

# 2022 Employer Benefits Renewal Guide



July 1, 2022 - June 30, 2023





# Your 2022 Benefits Renewal

G&A Partners realizes the importance of providing high-quality employee benefits at a competitive rate, and our team has worked diligently to ensure that your organization received the best renewal possible. Your organization's renewal plan year is effective July 1, 2022.

As an employer, you may decide which of the available plans you would like to offer to your employees. Once you make your decision, G&A Partners will prepare and provide your employees with annual enrollment packets that contain detailed information about the plans available to them, as well as instructions for completing the enrollment process.

#### Highlights:

- You will continue to have the opportunity to choose from our 14 plan options, with no changes to the plan designs.
- Rates on ancillary benefits like dental and vision remain the same and you will continue to have the same great selection as you have in previous years.
- Voluntary Life/AD&D insurance continues to be with Unum and has a decrease in rates.
- Unum Accident is now offered as a post-tax benefit.

Please work with your Account Manager to finalize your contributions, medical plans and ancillary selections. If we do not receive final decisions from your organization by Thursday, May 19, we will keep the employer contribution strategy the same as the current plan year and automatically generate new enrollment packets for distribution to your employees.

If you have any questions regarding this renewal packet, please feel free to reach out to your G&A Benefits Account Manager, or contact the AccessHR team via phone (1-866-497-4222) or email (accesshr@gnapartners.com).

Regards,

G&A Partners







# **Open Enrollment Overview**

Below you will find a brief overview of how your organization's open enrollment process will work.

- Step 1: Decide which plans to offer
- Step 2: Sign confirmation statement
- Step 3: Employees will enroll in benefits
- Step 4: Employee enrollments close

### **Enrollment Timeline:**

- As the employer, you need to finalize your plan selections and contributions no later than **May 19, 2022.** 
  - From the time that G&A Partners receives your organization's signed "Benefits Selection Confirmation" form, it will take a minimum of five business days to build out the employee benefit collateral and online enrollment portal.
- You will be allowed to designate the open enrollment period for your employees. All employee benefit elections must be received by the close of your enrollment period.
  - Any enrollment period closed after June 15, 2022 may cause access to care delays for your employees.
- Benefits elected during open enrollment become effective on July 1, 2022.
- New benefit deductions will be reflected on the first payroll in July.

### Important Note:

The medical renewal rates shown in this booklet are contingent on the following factors:

- Whichever is greater between a minimum initial and sustained monthly enrollment of 75% of the eligible employees or a minimum of 5 employees.
- A 12-month effective period beginning from the renewal effective date.
- The employer contributing 50% or more towards the lowest cost employee-only option.
- Retirees are not eligible for coverage.
- Health insurance rates include PPACA-mandated fees.
- Insurance rates include service fees and/or commissions that are paid to the referring agent and/or servicing entity. These fees are collected to compensate for sales, enrollment, installment, and ongoing support.



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# **Medical PPO Plans**

	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal
	PPO \$500	PPO \$500	PPO \$1,000	PPO \$1,000	PPO \$1,500	PPO \$1,500	PPO \$2,500	PPO \$2,500
Provider Network	Blue Choice							
Plan Features	In-Network							
Individual Deductible *	\$500	\$500	\$1,000	\$1,000	\$1,500	\$1,500	\$2,500	\$2,500
Family Deductible*	\$1,000	\$1,000	\$2,000	\$2,000	\$3,000	\$3,000	\$5,000	\$5,000
Coinsurance Percent	80%	80%	80%	80%	80%	80%	80%	80%
Individual Out-of-Pocket *	\$3,000	\$3,000	\$3,500	\$3,500	\$4,500	\$4,500	\$5,500	\$5,500
Family Out-of-Pocket*	\$6,000	\$6,000	\$7,000	\$7,000	\$9,000	\$9,000	11,000	\$11,000
Lifetime Max / Person	Unlimited							
In-Patient Hospital	Ded + 20%							
Emergency Room	\$250 + Ded/Coin							
Urgent Care Facility	\$40	\$40	\$50	\$50	\$55	\$55	\$60	\$60
Office Visit Copays								
Wellness / Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Physician	\$15	\$15	\$20	\$20	\$20	\$20	\$20	\$20
Specialist	\$30	\$30	\$45	\$45	\$45	\$45	\$60	\$60
Prescriptions								
RX Max Out-of-Pocket (Ind)**	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Tier 2	\$35	\$35	\$35	\$35	\$35	\$35	\$40	\$40
Tier 3	\$50	\$50	\$50	\$50	\$50	\$50	\$60	\$60
Tier 4	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150

The following plans include a 4<sup>th</sup> quarter deductible credit: PPO 500, PPO 1000, PPO 1500, PPO 2500

\*Deductibles and out-of-pocket maximums are all calendar year (CY).

\*\*The prescription out-of-pocket maximum is in addition to the medical out-of-pocket maximum.

Please refer to plan documents for limitations and exclusions, as well as full benefits details.

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# Medical PPO Plans (cont.)

	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal
	PPO \$3,000	*PPO \$3,000	PPO \$3,500	PPO \$3,500	PPO \$5,000	PPO \$5,000	PPO \$6,350	*PPO \$6,350
Provider Network	Blue Choice	Blue Choice	Blue Choice	Blue Choice	Blue Choice	Blue Choice	Blue Choice	Blue Choice
Plan Features	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible *	\$3,000	\$3,000	\$3,500	\$3,500	\$5,000	\$5,000	\$6,350	\$6,350
Family Deductible *	\$9,000	\$9,000	\$7,000	\$7,000	\$10,000	\$10,000	\$12,700	\$12,700
Coinsurance Percent	70%	70%	80%	80%	70%	70%	100%	100%
Individual Out-of-Pocket *	\$8,150	\$8,150	\$7,000	\$7,000	\$7,000	\$7,000	\$8,150	\$8,150
Family Out-of-Pocket *	\$16,300	\$16,300	\$14,000	\$14,000	\$14,000	\$14,000	\$16,300	\$16,300
Lifetime Max / Person	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
In-Patient Hospital	Ded + 30%	Ded + 30%	Ded + 20%	Ded + 20%	Ded + 30%	Ded + 30%	Ded + 0%	Ded + 0%
Emergency Room	\$500 + Ded /Coin	\$500 + Ded/Coin	\$350 + Ded/Coin	\$350 + Ded/Coin	\$350 + Ded/Coin	\$350 + Ded/Coin	\$500 + Ded	\$500 + Ded
Urgent Care Facility	\$100	\$100	\$75	\$75	\$75	\$75	\$75	\$75
Office Visit Copays								
Wellness / Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Physician	\$40	\$40	\$25	\$25	\$30	\$30	\$50	\$50
Specialist	\$100	\$100	\$60	\$60	\$60	\$60	\$100	\$100
Prescriptions								
RX Max Out-of-Pocket (Ind)**	Combined	Combined	\$1,000	\$1,000	\$1,000	\$1,000	Combined	Combined
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Tier 2	\$60	\$60	\$40	\$40	\$40	\$40	\$40	\$40
Tier 3	\$105	\$105	\$60	\$60	\$60	\$60	\$60	\$60
Tier 4	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150

\*Deductibles and out-of-pocket maximums are all calendar year (CY).

\*\*The prescription out-of-pocket maximum is in addition to the medical out-of-pocket maximum.

Please refer to plan documents for limitations and exclusions, as well as full benefits details.

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# **Medical HDHP Plans**

## High Deductible Health Plans (HDHP)

	Current	Renewal	Current	Renewal	Current	Renewal
	HDHP \$3,000/100%	HDHP \$3,000/100%	HDHP \$3,000/80%	HDHP \$3,000/80%	HDHP \$5,000	HDHP \$5,000
Provider Network	Blue Choice	Blue Choice	Blue Choice	Blue Choice	Blue Choice	Blue Choice
Plan Features	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible *	\$3,000	\$3,000	\$3,000	\$3,000	\$5,000	\$5,000
Family Deductible *	\$6,000	\$6,000	\$6,000	\$6,000	\$10,000	\$10,000
Coinsurance Percent	100%	100%	80%	80%	100%	100%
Individual Out-of-Pocket *	\$5,000	\$5,000	\$6,650	\$6,650	\$5,000	\$5,000
Family Out-of-Pocket *	\$10,000	\$10,000	\$13,300	\$13,300	\$10,000	\$10,000
Lifetime Max / Person	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
In-Patient Hospital	Ded & 0%	Ded & 0%	Ded & 20%	Ded & 20%	Ded & 0%	Ded & 0%
Emergency Room	\$350 After Ded	\$350 After Ded	Ded & 20%	Ded & 20%	Ded & 0%	Ded & 0%
Urgent Care Facility	\$0 After Ded	\$0 After Ded	Ded & 20%	Ded & 20%	Ded & 0%	Ded & 0%
Office Visit Copays						
Wellness / Preventive	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Physician	\$20 After Ded	\$20 After Ded	Ded & 20%	Ded & 20%	Ded & 0%	Ded & 0%
Specialist	\$40 After Ded	\$40 After Ded	Ded & 20%	Ded & 20%	Ded & 0%	Ded & 0%
Prescriptions						
RX Max Out-of-Pocket (Ind)**	Combined	Combined	Combined	Combined	Combined	Combined
Tier 1	\$10 After Ded	\$10 After Ded	Ded & 20%	Ded & 20%	Ded & 0%	Ded & 0%
Tier 2	\$40 After Ded	\$40 After Ded	Ded & 20%	Ded & 20%	Ded & 0%	Ded & 0%
Tier 3	\$60 After Ded	\$60 After Ded	Ded & 20%	Ded & 20%	Ded & 0%	Ded & 0%
Tier 4	\$150 After Ded	\$150 After Ded	Ded & 20%	Ded & 20%	Ded & 20%	Ded & 20%

\*Deductibles and out-of-pocket maximums are all calendar year (CY).

\*\*The prescription out-of-pocket is included in the medical out-of-pocket maximum.

Please refer to plan documents for limitations and exclusions, as well as full benefits details.







# **Medical HMO Plans**

Health Maintenance Organization (HMO) plans require an assigned Primary Care Physician (PCP) and a referral for specialist services.

	Current	Renewal	Current	Renewal	Current	Renewal
	HMO \$2,000	HMO \$2,000	HMO \$5,000	HMO \$5,000	HMO \$7,500	HMO \$7,500
Provider Network	Blue Essentials	Blue Essentials	Blue Essentials	Blue Essentials	Blue Essentials	Blue Essentials
Plan Features	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
PCP / Required Referral	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes
Individual Deductible *	\$2,000	\$2,000	\$5,000	\$5,000	\$7,500	\$7,500
Family Deductible *	\$4,000	\$4,000	\$10,000	\$10,000	\$15,000	\$15,000
Coinsurance Percentage	75%	75%	70%	70%	100%	100%
Individual Out-of-Pocket *	\$5,000	\$5,000	\$7,000	\$7,000	\$8,150	\$8,150
Family Out-of-Pocket *	\$10,000	\$10,000	\$14,000	\$14,000	\$16,300	\$16,300
Lifetime Maximum / Person	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
In-Patient Hospital	Ded + 25%	Ded + 25%	Ded + 30%	Ded + 30%	Ded & 0%	Ded & 0%
Emergency Room	\$300 + Ded/Coin	\$300 + Ded/Coin	\$300 + Ded/Coin	\$300 + Ded/Coin	Ded & 0%	Ded & 0%
Urgent Care Facility	\$75	\$75	\$75	\$75	\$75	\$75
Office Visit Copays						
Wellness / Preventive	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Physician	\$30	\$30	\$30	\$30	\$30	\$30
Specialist	\$50	\$50	\$50	\$50	\$60	\$60
Prescriptions						
RX Max Out-of-Pocket (Ind)**	\$1,000	\$1,000	\$1,000	\$1,000	Combined	Combined
Tier 1	\$5	\$5	\$5	\$5	\$5	\$5
Tier 2	\$15	\$15	\$15	\$15	\$15	\$15
Tier 3	\$45	\$45	\$45	\$45	\$45	\$45
Tier 4	\$85	\$85	\$85	\$85	\$85	\$85
Tier 5	\$150	\$150	\$150	\$150	\$150	\$150

\*Deductibles and out-of-pocket maximums are all calendar year (CY).

\*\*The prescription out-of-pocket maximum is in addition to the medical out-of-pocket maximum.

Please refer to plan documents for limitations and exclusions, as well as full benefits details.









# Telemedicine

Teladoc through G&A Partners gives enrolled members access to convenient quality care by phone or video.

Plan Details			
Eligibility	All active full-time employe	ees, spouses and/or child(ren)	) up to age 26
Funding - Base	Employer-paid or voluntar	у	
Funding - Buy Up	Employer-paid		
Base Service	De	scription	Сорау
General Medical Care and Advice		nany medical conditions, inclu argies, bronchitis, skin problen more!	
Buy Up Services	De	scription	Сорау
General Medical Care and Advice		nany medical conditions, inclu rgies, bronchitis, skin problem more!	
Mental Health Services	Speak with board-certified psychologists/therapists by messaging from wherever	\$0 for up to 52 visits annually	
	messaging nom wherever	you leel most comonable.	visits annually
Enhancements		scription	Fee
Enhancements Nutrition	De Convenient, effective nutrit dietitian – sessions averag	scription ion consultations with a registe	Fee
	De Convenient, effective nutrit dietitian – sessions averag For an additional fee, custo developed.	scription ion consultations with a registe e 30 to 45 minutes.	Fee
Nutrition	De Convenient, effective nutrit dietitian – sessions averag For an additional fee, custo developed. Add parents or adult childre	scription ion consultations with a registe e 30 to 45 minutes. om weekly meal plans can be en in your care to your plan. gram with videos and access t	Fee ered \$59 per visit \$55 per visit
Nutrition Caregiver	De Convenient, effective nutrit dietitian – sessions averag For an additional fee, custo developed. Add parents or adult childre Customized back care prog	scription ion consultations with a registe e 30 to 45 minutes. om weekly meal plans can be en in your care to your plan. gram with videos and access t all 50 states.	Fee ered \$59 per visit \$55 per visit
Nutrition Caregiver Back Care	De Convenient, effective nutrit dietitian – sessions averag For an additional fee, custo developed. Add parents or adult childre Customized back care prog certified health coaches in Base Employer-Paid Rates \$7	scription ion consultations with a registe e 30 to 45 minutes. om weekly meal plans can be en in your care to your plan. gram with videos and access t all 50 states. Base Voluntary Rates \$10	Fee ered \$59 per visit \$55 per visit 0 \$210 for series
Nutrition Caregiver Back Care <u>Monthly Rates</u> Employee Only Employee & Spouse	De Convenient, effective nutrit dietitian – sessions averag For an additional fee, custo developed. Add parents or adult childre Customized back care prog certified health coaches in Base Employer-Paid Rates	scription ion consultations with a registe e 30 to 45 minutes. om weekly meal plans can be en in your care to your plan. gram with videos and access t all 50 states. Base Voluntary Rates \$10 \$10	Fee ered \$59 per visit \$55 per visit 0 \$210 for series Buy Up Employer-Paid Rates
Nutrition Caregiver Back Care Monthly Rates Employee Only	De Convenient, effective nutrit dietitian – sessions averag For an additional fee, custo developed. Add parents or adult childre Customized back care prog certified health coaches in Base Employer-Paid Rates \$7	scription ion consultations with a registe e 30 to 45 minutes. om weekly meal plans can be en in your care to your plan. gram with videos and access t all 50 states. Base Voluntary Rates \$10	Fee ered \$59 per visit \$55 per visit 0 \$210 for series Buy Up Employer-Paid Rates \$9

Please refer to plan documents for limitations and exclusions, as well as full benefit details. Limit 15 general medicalcare visits per participant, per year. Mental health visits are available 7 days a week but require making an appointment prior with a provider.





# **8** Guardian<sup>®</sup>



# **Dental Option 1: Guardian**

Get the routine dental care you need at affordable rates from a nationwide network of more than 100,000 dentists.

	DHMO*	PPO \$1,000	PPO \$1,500	PPO \$2,000	PPO \$2,500
Plan Information					
Annual Max Per Person Annual Deductible (Waived for Preventive)	Unlimited None	\$1,000 \$50 Individual \$150 Family	\$1,500 \$50 Individual \$150 Family	\$2,000 \$50 Individual \$150 Family	\$2,500 \$50 Individual \$150 Family
Out-of-Network Reimbursement	N/A	MAC**	MAC**/90 <sup>th</sup> UCR*	MAC**/90 <sup>th</sup> UCR*	MAC**/*90 <sup>th</sup> UCR*
Value-Added Benefit	College Tuition Benefit	College Tuition Benefit	College Tuition Benefit	College Tuition Benefit	College Tuition Benefit
Preventive Care					
Exams, Cleanings, X-Rays	\$0 copay	100%	100%	100%	100%
Basic Treatment			Value/NAP***	Value/NAP***	Value/NAP***
Fillings, Simple Tooth Extractions	Copay****	80%	100% / 80%	100% / 80%	100% / 80%
Major Treatment					
Oral Surgery, Crowns, Endodontic	Copay****	50%	60% / 50%	60% / 50%	60% / 50%
Orthodontia					
Covered Individuals	NA	Child Only	Child Only	Child Only	Child/Adult
Coverage	Copay****	50%	50%	50%	50%
Lifetime Maximum	Copay****	\$1,000	\$1,000	\$1,000	\$2,000
Rates					
Employee Only	\$10	\$22	\$29	\$32	\$37
Employee + Spouse	\$18	\$44	\$63	\$70	\$78
Employee + Child(ren)	\$25	\$58	\$80	\$90	\$105
Employee + Family	\$29	\$80	\$110	\$125	\$145

\*UCR – Usual Customary & Reasonable

\*\*MAC – Maximum Allowable Charge

\*\*\* Members are required to designate a network choice of "Value" or "Networks Access Plan" (NAP). Value offers richer benefits for in-network dentists. NAP should be chosen for the freedom to see nonparticipating dentists, as it has a higher reimbursement for out-of-network services. \*\*\*\*Copays are for covered procedures. The DHMO network is not available in all areas and requires a primary dentist to be selected.

Please refer to plan documents for limitations and exclusions, as well as full benefits details.





# beam

# **Dental Option 2: Beam Dental**

G&A Partners also offers a selection of PPO dental plans with several coverage options and low monthly premiums under Beam Dental.

	PPO \$1,000	PPO \$1,500	PPO \$2,000	PPO \$2,500
Plan Information				
Annual Maximum Annual Deductible <i>(Waived for Preventive)</i> Out-of-Network Reimbursement	\$1,000 \$50 Individual \$150 Family 95th UCR*	\$1,500 \$50 Individual \$150 Family 95th UCR*	\$2,000 \$50 Individual \$150 Family 95th UCR*	\$2,500 \$50 Individual \$150 Family 95th UCR*
Value-Added Benefit	Beam Perks	Beam Perks	Beam Perks	Beam Perks
Preventive Care				
Exams, Cleanings, X-Rays	100%	100%	100%	100%
Basic Treatment				
Fillings, Simple Tooth Extractions	80%	80%	80%	80%
Major Treatment				
Major Oral Surgery, Crowns	50%	50%	50%	50%
Orthodontia				
Covered Individuals	Child	Child	Child	Child/Adults
Coverage	50%	50%	50%	50%
Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$2,000
2021 Monthly Rates				
Employee Only	\$30	\$33	\$38	\$41
Employee + Spouse	\$59	\$70	\$77	\$86
Employee + Child(ren)	\$83	\$88	\$99	\$116
Employee + Family	\$112	\$121	\$137.50	\$160

Register your Beam Dental plan on the Beam portal and receive Beam Perks within 30 days. You'll receive an electronic, Bluetooth toothbrush and specially formulated toothpaste shipped right to your door!



Please refer to plan documents for limitations and exclusions, as well as full benefit details. \*UCR – Usual Customary & Reasonable







G&A Partners offers VSP vision insurance—one of the most trusted providers in the U.S., accepted at most eyecare institutions

	Base Plan	Buy-up Plan	
Vision Examination			
Once every 12 months	\$20 exam copay	\$10 exam copay	
Spectacle Lenses			
Once every 12 months (Single, Bifocal, Trifocal)	\$20 material copay	\$20 material copay	
Frames			
	80% of amount over \$130	80% of amount over \$200	
Once every 24 months	Members receive an additional fixed copay reflective and scratch-resistant coatings. A available at no charge for dependents up to	fter copay, standard polycarbonate is	
Contact Lenses			
Evaluation & Fitting	15% of UCR*	15% of UCR*	
Elective	Amount over \$130	Amount over \$150	
Medically Necessary	100%	100%	

Contact lenses are in lieu of spectacle lenses and a frame. The contact lens allowance is applied to professional services (evaluation and fitting fee) and materials.

Current Rates		
Employee Only	\$6	\$11
Employee + Spouse	\$12	\$19
Employee + Child(ren)	\$14	\$20
Employee + Family	\$20	\$30

Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and is available through the VSP network provider who sold the initial pair of eyeglasses.

\*UCR – Usual Customary & Reasonable

Please refer to plan documents for limitations and exclusions, as well as full benefit details.



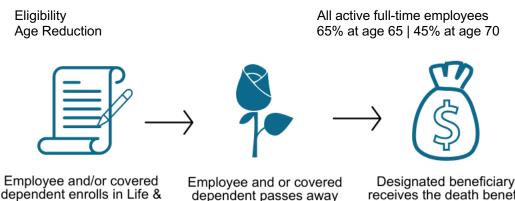




Life happens, and sometimes we experience tremendous loss that can be cataclysmic when compounded with financial obligations. That's why G&A Partners offers Unum Life and Accidental Death and Dismemberment insurance options.

Life Insurance pays lump-sum benefits to a designated beneficiary if the covered individual loses his/her life.

Accidental Death and Dismemberment (AD&D) Insurance pays lump-sum benefits to a designated beneficiary if the covered individual experiences death or dismemberment resulting from an accident.



AD&D Insurance with G&A

Designated beneficiary receives the death benefit amount

#### Employer Paid Life/AD&D Volume Options

You may provide employer-paid life insurance in the volumes listed below.

Coverage	Cost	Coverage	Cost	Coverage	Cost	Coverage	Cost
\$10,000	\$1.70	\$20,000	\$3.40	\$30,000	\$5.10	\$100,000	\$17.00
\$15,000	\$2.55	\$25,000	\$4.25	\$50,000	\$8.50	\$150,000	\$25.50
1 X Salary f	to \$100K*	1 X Salary	to \$150K	1 X Salary t	o \$250K*	2 X Salary	to \$300K*

\*Rates are \$0.17 per \$1,000 of selected coverage amount, per employee, per month

#### Voluntary Life/AD&D

Rates are age banded

Coverage Maximum: Employee, up to five times the salary, to a maximum of \$500,000 Spouse, up to 100% of employee coverage

Child(ren), Birth to 6 months, \$1,000 / 6 months to age 26, \$10,000

Guaranteed Issue (initial enrollment): Employee \$200,000 | Spouse \$50,000 | Child(ren) \$10,000

Please refer to plan documents for limitations and exclusions as well as full benefit details.







# **Voluntary Employee Life/AD&D Insurance Rates**

New Rates effective 5/1/2022							
Age	Life	AD&D	Life + AD&D Total Rate Per \$1,000	Life + AD&D Total Rate Per \$10,000			
0-24	0.06	0.025	0.085	0.85			
25-29	0.07	0.025	0.095	0.95			
30-34	0.09	0.025	0.115	1.15			
35-39	0.1	0.025	0.125	1.25			
40-44	0.17	0.025	0.195	1.95			
45-49	0.255	0.025	0.28	2.8			
50-54	0.391	0.025	0.416	4.16			
55-59	0.731	0.025	0.756	7.56			
60-64	1.122	0.025	1.147	11.47			
65-69	2.114	0.025	2.139	21.39			
70-74	3.502	0.025	3.527	35.27			
75+	5.15	0.025	5.175	51.75			

## Glossary

- **Employer paid** The benefit being offered is paid for by the company that you work for.
- <u>Voluntary</u> Employee has the option to enroll in the benefit. The cost of the benefit is covered by the employee through payroll deduction.
- <u>Age Banded</u> The rates of the benefit are based on the age of the employee and dependents covered under the plan. Age Banded rates are usually set within different increments of age ranges. As the employee/dependent ages, the rate will increase.





# **unum** Disability



Disability Insurance, which covers a portion of your qualifying employee's paycheck if he/she is unable to work due to an illness or injury, is an affordable way to ensure your people are covered—no matter what life throws at them.

Disability will cover all full-time active employees who are enrolled in coverage.

Short-Term Disability (STD)							
	Base	Enhanced	Premier				
Benefit Percentage	60%	60%	60%				
Max Benefit	\$1,500 per week	\$2,500 per week	\$3,000 per week				
Elimination Period (Injury and Illness)	14 days	14 days	14 days				
Duration	11 weeks	11 weeks	11 weeks				
Funding	Employer Paid or Voluntary	Voluntary	Employer Paid				
Employer-Paid Rates*	\$0.25	NA	\$0.29				
Voluntary Rates	Age Banded	Age Banded	N/A				

\*Rate per \$10 of weekly benefit. To calculate your cost per paycheck for coverage, complete the calculations below:

- Annual salary/52 = weekly salary x Benefit Percentage (.60) = Weekly Benefit
- Your Weekly Benefit/10 = \_\_\_x Rate = Your Monthly Cost
- Your Monthly Cost x 12 = Annual Cost/# Paychecks Per Year = Cost Per Paycheck

Long-Term Disability (LTD)						
	Base	Enhanced	Premier			
Benefit Percentage	60%	60%	60%			
Max Benefit Amount	\$7,500 per month	\$10,000 per month	\$15,000 per month			
Elimination Period	90 days	90 days	90 days			
Duration	SSNRA**	SSNRA**	SSNRA**			
Pre-Existing Condition	3/12 for ER paid, 12/24 for Voluntary	12/24	3/12			
Funding	Employer Paid or Voluntary	Voluntary	Employer Paid			
Employer-Paid Rates***	\$0.38	NA	\$0.44			
Voluntary Rates	Age Banded	Age Banded	Age Banded			

\*\*SSNRA – Social Security Normal Retirement Age

\*\*\*Employer-paid rates are per \$100 of the covered employee's payroll. To calculate your cost per paycheck for coverage, complete the calculation: Annual Salary/100 x Rate = Annual Cost/# Paychecks Per Year = Cost Per Paycheck





# **unum** Accident

Unum's group accident plan helps employees protect themselves and their family members from the financial risk of out-of-pocket medical expenses by paying out cash benefits if a qualifying accident occurs.

Plan Details				
Eligibility	All active full-time employees, spouses, and/or child(ren)			
Benefit Amount	Flat-dollar benefit varies based on claim type.			
	See Schedule of Benefits for details.			
Coverage	On and off the job			
Wellness Benefit	\$75 per insured, per calendar year			
Funding	Employer-paid or voluntary			
Monthly Rates				
Employee Only	\$18.51			
Employee + Spouse	\$30.78			
Employee + Child(ren)	\$32.91			
Employee + Family	\$45.18			

## Accident coverage in action:

An illustrative example of how accident coverage can help with medical expenses:

	40-year-old Accident: Fa	all at home			
Injury: Anterior	Cruciate Ligan	nent (ACL) tear ( <i>knee injury</i> )			
Out-of-pocket expenses incurred:		Benefits paid:			
Emergency room copay:	\$100	Emergency room visit:	\$150		
Deductible: \$1,00		Appliance (knee brace):	\$100		
Coinsurance for surgery (\$3,500 x 25%): \$875		Outpatient surgery facility service:	\$300		
Copay for six physical therapy visits:	\$120	Surgical ligament tear repair:	\$800		
Total out-of-pocket expenses:	\$2,095	Physical therapy sessions:	\$150		
Total out-of-pocket expenses: \$1,500					

Effective 7/1/2022, this benefit will be offered post-tax via payroll deductions, but the claims payment will be pre-tax to the claimant. Employer paid premiums for Accident and Critical Illness Plans will be taxed to the employee.

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Please refer to plan documents for limitations and exclusions, as well as full benefit details.



# **Unun** Critical Illness

Unum's critical illness program provides a lump-sum payment in the event you are diagnosed with an illness covered by the plan.

Plan Details				
Funding	Employer-paid or voluntary			
Eligibility	All active full-time employees, spouses, and/or child(ren)			
Maximum Benefit Amount	Up to \$10,000			
Pre-Existing Conditions	12-month exclusion			
Waiting Period	Diagnosis must occur at least 30 days after the coverage effective date to be eligible for benefits			
Wellness Benefit	\$75 per insured, per calendar year			
Dependent Coverage	All eligible children are automatically covered at 50% of the employee benefit amount for no additional cost			
Spouse Coverage	Spouses ages 17-64 are eligible for up to \$10,000 with employee purchase			
Covered Conditions	Heart attack, blindness, major organ failure, end-stage renal (kidney) failure, occupational HIV, benign brain tumor, coronary artery bypass surgery (pays 25% of lump sum benefit)			
	Stroke: evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event			
Covered Conditions with	Coma: resulting from severe traumatic brain injury lasting for a period of 14 or more consecutive days			
Time Limits	Permanent Paralysis: complete and permanent loss of the use of two or more limbs for continuous 90 days as a result of a covered accident			
Cancer Conditions	Carcinoma in situ (pays 25% of lump sum benefit)			

Monthly Rates											
Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Non- Tobacco	\$8.20	\$8.70	\$10.70	\$13.70	\$18.40	\$24.40	\$31.40	\$40.60	\$51.30	\$57.40	\$101.00
Tobacco	\$11.10	\$12.90	\$17.20	\$24.10	\$34.30	\$46.40	\$61.20	\$77.30	\$92.10	\$95.90	\$153.10

Effective upon your next renewal, employer paid premiums for Accident and Critical Illness plans will be taxed to the employee.

Please refer to plan documents for limitations and exclusions, as well as full benefit details.







# **Unum** Tax-Advantaged Benefits

Be ready for the unexpected and consider adding these pre-tax healthcare savings plans to your benefits lineup.

#### FLEXIBLE SPENDING ACCOUNT (FSA)

A **Flexible Spending Account (FSA)** is a group-sponsored, tax-advantaged account that allows participants to use pre-tax dollars for eligible expenses.

Carrier	wex	(Formerly known as Discovery Benefits)
Election Year	Plan year	or calendar year
Calendar Year Limit (2022) *	Health FS	A: \$2,850 Dependent Care FSA: \$5,000
Rollover**	Health FS	SA: Up to \$500 with a minimum of \$25
Reimbursement	Debit care	ds or online

#### HEALTH SAVINGS ACCOUNT (HSA)

A **Health Savings Account (HSA)** is an individually owned, tax-advantaged account that participants can use to pay for current or future IRS-qualified medical expenses if they are enrolled in a qualified high-deductible health plan (HDHP).

**Preferred Vendor** 



Calendar Year Limit (2022) \*

Individual: \$3,650 | Family: \$7,300 | 55+: Additional \$1,000 Catch Up Funds roll over year to year

\*Calendar year limits are subject to change at least annually per IRS guidelines.









## **Employee Wellness**

Evolve<sup>™</sup> by G&A Partners is a workplace wellness solution that can be tailored to fit your culture and budget.

### A healthy workforce is a happy workforce.

Wellness programs have almost become an expected part of an employer's benefits package. But while many employers want to offer a wellness program, they struggle to design and implement one on their own successfully.

G&A Partners' corporate wellness team is eager to help your business Evolve<sup>™</sup> with our turnkey, scalable wellness program, which can be customized to meet your goals and fit effortlessly with your employees' lifestyles.

Evolve <sup>™</sup> Wellness Services	Pricing
<ul> <li>Dedicated Wellness Coordinator</li> <li>Customized incentive point program</li> <li>Comprehensive online wellness platform and mobile app</li> <li>Companywide and personal health challenges</li> <li>Annual Health Risk Assessment (HRA)</li> <li>Annual reporting and analysis</li> <li>Online wellness library, including a smoking cessation course</li> </ul>	Weekly: \$1/check Biweekly/Semi-Monthly: \$2/check Monthly: \$4/check
Biometric screenings (optional)	Varies

Here are just a few benefits you can experience if you implement a wellness program such as Evolve<sup>™</sup>:





An increased ability to recruit and retain top talent



Greater workplace productivity and employee engagement



## SLAVIC401K

# 401(k)



G&A Partners' multiple employer retirement plan provided through Slavic401(k) offers the significant value to you and your participating employees.

## What is a multiple employer 401(k) plan?

Multiple employer plans offer significant advantages over the traditional single plan:

- The cost of any plan audit is covered by the plan sponsor (i.e., G&A Partners), not the client.
- The plan sponsor assumes the fiduciary liability of ensuring the plan is compliant with IRS and DOL rules.
- Economies of scale allow average investors to have access to top-shelf mutual funds at some of the lowest fees in the market.

### **Employer Features:**

- Comprehensive plan administration is provided by G&A Partners and includes nondiscrimination testing, loan/distribution processing, trustee services, and Form 5500 preparation.
- G&A Partners 401(k) experts can help with plan design and set up.
- Investment funds are highly rated by Morningstar, the standard for mutual fund ratings, and are traded through Fidelity.
- Mutual funds are no-load (sold without a commission or sales charge) and purchased at net value asset (NVA).
- Customizable employer match and vesting options are available.
- Monthly email updates are provided by the plan sponsor.

### **Employee Features:**

- · Lower fees that result in higher returns
- Investment advice from a licensed financial advisor
- Access to the Bespoke Portfolio Service, Slavic401k's robo-advisor investing tool
- Weekly participant email with account balance and market trends

#### Fee Information:

- No startup cost for new 401(k) plans.
- Employers pay an annual plan administration fee of \$350 per year (invoiced annually by G&A). This fee can be offset for the employer by the \$20 participant administration fee if at least 18 employees participate. If fewer than 18 employees participate, the employer must cover the difference.
- A one-time plan transfer fee of \$350 plus an additional \$3 per participant to transfer the assets of existing plans to Slavic401k will be invoiced directly to the client by Slavic401k once the transfer of assets process is completed.







# Perks

The following programs and benefits are all available free of charge to G&A Partners clients and their employees.

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

Unum's EAP offers G&A Partners clients and their employees help via phone, in-person sessions and/or online resources to cope with short-term personal or work-related problems, including:

- **Family:** Counseling, child-care, divorce
- Money: Budgeting, debt, retirement
- Health: Addiction, health habits
- Work: Workplace stress and relationships

Visit <u>www.unum.com/lifebalance</u> (username: lifebalance; password: lifebalance) to view online resources and tools, or call 1-800-854-1446 to speak with a master's level consultant.

#### **Gym Membership Discounts**

G&A Partners has teamed up with several national and regional fitness clubs to offer our clients and their employees discounted memberships to help them achieve their health and wellness goals!



Visit go.gnapartners.com/employee-discounts for more information!

# **Unum** EAP Medical Bill Saver



# The Medical Bill Saver advantage



- Negotiations for medical/dental bills with a non-covered balance of \$400 or more
- Expert use of critical pricing-trend information to obtain discounts from providers
- Easy-to-read Savings Result Statement summarizing the outcome of the negotiation
- Provider sign-off on payment terms and conditions
- Speedy provider payments

#### Employee Assistance Program services are available 24/7 at:

1-800-854-1446 (multi-lingual) www.unum.com/lifebalance

As health care costs continue to rise, many people have trouble paying medical expenses that insurance doesn't cover. Luckily, Unum's EAP — with the Medical Bill Saver feature — can help.

#### How does it work?



When a covered employee has a medical or dental bill totaling over \$400 in out-of-pocket costs, our skilled negotiating team works with the provider(s) to get a discount. Successful negotiations can save employees hundreds, and sometimes thousands, of dollars.



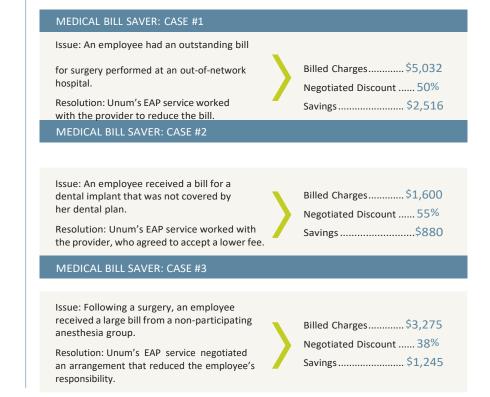
Our experts can also show employees how to keep bills lower in the future – for example, by using in-network providers.



By helping reduce employees' out-of-pocket-costs, Medical Bill Saver can make consumer-driven health plans (CDHPs) more attractive – and more effective.

Medical Bill Saver is one more way the Unum Employee Assistance Program helps employees manage the stresses of modern life.

#### Real stories. Real people. Real results.



\* The savings in these case studies cannot be guaranteed. Results may vary.





# **Other Ancillary Products**

Providing ancillary benefits is a great way to show your employees you care about their health and wellbeing. Here are a few additional products to round out your benefits package:

## The College Tuition Benefit®

Employees participating in the Guardian Dental Plan may be eligible to earn Tuition Rewards that can be used to pay for up to one year's tuition at a SAGE Scholar college.

- One Tuition Rewards point = \$1
- Employees must register for this program to participate

For more information and to register, visit <u>www.Guardian.CollegeTuitionBenefit.com</u>.

## **Travel Protection**

Whether you're traveling for business or pleasure to a foreign country, or you are just traveling 100-plus miles from home, Unum's emergency travel assistance program can help with:

- Medical evaluations
- Legal/interpreter referrals
- Prescription assistance

- Medical repatriation
- Critical care monitoring
- Hospital admission

Within the U.S., call 1-800-872-1414 | Outside the U.S., call +1 609-986-1234 Reference #: 01-AA-UN-762490 | Employer: G&A Partners

NOTE: The products above are value-added programs offered directly through the carrier and are not sponsored by G&A Partners. Please contact the individual carrier for each product if you have any questions.





# Notes






If you have any questions about the information in this booklet, please feel free to reach out to your G&A account team directly or contact AccessHR and one of our team members will be happy to assist you.

#### **Contact AccessHR**

Hours: Monday – Friday | 7:30 a.m. – 7:00 p.m. CT Phone: 1-866-497-4222 Email: accesshr@gnapartners.com Web: www.gnapartners.com/contact-us



