that UnitedHealthcare Choice Plus coverage options available through the Insperty Group Health Plan are subject to Texas insurance law. Any California state law regarding balance billing will not apply to your coverage option.



### Condition management

Programs, provider referrals, coordination of care and additional resources for the management of serious or chronic conditions are available. Carriers may contact eligible participants directly with program information. Call the number on your UnitedHealthcare or Kaiser ID card to learn more. Blue Shield members call 877.455.6777.



### Virtual care

Talk to a doctor any time using your mobile device or computer for urgent care issues such as sinus infections, UTIs or flu. Use Dr. On Demand, Amwell® or Teladoc® for UnitedHealthcare, Teladoc for Blue Shield, and My Doctor Online for Kaiser. Access virtual care options on your carrier's Member Services website.

# Hawaii medical coverage options

## Premier-level packages

Coverage options		UHC Options PPO	HMSA BCBS of Hawaii HMO	Kaiser Permanente HMO
Coinsurance plan pays after deductible		90% 70%	90% n/a	100% n/a
Medical calendar-year deductible	Individual	\$100 Combined in/out of network	n/a	n/a
	Family	\$300 Combined in/out of network	n/a	n/a
Annual out-of-pocket maximum	Individual	\$2,500 Combined in/out of network	\$2,500 (medical only) n/a	\$2,000 n/a
	Family	\$7,500 Combined in/out of network	\$7,500 (medical only) n/a	\$6,000 n/a
Office visit		10%	\$20	\$20
Specialist visit		10%	\$20	\$20
Virtual visit		\$20	\$0	\$20
Urgent care		10%	\$20	\$20
Emergency room		10%	\$100	\$50
Outpatient surgery		10%	10%	\$20
Inpatient hospital		10%	10%	\$50 per day

Out-of-network costs for covered services are indicated in green. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Copays and coinsurance rates listed are for non-preventive care. An explanation of the terms used in this chart can be found in the section "Understanding your medical coverage." Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.



### Wellness

Personalized coaching and wellness programs are available for tobacco cessation, weight loss, and nutrition counseling. Kaiser members can schedule sessions at 866.862.4295 or [KP.org/wellnesscoach](https://kp.org/wellnesscoach). Wellness program information for UnitedHealthcare is available at [myuhc.com](https://myuhc.com). HMSA members can view wellness resources at [HMSA.com](https://HMSA.com).



### Ask a nurse

Nurses and counselors can provide confidential guidance on a variety of health issues and concerns. Information provided is general and not to be used as a substitute for consultation with a health care provider. Call the Member Services number on your ID card to reach a registered nurse at any time.



# Hawaii pharmacy coverage

## Premier-level packages

Coverage options		UHC Options PPO	HMSA BCBS of Hawaii HMO		Kaiser Permanente HMO
Prescription deductible		n/a	Prescription-only OOPM		n/a
			\$3,600 Individual	\$4,200 Family	
Tier 1 copays	Retail	\$10	\$7		\$10
	Mail order	\$20	\$11		\$20
Tier 2 copays	Retail	\$15	\$30		\$35
	Mail order	\$30	\$65		\$70
Tier 3 copays	Retail	\$30	\$30 + \$45		\$35
	Mail order	\$60	\$65 + \$135		\$70
Tier 4 copays	Retail	n/a	\$100   \$200		\$200
	Mail order	n/a	n/a		n/a

An explanation of the terms used in this chart can be found in the section “Understanding your medical coverage.” Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

## Reimbursement of out-of-network services

*The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.*

UnitedHealthcare Options PPO pays benefits for non-emergency, non-network services after the out-of-network deductible is met according to a Medicare cost-based payment methodology defined by UnitedHealthcare as the Maximum Non-Network Reimbursement Program, or MNRP. Under MNRP, reimbursement amounts are a percentage of the published rates allowed by Medicare for the same or similar services. Any difference between the amount billed by the non-network provider and the amount allowed by UnitedHealthcare may be balance billed to the participant by the provider. If you are balance billed in excess of the applicable deductible, copay or coinsurance for emergency services received in any state, contact UnitedHealthcare Member Services for assistance.

Hawaii HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement.



### Condition management

Programs, provider referrals, coordination of care and additional resources for the management of serious or chronic conditions are available. Carriers may contact eligible participants directly with program information. Call the number on your UnitedHealthcare Member ID card to learn more. HMSA members call 855.211.4527.



### Virtual care

Talk to a doctor any time using your mobile device or computer for urgent care issues such as sinus infections, UTIs or flu. Virtual care is available for Kaiser Permanente members at [kp.org](http://kp.org), for UnitedHealthcare members at [myuhc.com](http://myuhc.com), and on the HMSA Online Care® app for HMSA.

# Massachusetts medical coverage options

## Premier-level packages

Coverage options		Tufts CareLink Advantage PPO 250	Tufts CareLink Advantage PPO 500/90	Tufts CareLink Advantage Saver PPO HDHP 1500 (aggregate)	Tufts Value HMO	Tufts Advantage Saver HMO HDHP 3000 (aggregate)
Coinsurance plan pays after deductible		100% 80%	90% 70%	90% 70%	100% n/a	65% n/a
Medical calendar-year deductible	Individual	\$250 \$500	\$500 \$1,000	\$1,500 Combined in/out of network	n/a	\$3,000 n/a
	Family	\$750 \$1,500	\$1,500 \$3,000	\$3,000 Combined in/out of network	n/a	\$6,000 n/a
Annual out-of-pocket maximum	Individual	\$3,000 \$6,000	\$4,000 \$8,000	\$4,000 Combined in/out of network	\$3,000 n/a	\$4,000 n/a
	Family	\$6,000 \$12,000	\$8,000 \$16,000	\$7,350 Combined in/out of network	\$6,000 n/a	\$7,350 n/a
Office visit		\$30	\$30	10%	\$25	35%
Specialist visit		\$30	\$30	10%	\$40	35%
Virtual visit		\$30	\$30	10%	\$25	35%
Urgent care		\$30	\$30	10%	\$25	35%
Emergency room		\$250	\$250	10%	\$250	35%
Outpatient surgery		0%	10%	10%	\$100	35%
Inpatient hospital		0%	10%	10%	\$500	35%

Out-of-network costs for covered services are indicated in green. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Copays and coinsurance rates listed are for non-preventive care. An explanation of the terms used in this chart can be found in the section "Understanding your medical coverage." Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

Want to save on covered care? Use the [Tufts Treatment Cost Estimator + Provider Search Tool](#) at [mytuftshealthplan.com](https://mytuftshealthplan.com) to compare providers and costs for urgent care, labs, imaging, procedures, condition management and more.



### Wellness

Choose from one of six goal-specific programs and receive six months of personalized coaching over the phone or through a virtual interactive program from Tufts Health Plan. Enroll in wellness coaching at [mytuftshealthplan.com](https://mytuftshealthplan.com), or by calling 866.201.7919.



### Ask a nurse

Nurses and counselors can provide confidential guidance on a variety of health issues and concerns. You can access registered nurses and counselors anytime through Nurse24™. To reach a nurse, call 866.201.7919.

# Massachusetts pharmacy coverage

## Premier-level packages

Coverage options		Tufts CareLink Advantage PPO 250	Tufts CareLink Advantage PPO 500/90	Tufts CareLink Advantage Saver PPO HDHP 1500 (aggregate)	Tufts Value HMO	Tufts Advantage Saver HMO HDHP 3000 (aggregate)
Prescription deductible		n/a	n/a	Copays apply once medical deductible is met	n/a	Copays apply once medical deductible is met
Tier 1 copays	Retail	\$10	\$10	\$10	\$10	\$15
	Mail order	\$20	\$20	\$20	\$20	\$30
Tier 2 copays	Retail	\$35	\$35	\$35	\$30	\$30
	Mail order	\$70	\$70	\$70	\$60	\$60
Tier 3 copays	Retail	\$60	\$60	\$60	\$60	\$60
	Mail order	\$120	\$120	\$120	\$120	\$120
Tier 4 copays	Retail	n/a	n/a	n/a	n/a	n/a
	Mail order	n/a	n/a	n/a	n/a	n/a

An explanation of the terms used in this chart can be found in the section "Understanding your medical coverage." Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

## Reimbursement of out-of-network services

The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.

Tufts CareLink Advantage PPO coverage options pay benefits for non-emergency, non-network services after the deductible is met and according to a Reasonable Charge payment methodology. Reasonable charges are determined based on Medicare relative values. Any difference between the amount billed by the non-network provider and the amount allowed by Tufts may be balance billed to the participant by the provider. Contact Tufts Member Services for assistance with any non-network claims.

Tufts HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement.



### Condition management

Programs, provider referrals, coordination of care and additional resources for the management of serious or chronic conditions are available. Tufts may contact eligible participants directly with program information. Visit [mytuftshealthplan.com](https://mytuftshealthplan.com) or call the number on your ID card to learn more.



### Virtual care

Talk to a doctor any time using your mobile device or computer for urgent care issues such as sinus infections, UTIs or flu. Virtual visits are available through Teladoc®. Visit [mytuftshealthplan.com](https://mytuftshealthplan.com) to learn more or schedule a virtual appointment.

# Out-of-area medical coverage options

## Premier-level packages

Coverage options		UHC out-of-area 500	UHC out-of-area HDHP 1500 (aggregate)	UHC out-of-area HDHP 5000
Coinsurance plan pays after deductible		80%	80%	80%
Medical calendar-year deductible	Individual	\$500 No network limitation	\$1,500 No network limitation	\$5,000 No network limitation
	Family	\$1,500 No network limitation	\$3,000 No network limitation	\$10,000 No network limitation
Annual out-of-pocket maximum	Individual	\$6,350 No network limitation	\$4,000 No network limitation	\$6,650 No network limitation
	Family	\$12,700 No network limitation	\$7,350 No network limitation	\$13,300 No network limitation
Office visit		20%	20%	20%
Specialist visit		20%	20%	20%
Virtual visit		20%	20%	20%
Urgent care		20%	20%	20%
Emergency room		20%	20%	20%
Outpatient surgery		20%	20%	20%
Inpatient hospital		20%	20%	20%

Out-of-network costs for covered services are indicated in green. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Copays and coinsurance rates listed are for non-preventive care. An explanation of the terms used in this chart can be found in the section "Understanding your medical coverage." Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

Want to save on covered care? Log in to [myuhc.com](https://myuhc.com) and select Find Care & Costs to compare providers and costs for urgent care, labs, imaging, procedures, condition management and more.



### Wellness

Wellness resources available for UnitedHealthcare members include the Quit for Life® tobacco cessation program, discounts for gym memberships, weight loss programs, and Rally®, an interactive app that provides personalized health and wellness advice. For more information, see "Health Resources" on [myuhc.com](https://myuhc.com), or contact UnitedHealthcare Member Services.



### Ask a nurse

Care24® nurses and counselors can provide confidential guidance on a variety of health topics and concerns. Information provided is general and not to be used as a substitute for consultation with a health care provider. Access registered nurses and counselors anytime through Care24 at 888.887.4114, or visit [nurselinechat.com/Insperity](https://nurselinechat.com/Insperity).

# Out-of-area pharmacy coverage

## Premier-level packages

Coverage options		UHC out-of-area 500	UHC out-of-area HDHP 1500 (aggregate)	UHC out-of-area HDHP 5000
Prescription deductible	Individual	\$100	Copays apply once medical deductible is met	Copays apply once medical deductible is met
	Family	\$300		
Tier 1 copays	Retail	\$10	\$10	\$10
	Mail order	\$25	\$25	\$25
Tier 2 copays	Retail	\$35	\$35	\$35
	Mail order	\$87.50	\$87.50	\$87.50
Tier 3 copays	Retail	\$60	\$60	\$60
	Mail order	\$150	\$150	\$150
Tier 4 copays	Retail	\$120	\$120	\$120
	Mail order	\$300	\$300	\$300

An explanation of the terms used in this chart can be found in the section “Understanding your medical coverage.” Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

## Indemnity (out-of-area) options

The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.

Out-of-area (indemnity) medical coverage options are only available to eligible employees who live in a ZIP code service area not served by a carrier contracted with the Insperity Group Health Plan. No network limitations apply to covered services; however, your share of the costs will be less if you use an in-network provider or a non-network provider that participates in UnitedHealthcare’s Shared Savings Program.

You may be responsible for any difference between the amount billed by a non-network provider and the amount allowed by UnitedHealthcare for non-emergency covered services. If you are balance billed beyond the applicable deductible, copay or coinsurance for emergency services received in any state, contact UnitedHealthcare Member Services for assistance.



### Condition management

Programs, provider referrals, coordination of care and additional resources for the management of serious or chronic conditions are available. UnitedHealthcare may contact eligible participants directly with program information. Call Member Services at the number on your Member ID to learn more.



### Virtual care

Talk to a doctor any time using your mobile device or computer for urgent care issues such as sinus infections, UTIs or flu. Providers for UnitedHealthcare include Dr. On Demand, Amwell®, and Teladoc®. Log on to myuhc.com to select a provider and learn more.



# Dental benefits at a glance

Insperty dental and vision benefits must be elected together, but may be elected independently of medical coverage. Benefits are available to eligible employees nationwide.

Benefit levels shown below are in-network. The provider network is UnitedHealthcare Dental National Options PPO 30. Services received from non-network providers will be paid at reasonable and customary rates, and the participant will be responsible for any remaining balance.

UnitedHealthcare Dental | [myuhc.com](https://myuhc.com) | 877.816.3596

Calendar-year deductible per person	Calendar-year maximum per person	Orthodontia lifetime maximum	Preventive and diagnostic services	Basic services	Major services	Orthodontic services
\$50 \$150 max per family	\$1,500 per year	\$1,500 to age 19 only	Plan pays 100% no deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 50% no deductible

- **Preventive and diagnostic services** include routine exams, cleaning, topical application of fluoride, diagnostic cast, bite-wing x-rays, sealants, and space maintainers.
- **Basic (restorative) services** include extractions, fillings, oral surgery, palliative emergency treatment, apicoectomy, occlusal guards, periodontic services, root canal therapy, and therapeutic pulpotomy.
- **Major services** include inlays, crowns, bridges, dentures, denture rebase or reline, repair of removable dentures, re-cementing of crowns and bridges, and repairs to fixed bridges.
- **Orthodontic services** include braces, retainers, and other appliances that correct misalignments for dependent children to age 19 only.
- There is no coverage for placement/replacement of dental implants, implant-supported crowns, implant-supporting structures, abutments, or prostheses.
- ID cards are issued when enrollment is processed.

Additional limits and exclusions apply; see the Certificate of Coverage for complete coverage details.



## Clear aligner therapy available through SmileDirectClub™

SmileDirectClub, which provides at-home clear aligner therapy for moderate orthodontic concerns, is part of the UnitedHealthcare Dental network. Covered services are available through the orthodontia benefit for enrolled dependents up to age 19. Visit [smiledirectclub.com/uhc](https://smiledirectclub.com/uhc) for more information.

# Vision benefits at a glance

Insperity dental and vision benefits must be elected together, but may be elected independently of medical coverage. Benefits are available to eligible employees nationwide.

Benefit levels shown below are in-network. The provider network is VSP Choice. The plan generally pays 100% of eligible expenses after the copay when network providers are used. Services from non-network providers must be paid at full cost by the participant at the time of service. A claim may then be filed for reimbursement of eligible expenses up to the out-of-network benefit allowance.

Vision Service Plan | [vsp.com](http://vsp.com) | 800.877.7195

WellVision® exam every 12 months	Glasses frames every 24 months	Single vision lenses every 12 months	Lined bifocal lenses every 12 months	Lined trifocal lenses every 12 months	Lenticular lenses every 12 months	Contact lens every 12 months
\$15 copay	Plan pays up to \$130 frame allowance	\$25 copay	\$25 copay	\$25 copay	\$25 copay	Plan pays up to \$125 lens/exam allowance

- You may receive a benefit for either glasses (lenses and frames) or contact lenses per 12-month period, but not both.
- Diabetic Eyecare Program Plus provides medical exams for diabetic eye disease, glaucoma, and age-related macular degeneration (AMD), as well as retinal screening for eligible members with diabetes, at a \$20 copay. Limitations and coordination with medical coverage may apply.
- Retinal screening for non-diabetic members is covered on an as-needed basis after a \$39 copay.
- Visually necessary contact lenses are covered 100% after a \$25 copay upon review and authorization by VSP.
- Progressive, polycarbonate, tinted and photochromic lenses, as well as anti-reflective or scratch-resistant coatings and other lens enhancements, will generally receive a 20-25% discount off provider price after base lens copay.
- Additional discounts for contact lens exams, laser eye surgery, eyeglass frames, sunglass frames and other eligible items are available.
- No ID card is required. Simply tell your network provider you are a VSP member.

Additional limits and exclusions apply; see the Certificate of Coverage for complete coverage details.



## VSP savings for your eyes and ears

Additional discounts and special offers for contact lens exams, LASIK, eyeglass frames, sunglass frames, diabetes care, and TruHearing™ digital hearing aids are available to VSP members. Visit [vsp.com/offers](http://vsp.com/offers) for more information.

# Understanding your medical coverage

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## **Annual out-of-pocket maximum (OOPM)**

This is the most a participant must pay out of their own pocket during the calendar year before the plan begins to pay 100% of eligible expenses. Medical calendar-year deductibles, copays and coinsurance (including prescriptions, unless otherwise noted) generally apply toward satisfying the annual out-of-pocket maximum. Insperity coverage options with embedded deductibles will have embedded OOPMs; HDHP coverage options with aggregate deductibles will have aggregate OOPMs.

## **Calendar-year deductible**

This is the amount owed for certain covered health care services before the plan begins to pay benefits. Not all covered services require this deductible to be met (e.g., office visit copays under non-HDHP coverage options). All Insperity coverage options cover in-network physician office visits for preventive care services (as defined in the applicable Certificate of Coverage) at 100% with no copay or coinsurance, regardless of whether any deductible has been met.

**Except as otherwise noted for certain HDHP-type coverage options, Insperity coverage options generally have “embedded” calendar-year deductibles and OOPMs.** For family coverage under the embedded design, each covered family member needs to satisfy only an individual calendar-year deductible (not the entire family deductible) before the individual member can receive covered medical services or prescription drugs at copay or coinsurance levels. Individual family members are responsible for their own out-of-pocket covered medical expenses up to the individual-level OOPM. Combined individual out-of-pocket covered medical expenses for a family will never exceed the family-level OOPM.

**Certain Insperity HDHP coverage options have “aggregate” (non-embedded) deductibles and OOPMs.** For family coverage under the aggregate design, the entire family calendar-year deductible must be met before copays or coinsurance will apply for any individual family member. Only after the full family deductible is met will any family member be able to receive covered medical services or prescription drugs at copay or coinsurance levels. A family is responsible for all its members’ out-of-pocket covered medical expenses up to the family-level OOPM.

## **Coinsurance**

This is your share of the cost of a covered service, calculated as a percent of the allowed amount for the service. Coinsurance (where applicable) applies after the participant satisfies any applicable calendar-year deductible. Also, coinsurance generally will not apply where a copay applies.

## **Copays**

A fixed amount you pay for a covered service from an in-network provider. Generally, whenever a medical copay applies, coinsurance will not apply, and you are not required to first satisfy any applicable medical calendar-year deductible.

## **High deductible health plan (HDHP) options**

HDHP coverage options generally do not cover any medical expenses other than preventive care until the applicable calendar-year deductible is met. All medical and pharmacy expenses apply to the applicable calendar-year deductible and OOPM. These expenses are the participant’s responsibility until the deductible is met. All Insperity HDHP coverage options are HSA-qualified.

# Understanding your medical coverage

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## **In-network**

Providers and facilities that contract with your health insurance carrier are considered in-network; you will pay in-network copays, deductibles and coinsurance rates for eligible expenses from network providers.

## **Out-of-network**

Providers and facilities that do not contract with your health insurance carrier are considered out-of-network.

If your coverage option does not include out-of-network coverage, no benefits will be paid for services received from out-of-network providers, except for emergency medical treatment.

If your elected coverage option pays benefits for services received from out-of-network providers, your financial responsibility will likely be much greater. It is important to understand how your specific insurance carrier reimburses for out-of-network services, and it is your responsibility to pay any cost difference between what the out-of-network provider charges and what the plan covers (i.e., what the insurance carrier pays). In addition, the cost difference, which could be substantial depending on the cost of the care received, does not apply to the OOPM.

## **Limitations and exclusions**

Certain health services have notification requirements and limitations that may vary based upon coverage option, insurance provider or state mandate. It is your responsibility as a participant to confirm that the services you plan to receive are covered health services, and to determine what precertification and/or notification requirement or limitations may apply.

Also, some Insperty Group Health Plan coverage options (at the discretion of the health insurance carrier) require covered individuals to designate a Primary Care Physician (PCP) who will be responsible for coordinating the covered individual's care. If your selected coverage option requires a PCP designation, you will receive more information at enrollment.

For each coverage option available to you, specific limitations and exclusions may apply, as outlined in the Certificate of Coverage (COC) for that option. These, along with the Insperty Group Health Plan Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) for each option, can be viewed on the Insperty Premier™ platform at [portal.insperty.com](https://portal.insperty.com). They are also available upon request by calling Insperty. Should there be a discrepancy or conflict between the information presented here and the actual Plan documents and insurance contracts, the Plan documents and insurance contracts will govern.



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