



**CAPTRUST**

**BENEFIT DIGEST  
PLAN YEAR 2022-2023**

# YOUR BENEFITS

All individuals associated with CAPTRUST make worthwhile contributions to our success. We cooperate with one another, share information, solicit ideas and opinions, and appreciate everyone’s engagement. To demonstrate our commitment to you, we are pleased to offer you a comprehensive benefits package to protect and care for you and your loved ones.

Full-time employees working 30 or more hours per week are eligible for benefits. Benefits will become effective beginning the 1<sup>st</sup> of the month following your date of hire. Legal spouses and dependent children (up to age 26) are also eligible for our program.



Additional information can be found on our benefits web page at [www.captrustbenefits.com](http://www.captrustbenefits.com)

Download the mobile app. Visit ‘the pocketpal’ and use code CAPTRUST

Also visit ADP under **Resources » Tools/Reference » Benefits Information**

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# MEDICAL PLANS

BCBSNC | bluecrossnc.com

1-877-258-3334

CAPTRUST is pleased to provide Employees with the choice of 2 plans: A Copay Plan and a High Deductible Health Plan (HDHP) you can pair with an HSA. Both plans utilize the *BCBS Blue Options PPO* Medical Network with the *Enhanced* Prescription Drug Formulary on the *Broad Network*. These plans allow you to see the physician of your choice.

Plan participants are encouraged to create a member account on [www.bluecrossnc.com](http://www.bluecrossnc.com). It will allow you to view your claims and benefits, request a new ID card, find in-network physicians, search prescription drugs (and see if your Rx has Prior Approval Requirements), etc. The site is full of resources to help you navigate your health coverage. Be sure to download the Blue Connect mobile application on your smartphone.

COVERAGE	HDHP w/ HSA	COPAY PLAN
Office Visit	Primary Care: 80%* Specialist: 80%* Telehealth: 80%*	Primary Care: \$25 Copay Specialist: \$50 Copay Telehealth: \$10 Copay
Preventive Care	100%	100%
Prescription Drugs Tier 1/Tier 2/Tier 3/Tier 4	Enhanced Preventive: 80% <sup>1</sup> All other: 80%*	\$4/\$30/\$45/25% <sup>2</sup> Mail: 3 x Copay
Annual Deductible Single /Family	\$2,000/\$4,000	\$500/ \$1,000
Out-of-Pocket Maximum Single / Family	\$4,000 / \$8,000 <sup>3</sup>	\$2,500 / \$5,000
Emergency Room	80%*	\$500 Copay
Urgent Care	80%*	\$50 Copay
Inpatient/Outpatient Care	80%*	80%*

\*= After deductible

<sup>1</sup>Certain preventive drugs are covered at 80%, no deductible. The member pays 20%

<sup>2</sup>There is a \$50 per drug minimum and \$100 per drug maximum for each 30 day supply

<sup>3</sup> Individual member will not pay more than \$6,650 in a plan year



# MEDICAL PLAN SUPPORT

## TELEMEDICINE

**Teladoc (BCBSNC)**  
**1-800-835-2362**  
**[www.teladoc.com](http://www.teladoc.com)**

CAPTRUST provides employees with two options for Telehealth services: Teladoc through BCBSNC. Telehealth is virtual (or telephonic) access to fast, convenient, and quality medical care 24 hours a day, 7 days a week. This is intended for non-emergency care only. Teladoc provides diagnosis and treatment (including some prescription drugs) by board-certified physicians for ailments such as allergies, sore throat, flu, respiratory infections, etc. They will also provide consults prior to planned travel. Consultations are available via phone, online, or through the Teladoc mobile app.

- For Teladoc virtual visits, HSA Participants will pay 20% after deductible; PPO plan participants will pay a \$10 copay.

Our Teladoc program includes access to behavioral health services. Cost to access these services are available on the Teladoc site, the Blue Cross and Blue Shield website and within our CAPTRUST benefits website.

## ADVOCACY

**Alight Solutions | [member.alight.com](http://member.alight.com)**  
**1-800-513-1667**  
**Health Pro: [Michelle.Kuharski@alight.com](mailto:Michelle.Kuharski@alight.com)**

Alight provides tools, support and concierge- level service to help you navigate and maximize your health benefits. Some services include price transparency analysis and comparisons, bill review, finding a provider, and appointment scheduling. There are certain services under our program that require prior authorization or prior approval (Prescription drugs, imaging, surgeries). These must be submitted and approved prior to the services being performed. Michelle and her Alight team can work with your provider and BCBSNC to coordinate getting these approvals. We encourage you to reach out to Michelle and ask how she can help you and your family navigate our health program.



# TAX PREFERRED ACCOUNTS

## HEALTH SAVINGS ACCOUNT

HealthEquity | [healthequity.com](https://healthequity.com)  
1-877-713-7682

If you participate in our HDHP, you are eligible to contribute to a Health Savings Account (HSA). Employees may make pre-tax contributions to their HSA that can be used to pay for eligible medical, dental, or vision expenses. And CAPTRUST will help by contributing to your account. Items to consider:

- In 2022 participants can choose to save up to \$3,650 for an individual and \$7,300 for an individual + dependent(s)
- Maximums are set by the IRS and operate on a calendar year schedule
- CAPTRUST contributes **\$1,000** annually for employee only and **\$2,000** for employee + dependent(s) to your Health Savings Account
- Funds roll over from year to year and it is **your** account forever
- You are **not eligible** to *contribute* to an HSA if you are on Medicare, covered under your spouse's non-HDHP, or if you (or your spouse) participate in a Health FSA. (limited FSA & Dependent Care are allowed)
- HSA funds may be used for any health eligible expense noted in Section 502 of the IRS Code. Examples of eligible expenses include, but are not limited to, dental treatment, corrective vision surgery, hearing aids, etc.
- We encourage you to visit Health Equity and explore the variety of tools and resources they have on their website. This link is a great place to start: <https://healthequity.com/learn/hsa/>
- HSA dollars can be used to purchase over the counter items without a prescription

*\*You cannot use HSA funds to pay for a non-qualified tax dependent's medical expenses, even if the dependent is covered under your health plan. Typically, this applies to children over age 24. Children over 24, but covered under your plan, may open and contribute to their own HSA.*

## FLEXIBLE SPENDING ACCOUNTS

ProBenefits | [my.probenefits.com](https://my.probenefits.com)  
1-888-722-8382

Our Flexible Spending Account plan allows employees to contribute (tax-free) up to \$2,850 to your Medical Spending Account and, for the Calendar Year 2022, up to \$5,000 to your Dependent Care Account. You have 90 days following the end of the plan year to file for reimbursement.

Employees enrolled in the PPO plan are eligible to participate in our Health FSA, and use funds to pay for qualified medical, dental, and vision expenses. Employees participating in our HDHP can participate in the 'limited' Health FSA, which is reserved for dental and vision expenses only. As a reminder, Health FSA participants can continue to incur claims for 2 months and 15 days after the end of the plan year.

Employees are eligible to contribute to a Dependent Care Account, so long as the funds are used to pay for care while you and your spouse work, look for work, or attend school full-time. Dependent Care elections are "per household maximums" so consider this if your spouse is also contributing to a Dependent Care Account.

For questions on your account, including eligible expenses under IRS Code Publication 502, visit this link from the ProBenefits site <https://probenefits.com/faq/>

Voluntary Benefits are designed to provide lump sum payments in the event of a qualified injury, illness or event. We are pleased to offer 3 plan choices (Accident, Critical Illness and Hospital coverage) to CAPTRUST benefit eligible employees at low cost, group plan rates. Coverage is also available for your Spouse and or qualified dependents.

The Accident and Critical Illness Plans include a \$50 'Be Well' benefit, payable to each covered member who receives a preventive visit during the year. See summaries for plan details and limitations.

## ACCIDENT PLANS

Our Accident coverage pays a set amount for various treatments and services if you suffer an OFF the job accident. Payments are made directly to you to use however you see fit (for example, to cover out-of-pocket medical or other unexpected costs suffered as a result of your accident.) The plan pays for over 50 covered injuries/ treatments, including ER visits, broken bones, dislocations, follow-up visits, emergency dental services, physical therapy, burns and more. Claims may be filed for multiple incidents. Coverage is guarantee issue, and portable.

## CRITICAL ILLNESS

CAPTRUST employees may choose from one of three coverage levels of \$10,000, \$20,000 or \$30,000. Spouse and Child coverage is available at 50% of the amount you have elected for yourself. (Child coverage is included with your coverage automatically at no additional cost). The plan pays a lump sum of money directly to a covered member when diagnosed with a covered condition. Use funds to cover medical expenses or help you manage unexpected costs so your focus can remain on caring for yourself or a covered family member. How you use the funds is completely your choice. Many illnesses are covered under the plan including Coronary Artery Disease, Heart Attack, Stroke, Cancer, MS, Parkinson's, Dementia and Alzheimer's and more. Separate children's conditions are also included such as Spina Bifida, Cystic Fibrosis, Down Syndrome, Cerebral Palsy and Cleft Palate/Lip.

Note some conditions are payable as a percentage of your elected amount. Premiums are based on age and coverage level selected. No health exam or medical questions required when first eligible; see summaries for details, limitations and exclusions.

## HOSPITAL COVERAGE

Our hospital plan pays a set amount when a covered member is admitted to the hospital. Funds are paid directly to you to use in any manner you choose. The plan will pay:

- \$1,000 per insured for a hospital admission, once per year
- Daily hospital confinement-\$100 per day to a maximum of 365 days per calendar year
- ICU daily stay-\$200 per day to a maximum of 30 days per calendar year

No medical questions required when first eligible. No pregnancy limitation. See summaries for any exclusions.

# DENTAL & VISION

## DENTAL PLAN

**Guardian | guardiananytime.com**  
**1-800-541-7846**

Your dental plan through Guardian is a PPO dental plan. You may see the dentist of your choice. In-network providers will always file claims on your behalf and cannot balance bill you for amounts over allowed charges. The dental plan runs on a calendar year, so deductibles and maximums reset January 1<sup>st</sup> annually.

COVERAGE	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b> Individual / Family	\$0 / \$0	\$50 / \$150
<b>Benefit Maximum</b>	\$1,500	
<b>Preventive Care</b>	100%	
<b>Basic Care</b> Fillings, extractions, endodontics, periodontics, oral surgery	80%	80%*
<b>Major Care</b> Crowns, Inlays, Onlays, Prosthodontics	50%	50%*
<b>Rollover</b>	\$500 up to \$1,250 <sup>1</sup>	\$350 up to \$1,250 <sup>1</sup>
<b>Orthodontia Care (Lifetime Maximum)</b>	50% - \$1,500 Maximum Benefit	

\*=After deductible

Additional \$500 (in-Network) or \$350 (out of Network) rollover benefit available annually to a rollover maximum of \$1,250; see booklet for details.

## VISION PLAN

**UNUM | unum.com**  
**1-866-679-3054**

COVERAGE	IN-NETWORK	OUT-OF-NETWORK
<b>Exam/Lenses &amp; Contacts/ Frames</b>	1 in 12 months/ 1 in 12 months / 1 in 24 months	
<b>Exam</b>	\$10 Copay	Up to \$40 Allowance
<b>Frames &amp; Lenses</b>	Frames: Up to \$180 Allowance Lenses: \$25 Copay	Frames: Up to \$70 Allowance Lenses: Up to \$30-\$70 Allowance
<b>Contact Lenses (in lieu of lenses &amp; frames)</b>	UP to \$180 Allowance	Up to \$100 Allowance

Copays apply to out of network services.

Frames in network are covered up to \$180 Allowance; discounts are available on amounts over allowance.

Contact lenses and eye glasses cannot be purchased in the same year.



# LIFE & DISABILITY COVERAGE

## LIFE INSURANCE

**Unum | unum.com**  
**1-800-445-0402**

CAPTRUST-paid benefit

- 2 x earnings, up to a maximum of \$350,000
- \$50,000 Basic Life option is available

Additional life insurance (voluntary life) is available for you, your spouse, and dependent(s)

- Employee - \$10,000 increments, up to the lesser of 5 x earnings or \$500,000; \$100,000 guarantee issue
- Spouse - \$5,000 increments up to the lesser of employee amount or \$500,000; \$25,000 guarantee issue
- Dependents (birth to 6 months) - \$1,000 (6 months to age 26) may purchase in \$2,000 increments to \$10,000

*Age reduction schedules apply to all life insurance for Employees and Spouses: Amounts reduce by 35% @ age 70; 50% @ age 75  
Evidence of Insurability will be required for amounts above the Guarantee Issue or for any enrollment/increase requested after your initial election*

## SHORT TERM DISABILITY

- Provided by CAPTRUST at no cost to employees
- Benefit begins after 7 days of disability for accident or illness; Benefit is 85% of your salary; Benefit duration is up to 90 days
- Maternity STD benefit begins at birth with no waiting period; Benefit is 100% of your salary with duration up to 8 weeks. Disabilities extending past 8 weeks will be eligible for standard benefits

## LONG TERM DISABILITY

- Provided by CAPTRUST at no cost to employees
- Benefit begins after 90 days of disability; Monthly benefit is 60% of your earnings up to \$15,000/ month
- You have the option to purchase additional coverage of 66.66% of earnings up to \$20,000/ month
- Benefit period is to age 65; disabilities incurred after age 60 have a scheduled duration applied.

*A 3/12 Pre-existing condition exclusion applies: if you have been diagnosed, received care or treatment 3 months prior to your effective date, and your disability begins in the first 12 months of your coverage, you will be ineligible for benefits due to that condition.*

## LEAVELOGIC SERVICES

**LeaveLogic**  
**captrust.leavelogic.com**

Planning for an upcoming leave? LeaveLogic is a tool that focuses purely on the employee experience in preparing for a leave, including FMLA. This is a confidential self-service solution to help you understand and navigate family leave and take advantage of benefits even before you notify your manager and HR team. Specifically, LeaveLogic will help ensure you understand leave provisions in your specific area that may apply to your situation. We want to ensure our employees are informed and educated about this process.





# ADDITIONAL BENEFITS

## EMPLOYEE ASSISTANCE PROGRAM

**Life Balance (Unum/HealthAdvocate)**  
**1-800-854-1446**  
**Unum.com/lifebalance**

The Employee Assistance Program provides you and your family with confidential, individual assistance regarding a wide range of personal and/or work related issues.

- Username & Password: lifebalance
- 3 face to face visits and unlimited phone support
- Assists with stress management, depression, family conflict, financial concerns, legal questions, coping with grief, child and elder care issues etc.
- Provides referrals to Licensed Professional Counselors
  - Will help refer you to BCBSNC network provider if additional services are needed

## Virgin Pulse Wellness Platform

**CAPTRUST Human Resources**  
**<https://enroll.virginpulse.com/>**

We are excited for you to participate in our wellness platform, Virgin Pulse. You will be able to customize this platform to your fitness and wellness needs including tracking healthy habits, participating in firm-wide wellness challenges, and more. Employees are able to earn up to \$100 per quarter and one-time earning opportunities of \$20 (maximum is \$420 per calendar year). Fitness tracking devices are not mandatory, but make engagement in the platform easier. CAPTRUST will reimburse your first \$100 of a fitness tracking device such as Apple Watch, FitBit, Garmin, and more!

## EXPANDING YOUR FAMILY

### Adoption Assistance

**CAPTRUST Human Resources**

We are pleased to provide financial assistance to employees who choose to expand their family by the gift of adoption. Our hope is to help shoulder some of the financial weight that families face during this process. This plan is in accordance with IRS section 137 and has a maximum reimbursement amount of \$10,000 per adoption, with a lifetime family maximum of \$20,000. Expenses reimbursed by any other plan or program are ineligible for reimbursement under the CAPTRUST plan. Contact Human Resources with questions.

### Fertility Benefits

**BCBSNC Medical Plan**

Our Medical Plan through BCBSNC includes enhanced fertility benefits for covered CAPTRUST Employees and Spouses. See your BCBSNC Medical Plan Document for details.



# ADDITIONAL BENEFITS

## 401(k) SAVINGS PLAN

## CAPTRUST

CAPTRUST offers a competitive 401(k) plan to its employees. We follow the same consulting process for our own plan as we do for our client's plans. The CAPTRUST 401(k) matching contribution is generous, offering \$1 for \$1 on the first 5% of deferrals.

Through a 401(k), you can authorize your employer to deduct a certain amount of money (up to the legal maximum limit set annually by the IRS) from your paycheck before taxes are calculated, and to distribute it into your choice of investment options offered through our plan. Since the money you contribute is deducted *before income taxes are taken out*, you can actually lower the amount you pay each pay period in current taxes. *For example*, if you earn \$1,000 each paycheck and you contribute 5% (\$50) to the pre-tax option, you are only taxed on \$950. You don't owe income taxes on the money until you withdraw it from the plan, which is usually at retirement when you could be in a lower income tax bracket.

Access to your 401(k) money is restricted because it is intended for retirement. If you withdraw pre-tax money from your account before you are 59½ years of age, generally a set percentage of the amount you withdraw, which may vary by state, will be withheld to prepay federal income tax, unless you directly roll over that amount to an IRA or another employer's qualified plan (you may owe more or less when you file your taxes). You may also have to pay a 10% early withdrawal penalty.

## ID THEFT PROTECTION

## Zander Insurance

We are pleased to offer you and your family identify theft insurance through Zander Insurance. The plan year is September 1st to August 30th. The cost of individual coverage is \$65 annually and the firm is paying the full amount. This a taxable benefit. The true cost to you is equal to your marginal income tax rate \* \$65 (i.e \$9.75 = 15% \* \$65). Additionally, you can cover your family for an additional cost of \$60 annually. We chose Zander based on their reputation for recovery services and because the cost of recovery services are not deducted from the \$1M insurance. For additional protection you can put a credit freeze on your accounts. To learn more visit:

[www.consumer.ftc.gov/articles/0497-credit-freeze-faqs](http://www.consumer.ftc.gov/articles/0497-credit-freeze-faqs)

# SEMI- MONTHLY EMPLOYEE CONTRIBUTIONS

## MEDICAL PLAN

	HDHP w/ HSA	Copay plan
Employee	\$34.93	\$71.36
Employee/Spouse	\$154.38	\$241.61
Employee/Children	\$113.25	\$176.67
Family	\$224.71	\$353.92

## ACCIDENT & HOSPITAL PLAN

	Accident Plan	Hospital Plan
Employee	\$4.13	\$8.61
Employee/Spouse	\$7.66	\$18.42
Employee/Children	\$11.70	\$11.92
Family	\$15.23	\$21.73

## CRITICAL ILLNESS

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
\$10,000 of Coverage	\$1.82	\$2.27	\$2.87	\$3.72	\$5.02	\$7.12	\$9.82	\$13.52	\$19.27
\$10,000 of Coverage	\$2.72	\$3.62	\$4.82	\$6.52	\$9.12	\$13.32	\$18.72	\$26.12	\$37.62
\$10,000 of Coverage	\$3.62	\$4.97	\$6.77	\$9.32	\$13.22	\$19.52	\$27.62	\$38.72	\$55.97

## DENTAL & VISION PLAN

	Dental	Vision
Employee	\$8.00	\$3.87
Employee/Spouse	\$16.00	\$6.20
Employee/Children	\$24.00	\$6.32
Family	\$32.00	\$10.20

# SEMI- MONTHLY EMPLOYEE CONTRIBUTIONS

## SUPPLEMENTAL LIFE and AD&D

Age Band	Employee Cost (Per \$10,000 of coverage)	Spouse (Per \$5,000 of Coverage)
15-24	\$0.73	\$0.84
25-29	\$0.84	\$0.96
30-34	\$1.04	\$1.21
35-39	\$1.47	\$1.76
40-44	\$2.10	\$2.53
45-49	\$3.35	\$3.96
50-54	\$5.32	\$6.17
55-59	\$8.19	\$9.46
60-64	\$12.77	\$16.18
65-69	\$22.17	\$27.64
70-74	\$39.57	\$49.23
75+	\$77.53	\$98.61
Child	\$0.82/ \$2,000 of coverage	

Premiums are paid post tax; benefits are paid tax-free

## LONG TERM DISABILITY BUY-UP CALCULATION

<b>Step 1</b>	Take your annual earnings (salary, bonus & commission) and divide by 12. Cap that number at \$25,000 (\$125,000/12= \$10,417)
<b>Step 2</b>	Multiply that number by 0.0029 (\$10,417* \$0.0029= \$30.21 )
<b>Step 3</b>	Divide your annual earnings by 12, and cap that number at \$30,000 ( 125,000/ 12= \$10,417)
<b>Step 4</b>	Multiply that number by \$0.0046 (\$10,417* \$0.0046= \$47.92)
<b>Step 5</b>	Subtract that amount in <b>STEP 4</b> from the amount in <b>STEP 2</b> . That figure is your <i>Monthly</i> Buy Up Premium. ( \$47.92- \$30.21= \$17.71)
<b>Step 6</b>	Convert to semi-monthly by dividing the figure in <b>STEP 5</b> by 2 (\$17.71 / 2= \$8.86)

Premiums are based on your covered earnings. Sample calculation is based on annual earnings of \$125,000