



# OLD MISSION PENINSULA SCHOOL

## BENEFITS OUTLINE 2020 / 2021

New hire benefits are effective date of hire

MEDICAL INSURANCE	PRIORITY HEALTH – PH-HMO-HSA-1400 In-Network Benefits	HSA
<b>EMPLOYEE COST / MONTH</b> Rates are based on age.	<b>CO-PAYS</b> (*AFTER DEDUCTIBLE) OFFICE VISIT (PCP): 90% SPECIALIST VISIT: 90% URGENT CARE: 90% ER VISIT: 90% AMBULANCE: 90% HIGH TECH IMAGING: 90%	<b>RX CO-PAYS</b> (*AFTER DEDUCTIBLE) GENERIC/GENERIC VALUE: \$ 20 PREFERRED BRAND: \$ 60 NON-PREFERRED BRAND: \$ 80 PREFERRED SPECIALTY: 20% NON-PREFERRED SPECIALTY: 20%
<b>EMPLOYER COST / MONTH</b> SINGLE: \$ 500 DOUBLE: \$ 600 FAMILY: \$ 600	<b>COINSURANCE MAX</b> (plan year) INDIVIDUAL: \$2,100 FAMILY: \$4,200	<b>TOTAL OUT-OF-POCKET MAXIMUM</b> (plan year) INDIVIDUAL: \$ 3,500 FAMILY: \$ 7,000
<b>DEDUCTIBLE</b> (plan year) INDIVIDUAL: \$ \$1,400 FAMILY: \$ \$2,800	<b>HOSPITAL COINSURANCE</b> 90%	
<b>SPECIAL FEATURES:</b>		
	<ul style="list-style-type: none"> <li>• Employees will receive the difference between what their insurance costs and the School Contribution in their HSA Account</li> <li>• Employees who have an insurance cost more than what the school contributes will pay the difference in payroll deductions.</li> <li>• Aggregate Deductible – total family deductible must be met before health plan starts to pay for any family member</li> </ul>	

MEDICAL INSURANCE	PRIORITY HEALTH – PH-HMO-HSA-3000 In-Network Benefits	HSA
<b>EMPLOYEE COST / MONTH</b> Rates are based on age.	<b>CO-PAYS</b> (*AFTER DEDUCTIBLE) OFFICE VISIT (PCP): 70% SPECIALIST VISIT: 70% URGENT CARE: 70% ER VISIT: 70% AMBULANCE: 70% HIGH TECH IMAGING: 70%	<b>RX CO-PAYS</b> (*AFTER DEDUCTIBLE) GENERIC/GENERIC VALUE: \$ 20 PREFERRED GENERIC: \$ 30 NON-PREFERRED BRAND: \$ 80 PREFERRED SPECIALTY: 20% NON-PREFERRED SPECIALTY: 20%
<b>EMPLOYER COST / MONTH</b> SINGLE: \$ 500 DOUBLE: \$ 600 FAMILY: \$ 600	<b>COINSURANCE MAX</b> (plan year) INDIVIDUAL: \$3,650 FAMILY: \$7,300	<b>TOTAL OUT-OF-POCKET MAXIMUM</b> (plan year) INDIVIDUAL: \$ 6,650 FAMILY: \$ 13,300
<b>DEDUCTIBLE</b> (plan year) INDIVIDUAL: \$ \$3,000 FAMILY: \$ \$6,000	<b>HOSPITAL COINSURANCE</b> 70%	
<b>SPECIAL FEATURES:</b>		
	<ul style="list-style-type: none"> <li>• Employees will receive the difference between what their insurance costs and the School Contribution in their HSA Account</li> <li>• Employees who have an insurance cost more than what the school contributes will pay the difference in payroll deductions.</li> <li>• Embedded Deductible – a single family member just has to meet their deductible before the health plans starts to pay for that family member</li> </ul>	

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WAIVE MEDICAL BENEFIT	\$	EMPLOYER PAID
<b>SPECIAL FEATURES:</b>	<ul style="list-style-type: none"> <li>Staff that are eligible for but waive medical coverage will receive \$1,080.00 annually (\$45.00/pay) in lieu of that coverage. Waive Medical is considered taxable income.</li> </ul>	

DENTAL INSURANCE		DELTA DENTAL PPO	EMPLOYEE PAID
<b>EMPLOYEE COST / MONTH</b>	<b>FEATURES</b>	<b>DESCRIPTION</b> (assumes in-network)	
SINGLE: \$ 32.47	BENEFIT MAX <sup>^</sup> : \$ 1,000	PREVENTATIVE SERVICES: NO DEDUCTIBLE APPLIES – COVERED 100%	
DOUBLE: \$ 62.11	DEDUCTIBLE <sup>^</sup> : \$ 50	BASIC SERVICES: COVERED 80% AFTER DEDUCTIBLE	
FAMILY: \$ 126.23	ORTHO MAX: \$ 1,000	MAJOR SERVICES: COVERED 50% AFTER DEDUCTIBLE	
	<ul style="list-style-type: none"> <li>Lifetime</li> </ul>	ORTHODONIC: COVERED 50% AFTER DEDUCTIBLE	
		DEPENDENTS: COVERED TO AGE 26	
<b>EMPLOYER COST / MONTH</b>	<b>SPECIAL FEATURES:</b>	<ul style="list-style-type: none"> <li>No ID card required – simply let your provider know you have Delta Dental and they will be able to look you up by your SSN</li> <li>Delta Dental PPO Network</li> <li><sup>^</sup> Benefit Maximum and Deductible are calendar year</li> </ul>	
SINGLE: \$ 0.00			
DOUBLE: \$ 0.00			
FAMILY: \$ 0.00			

VISION INSURANCE		EYEMED	VOLUNTARY EMPLOYEE PAID
<b>EMPLOYEE COST / MONTH</b>	<b>FEATURES</b>	<b>DESCRIPTION</b>	
SINGLE: \$ 8.95	EXAMS: ONCE EVERY 12 MONTHS	EXAM CO-PAY: \$ 10	
DOUBLE: \$ 17.50	CONTACTS: ONCE EVERY 12 MONTHS	CONTACT LENSES: \$130 Allowance	
FAMILY: \$ 24.87	FRAMES: ONCE EVERY 24 MONTHS	DEPENDENTS: COVERED TO AGE 26	
<b>EMPLOYER COST / MONTH</b>	<b>SPECIAL FEATURES:</b>	<ul style="list-style-type: none"> <li>No ID card required – simply let your provider know you have EyeMed and they will look you up by your SSN</li> <li>Benefit frequency based on date of last visit</li> </ul>	
SINGLE: \$ 0.00			
DOUBLE: \$ 0.00			
FAMILY: \$ 0.00			

LIFE INSURANCE	LINCOLN FINANCIAL	EMPLOYER PAID
<b>COVERAGE</b>	<b>SPECIAL FEATURES:</b>	
EMPLOYEE: \$ 50,000	<ul style="list-style-type: none"> <li><u>LifeKeys</u>: Online will &amp; testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life policy.</li> <li><u>TravelConnect</u>: Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.</li> </ul>	
SPOUSE: \$ 2,000		
DEPENDENT: \$ 1,000		

SHORT TERM DISABILITY	LINCOLN FINANCIAL	EMPLOYER PAID
<b>EMPLOYEE COST / MONTH</b>	<b>COVERAGE</b>	<b>SPECIAL NOTES:</b>
EMPLOYEE: \$ 0.00	<ul style="list-style-type: none"> <li>60% of weekly salary up to \$1,000 per week</li> <li>Benefits begin on (Accident) 1<sup>st</sup> day</li> <li>Benefits begin on (Illness) 8<sup>th</sup> day</li> <li>Max Duration of Benefits: 26 weeks</li> </ul>	<ul style="list-style-type: none"> <li><u>Pre-Existing Condition</u>: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 6 months.</li> </ul>

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LONG TERM DISABILITY	LINCOLN FINANCIAL - CHARTER	EMPLOYER PAID
<u>EMPLOYEE COST / MONTH</u> EMPLOYEE: \$ 0.00	<u>COVERAGE</u> <ul style="list-style-type: none"> <li>60% of weekly salary up to \$7,500 /month</li> <li>Elimination Period: 180 days</li> <li>Max Duration of Benefits: till age 65</li> </ul>	<u>SPECIAL NOTES:</u> <ul style="list-style-type: none"> <li><u>Pre-Existing Condition:</u> You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 12 months.</li> <li><u>Benefit Limitations:</u> <ul style="list-style-type: none"> <li>Mental Illness: 24 months</li> <li>Substance Abuse: 24 months</li> <li>Specified Illness: No Limit</li> </ul> </li> </ul>

LIFE INSURANCE	LINCOLN FINANCIAL - CHARTER	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u> <ul style="list-style-type: none"> <li>Rates are based on employee's age and amount of coverage</li> </ul>	<u>COVERAGE</u> <p>EMPLOYEE: \$10k to \$200k guarantee, Max. 5X Salary or \$500k</p> <p>SPOUSE: \$5k to \$50k guaranteed, Max. \$250k or 50% of Emp.</p> <p>DEPENDENT: \$10k guaranteed</p>	<u>SPECIAL NOTES:</u> <ul style="list-style-type: none"> <li>You must elect coverage for yourself in order to elect coverage for your spouse and / or child(ren)</li> <li>Any amount elected over the guarantee issue amount will be subject to medical underwriting</li> </ul>

FLEX BENEFIT – HEALTH & DEPENDENT CARE	AXIOS HR	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u> <ul style="list-style-type: none"> <li>You elect how much to contribute annually</li> </ul>	<u>SPECIAL FEATURES</u> <ul style="list-style-type: none"> <li>Health Care Spending Account Maximum Limit: \$2,70 Annually</li> <li>Dependent Care Spending Account Maximum Limit: \$5,000 Annually (Dependent Care expenses must be from a licensed care provider or program)</li> <li>FSA's give you a way to pay for your health care and / or dependent care expenses with pre-tax dollars.</li> <li>FSA's are voluntary – YOU decide how much to have taken out of your paycheck and put into your Health care and / or Dependent Care Spending Account(s).</li> </ul>	

OFF THE JOB ACCIDENT	ALLSTATE	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u> <p>EMPLOYEE: \$ 13.76</p> <p>EE + SPOUSE: \$ 20.85</p> <p>EE + CHILD: \$ 31.91</p> <p>EE + FAMILY: \$ 39.96</p>	<u>SPECIAL FEATURES</u> <ul style="list-style-type: none"> <li>This coverage pays you cash benefits that correspond with a variety of covered occurrences, such as dismemberment; dislocation or fracture; hospital confinement; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.</li> <li>Benefits are paid once per accident unless otherwise noted in the schedule of benefits.</li> <li>Guaranteed issue coverage and coverage available for spouse and child(ren).</li> <li>See plan document for more details.</li> </ul>	

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CRITICAL ILLNESS	ALLSTATE	VOLUNTARY EMPLOYEE PAID
<p><b>EMPLOYEE COST / MONTH</b></p> <ul style="list-style-type: none"> <li>Rates will vary based on your issue age, who you wish to cover, the amount of coverage and whether or not you use tobacco products</li> </ul>	<p><b>SPECIAL FEATURES</b></p> <ul style="list-style-type: none"> <li>Benefit Coverage options are \$10,000 or \$20,000</li> <li>This coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs (such as cancer, major organ failure, etc.), what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event.</li> <li><u>How It Works:</u> You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, this coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.</li> </ul>	

HOSPITAL INDEMNITY	ALLSTATE	VOLUNTARY EMPLOYEE PAID
<p><b>EMPLOYEE COST / MONTH</b></p> <p>EMPLOYEE: \$ 7.67</p> <p>EE + SPOUSE: \$ 20.15</p> <p>EE + CHILD: \$ 13.26</p> <p>EE + FAMILY: \$ 21.84</p>	<p><b>SPECIAL FEATURES</b></p> <ul style="list-style-type: none"> <li>This coverage pays a cash benefit for hospital confinement. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses.</li> <li>Guaranteed issue coverage and coverage available for spouse and child(ren).</li> <li>Coverage can be continued as long as premiums are paid to Allstate Benefits.</li> <li>See plan document for more details.</li> </ul>	

Legal / ID Protection	ID Shield/Legal Shield	VOLUNTARY EMPLOYEE PAID												
	<p><b>SPECIAL FEATURES</b></p> <ul style="list-style-type: none"> <li><u>ID Shield</u> membership includes security and privacy monitoring social media monitoring, identity restoration and consolation services.               <ul style="list-style-type: none"> <li>If your identity is stolen, ID Shield will fully restore to pre-theft status.</li> </ul> </li> <li>LEGAL Shield offers advice, consultation and representation including legal guidance for common issues.               <ul style="list-style-type: none"> <li>Membership includes a dedicated law firm, contracts and document review as well as preparation of your end of life documents,</li> </ul> </li> </ul>													
	<table border="1"> <thead> <tr> <th>Plan</th> <th>Family (per month)</th> <th>Individual (per month)</th> </tr> </thead> <tbody> <tr> <td>LegalShield</td> <td>23.95</td> <td>23.95</td> </tr> <tr> <td>IDShield</td> <td>18.95</td> <td>8.95</td> </tr> <tr> <td>Combined</td> <td>38.90</td> <td>32.90</td> </tr> </tbody> </table>	Plan	Family (per month)	Individual (per month)	LegalShield	23.95	23.95	IDShield	18.95	8.95	Combined	38.90	32.90	
Plan	Family (per month)	Individual (per month)												
LegalShield	23.95	23.95												
IDShield	18.95	8.95												
Combined	38.90	32.90												

401(k)	MASS MUTUAL	RETIREMENT PLAN
<p><b>ELIGIBILITY REQUIREMENTS:</b></p>	<p><b>SERVICE LENGTH</b></p> <ul style="list-style-type: none"> <li>No Service Length Requirement</li> </ul>	<p><b>AGE</b></p> <ul style="list-style-type: none"> <li>Age 21+</li> </ul>
<p><b>SPECIAL FEATURES:</b></p>	<ul style="list-style-type: none"> <li>Enrollment in the 401k, or any contribution or beneficiary changes to your existing MassMutual 401k, can be done on MassMutual’s website, <a href="http://www.retiresmart.com">www.retiresmart.com</a>.</li> </ul>	<p><b>ENTRY DATE</b></p> <ul style="list-style-type: none"> <li>Immediate Entry</li> </ul>

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## PET INSURANCE

## PET'S BEST

## VOLUNTARY EMPLOYEE PAID

*Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.*

- Fast claims processing and payment – receive reimbursement via direct deposit or direct vet pay options available
- Use any veterinarian in the U.S. – including specialty and emergency clinics
- Access to a 24/7 pet helpline powered by whiskerDocs
- Exclusive Axios HR employee discount on a BestBenefit Plan

The Pet Insurance benefit through Pet's Best is not run through payroll. If interested, employees can obtain plan information and enroll in the plan at [www.petsbest.com/axios](http://www.petsbest.com/axios). Employees will pay premiums directly to Pet's Best.

## FINANCIAL WELLNESS

## FINFIT

## FREE USE OF SITE WITH REGISTRATION

### SPECIAL FEATURES

*Access via the Axios HR Payroll website in Axios Perks*

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Assess your Personal Financial Health</li> <li>• Budget Building Tools</li> <li>• Financial Calculators</li> <li>• Life Planning</li> </ul> | <ul style="list-style-type: none"> <li>• Financial Education information</li> <li>• Online tracking of your bank accounts</li> <li>• 24/7 Financial Wellness provided online</li> <li>• Short-Term Loan Assistance*</li> </ul> |
|--|--|

\* Fee Based Service, subject to credit approval

## ASSISTANCE FOR CAREGIVERS

## CARALLEL – MyCareDesk

## FREE USE OF SITE WITH REGISTRATION

### SPECIAL FEATURES

*Access via the Axios HR Employee Portal under 'Axios Perk's*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• ORGANIZE – Keep track of important documents, coordinate tasks and manage bill payment.</li> <li>• COLLABORATE – Create your own care team and then share information, tasks and decision making.</li> </ul> | <ul style="list-style-type: none"> <li>• CONSULT – Speak with trusted and experienced Care Advocates through our full-service concierge.</li> <li>• LEARN – Access tools and resources on topics like health, wealth, lifestyle, senior living and in-home care.</li> </ul> |
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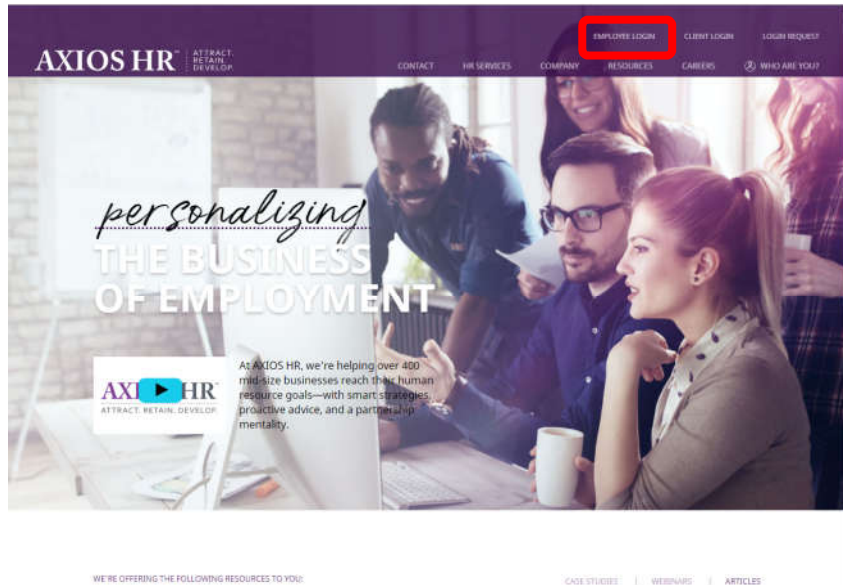


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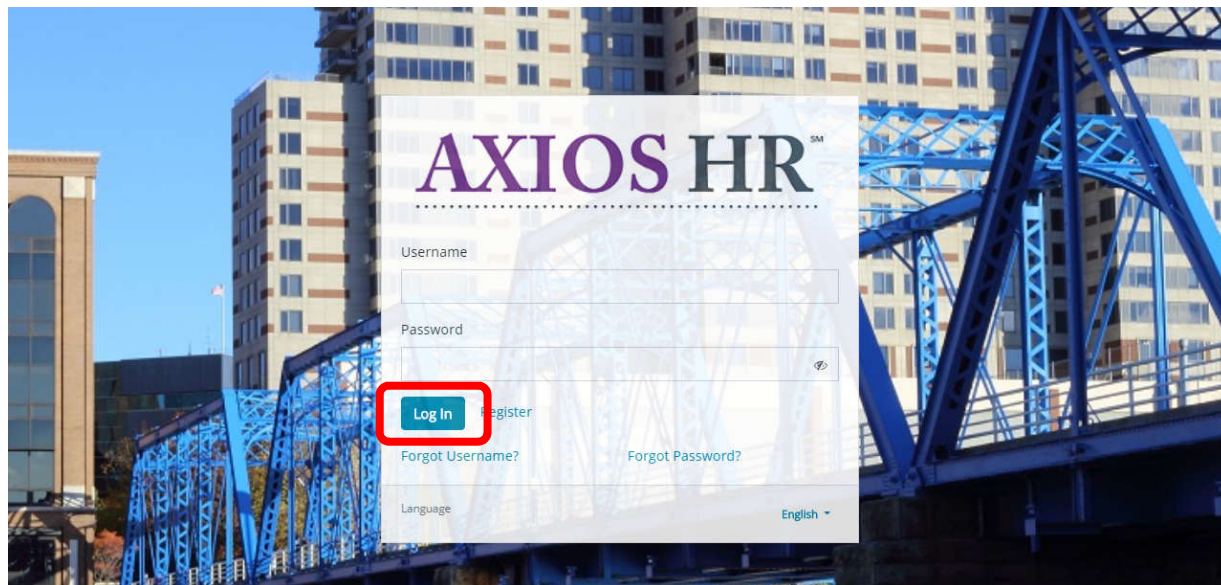
## HOW TO COMPLETE OPEN ENROLLMENT – NAVIGATION INSTRUCTIONS

To elect your benefits for the 2020-2021 plan year, please follow these simple instructions. Please note that it is highly recommended that you use Google Chrome to complete your enrollment.

Go to <https://axioshr.com/>, and click on the ‘Employee Login’ link at the top right of the screen:



Enter your employee credentials and click the blue ‘Log In’ button:



If you have forgotten your username or password, you may use the ‘Forgot Username?’ or ‘Forgot Password?’ links on the login screen for assistance retrieving or resetting your credentials. You may also contact Axios HR for assistance at 1-844-44AXIOS, or by e-mailing [service@axioshr.com](mailto:service@axioshr.com). The Axios HR Employee Care Team is available to assist you Monday-Friday from 8am-5pm.

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Once you are logged in to the Employee Portal, navigate to the Benefits Enrollment tool by clicking on 'Benefits' in the side menu and then on 'Benefits Enrollment'. The enrollment experience will open in a separate window. If the separate window is not opening, make sure you do not have any pop-ups blocked.

**AXIOS HR**

Dashboard

Personal

**Benefits**

- Summary
- Flexible Spending
- Retirement Summary
- Dependents/Beneficiaries
- Benefits Enrollment**
- Employee Assistance Center
- Flex Spending - Omega Benefit Strat

Pay

Paid Time Off

New Messages

04/18/2019  
Last Chance to Complete Your Benefits Enrollment  
04/14/2019  
Annual Enrollment Ends in 5 Days  
04/11/2019  
We Have Received Your Benefit Selections  
View More

**Pay**

Most Recent Pay Statements

04/10/2019
03/27/2019
03/13/2019

View More

**Paid Time Off**

Paid Time Off

Planned	Taken	Available
0 Hours	72 Hours	2.46 Hours

PTO Summary

**Benefits**

- Aetna HSA Value 100% 6350 EMPLOYEE + 1 Effective 07/01/2018
- AXERLIFE-LGH-25k 25000.00 Effective 07/01/2018
- AXERSTD-1-8-26-500-LGH 450.00 Effective 01/01/2019

View Benefits Summary

The Axios HR Employee Care Team is here to assist you if you have any questions, or have any trouble making or submitting your benefit elections for the 2020-2021 benefit plan year. You can reach the Axios HR Employee Care Team by phone at 1-844-44AXIOS (1-844-442-9467) or by e-mailing [service@axioshr.com](mailto:service@axioshr.com).

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