

# Benefits at a glance

FREEDOM CLASSIC CHOICE



2026

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 your Insperity employee portal.

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

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

### **Questions about your Insperity benefits?**

Insperity is here to help, and we speak your language. Call the Insperity Contact Center at 866.715.3552 from 7 a.m. to 7 p.m. CT, Monday through Friday, for personal assistance with everything from choosing a medical coverage option to enrolling online and more. Assistance is available in more than 150 languages, from Spanish to Tagalog.

¿Tienes preguntas sobre tus beneficios? Insperity está aquí para ayudarte, pues hablamos tu idioma. Llama al Centro de Contacto de Insperity al 866.715.3552 de lunes a viernes de 7 a.m. a 7 p.m., hora del centro, para recibir todo tipo de ayuda personal, desde cómo elegir opciones de cobertura médica hasta cómo inscribirte en línea y más. Ofrecemos asistencia en más de 150 idiomas, desde español hasta tagalo.

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# Insperity Benefits and Your Wellbeing

When it comes to on-demand wellbeing resources to support every aspect of your health, Insperity's benefits have you covered. Insperity focuses on five key areas of wellbeing:

## Your emotional health

- 24/7 live assistance from licensed counselors
- Virtual therapy options
- Access to the Calm app and other emotional support apps
- Crisis support and coping resources

## Your professional health

- Professional development
- Continuing education
- Leadership training
- Stress management
- Workplace safety and ergonomics

## Your physical health

- Chronic condition management
- Substance use disorder support
- 24/7 telemedicine options\*
- Wellness programs, including weight management, nutrition, smoking cessation, and more\*
- Discounted gym memberships and fitness equipment
- Weight loss programs and meal services
- Wellness app subscriptions
- Virtual classes

## Your social health

- Caregiving support
- Relationships
- Parenting resources
- Disaster relief

## Your financial health

- ID theft prevention and recovery
- Financial planning and coaching
- Legal advice and mediation
- Will creation
- Discounted tax preparation

### **New! Financial Wellbeing Support Program with Balance Wellbeing.**

Get personalized guidance from financial professionals, plus access to educational resources, a net worth tracker, financial calculators, and more.

Visit [balancewellbeing.com](https://balancewellbeing.com) and use invitation code "Insperity" to get started.

*\*Resources available through your selected medical carrier if enrolled in Insperity Group Health Plan coverage.*

## **Wellbeing On-Demand**

Insperity provides an interactive online video guide to wellbeing support available through your Insperity benefits. You can access the Self-Paced Wellbeing Training 24 hours a day, seven days a week from any computer or mobile device to learn more.

Scan the QR code to get started. The Self-Paced Wellbeing Training is also available year-round on the Benefits page of Insperity Premier under "Resources."



# The Insperity Employee Assistance Program Administered by Optum®

**Available to all employees (full-time, part-time, or seasonal) and their dependents**

The Insperity Employee Assistance Program (EAP) is administered by Optum. Services provided by the EAP are completely confidential, and most are available at no cost to Insperity employees and their dependents. The EAP provides a majority of the on-demand wellbeing resources and benefits featured on the previous page, and these include:

- No-cost counseling sessions (in person or virtual options)
- One complimentary attorney consultation and one mediation session per issue, per year
- Time-saving WorkLife Convenience services to help find a contractor, care provider, recreational activities, and more

To access EAP services, receive an authorization code for counseling sessions, or to speak to a licensed counselor 24 hours a day, seven days a week, call 866.402.0003 or visit [liveandworkwell.com](https://liveandworkwell.com) (access code Insperity).

Receive an authorization code online by searching for a provider in the “Get Care” tab. You’ll need to share this code with the provider of your choice during the scheduling process.

## **Prefer to use your free sessions for online therapy through Talkspace?**

Download the Talkspace app or visit [Talkspace.com](https://talkspace.com). After clicking “Get Started,” select “Optum Behavioral Health” as your insurance provider, and provide your authorization code when requested during the setup process.



## **Get the Calm app!**

The Insperity EAP now features free access to the Calm app, which provides an extensive library of guided meditations, sleep stories, independent learning courses, and more.

Learn more at [liveandworkwell.com](https://liveandworkwell.com).

*Insperity EAP utilization data sourced from Optum®*

## The Insperity EAP and Your Wellbeing

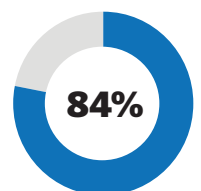
**8,285**  
**EAP cases opened**  
**in 2023**

**82% of EAP users**  
**report improvement**  
**in themselves or**  
**their family**

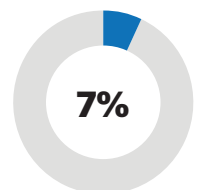


## **EAP user breakdown**

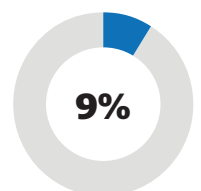
**Employees**



**Spouse**



**Other dependents**



# Caregiver Support Program

## Available to all employees (full-time, part-time, or seasonal) and their dependents

The Insuperity Caregiver Support Program is administered by Cariloop. Services are provided to Insuperity employees and their families at no cost, and include:

### Health & Medical Support

- Coordination and transition of care
- Communicating with caregivers and physicians
- Pediatric care resources
- Geriatric care resources
- Meal services
- Home health

### Education Support

- Special education assistance
- IEP support and 504 evaluations
- Early intervention
- Behavioral issues
- Financial aid
- College applications

### Family & Emotional Support

- Changes in family dynamics
- Emotional support needs
- Difficult care decisions
- Behavioral and mental health care resources
- Childcare resources

### Insurance, Financial & Legal Support

- Handling finances and bills
- Assistance with legal documents and policies related to health care
- Attorney referrals
- Understanding Medicare, Medicaid, VA Insurance, Long Term Care Insurance, etc.



## Getting started

- Create an account at [Cariloop.com/register](https://Cariloop.com/register)
- Answer a few questions about the person you are caring for
- Access digital resources and a licensed Care Coach to support your caregiving needs
- Invite those who share caregiving responsibilities for that person to the case

Your Care Coach will collaborate with you and those you have invited to the case through the secure Care Portal, which you can access via the Cariloop website or app. Once your case is established, you can securely upload files or documents for easy accessibility whenever needed by your Care Team.

## Caregiving support for anyone you consider family

The Insuperity Caregiver Support Program provides virtual assistance for a range of concerns from parenting, eldercare, education, disability, or illness. You can access support for anyone you are caring for – whether it's your child, your parent, your friend, your coworker, your neighbor – or yourself.





## The Reality of Caregiving

**60%**  
of caregivers  
experience work  
disruption

**1/3**  
of employees  
have had to leave  
a job because  
of caregiving

On average,  
caregivers provide  
**20 hours**  
of care per week

*Statistics sourced from Rosalynn Carter Institute for Caregivers.*

# Wellbeing Resources on MarketPlace™ Perks at Work

**Insperity Perks at Work offers discounts and member pricing for a variety of products and services to support your family's wellbeing, including:**

- Gym memberships and exercise equipment
- Nutrition counseling
- Weight management programs
- On-demand therapy and telehealth options
- Tutoring and continuing education programs
- Discounts on childcare services
- At-home meal and grocery delivery services
- Supplemental insurance
- Pet health insurance
- Household needs, gifts and electronics
- Travel needs including cruises, rental cars, hotels and more

## **WOWPoints**

When you purchase through MarketPlace, you can also earn WOWPoints to redeem for prizes or credit. WOWPoints never expire, have no blackout dates, and can be earned on top of other rewards like airline miles. Credit rewards can be used like cash to shop online, and every 100 WOWPoints earns \$1 in credit.

## **Virtual classes with Community Online Academy**

MarketPlace Perks at Work also features complimentary access to Community Online Academy (COA), which offers live and pre-recorded courses on a wide variety of topics, including meditation, physical wellness, hobbies, and personal development.

# Insperity Training and Development

Grow your career and improve job performance with on-demand self-paced resources and instructor-led live virtual classes available through Insperity, including:

- Access to self-paced courses, book summaries, training videos, articles, and business/IT certification resources to help maximize employee performance and drive results
- Learning pathways curated for key business topics
- External training/certification tracking
- Instructor-led virtual training in the areas of employee development, leader development and liability management
- Continuing education units on many courses

# The Insperity Commuter Benefits Program

## **Available to all employees (full-time, part-time, and seasonal)**

The Insperity Commuter Benefits Program allows you to save on your work commute by paying for eligible mass transit and/or parking expenses with pretax dollars. By using pretax dollars to pay for your transportation costs, you save by avoiding federal and state income and employment taxes on those dollars.

- **Eligible mass transit fees** include tickets, passes, tokens, vouchers or fares for buses, trains, subways, ferries, streetcars, commercial vanpools or other mass transportation vehicles you may use to travel between your residence and your workplace. The cost of commuting in a taxi or in your personal car or van is not included.
- **Eligible parking fees** include the cost of parking at or near your place of work, or parking fees for a location from which you commute to work via mass transportation or a vanpool, such as a park-and-ride lot. Residential parking fees are not eligible.

Once you've enrolled, you can order your transit passes and/or declare parking expenses in advance of each month you plan to use the benefit. Transit passes must be ordered, or parking expenses declared, by the 10<sup>th</sup> of each month for the following month. For Metro North and Long Island Railroads, orders must be placed by the 4<sup>th</sup> of the month for the following month.

Your expenses will be automatically deducted from your Insperity paycheck on a pretax basis, up to monthly limits established by the IRS for the current calendar year. Expenses above the monthly pretax limit are deducted on an after-tax basis from your paycheck.

**There is a monthly \$2 administrative fee to participate, except where prohibited by local ordinance.**

## **Tax considerations**

Please note that individuals who are considered to be self-employed (such as partners in a partnership, sole proprietors, and 2% shareholders of an S-corporation) are prohibited from participation based on IRS rules governing commuter benefit programs.

### **Manage your commuter benefits on the go with EZ Receipts®**

Need to check your commuter card balance, or upload a receipt for Pay Me Back Parking reimbursements? There's an app for that! Download the EZ Receipts Mobile App for quick, convenient access to your commuter benefits account information. To use the app, you must first register directly at [healthequity.com](https://healthequity.com) with the following information:

- Your name, date of birth, home ZIP code, and ID code (last four digits of your SSN)
- Your contact information and communications preferences

Once you have registered with this information and selected your username and password, you can then use those credentials to log in to the EZ Receipts app.

# The Insperity Adoption Assistance Program

**Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average**

Insperity's Adoption Assistance Program is available to eligible employees with at least 180 days of continuous service prior to the date of the final adoption decree. If you are adopting a child through private adoption or a licensed adoption agency, you may be reimbursed up to \$5,000 of eligible adoption expenses per qualified adoption.

Expenses eligible for reimbursement must be directly related to and with the main purpose of adoption of an eligible child, and include:

- Reasonable and necessary adoption fees
- Court costs and attorney fees

Reimbursement is not available for the adoption of a stepchild(ren), or the child(ren) of a spouse/domestic partner, or expenses related to any surrogate parenting arrangement. Travel and lodging expenses associated with an adoption are also excluded.



# The Insperity Educational Assistance Program

**Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average**

Insperity's Educational Assistance Program is available to help you pursue educational opportunities that can advance your career. Each calendar year, you may be reimbursed up to \$1,500 for eligible educational expenses. These can include:

- Up to \$1,500 for approved undergraduate/graduate college courses taken as part of a degree program at an accredited institution.
- Up to \$1,500 for approved continuing educational expenses (including courses taken through a professional association, or at an accredited trade, vocational or business school).

The maximum benefit you may receive for courses completed in one calendar year is \$1,500.

**Please note that this Program does not apply to courses, seminars, or training provided or paid for by Insperity or a client company.**



# The Insperity Health Care Flexible Spending Account Plan

## **Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average**

When you enroll in the Insperity Health Care Flexible Spending Account Plan (Health Care FSA), you can make pretax contributions up to the annual maximum through payroll deduction and use those contributions to pay for qualifying health care expenses incurred during the calendar year.

## **You may elect to contribute up to the annual maximum set by the IRS each year.**

Please note that the annual limit will be prorated based on the number of remaining pay periods in the calendar year at the time your election takes effect.

Once enrolled, you will receive a Health Care Spending Card (a debit MasterCard® issued by UnitedHealthcare) funded with your elected amount. Use the card for eligible expenses at the time of service, or file a claim for reimbursement.

Eligible expenses include copays, coinsurance, and deductibles for medical, prescription, dental and vision expenses, as well as certain over-the-counter health care expenses. See IRS Publication 502 for a current list of qualified expenses.

You can file claims for any eligible expenses incurred during the plan year through March 31 of the following year. Any unused amounts are forfeited under the Plan's "use it or lose it" rule.

## **FSA Carryover (up to \$500 per year)**

You can carry over up to \$500 of unused contributions if you elect to continue participation in the Health Care FSA for the following plan year. Any unused amounts in excess of \$500 will be forfeited.

For example, if you enroll in the Health Care FSA for 2026 and have an unused balance of \$700 for the 2026 plan year, you may carry over \$500 to use for eligible expenses in 2027 — but only if you enroll in the Health Care FSA for plan year 2027. The remaining \$200 will be forfeited under the plan's "use it or lose it" rule.

## **Tax considerations**

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



## **Enrollment deadline**

Enroll within 30 days of becoming eligible; no wait period applies. To continue participation each year, submit a new election during the annual open enrollment period.

# The Insperity Health Savings Account Program

**Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average**

If you are an Insperity employee enrolled in an Insperity high deductible health plan (HDHP) coverage option, you can establish a health savings account (HSA) through the Insperity HSA Program. There are no federal taxes on pretax contributions made to your HSA, and the money in your HSA is tax-free when used for qualified health care expenses. Plus, you keep what you save — any unused funds remain in your account from year to year, earning tax-free interest and dividends when invested.

You may invest a portion of your HSA balance once it reaches \$1,100. The minimum amount that can be transferred to your investment account is \$100. Learn more about available investment options at [optumbank.com](https://optumbank.com).

**2026 HSA contribution limits are \$4,400 for employee-only coverage, and \$8,750 for family coverage.**

Your elected HSA contribution amount can be changed as needed throughout the year. If you turn 55 or older within the tax year, you may contribute an additional \$1,000 of catch-up contributions.

## Opening an Optum Bank HSA through the Insperity HSA Program

To make HSA contributions through the HSA Program, you will first need to apply for an Optum Bank® HSA through your Insperity employee portal. Once you have completed medical enrollment in an Insperity HDHP coverage option, go to the “Insperity Health Care Accounts” section, then select “Apply” next to “Health Savings Account” under “Benefits” to begin.

Once your Optum Bank HSA is open and your Insperity HDHP coverage is in effect, you can make pre- or post-tax contributions (according to your eligibility in Insperity’s records) through Insperity payroll deduction. Insperity will pay the monthly account management fee while you remain an eligible employee of Insperity enrolled in an Insperity HDHP coverage option.

## Tax considerations

Pretax HSA contributions made by officers, highly compensated employees (HCEs), and owners of a C-Corporation (or lineal relatives of such owners) are subject to annual nondiscrimination testing under Internal Revenue Code Section 125. Certain tests are difficult to pass if participation by officers, HCEs and owners is significantly higher than participation by other employees. A testing failure may result in taxation of their pretax HSA contributions.

## Health Savings Account Features



**Individually owned**



**Use with HSA-qualified medical coverage (HDHPs)**



**Triple tax savings**



**Make pretax contributions (if eligible)**



**Use funds tax-free for eligible expenses**



**Unused funds remain in your account**



**Earn tax-free interest and dividends on investments**



**Catch-up contributions for ages 55+**



# Short-Term and Long-Term Disability Benefits

**Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average**

Basic (100% employer-paid) disability insurance provides income protection if you are unable to perform your job due to illness or injury (including pregnancy/childbirth).

- **Short-term disability insurance pays up to 60% of covered weekly earnings, up to \$2,308 per week.** There is a 14-day elimination period for short-term disability benefits. Benefits begin on the 15th day of disability and continue for up to 24 weeks following the elimination period or the end of disability, whichever comes first.
- **Long-term disability insurance pays up to 60% of covered monthly earnings, up to \$10,000 per month.** Benefits begin after six continuous months of disability. The duration of long-term disability payments will depend on the circumstances of the disability and the age you become disabled. Refer to the Certificate of Coverage for details.



## **How are covered earnings calculated for disability, life and AD&D insurance?**

For full-time employees, covered earnings will generally be your base annual salary, plus actual earnings for the previous 12 months. Actual earnings include commissions, piece-work and fee-based work.

It does not include bonuses, overtime pay, special pay or another form of extra compensation. (If the employee has been employed for less than 12 months, actual earnings will be annualized.) Refer to the Certificate of Coverage for a complete definition.

# Life and Accidental Death & Dismemberment Insurance

## Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average

Basic (100% employer-paid) life and AD&D insurance is provided automatically at no cost to eligible employees (no enrollment required). You may also elect voluntary (100% employee-paid) life and AD&D insurance for yourself and any eligible dependents.

For guaranteed issue of voluntary life coverage, you must enroll within 30 days of becoming eligible (once you have satisfied any required waiting period for Insperity benefits). Applications that are received after the 30-day guaranteed issue period, and applications for coverage in excess of the guaranteed issue amounts listed below, are subject to proof of good health.

Benefit	Available coverage amounts	Coverage details
<b>Basic Life and AD&amp;D Insurance</b> (100% employer-paid)  No enrollment is required.	<b>Employee</b> 1 x annual covered earnings, up to \$50,000	Provided automatically to eligible employees.
<b>Voluntary Life Insurance</b> (100% employee-paid)  Apply within 30 days of becoming eligible for guaranteed issue.	<b>Employee</b> 1 to 6 x annual covered earnings, up to \$2,500,000 <b>Spouse/Domestic Partner</b> \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$100,000, \$150,000, \$200,000 <b>Children</b> \$5,000 or \$10,000 per child	The guaranteed issue amount for employee coverage is up to 3 x annual covered earnings or \$500,000, whichever is less.  The guaranteed issue amount for spouse or domestic partner coverage is \$10,000 or \$20,000.
<b>Voluntary AD&amp;D Insurance</b> (100% employee-paid)  Apply at any time; no proof of good health is required.	<b>Employee</b> 1 to 6 x annual covered earnings, up to \$2,500,000 <b>Spouse/Domestic Partner only</b> 60% of employee coverage amount <b>Spouse/Domestic Partner + Children</b> 50% of employee coverage amount <b>Children only</b> 15% of employee coverage amount	Spouse/domestic partner must be under age 70 at time of enrollment.

Rates and additional details for voluntary coverage are available in the New York Life Voluntary Benefits Book, or on the New York Life Group Benefits Solutions Benefits Guide enrollment site.

# Voluntary Critical Illness and Accident Insurance

**Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average and their dependents**

Voluntary (100% employee-paid) critical illness or accident insurance pays a lump-sum benefit for certain covered illnesses or injuries. Benefits are paid directly to you, and do not require coordination with other coverage (such as disability or health insurance). Please note that these benefits are not a substitute for medical coverage.

## **Critical Illness Insurance**

This insurance pays a lump-sum benefit for certain critical illnesses as specified by the insurer, such as cancer, heart attack, or stroke. You may elect a benefit amount of \$10,000, \$20,000, \$30,000, \$40,000, or \$50,000. Dependents are eligible for coverage amounts of up to 50% of the employee's elected amount.

Actual benefits paid will depend on the covered condition(s), and may vary from 25 to 100 percent of the elected benefit amount.

## **Accident Insurance**

This insurance pays a lump-sum benefit for off-the-job accident-related injuries such as broken bones, concussions, and burns. Benefits may also apply to accident-related medical services such as emergency care, X-rays, and certain types of surgeries. Actual benefits paid will depend on the type of injury.



## **Enroll anytime**

There is no enrollment deadline for voluntary critical illness or accident insurance. You can elect coverage at any time without proof of good health. All eligibility requirements must be satisfied before coverage can take effect.

## **Find more information online!**

Rates and details for voluntary critical illness and accident insurance, including covered conditions, benefit amounts, and terms and conditions, are available on your Insperty employee portal.



# Health Care Support Program

**Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii), on average, and their family**

This complimentary health care support program is available to you and your family through your Insperty benefits. You can call a Health Care Support Guidance Consultant 24 hours a day, seven days a week, for concierge-level assistance with a wide range of health care concerns, including:

- Questions about treatments, tests, and medications
- Clinical treatment and decision support
- Care coordination
- Provider search
- Appointment scheduling
- Pre-authorizations with your medical insurance carrier
- Estimate costs for covered and non-covered treatment options
- Referrals to community resources and applicable support groups
- Education about the appropriate providers for specific health issues
- Claims advocacy to resolve insurance and billing issues
- Negotiation of discounts for out-of-pocket medical expenses
- Eldercare services, including location of in-home care, assisted living or long-term care
- Support for parents of children with special needs, including autism spectrum disorder
- Assistance with application for Medicaid or Medicare Parts A, B, D and Supplemental Plans

You do not need to be enrolled in Insperty Group Health Plan coverage to access these services. Health care support is available for any health care question or claim regardless of your insurance coverage or carrier.

**For 24/7 assistance with health care concerns, call a Health Care Support Guidance Consultant at 800.336.2150 and identify Insperty as the employer. For questions about health insurance or claims, please have your insurance ID card available so that your consultant can provide you with information specific to your coverage.**

*Please note that health care support services are not health insurance or medical services, and this program does not provide either for health care services or for the reimbursement of financial losses relating to health care services. Full terms, conditions and exclusions are contained in the Health Care Support Program Service Agreement with New York Life Group Benefit Solutions.*



# The Insperity Group Health Plan

**Available to full-time employees who work 30+ hours per week (20+ hours in Hawaii) on average and their dependents**

## Medical coverage

Medical coverage options include prescription coverage and vary by insurance carrier, region and coverage type. Availability is determined by benefits package and ZIP code service area.

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

## Dental and vision coverage

Dental and vision coverage is available nationwide through UnitedHealthcare Dental and Vision Service Plan. Dental and vision must be elected together, but may be elected independently of medical coverage. If you enroll in medical and dental/vision coverage, you may elect any combination of that medical and/or dental and vision coverage for your dependents.



## Enrollment deadline

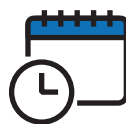
Participation is not automatic. You must enroll within 30 days of becoming eligible. This 30-day period will follow any required waiting period. After your initial enrollment period, your next opportunity to enroll or make changes will be your annual open enrollment period, unless you experience a qualifying life event.

Your coverage effective date is the first day of your initial enrollment period for the Insperity Group Health Plan. Any contribution amounts you may owe for retroactive coverage will be deducted from future Insperity paychecks. Your coverage information, including your ID card, will generally be available via your insurer's Member Services website and app within five business days of Insperity receiving your completed enrollment request. If you are not able to register on your insurer's Member Services site after five business days, call the Insperity Contact Center for assistance.



**Participation is not automatic. You must enroll within 30 days of becoming eligible**

**Your coverage starts on the first day of your initial enrollment period**



**After initial enrollment, your next opportunity to enroll will be your annual open enrollment period**

**Qualifying life events may allow for changes outside of open enrollment**



## How to determine which coverage options are available to you

To participate in a coverage option, you must live in a ZIP code service area included in that insurance carrier's network. ZIP codes associated with an insurance carrier's network service area are determined by the insurance carrier (not Insperity) and are specific to the health insurance product offerings defined in the carrier's contract with Insperity. An indemnity (out-of-area) option is available to employees who live in a ZIP code service area not served by any Insperity insurance carrier's network.

## Insperity's Nationwide Insurance Carrier Network

<b>National</b>	UnitedHealthcare
<b>California</b>	UnitedHealthcare, UnitedHealthcare of CA, Kaiser Permanente, Blue Shield of CA
<b>Colorado</b>	UnitedHealthcare, Kaiser Permanente
<b>Hawaii</b>	UnitedHealthcare, Kaiser Permanente, HMSA
<b>New Hampshire</b>	UnitedHealthcare, Harvard Pilgrim Health Care
<b>Massachusetts</b>	Harvard Pilgrim Health Care
<b>Oregon &amp; Washington</b>	UnitedHealthcare, Kaiser Permanente NW, Kaiser Permanente WA
<b>Rhode Island</b>	UnitedHealthcare, Harvard Pilgrim Health Care

Available carriers will depend on package and ZIP code.

**Log in to your Insperity employee portal to view your available coverage options and contribution rates.**

*The following pages include specific details on the coverage options available to you, as well as the terms, limits, exclusions, legal notices and requirements that apply to your Insperity Group Health Plan participation. Please review this information carefully before making your elections. An explanation of the terms used in the medical coverage option charts on the following pages can be found in the "Understanding Your Medical Coverage" section of this document.*

## Who can I call for help with my Insperity Group Health Plan coverage?

- **The Insperity Contact Center:** Call 866.715.3552, weekdays from 7 a.m. to 7 p.m. CT, for questions about your available coverage options and contribution rates, and for assistance with eligibility and enrollment.
- **Your Insurance Carrier:** Call your selected Insperity Group Health Plan medical insurance carrier at the number on your ID card for questions about covered services and prescriptions, claims, and out-of-pocket costs.
- **Health Care Support Program:** Call 800.336.2150, 24 hours a day, seven days a week for care coordination, medical decision support, medical concierge services, claims advocacy, billing resolution, and assistance with Medicare issues.\*

*\*You do not need to be enrolled in the Insperity Group Health Plan to access Health Care Support services*

# National Medical Coverage Options

Classic Choice-level packages (UnitedHealthcare Choice Plus options available everywhere except MA and HI)

## Medical (in-network)

Coverage options		UHC Choice Plus					UHC Primary Advantage Choice Plus			UHC Choice Plus HDHP		
		500/80	1000	1500	2500	6000	2000	4500	5000	1700 (aggregate)	3400	5000
<b>Medical calendar-year deductible</b>	Individual	\$500	\$1,000	\$1,500	\$2,500	\$6,000	\$2,000	\$4,500	\$5,000	\$1,700	\$3,400	\$5,000
	Family	\$1,500	\$3,000	\$4,500	\$7,500	\$13,200	\$4,000	\$9,000	\$10,000	\$3,400	\$6,800	\$10,000
<b>Annual out-of-pocket maximum</b>	Individual	\$5,000	\$5,000	\$6,350	\$6,850	\$8,500	\$6,500	\$9,200	\$6,500	\$4,500	\$7,000	\$7,150
	Family	\$10,000	\$10,000	\$12,700	\$13,700	\$17,000	\$13,000	\$18,400	\$13,000	\$9,000	\$14,000	\$14,300
<b>Coinsurance plan pays after deductible</b>		80%	80%	80%	70%	100%	80%	100%	80%	90%	90%	80%
<b>Office visit</b>		\$35	\$35	\$35	\$40	\$40	\$0	\$0	\$0	10%	10%	20%
<b>Specialist visit</b>		\$65	\$65	\$65	\$75	\$75	\$100	\$100	\$100	10%	10%	20%
<b>Virtual visit</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Urgent care</b>		\$75	\$75	\$75	\$75	\$75	\$50	\$50	\$50	10%	10%	20%
<b>Emergency room</b>		\$250	\$250	\$250	\$250	\$500	\$250 copay + ded + 20%	\$250 copay + ded	\$250 copay + ded + 20%	10%	10%	20%
<b>Outpatient surgery</b>		20%	20%	20%	30%	0%	20%	0%	20%	10%	10%	20%
<b>Inpatient hospital</b>		20%	20%	20%	30%	0%	20%	0%	20%	10%	10%	20%

## Pharmacy

Coverage options		UHC Choice Plus					UHC Primary Advantage Choice Plus			UHC Choice Plus HDHP		
		500/80	1000	1500	2500	6000	2000	4500	5000	1700 (aggregate)	3400	5000
							Rx deductible applies to tiers 3 & 4 only					
<b>Prescription deductible</b>	Individual	\$150	\$150	\$150	\$150	\$200	\$250	\$250	\$250	Copays apply once medical deductible is met	Copays apply once medical deductible is met	Copays apply once medical deductible is met
	Family	\$450	\$450	\$450	\$450	\$600	\$500	\$500	\$500			
<b>Tier 1 copays</b>	Retail	\$10	\$10	\$10	\$10	\$10	\$5	\$5	\$5	\$10	\$10	\$10
	Mail order	\$25	\$25	\$25	\$25	\$25	\$12.50	\$12.50	\$12.50	\$25	\$25	\$25
<b>Tier 2 copays</b>	Retail	\$40	\$40	\$40	\$45	\$45	\$50	\$50	\$50	\$35	\$35	\$35
	Mail order	\$100	\$100	\$100	\$112.50	\$112.50	\$125	\$125	\$125	\$87.50	\$87.50	\$87.50
<b>Tier 3 copays</b>	Retail	\$65	\$65	\$65	\$70	\$70	\$100	\$100	\$100	\$60	\$60	\$60
	Mail order	\$162.50	\$162.50	\$162.50	\$175	\$175	\$250	\$250	\$250	\$150	\$150	\$150
<b>Tier 4 copays</b>	Retail	\$120	\$120	\$120	\$120	\$120	\$250	\$250	\$250	\$120	\$120	\$120
	Mail order	\$300	\$300	\$300	\$300	\$300	\$625	\$625	\$625	\$300	\$300	\$300

Copays and coinsurance rates listed are for non-preventive care. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# National Medical Coverage Options

Classic Choice-level packages (UnitedHealthcare Choice Plus options available everywhere except MA and HI)

## Medical (out-of-network)

Coverage options		UHC Choice Plus					UHC Primary Advantage Choice Plus			UHC Choice Plus HDHP		
		500/80	1000	1500	2500	6000	2000	4500	5000	1700 (aggregate)	3400	5000
<b>Medical calendar-year deductible</b>	Individual	\$1,500	\$2,000	\$3,000	\$5,000	\$12,000	\$5,000	\$10,000	\$10,000	\$3,400	\$6,800	\$10,000
	Family	\$4,500	\$6,000	\$9,000	\$15,000	\$16,400	\$10,000	\$20,000	\$20,000	\$6,800	\$13,600	\$20,000
<b>Annual out-of-pocket maximum</b>	Individual	\$10,000	\$10,000	\$12,700	\$13,700	\$14,875	\$10,000	\$20,000	\$20,000	\$9,000	\$14,000	\$14,300
	Family	\$20,000	\$20,000	\$25,400	\$27,400	\$29,750	\$20,000	\$40,000	\$40,000	\$18,000	\$28,000	\$28,600
<b>Coinsurance plan pays after deductible</b>		60%	60%	60%	50%	70%	50%	70%	50%	70%	70%	60%

### Reimbursement of out-of-network services

UnitedHealthcare Choice Plus coverage options pay benefits for non-emergency, non-network services after the deductible is met and according to a Medicare cost-based payment methodology defined by UnitedHealthcare as the Maximum Non-Network Reimbursement Program, or MNRP. Under MNRP, reimbursement amounts are a percentage of the published rates allowed by Medicare for the same or similar services. Any difference between the amount billed by the non-network provider and the amount allowed by UnitedHealthcare may be balance billed to the participant in certain situations. Machine readable files (MRFs) available on the carrier's website allow participants to compare costs before receiving care and more accurately estimate their potential out-of-pocket expenses. See the applicable Certificate of Coverage for more details.



## Maximizing your medical coverage

### Wellbeing support

Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit [myuhc.com](https://myuhc.com).

### Virtual visits

The costs shown in the chart apply to virtual visits with carrier-designated telemedicine providers only. These include Teladoc®, AmWell®, and Dr. On Demand. For UnitedHealthcare HDHP (both Choice Plus and OOA) options, virtual visits with these designated providers are pre-deductible. No out-of-pocket costs will apply. Virtual visits with any other provider will be billed at the applicable office visit copay or coinsurance.

### Contacting your carrier

- UnitedHealthcare | 866.873.3902 | [myuhc.com](https://myuhc.com)

# California Medical Coverage Options

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

## Medical (in-network)

Coverage options		UHC Signature Value HMO	UHC Signature Value Harmony DHMO		Blue Shield of CA HMO	Blue Shield of CA DHMO	Kaiser HMO	Kaiser DHMO	Kaiser HMO HDHP
			1000	2000					
Medical calendar-year deductible	Individual	N/A	\$1,000	\$2,000	N/A	\$1,000	N/A	\$1,000	\$3,400
	Family		\$2,000	\$4,000		\$2,000		\$2,000	\$6,800
Annual out-of-pocket maximum	Individual	\$3,000	\$4,000	\$5,000	\$3,000	\$6,050	\$3,000	\$6,050	\$5,200
	Family	\$6,000	\$8,000	\$10,000	\$6,000	\$12,100	\$6,000	\$12,100	\$10,400
Coinsurance plan pays after deductible		100%	80%	80%	100%	90%	100%	70%	90%
Office visit		\$25	\$25	\$30	\$25	\$35	\$25	\$35	10%
Specialist visit		\$50	\$50	\$60	\$50	\$50	\$50	\$50	10%
Virtual visit		\$0	\$0	\$0	\$0	\$0	\$0	\$0	0%
Urgent care		\$25	\$25	\$30	\$25	\$35	\$25	\$35	10%
Emergency room		\$200	\$250	\$250	\$200	10%	\$200	30%	10%
Outpatient surgery		\$125	20%	20%	\$150	10%	\$100	30%	10%
Inpatient hospital		\$500	20%	20%	\$500	10%	\$250	30%	10%

## Pharmacy

Coverage options		UHC Signature Value HMO	UHC Signature Value Harmony DHMO		Blue Shield of CA HMO	Blue Shield of CA DHMO	Kaiser HMO	Kaiser DHMO	Kaiser HMO HDHP
			1000	2000					
Prescription deductible		N/A	N/A	N/A	N/A	\$100 per member for select drugs	N/A	\$100 per member for brand and specialty drugs	Copays apply once medical deductible is met
Tier 1 copays	Retail	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
	Mail order	\$25	\$25	\$25	\$20	\$20	\$20	\$10	\$20
Tier 2 copays	Retail	\$30	\$35	\$35	\$25	\$30	\$30	\$30	\$30
	Mail order	\$75	\$87.50	\$87.50	\$50	\$60	\$60	\$30	\$60
Tier 3 copays	Retail	\$50	\$70	\$70	\$40	N/A	N/A	N/A	N/A
	Mail order	\$125	\$175	\$175	\$70				
Tier 4 copays	Retail	Specialty rx 30% max \$200	Specialty rx \$10, \$150 or \$250	Specialty rx \$10, \$150 or \$250	Specialty rx 30% max \$200	Specialty rx 30% max \$200	Specialty rx 30% max \$150	Specialty rx 30% max \$150	Specialty rx 30% max \$150
	Mail order	Specialty rx 30% max \$200	N/A	N/A	Specialty rx 30% max \$400	Specialty rx 30% max \$400	N/A	N/A	N/A

Copays and coinsurance rates listed are for non-preventive care. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# California Medical Coverage Options

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

## Medical (out-of-network)

Coverage options		UHC Signature Value HMO	UHC Signature Value Harmony DHMO		Blue Shield of CA HMO	Blue Shield of CA DHMO	Kaiser HMO	Kaiser DHMO	Kaiser HMO HDHP
			1000	2000					
<b>Medical calendar-year deductible</b>	Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Annual out-of-pocket maximum</b>	Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Coinsurance plan pays after deductible</b>		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### Reimbursement of out-of-network services

California regional HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement. Non-emergency services at an in-network facility provided by an out-of-network provider must be covered at the in-network cost sharing amount and paid directly to the provider (or denial issued) within 30 days. California law prohibits balance billing of HMO participants in these circumstances. Any difference between the amount billed by the non-network provider and the amount allowed by UnitedHealthcare regional HMOs, Blue Shield of California or Kaiser Permanente may be balance billed to the participant in certain situations. Machine readable files (MRFs) available on the carrier's website allow participants to compare costs before receiving care and more accurately estimate their potential out-of-pocket expenses. See the applicable Certificate of Coverage for more details.



## Maximizing your medical coverage

### Wellbeing support

Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit your selected carrier's Member Services site: BSCA- [wellvolution.com](https://wellvolution.com), Kaiser- [kp.org/wellnesscoach](https://kp.org/wellnesscoach), UHC- [myuhc.com](https://myuhc.com).

### Virtual visits

The costs shown in the chart apply to virtual visits with carrier-designated telemedicine providers only. Virtual visits for UHC are available through Teladoc®, AmWell®, and Dr. On Demand. BSCA partners with Teladoc®, and Kaiser Permanente provides virtual visits through KP.org or the Kaiser Permanente app. Other virtual visits, including virtual primary care, will be billed at the applicable office visit copay or coinsurance.

### Contacting your carrier

- UnitedHealthcare | 800.624.8822 | [myuhc.com](https://myuhc.com)
- Blue Shield of California | 855.256.9404 | [blueshieldca.com](https://blueshieldca.com)
- Kaiser Permanente | 800.464.4000 | [kp.org](https://kp.org)

# Colorado Medical Coverage Options

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

## Medical (in-network)

Coverage options		Kaiser DHMO		Kaiser HMO HDHP
		500	1000	3400
Medical calendar-year deductible	Individual	\$500	\$1,000	\$3,400
	Family	\$1,000	\$2,000	\$6,800
Annual out-of-pocket maximum	Individual	\$3,000	\$3,500	\$5,000
	Family	\$6,000	\$7,000	\$10,000
Coinsurance plan pays after deductible		80%	80%	80%
Office visit		\$20	\$20	20%
Specialist visit		\$30	\$30	20%
Virtual visit		\$0	\$0	0%
Urgent care		\$30	\$30	20%
Emergency room		\$200	\$200	20%
Outpatient surgery		20%	20%	20%
Inpatient hospital		20%	20%	20%

## Pharmacy

Coverage options		Kaiser DHMO		Kaiser HMO HDHP
		500	1000	3400
Prescription deductible		N/A	N/A	Copays apply once medical deductible is met
Tier 1 copays	Retail	\$10	\$10	\$15
	Mail order	\$20	\$20	\$30
Tier 2 copays	Retail	\$30	\$30	\$35
	Mail order	\$60	\$60	\$70
Tier 3 copays	Retail	\$60	\$60	\$70
	Mail order	\$120	\$120	\$140
Tier 4 copays	Retail	Specialty rx 20% max \$250	Specialty rx 20% max \$250	Specialty rx 20% max \$250
	Mail order	N/A	N/A	N/A

Copays and coinsurance rates listed are for non-preventive care. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Colorado Medical Coverage Options

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

## Medical (out-of-network)

Coverage options		Kaiser DHMO		Kaiser HMO HDHP
		500	1000	3400
Medical calendar-year deductible	Individual	N/A	N/A	N/A
	Family	N/A	N/A	N/A
Annual out-of-pocket maximum	Individual	N/A	N/A	N/A
	Family	N/A	N/A	N/A
Coinsurance plan pays after deductible		N/A	N/A	N/A

### Reimbursement of out-of-network services

Kaiser Permanente HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement. Any difference between the amount billed by the non-network provider and the amount allowed by Kaiser Permanente may be balance billed to the participant in certain situations. Machine readable files (MRFs) available on the carrier's website allow participants to compare costs before receiving care and more accurately estimate their potential out-of-pocket expenses. See the applicable Certificate of Coverage for more details.



## Maximizing your medical coverage

### Wellbeing support

Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit [kp.org/wellnesscoach](https://kp.org/wellnesscoach).

### Virtual visits

The costs shown in the chart apply to virtual visits with carrier-designated telemedicine providers only. Kaiser Permanente provides virtual visits through KP.org or the Kaiser Permanente app. Other virtual visits, including virtual primary care, will be billed at the applicable office visit copay or coinsurance.

### Contacting your carrier

- Kaiser Permanente | 800.464.4000 | [kp.org](https://kp.org)

# Hawaii Medical Coverage Options

Classic Choice-level packages

## Medical (in-network)

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

## Pharmacy

Coverage options		UHC Options PPO	HMSA BCBS of Hawaii	Kaiser HMO
<b>Prescription deductible</b>		N/A	\$3,600 (rx-only OOPM) \$4,200 (rx-only OOPM)	N/A
<b>Tier 1 copays</b>	Retail	\$10	\$7	\$10   \$3 maintenance (generic only)
	Mail order	\$20	\$11	\$20
<b>Tier 2 copays</b>	Retail	\$15	\$30	\$35   \$3 maintenance (generic only)
	Mail order	\$30	\$65	\$70
<b>Tier 3 copays</b>	Retail	\$30	\$30 + \$45	\$35   \$3 maintenance (generic only)
	Mail order	\$60	\$65 + \$135	\$70
<b>Tier 4 copays</b>	Retail	N/A	20%   25%	\$200   \$3 maintenance (generic only)
	Mail order		N/A	N/A

Copays and coinsurance rates listed are for non-preventive care. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Hawaii Medical Coverage Options

Classic Choice-level packages

## Medical (out-of-network)

Coverage options		UHC Options PPO	HMSA BCBS of Hawaii	Kaiser HMO
<b>Medical calendar-year deductible</b>	Individual Family	Combined in/out of network	N/A	N/A
<b>Annual out-of-pocket maximum</b>	Individual Family	Combined in/out of network	N/A	N/A
<b>Coinsurance plan pays after deductible</b>		70%	N/A	N/A

### Reimbursement of out-of-network services

Hawaii HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement. UnitedHealthcare Options PPO pays benefits for non-emergency, non-network services after the out-of-network deductible is met according to a Medicare cost-based payment methodology defined by UnitedHealthcare as the Maximum Non-Network Reimbursement Program, or MNRP. Under MNRP, reimbursement amounts are a percentage of the published rates allowed by Medicare for the same or similar services. Any difference between the amount billed by the non-network provider and the amount allowed by UnitedHealthcare regional HMOs, Blue Shield of Hawaii or Kaiser Permanente may be balance billed to the participant in certain situations. Machine readable files (MRFs) available on the carrier's website allow participants to compare costs before receiving care and more accurately estimate their potential out-of-pocket expenses. See the applicable Certificate of Coverage for more details.



## Maximizing your medical coverage

### Wellbeing support

Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit your selected carrier's Member Services site: HMSA- [hmsa.com](https://hmsa.com), Kaiser- [kp.org/wellnesscoach](https://kp.org/wellnesscoach), UHC- [myuhc.com](https://myuhc.com).

### Virtual visits

The costs shown in the chart apply to virtual visits with carrier-designated telemedicine providers only. Virtual visits are available through HMSA Online Care and KP.org or the Kaiser Permanente App. UHC members can access virtual care through Teladoc®, AmWell®, and Dr. On Demand. Other virtual visits, including virtual primary care, will be billed at the applicable office visit copay or coinsurance.

### Contacting your carrier

- UnitedHealthcare | 866.873.3902 | [myuhc.com](https://myuhc.com)
- HMSA | 800.776.4672 | [hmsa.com](https://hmsa.com)
- Kaiser Permanente | 800.966.5955 | [kp.org](https://kp.org)

# Massachusetts Medical Coverage Options

Classic Choice-level packages

## Medical (in-network)

Coverage options		HPHC Access America			HPHC Access America HDHP		HPHC HMO	HPHC DHMO		HPHC HMO HDHP
		500/80	1000	1500	1700 (aggregate)	3400		1000	2000	3400
<b>Medical calendar-year deductible</b>	Individual	\$500	\$1,000	\$1,500	\$1,700	\$3,400	N/A	\$1,000	\$2,000	\$3,400
	Family	\$1,500	\$3,000	\$4,500	\$3,400	\$6,800		\$2,000	\$4,000	\$6,800
<b>Annual out-of-pocket maximum</b>	Individual	\$5,000	\$5,000	\$6,350	\$4,500	\$7,000	\$3,000	\$5,000	\$6,350	\$5,000
	Family	\$10,000	\$10,000	\$12,700	\$9,000	\$14,000	\$6,000	\$10,000	\$12,700	\$10,000
<b>Coinsurance plan pays after deductible</b>		80%	80%	80%	90%	90%	100%	100%	100%	65%
<b>Office visit</b>		\$35	\$35	\$35	10%	10%	\$25	\$25	\$30	35%
<b>Specialist visit</b>		\$40	\$40	\$40	10%	10%	\$40	\$40	\$45	35%
<b>Virtual visit</b>		\$0	\$0	\$0	0%	0%	\$0	\$0	\$0	0%
<b>Urgent care</b>		\$40	\$40	\$40	10%	10%	\$40	\$40	\$45	35%
<b>Emergency room</b>		\$250	\$250	\$250	10%	10%	\$250	\$250	\$250	35%
<b>Outpatient surgery</b>		20%	20%	20%	10%	10%	\$100	0%	0%	35%
<b>Inpatient hospital</b>		20%	20%	20%	10%	10%	\$500	0%	0%	35%

## Pharmacy

Coverage options		HPHC Access America			HPHC Access America HDHP		HPHC HMO	HPHC DHMO		HPHC HMO HDHP
		500/80	1000	1500	1700 (aggregate)	3400		1000	2000	3400
<b>Prescription deductible</b>		N/A	N/A	N/A	Copays apply once medical deductible is met	Copays apply once medical deductible is met	N/A	N/A	N/A	Copays apply once medical deductible is met
<b>Tier 1 copays</b>	Retail	\$10	\$10	\$10	\$10	\$10	\$10	\$15	\$15	\$15
	Mail order	\$20	\$20	\$20	\$20	\$20	\$20	\$30	\$30	\$30
<b>Tier 2 copays</b>	Retail	\$40	\$40	\$40	\$35	\$35	\$30	\$30	\$30	\$30
	Mail order	\$80	\$80	\$80	\$70	\$70	\$60	\$60	\$60	\$60
<b>Tier 3 copays</b>	Retail	\$65	\$65	\$65	\$60	\$60	\$60	\$60	\$60	\$60
	Mail order	\$130	\$130	\$130	\$120	\$120	\$120	\$120	\$120	\$120
<b>Tier 4 copays</b>		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Copays and coinsurance rates listed are for non-preventive care. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Massachusetts Medical Coverage Options

Classic Choice-level packages

## Medical (out-of-network)

Coverage options		HPHC Access America			HPHC Access America HDHP		HPHC HMO	HPHC DHMO		HPHC HMO HDHP
		500/80	1000	1500	1700 (aggregate)	3400		1000	2000	3400
<b>Medical calendar-year deductible</b>	Individual	\$1,500	\$2,000	\$3,000	Combined in/out of network	Combined in/out of network	N/A	N/A	N/A	N/A
	Family	\$4,500	\$6,000	\$9,000	Combined in/out of network	Combined in/out of network	N/A	N/A	N/A	N/A
<b>Annual out-of-pocket maximum</b>	Individual	\$10,000	\$10,000	\$12,700	Combined in/out of network	Combined in/out of network	N/A	N/A	N/A	N/A
	Family	\$20,000	\$20,000	\$25,400	Combined in/out of network	Combined in/out of network	N/A	N/A	N/A	N/A
<b>Coinsurance plan pays after deductible</b>		60%	60%	60%	70%	70%	N/A	N/A	N/A	N/A

### Reimbursement of out-of-network services

HPHC PPO and HDHP coverage options pay benefits for covered services received from in-network and out-of-network providers, but benefits for covered services received from out-of-network providers may be significantly limited. (HPHC HMO coverage options generally pay benefits only for covered services received from in-network providers.) Benefits for covered services provided by out-of-network providers will only be paid once the deductible and coinsurance amounts have been satisfied, and will generally be limited to the Allowed Amount as described in the applicable Certificate of Coverage. Any difference between the amount billed by the non-network provider and the amount allowed by HPHC may be balance billed to the participant in certain situations. Machine readable files (MRFs) available on the carrier's website allow participants to compare costs before receiving care and more accurately estimate their potential out-of-pocket expenses. See the applicable Certificate of Coverage for more details.



## Maximizing your medical coverage

### Wellbeing support

Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit [harvardpilgrim.org](https://harvardpilgrim.org).

### Virtual visits

The costs shown in the chart apply to virtual visits with carrier-designated telemedicine providers only. Virtual visits are available through Dr. On Demand. Other virtual visits, including virtual primary care, will be billed at the applicable office visit copay or coinsurance.

### Contacting your carrier

- Harvard Pilgrim Health Care | 888.333.4742 | [harvardpilgrim.org](https://harvardpilgrim.org)
- Pre-enrollment Support Program | 866.874.0817 | [SmartStart@harvardpilgrim.org](mailto:SmartStart@harvardpilgrim.org)

# New Hampshire Medical Coverage Options

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

## Medical (in-network)

Coverage options		HPHC HMO	HPHC DHMO		HPHC HMO HDHP
			1000	2000	
<b>Medical calendar-year deductible</b>	Individual	N/A	\$1,000	\$2,000	\$3,400
	Family		\$2,000	\$4,000	\$6,800
<b>Annual out-of-pocket maximum</b>	Individual	\$3,000	\$6,000	\$4,000	\$6,000
	Family	\$6,000	\$13,500	\$8,000	\$12,000
<b>Coinsurance plan pays after deductible</b>		100%	100%	100%	100%
<b>Office visit</b>		\$25	\$25	\$30	0%
<b>Specialist visit</b>		\$40	\$50	\$60	0%
<b>Virtual visit</b>		\$0	\$0	\$0	0%
<b>Urgent care</b>		\$40	\$50	\$60	0%
<b>Emergency room</b>		\$100	\$250 after deductible	\$250 after deductible	0%
<b>Outpatient surgery</b>		\$250	0% (\$75 for select providers)	0% (\$75 for select providers)	0%
<b>Inpatient hospital</b>		\$500	0%	0%	0%

## Pharmacy

Coverage options		HPHC HMO	HPHC DHMO		HPHC HMO HDHP
			1000	2000	
<b>Prescription deductible</b>		N/A	N/A	N/A	Copays apply once medical deductible is met
<b>Tier 1 copays</b>	Retail	\$5	\$5	\$5	\$5
	Mail order	\$10	\$10	\$10	\$10
<b>Tier 2 copays</b>	Retail	\$10	\$25	\$25	\$25
	Mail order	\$30	\$50	\$50	\$50
<b>Tier 3 copays</b>	Retail	\$30	\$45	\$45	\$45
	Mail order	\$60	\$90	\$90	\$90
<b>Tier 4 copays</b>	Retail	\$60	\$60 (30% for tier 5)	\$60 (30% for tier 5)	\$60 (30% for tier 5)
	Mail order	\$180	\$180 (30% for tier 5)	\$180 (30% for tier 5)	\$180 (30% for tier 5)

Copays and coinsurance rates listed are for non-preventive care. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# New Hampshire Medical Coverage Options

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

## Medical (out-of-network)

Coverage options		HPHC HMO	HPHC DHMO		HPHC HMO HDHP
			1000	2000	
<b>Medical calendar-year deductible</b>	Individual	N/A	N/A	N/A	N/A
	Family				
<b>Annual out-of-pocket maximum</b>	Individual	N/A	N/A	N/A	N/A
	Family				
<b>Coinsurance plan pays after deductible</b>		N/A	N/A	N/A	N/A

### Reimbursement of out-of-network services

HPHC HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement. Any difference between the amount billed by the non-network provider and the amount allowed by HPHC may be balance billed to the participant in certain situations. Machine readable files (MRFs) available on the carrier's website allow participants to compare costs before receiving care and more accurately estimate their potential out-of-pocket expenses. See the applicable Certificate of Coverage for more details.



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Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit [harvardpilgrim.org](https://harvardpilgrim.org).

### Virtual visits

The costs shown in the chart apply to virtual visits with carrier-designated telemedicine providers only. Virtual visits are available through Dr. On Demand. Other virtual visits, including virtual primary care, will be billed at the applicable office visit copay or coinsurance.

### Contacting your carrier

- Harvard Pilgrim Health Care | 888.333.4742 | [harvardpilgrim.org](https://harvardpilgrim.org)
- Pre-enrollment Support Program | 866.874.0817 | [SmartStart@harvardpilgrim.org](mailto:SmartStart@harvardpilgrim.org)

# Northwest (Oregon and Southwest Washington)

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

## Medical (in-network)

Coverage options		Kaiser DHMO		Kaiser HMO HDHP
		500	1000	3400
<b>Medical calendar-year deductible</b>	Individual	\$500	\$1,000	\$3,400
	Family	\$1,000	\$2,000	\$6,800
<b>Annual out-of-pocket maximum</b>	Individual	\$3,000	\$6,050	\$5,200
	Family	\$6,000	\$12,100	\$10,400
<b>Coinsurance plan pays after deductible</b>		80%	70%	90%
<b>Office visit</b>		\$20	\$35	10%
<b>Specialist visit</b>		\$30	\$50	10%
<b>Virtual visit</b>		\$0	\$0	0%
<b>Urgent care</b>		\$45	\$35	10%
<b>Emergency room</b>		20%	30%	10%
<b>Outpatient surgery</b>		20%	30%	10%
<b>Inpatient hospital</b>		20%	30%	10%

## Pharmacy

Coverage options		Kaiser DHMO		Kaiser HMO HDHP
		500	1000	3400
<b>Prescription deductible</b>		N/A	\$100 per member for brand and specialty drugs	Copays apply once medical deductible is met
<b>Tier 1 copays</b>	Retail	\$15	\$10	\$10
	Mail order	\$30	\$20	\$20
<b>Tier 2 copays</b>	Retail	\$30	\$30	\$30
	Mail order	\$60	\$60	\$60
<b>Tier 3 copays</b>	Retail	\$50	\$30	\$30
	Mail order	\$100	\$60	\$60
<b>Tier 4 copays</b>	Retail	Specialty rx 20% max \$250	Specialty rx 30% max \$150	Specialty rx 30% max \$150
	Mail order	N/A	N/A	N/A

Copays and coinsurance rates listed are for non-preventive care. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Northwest (Oregon and Southwest Washington)

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

## Medical (out-of-network)

Coverage options		Kaiser DHMO		Kaiser HMO HDHP
		500	1000	3400
Medical calendar-year deductible	Individual	N/A	N/A	N/A
	Family	N/A	N/A	N/A
Annual out-of-pocket maximum	Individual	N/A	N/A	N/A
	Family	N/A	N/A	N/A
Coinsurance plan pays after deductible		N/A	N/A	N/A

### Reimbursement of out-of-network services

Kaiser Permanente HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement. Any difference between the amount billed by the non-network provider and the amount allowed by Kaiser Permanente may be balance billed to the participant in certain situations. Machine readable files (MRFs) available on the carrier's website allow participants to compare costs before receiving care and more accurately estimate their potential out-of-pocket expenses. See the applicable Certificate of Coverage for more details.



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### Virtual visits

The costs shown in the chart apply to virtual visits with carrier-designated telemedicine providers only. Kaiser Permanente provides virtual visits through KP.org or the Kaiser Permanente app. Other virtual visits, including virtual primary care, will be billed at the applicable office visit copay or coinsurance.

### Contacting your carrier

- Kaiser Permanente | 800.813.2000 | [healthy.kaiserpermanente.org/oregon-washington](https://healthy.kaiserpermanente.org/oregon-washington)

# Rhode Island Medical Coverage Options

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

## Medical (in-network)

Coverage options		HPHC HMO	HPHC DHMO		HPHC HMO HDHP
			1000	2000	
<b>Medical calendar-year deductible</b>	Individual	N/A	\$1,000	\$2,000	\$3,400
	Family		\$2,000	\$4,000	\$6,800
<b>Annual out-of-pocket maximum</b>	Individual	\$3,000	\$6,000	\$5,000	\$8,300
	Family	\$6,000	\$13,500	\$10,000	\$16,600
<b>Coinsurance plan pays after deductible</b>		100%	100%	100%	100%
<b>Office visit</b>		\$25	\$30	\$30	0%
<b>Specialist visit</b>		\$40	\$45	\$45	0%
<b>Virtual visit</b>		\$0	\$0	\$0	0%
<b>Urgent care</b>		\$40	\$45	\$45	0%
<b>Emergency room</b>		\$100	0%	0%	0%
<b>Outpatient surgery</b>		\$250	0%	0%	0%
<b>Inpatient hospital</b>		\$500	0%	0%	0%

## Pharmacy

Coverage options		HPHC HMO	HPHC DHMO		HPHC HMO HDHP
			1000	2000	
<b>Prescription deductible</b>		N/A	N/A	N/A	Copays apply once medical deductible is met
<b>Tier 1 copays</b>	Retail	\$5	\$5	\$5	\$5
	Mail order	\$10	\$10	\$10	\$10
<b>Tier 2 copays</b>	Retail	\$10	\$15	\$15	\$15
	Mail order	\$20	\$30	\$30	\$30
<b>Tier 3 copays</b>	Retail	\$35	\$35	\$35	\$35
	Mail order	\$70	\$70	\$70	\$70
<b>Tier 4 copays</b>	Retail	\$60	\$60	\$60	\$60
	Mail order	\$120	\$120	\$120	\$120

Copays and coinsurance rates listed are for non-preventive care. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Rhode Island Medical Coverage Options

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

## Medical (out-of-network)

Coverage options		HPHC HMO	HPHC DHMO		HPHC HMO HDHP
			1000	2000	
Medical calendar-year deductible	Individual	N/A	N/A	N/A	N/A
	Family	N/A	N/A	N/A	N/A
Annual out-of-pocket maximum	Individual	N/A	N/A	N/A	N/A
	Family	N/A	N/A	N/A	N/A
Coinsurance plan pays after deductible		N/A	N/A	N/A	N/A

### Reimbursement of out-of-network services

HPHC HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement. Any difference between the amount billed by the non-network provider and the amount allowed by HPHC may be balance billed to the participant in certain situations. Machine readable files (MRFs) available on the carrier's website allow participants to compare costs before receiving care and more accurately estimate their potential out-of-pocket expenses. See the applicable Certificate of Coverage for more details.



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- Pre-enrollment Support Program | 866.874.0817 | [SmartStart@harvardpilgrim.org](mailto:SmartStart@harvardpilgrim.org)

# Washington (includes Seattle, Spokane, Puget Sound)

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

## Medical (in-network)

Coverage options		Kaiser Foundation Health Plan WA DHMO		Kaiser Foundation Health Plan WA HMO HDHP
		500	1000	3400
Medical calendar-year deductible	Individual	\$500	\$1,000	\$3,400
	Family	\$1,000	\$2,000	\$6,800
Annual out-of-pocket maximum	Individual	\$3,000	\$6,050	\$5,600
	Family	\$6,000	\$12,100	\$11,200
Coinsurance plan pays after deductible		80%	70%	90%
Office visit		\$20	\$35	10%
Specialist visit		\$40	\$50	10%
Virtual visit		\$0	\$0	0%
Urgent care		\$20 or \$40	\$35 or \$50	10%
Emergency room		\$200 copay + deductible + coinsurance	30%	10%
Outpatient surgery		\$20 or \$40 deductible + coinsurance	30%	10%
Inpatient hospital		20%	30%	10%

## Pharmacy

Coverage options		Kaiser Foundation Health Plan WA DHMO		Kaiser Foundation Health Plan WA HMO HDHP
		500	1000	3400
Prescription deductible		N/A	N/A	Copays apply once medical deductible is met
Tier 1 copays	Retail	\$5	\$10	\$10
	Mail order	\$10	\$20	\$20
Tier 2 copays	Retail	\$40	\$30	\$30
	Mail order	\$80	\$60	\$60
Tier 3 copays	Retail	\$80	N/A	N/A
	Mail order	\$160	N/A	N/A
Tier 4 copays	Retail	Applicable Tier 1-3 copay	Specialty rx 30% max \$150	Specialty rx 30% max \$150
	Mail order	N/A	N/A	N/A

Copays and coinsurance rates listed are for non-preventive care. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Washington (includes Seattle, Spokane, Puget Sound)

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

## Medical (out-of-network)

Coverage options		Kaiser Foundation Health Plan WA DHMO		Kaiser Foundation Health Plan WA HMO HDHP
		500	1000	3400
<b>Medical calendar-year deductible</b>	Individual	N/A	N/A	N/A
	Family	N/A	N/A	N/A
<b>Annual out-of-pocket maximum</b>	Individual	N/A	N/A	N/A
	Family	N/A	N/A	N/A
<b>Coinsurance plan pays after deductible</b>		N/A	N/A	N/A

### Reimbursement of out-of-network services

Kaiser Permanente HMO coverage options provide benefits for in-network providers only. Covered services are generally payable to non-network providers only for urgent care when a participant has traveled out of the area, or for emergency services received at any emergency room. Claims may need to be filed by the participant for reimbursement. Any difference between the amount billed by the non-network provider and the amount allowed by Kaiser Permanente may be balance billed to the participant in certain situations. Machine readable files (MRFs) available on the carrier's website allow participants to compare costs before receiving care and more accurately estimate their potential out-of-pocket expenses. See the applicable Certificate of Coverage for more details.



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### Virtual visits

The costs shown in the chart apply to virtual visits with carrier-designated telemedicine providers only. Kaiser Permanente provides virtual visits through KP.org or the Kaiser Permanente app. Other virtual visits, including virtual primary care, will be billed at the applicable office visit copay or coinsurance.

### Contacting your carrier

- Kaiser Permanente | 888.901.4636 | [healthy.kaiserpermanente.org/washington](https://healthy.kaiserpermanente.org/washington)

# Out-of-Area Medical Coverage Options

Classic Choice-level packages

## Medical (in-network)

Coverage options		UHC Out-of-Area	UHC Out-of-Area HDHP		
		500	1700 (aggregate)	3400	5000
Medical calendar-year deductible	Individual	\$500	\$1,700	\$3,400	\$5,000
	Family	\$1,500	\$3,400	\$6,800	\$10,000
Annual out-of-pocket maximum	Individual	\$6,350	\$4,500	\$7,000	\$7,150
	Family	\$12,700	\$9,000	\$14,000	\$14,300
Coinsurance plan pays after deductible		80%	80%	80%	80%
Office visit		20%	20%	20%	20%
Specialist visit		20%	20%	20%	20%
Virtual visit		0%	\$0	\$0	\$0
Urgent care		20%	20%	20%	20%
Emergency room		20%	20%	20%	20%
Outpatient surgery		20%	20%	20%	20%
Inpatient hospital		20%	20%	20%	20%

## Pharmacy

Coverage options		UHC Out-of-Area	UHC Out-of-Area HDHP		
		500	1700 (aggregate)	3400	5000
Prescription deductible	Individual	\$150	Copays apply once medical deductible is met	Copays apply once medical deductible is met	Copays apply once medical deductible is met
	Family	\$450			
Tier 1 copays	Retail	\$10	\$10	\$10	\$10
	Mail order	\$25	\$25	\$25	\$25
Tier 2 copays	Retail	\$35	\$35	\$35	\$35
	Mail order	\$87.50	\$87.50	\$87.50	\$87.50
Tier 3 copays	Retail	\$60	\$60	\$60	\$60
	Mail order	\$150	\$150	\$150	\$150
Tier 4 copays	Retail	\$120	\$120	\$120	\$120
	Mail order	\$300	\$300	\$300	\$300

Copays and coinsurance rates listed are for non-preventive care. Eligible, in-network preventive care services are covered at 100%. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Certificates of Coverage for complete coverage details.

# Out-of-Area Medical Coverage Options

Classic Choice-level packages

## Medical (out-of-network)

Coverage options		UHC Out-of-Area	UHC Out-of-Area HDHP		
		500	1700 (aggregate)	3400	5000
Medical calendar-year deductible	Individual	No Network Limitation	No Network Limitation	No Network Limitation	No Network Limitation
	Family	No Network Limitation	No Network Limitation	No Network Limitation	No Network Limitation
Annual out-of-pocket maximum	Individual	No Network Limitation	No Network Limitation	No Network Limitation	No Network Limitation
	Family	No Network Limitation	No Network Limitation	No Network Limitation	No Network Limitation
Coinsurance plan pays after deductible		80%	80%	80%	80%

### Reimbursement of out-of-network services

Out-of-area (indemnity) medical coverage options are only available to eligible employees who live in a ZIP code service area not served by a carrier contracted with the Insperity Group Health Plan. No network limitations apply to covered services; however, your share of the costs will be less if you use an in-network provider or non-network provider that participates in UnitedHealthcare's Shared Savings Program. Any difference between the amount billed by the non-network provider and the amount allowed by UnitedHealthcare may be balance billed to the participant in certain situations. Machine readable files (MRFs) available on the carrier's website allow participants to compare costs before receiving care and more accurately estimate their potential out-of-pocket expenses. See the applicable Certificate of Coverage for more details.



## Maximizing your medical coverage

### Wellbeing support

Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit [myuhc.com](https://myuhc.com).

### Virtual visits

The costs shown in the chart apply to virtual visits with carrier-designated telemedicine providers only. These include Teladoc®, AmWell®, and Dr. On Demand. For UnitedHealthcare HDHP (both Choice Plus and OOA) options, virtual visits with these designated providers are pre-deductible. No out-of-pocket costs will apply. Virtual visits with any other provider will be billed at the applicable office visit copay or coinsurance.

### Contacting your carrier

- UnitedHealthcare | 866.873.3902 | [myuhc.com](https://myuhc.com)

# Dental Benefits at a Glance

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

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

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

Benefits	Cost
<b>Calendar-year deductible</b>	\$50 per person   \$150 max per family
<b>Calendar-year maximum</b> (the most the plan pays for benefits per calendar year)	\$1,500 per person per year
<b>Orthodontia lifetime maximum</b>	\$1,500 to age 19
<b>Preventive and diagnostic services</b>	Plan pays 100%, no deductible
<b>Basic services</b>	Plan pays 80% after deductible
<b>Major services</b>	Plan pays 50% after deductible
<b>Orthodontic services</b>	Plan pays 50%, no deductible

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

- Preventive and diagnostic services include routine exams, cleaning, topical application of fluoride, diagnostic cast, bite-wing x-rays, sealants, and space maintainers.
- Basic (restorative) services include extractions, fillings, oral surgery, palliative emergency treatment, apicoectomy, occlusal guards, periodontic services, root canal therapy, and therapeutic pulpotomy.
- Major services include inlays, implants, crowns, bridges, dentures and removeable prostheses, denture rebase or reline, repair of removable dentures, re-cementing of crowns and bridges, and repairs to fixed bridges.
- Orthodontic services include braces, retainers, and other appliances that correct misalignments for dependent children to age 19 only.
- ID cards are issued when enrollment is processed.

# Vision Benefits at a Glance


Inspirety dental and vision benefits must be elected together, but may be elected independently of medical coverage. Benefits are available to eligible employees nationwide. **No ID card is required. Simply tell your network provider you are a VSP member.**

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

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

Benefits		Cost		
<b>Routine Wellvision<sup>®</sup> eye exam</b>	every 12 months	\$15 copay		
<b>Non-routine exam</b> (e.g., treatment of pink eye, glaucoma or dry eye)	as needed	\$20 copay		
<b>Retinal screening</b>	as needed	You pay up to \$39 with routine exam or \$0 for diabetic members		
<b>Glasses frames allowances</b>	every 24 months	<b>Featured frames</b> Plan pays up to \$190	<b>Standard frames</b> Plan pays up to \$170	<b>Costco frames</b> Plan pays up to \$95
<b>Glasses lenses</b> (Single vision, lined bifocal, lined trifocal, or lenticular lenses)	every 12 months	\$25 copay		
<b>Standard progressive lenses</b>	every 12 months	\$0 after copay		
<b>Premium/custom progressive lenses</b> (after base lens copay)	every 12 months	\$95 to \$175 after copay		
<b>Other lens enhancements</b> (after base lens copay)	every 12 months	Save up to 25%		
<b>Contact lenses and exam</b>	every 12 months	Plan pays up to \$150 (includes a 15% discount on contact lens exam)		
<b>Visually necessary contact lenses</b> (requires authorization)	every 12 months	100% after \$25 copay		

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

 **Please note:** You may receive a benefit for either glasses (lenses only) or contact lenses per 12-month period, but not both.

### VSP savings for your eyes and ears

Walmart and Sam's Club locations are eligible for the standard frames allowance. Available featured frames brands vary by provider and location; learn more at [vsp.com](https://vsp.com). Laser vision correction has an average 15% off regular pricing or 5% off promotional pricing at contracted facilities. Additional discounts and special offers for contact lens exams, LASIK, eyeglass frames, sunglass frames, diabetes care, and TrueHearing<sup>™</sup> digital hearing aids are available to VSP members. Visit [vsp.com/offers](https://vsp.com/offers) for more information.

# Understanding Your Coverage

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

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

## **Calendar-year deductible**

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

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

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

## **Coinsurance**

This is the Plan or participant’s 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. Unless otherwise indicated, percentages reflected in the medical coverage options charts reflect the coinsurance amount to be paid by the participant.

## **Copays**

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

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

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

The Insperity Group Health Plan offers two types of HDHP options - standard HDHP options (sometimes called “PPO HDHP” options) and HMO HDHP options, which will always have “HMO HDHP” in the option name. The availability of each type varies by region and carrier. Standard HDHP options operate like PPOs (i.e., they provide both in- and out-of-network coverage and do not require you to coordinate your care through a primary care physician). HMO HDHP options operate like HMOs (i.e., they provide in-network coverage only, and your care must be coordinated by a primary care physician).

### **In-network**

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

### **Out-of-network**

Providers and facilities that do not contract with your health insurance carrier are considered out-of-network. If your coverage option does not include out-of-network coverage, no benefits will be paid for services received from out-of-network providers, except for emergency medical treatment.

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

### **Limitations and exclusions**

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

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

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

