

WORKFORCE OPTIMIZATION®

2019 benefits at a glance liberty basic



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.

Except where otherwise indicated, employees must be generally working 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 in Insperity Plans.

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

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

The Insperty Group Health Plan

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

The Insperty 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.

The Insperty Health Savings Account (HSA) Program

If enrolled in an Insperty High Deductible Health Plan (HDHP) option, make contributions by payroll deduction on a pretax basis (if eligible) or on a post-tax basis up to established annual federal limits for qualifying health care expenses.

The Insperty Welfare Benefits Plan

Benefits include employer-paid basic term life and personal accident insurance equal to 1 x covered annual earnings (\$50,000 maximum). Disability coverage for up to 60% of covered weekly or monthly earnings is available to you as a voluntary (employee-paid) benefit. Voluntary life and personal accident insurance is also available to you and your eligible dependents. See the **Voluntary Benefits Book** for coverage amounts and rates.

The Insperty Adoption Assistance Program

Reimburses up to \$1,500 of qualifying expenses per qualified adoption. Requires 180 days of continuous service after obtaining eligible status.



Life, Personal Accident and Disability Coverage Amounts

Coverage amounts for benefits are determined by your covered annual earnings, which include base or estimated annual earnings plus amounts received as commissions, piece work and fee-based pay as paid by Insperty.

Benefits at a glance

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

The Insperity Employee Assistance Program

A counseling and consultation service available to all employees (and their dependents) with no hourly eligibility requirement. Most services are available at no cost.

The Insperity Commuter Benefits Program

Pay for job-related mass transit and/or parking expenses with pretax dollars (if eligible).

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.

Insperity Pay Options

Payroll direct deposit and debit pay card options are available.

MarketPlace™

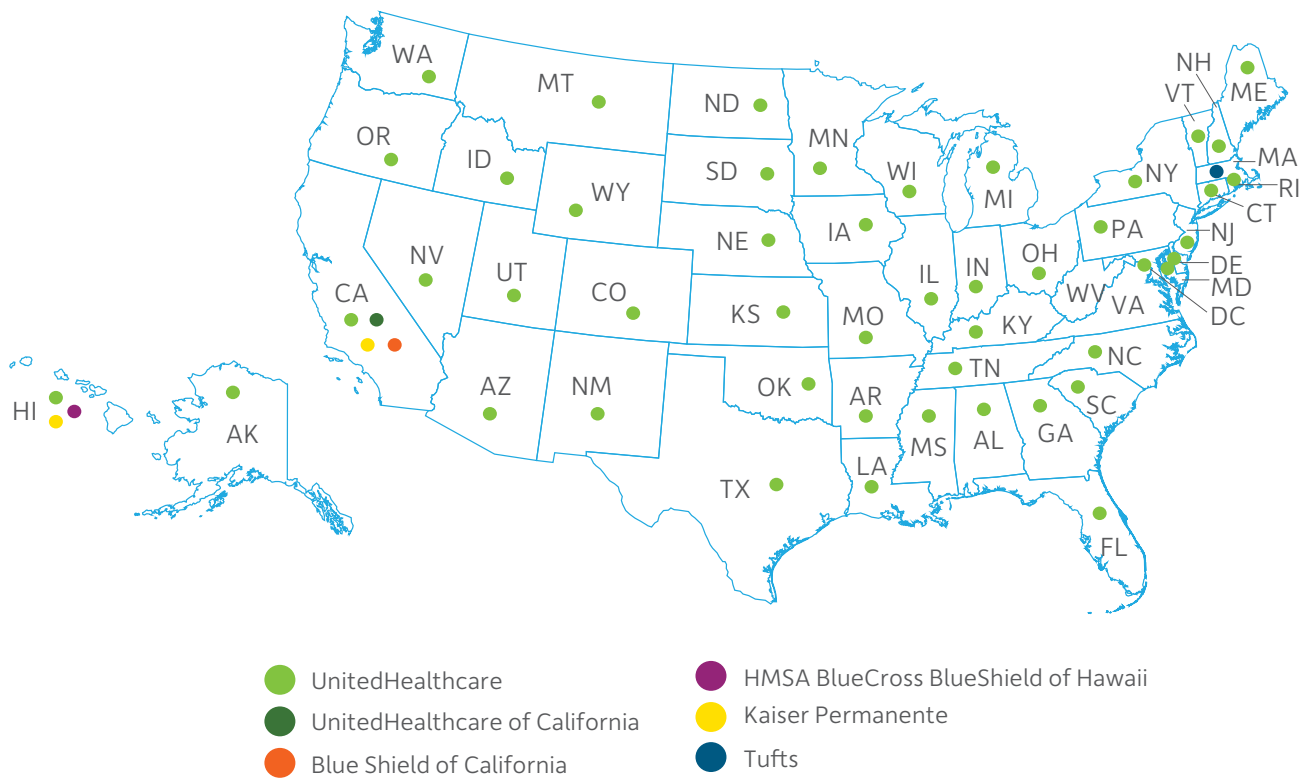
Offers online discounts on a variety of goods and services, including identity theft protection, pet health insurance, travel, electronics, gifts, household needs and more.



Medical coverage map

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

- The Insperty 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 Insperty) and are specific to the health insurance product offerings defined in the carrier’s contract with Insperty.

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

Medical coverage terms

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).

Except as otherwise noted for certain HDHP-type coverage options, Insperity coverage options generally have “embedded” calendar-year deductibles and out-of-pocket maximums (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.

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.

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.

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.

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.

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 out-of-pocket maximum.



The plan year for the Insperty Group Health Plan is the calendar year.

Plan design changes take effect each Jan. 1, and may include increases to out-of-pocket costs such as copays, coinsurance, annual deductibles and annual out-of-pocket maximums. Coverage periods under the Plan will last 12 months, and will vary by client company based on the renewal date of the client company's contract with Insperty.

2019 basic medical coverage options at a glance

| coverage options by state | coinsurance after deductible | | medical calendar-year deductible amount owed before coinsurance applies | | | | annual out-of-pocket maximum the most you will pay before plan pays 100% | | | |
|--|---------------------------------|----------------|--|-------------------|----------------------------|-----------------------|---|-------------------|----------------------------|-----------------------|
| | in-network | out-of-network | in-network individual | in-network family | out-of-network individual | out-of-network family | in-network individual | in-network family | out-of-network individual | out-of-network family |
| National | | | | | | | | | | |
| UnitedHealthcare Choice Plus 1500 | 80% | 60% | \$1,500 | \$4,500 | \$3,000 | \$9,000 | \$6,350 | \$12,700 | \$12,700 | \$25,400 |
| UnitedHealthcare Choice Plus 3000 | 70% | 50% | \$3,000 | \$9,000 | \$6,000 | \$18,000 | \$6,850 | \$13,700 | \$13,700 | \$27,400 |
| UnitedHealthcare Choice Plus 6000 | 100% | 70% | \$6,000 | \$13,200 | \$12,000 | \$16,400 | \$7,000 | \$14,000 | \$14,000 | \$28,000 |
| UnitedHealthcare Choice Plus HDHP 3000 | 90% | 70% | \$3,000 | \$6,000 | \$6,000 | \$12,000 | \$6,650 | \$13,300 | \$13,300 | \$26,600 |
| UnitedHealthcare Choice Plus HDHP 5000 | 80% | 60% | \$5,000 | \$10,000 | \$10,000 | \$20,000 | \$6,650 | \$13,300 | \$13,300 | \$26,600 |
| UnitedHealthcare Out-of-Area 500 | 80% | | \$500 | \$1,500 | no network limitation | | \$6,350 | \$12,700 | no network limitation | |
| UnitedHealthcare Out-of-Area HDHP 3000 | 80% | | \$3,000 | \$6,000 | no network limitation | | \$6,650 | \$13,300 | no network limitation | |
| UnitedHealthcare Out-of-Area HDHP 5000 | 80% | | \$5,000 | \$10,000 | no network limitation | | \$6,650 | \$13,300 | no network limitation | |
| California (choose national or regional options) | in-network | out-of-network | in-network individual | in-network family | out-of-network individual | out-of-network family | in-network individual | in-network family | out-of-network individual | out-of-network family |
| Blue Shield of California Deductible HMO 1000 | 90% | n/a | \$1,000 | \$2,000 | n/a | n/a | \$6,050 | \$12,100 | n/a | n/a |
| Kaiser Permanente Deductible HMO 1000 | 70% | n/a | \$1,000 | \$2,000 | n/a | n/a | \$6,050 | \$12,100 | n/a | n/a |
| Massachusetts (choose regional options only) | in-network | out-of-network | in-network individual | in-network family | out-of-network individual | out-of-network family | in-network individual | in-network family | out-of-network individual | out-of-network family |
| Tufts CareLink Advantage PPO 1500 | 80% | 60% | \$1,500 | \$4,000 | \$3,000 | \$8,000 | \$6,350 | \$12,700 | \$10,000 | \$20,000 |
| Tufts CareLink Advantage Saver PPO HDHP 3000 aggregate deductible option | 90% | 70% | \$3,000 | \$6,000 | combined in/out of network | | \$4,000 | \$7,350 | combined in/out of network | |
| Tufts Advantage Deductible HMO 1000 | 100% | n/a | \$1,000 | \$2,000 | n/a | n/a | \$5,000 | \$10,000 | n/a | n/a |
| Tufts Advantage Deductible HMO 2000 | 100% | n/a | \$2,000 | \$4,000 | n/a | n/a | \$6,350 | \$12,700 | n/a | n/a |
| Tufts Advantage Saver HMO HDHP 3000 aggregate deductible option | 65% | n/a | \$3,000 | \$6,000 | n/a | n/a | \$4,000 | \$7,350 | n/a | n/a |
| Hawaii (choose regional options only) | in-network | out-of-network | in-network individual | in-network family | out-of-network individual | out-of-network family | in-network individual | in-network family | out-of-network individual | out-of-network family |
| UnitedHealthcare Options PPO | 90% | 70% | \$100 | \$300 | combined in/out of network | | \$2,500 | \$7,500 | combined in/out of network | |
| HMSA BlueCross BlueShield of Hawaii HMO | 90% | n/a | n/a | n/a | n/a | n/a | \$2,500 | \$7,500 | n/a | n/a |
| | | | | | | | medical only | | | |
| Kaiser Permanente HMO | 100% | n/a | n/a | n/a | n/a | n/a | \$2,000 | \$6,000 | n/a | n/a |

Choice Plus and PPO coverage options have in- and out-of-network coverage. HMO coverage options have in-network coverage only. Out-of-Area options have no network limitation. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Insurer Benefits Description for complete coverage details.

| in-network copay or coinsurance for non-preventive care | | | | | | | prescription deductible | | retail prescription copay | | | |
|---|--------------|---------------|--------------------|--------------------|--------------------|----------------|--|---------|--|--------|-----------|----------------------------------|
| physician | specialist | telemedicine | outpatient surgery | inpatient hospital | urgent care clinic | emergency room | applies to medical OOPM unless otherwise noted | | applies to medical OOPM unless otherwise noted | | | |
| office visit | office visit | virtual visit | OPS | IPH | UC | ER | individual | family | tier 1 | tier 2 | tier 3 | tier 4 |
| \$35 | \$60 | \$20 | 20% | 20% | \$75 | \$250 | \$100 | \$300 | \$10 | \$35 | \$60 | \$120 |
| \$40 | \$70 | \$20 | 30% | 30% | \$75 | \$250 | \$100 | \$300 | \$10 | \$35 | \$60 | \$120 |
| \$40 | \$70 | \$20 | 0% | 0% | \$75 | \$500 | \$200 | \$600 | \$10 | \$35 | \$60 | \$120 |
| 10% | 10% | 10% | 10% | 10% | 10% | 10% | copays apply once medical deductible is met | | \$10 | \$35 | \$60 | \$120 |
| 20% | 20% | 20% | 20% | 20% | 20% | 20% | copays apply once medical deductible is met | | \$10 | \$35 | \$60 | \$120 |
| 20% | 20% | \$20 | 20% | 20% | 20% | 20% | \$100 | \$300 | \$10 | \$35 | \$60 | \$120 |
| 20% | 20% | 20% | 20% | 20% | 20% | 20% | copays apply once medical deductible is met | | \$10 | \$35 | \$60 | \$120 |
| 20% | 20% | 20% | 20% | 20% | 20% | 20% | copays apply once medical deductible is met | | \$10 | \$35 | \$60 | \$120 |
| office visit | office visit | virtual visit | OPS | IPH | UC | ER | individual | family | tier 1 | tier 2 | tier 3 | tier 4 |
| \$35 | \$50 | \$5 | 10% | 10% | \$35 | 10% | \$100 per member for select drugs | | \$10 | \$30 | n/a | specialty rx 30% max \$200 |
| \$35 | \$50 | \$0 | 30% | 30% | \$35 | 30% | \$100 per member for brand drugs | | \$10 | \$30 | n/a | specialty rx 30% max \$150 |
| office visit | office visit | virtual visit | OPS | IPH | UC | ER | individual | family | tier 1 | tier 2 | tier 3 | tier 4 |
| \$35 | \$35 | \$35 | 20% | 20% | \$35 | \$250 | n/a | n/a | \$10 | \$35 | \$60 | n/a |
| 10% | 10% | 10% | 10% | 10% | 10% | 10% | copays apply once medical deductible is met | | \$10 | \$35 | \$60 | n/a |
| \$25 | \$40 | \$25 | 0% | 0% | \$25 | \$250 | n/a | n/a | \$15 | \$30 | \$60 | n/a |
| \$30 | \$45 | \$30 | 0% | 0% | \$30 | \$250 | n/a | n/a | \$15 | \$30 | \$60 | n/a |
| 35% | 35% | 35% | 35% | 35% | 35% | 35% | copays apply once medical deductible is met | | \$15 | \$30 | \$60 | n/a |
| office visit | office visit | virtual visit | OPS | IPH | UC | ER | individual | family | tier 1 | tier 2 | tier 3 | tier 4 |
| 10% | 10% | \$20 | 10% | 10% | 10% | 10% | n/a | | \$10 | \$15 | \$30 | n/a |
| \$20 | \$20 | \$0 | 10% | 10% | \$20 | \$100 | prescription-only OOPM | | \$7 | \$30 | \$30 + 45 | \$100 \$200 |
| | | | | | | | \$3,600 | \$4,200 | | | | |
| \$20 | \$20 | \$20 | \$20 | \$50 per day | \$20 | \$50 | n/a | | \$10 | \$35 | \$35 | \$200 |
| \$3 maintenance (generic tier only) | | | | | | | | | | | | |



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