



For full benefit information and to enroll please visit:

<https://infinitihrbenefits.benefithub.com/>

Please use reference code: Y3XLHR





The following overview outlines the rules, expectations and benefits for plan year 2019. The benefit overviews found within this package, do not promise or illustrate a contract of coverage.

During the first week of your eligibility period you should receive a welcome email, inviting you to enroll in benefits. You can also access the enrollment site by visiting our landing page or by calling the enrollment call center.

Enrollment Landing Page: <https://infinitihrbenefits.benefithub.com/>

To log in use reference code **Y3XLHR**

Enrollment Call Center: 1-800-215-9426

Plan Effective Date (unless stated otherwise)

January 1, 2021

Employees hired after January 1, 2021 will be effective the 1st of the month following 1 month of employment.

Eligibility Rules

Benefit eligible new hires become eligible for benefits the 1st of the month following 1 month of employment.

Hours (Minimum Required)

Medical (Cigna)	30 hours per week
Minimum Essential Coverage (MEC)	20 hours per week
Dental	30 hours per week
Vision	30 hours per week
FSA/HSA Accounts	30 hours per week
Met Law	20 hours per week
Telehealth	20 hours per week
ID Theft Protection	20 hours per week
Guardian Voluntary Life	30 hours per week
INFINITI Guard Protection Plan	20 hours per week
Permanent Life Insurance/Long-Term Care	20 hours per week
Accident Insurance	20 hours per week
Critical Illness Insurance	20 hours per week
Discount Insurance Program	20 hours per week
INFINITI Perks	All employees
Credit Union	All employees
Wagecard	All employees
Zayzoon	All employees



Qualifying Events

Changes to benefits, after election, cannot be completed without a qualifying event. Common qualifying life events include loss of employment, marriage, divorce, birth of a child and adoption. Changes to benefits must be consistent with the qualifying event and must be made within 31 days of when the qualifying event occurred. Documentation of the qualifying event must be submitted with the enrollment form upon request of changes.

Questions and How to Enroll

Once you become eligible to enroll, you will make your elections via our self-servicing portal or schedule an enrollment meeting with our licensed enrollment specialist. Due to various carrier rules, some medical plans may require paper applications at time of enrollment.

If you have questions about these benefits, please contact us at benefits@infinitihr.com or contact our client service team at 1-866-552-6360.

Scheduling Site: www.tinyurl.com/InfinitiHRBenefits.

2021 IMPORTANT LAWS AND NOTICES

Certain Women's Preventive Care Services are also expanded under the Affordable Care Act, without cost sharing. Services include:

- Pre/postnatal counseling for pregnant women and coverage for rental of breast-feeding equipment.
- All Food and Drug Administration ("FDA") approved contraceptive methods (as prescribed), sterilization procedures, and patient education and counseling for all women with reproductive capacity.
- Gestational diabetes screening for all pregnant women during weeks **24** to **28**, and those at high risk during the first prenatal visit.
- HIV screening and counseling.
- HPV DNA testing for women age **30** and older, every **3** years.

Your specific Health Plan may provide services in addition to those required under the Affordable Care Act.



Services	Expanded Women's Preventive Care Services Under the Mandate with No Cost-Share Effective for Plan Years Beginning On or After August 1, 2012
Breast-feeding counseling, rental equipment and supplies	Part of pre/postnatal counseling for pregnant women; coverage for rental of breast-feeding equipment.
Contraception methods and counseling	All Food and Drug Administration-approved contraceptive methods (as prescribed), sterilization procedures, and patient education and counseling for all women with reproductive capacity.
Domestic violence screening and counseling	All women.
Gestational diabetes screening	All pregnant women (24-28 weeks); and those at high risk during the first prenatal visit and screened.
HIV screening and counseling	All sexually active women.
HPV DNA testing for women age 30 and older	All women 30 and older; every 3 years.
Sexually transmitted infections counseling	All sexually active women.
Well-woman exams	As many as necessary to obtain specified preventive services.
Prenatal services	Routine prenatal visits and services explicitly identified in the Department of Health and Human Services rules.

Health Insurance Portability & Accountability Act of 1996 ("HIPAA") Enrollment Rights.

HIPAA requires that you be informed of your **Special Enrollment** rights when you and/or your eligible dependents decline health care coverage during an initial enrollment period.

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself and/or your dependents in client sponsored Health Plan(s) provided that you request coverage within **30** days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption or a court order, you may be able to enroll yourself and/or your dependents, provided that you request enrollment within **30** days after the marriage, birth, adoption or placement for adoption or the court order.

If you are declining health coverage for yourself or your dependents (including your spouse) and you are not currently covered under a health plan, you will be considered a late applicant. HIPAA allows a late applicant to enter a health plan only during an open enrollment period.



HIPAA Privacy Notice Reminder. The Privacy Rules under HIPAA require the Infiniti HR clients offering Health Plan(s) to periodically send a **reminder** to participants about the availability of the Plan(s) Privacy Notice and how to obtain that notice. The Privacy Notice explains your rights and the Health Plan(s) legal duties with respect to **protected health information** (“PHI”) and how the Plan(s) may use and disclose PHI.

Infiniti HR clients will reissue the Privacy Notice every **3** years, or more frequently as required. The last Privacy Notice was issued in September, 2018. If you wish to receive a copy of the HIPAA Privacy Notice, contact the individual indicated at the end of these Notices.

Mental Health Parity Act of 1996 (“MHPA”). The MHPA requires health plans to satisfy minimum standards regarding mental health benefits. The standards set forth by the Act require parity between mental health benefits and other health benefits with respect to lifetime and annual dollar limits. Thus, the Infiniti HR health plans offer coverage for both medical/surgical benefits and mental health benefits, but cannot impose different lifetime or annual dollar limits on the two classes of benefits the plan can reimburse. The Act also requires that mental health benefits not be subject to day or visit limitations unless all other benefits are subject to equal treatment.

Newborn & Mothers’ Health Protection Act. Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than **48** hours following a vaginal delivery, or less than **96** hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife or physician’s assistant) after consultation with the mother, discharges the mother or newborn earlier.

Plans and issuers may not select the level of benefits or out-of-pocket costs so that any later portion of the **48-hour** (or **96-hour**) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a health plan or issuer may not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to **48** hours (or **96** hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification.

Your Prescription Drug Coverage and Medicare. If you have Medicare or will become eligible for Medicare in the next **12** months, a 2006 Federal law gives you **more choices** about your prescription drug coverage. Infiniti HR has determined that the prescription drug coverage offered to its employees is, on average for all Health Plan(s) participants, expected to pay out **as much as** standard Medicare prescription drug coverage pays and is **considered Creditable Coverage**. Please note that the **new** Medicare Part D enrollment period begins on **October 15, 2020** and ends on **December 7, 2020**.



Children’s Health Insurance Program (“CHIP”). Medicaid and the Children’s Health Insurance Program (“CHIP”) offer **free** or **low-cost** health coverage to children and families.

If you are eligible for health coverage from Infiniti HR, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP Programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed in a separate attachment, you may contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are not currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you may ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, the Infiniti HR Health Plan(s) are required to permit you and your dependents to enroll in the Health Plan(s) – as long as you and your dependents are eligible, but not already enrolled in the Health Plan(s). This is called a **“special enrollment”** opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

Marketplace Health Plans. Infiniti HR clients may provide affordable health coverage to all employees working 30 hours or more during the determination period generally from approximately November 1, 2019 to October 31, 2020. Infiniti HR does not anticipate any employees seeking coverage under a Marketplace health plan. However, please realize the annual open enrollment period for Marketplace coverage begins for 2021 on **November 1, 2020** and ends on **December 15, 2020.**

For more information regarding any notices, contact benefits@infinitihr.com



INF OpenAcess Medical Plans

Carrier: Cigna
Network: Cigna

Customer Service: TBD
www.cigna.com

INFINITI HR is proud to offer three (3) new medical plan options to you and your family. From the lower deductible Essential Plan to the Prime Plan PPO, you have open access to the Cigna PPO Network. OpenAcess Plans are an innovative, consumer driven health plan that is fully compliant with ACA regulations. With integrated benefit features and access to a nationwide network of doctors, employees have the tools and resources to better manage their own health care. Below are some plan highlights that all three plans have at no additional cost. A full summary plan description can be obtained by emailing benefits@infinitihhr.com.

Important Notice about FSA and HSA Accounts

Employees that elect the Open Acess Prime Plan can participate in the FSA medical account but not the HSA. The Open Acess Premium and Essentials plan are HSA eligible plans therefore you may participate in the HSA.

Plan Summary (found at the end of the benefit guide)

Plan Rates (NO PREMIUM INCREASE)

National Hospice Group contributes 50% of the total premium cost on a monthly basis. The rates below are the cost per pay period to you and your employer. All premiums are taken on a semi-monthly basis or 24 times annually.

<u>INF Prime Plan</u>	<u>Employee Rate</u>	<u>Employer Rate</u>
Employee Only	\$163.43	\$163.43
Employee & Spouse	\$333.90	\$333.90
Employee & Child(ren)	\$299.55	\$299.55
Family	\$468.45	\$468.45

<u>INF Premium Plan</u>	<u>Employee Rate</u>	<u>Employer Rate</u>
Employee Only	\$143.65	\$143.65
Employee & Spouse	\$293.82	\$293.82
Employee & Child(ren)	\$263.63	\$263.63
Family	\$412.23	\$412.23

<u>INF Essential Plan</u>	<u>Employee Rate</u>	<u>Employer Rate</u>
Employee Only	\$45.00*	\$180.37
Employee & Spouse	\$230.06	\$230.06
Employee & Child(ren)	\$206.38	\$206.38
Family	\$322.71	\$322.71

**Premium satisfies ACA safe harbor affordability test*



Minimum Essential Coverage with EverydayCARE (MEC)

Carrier: Redirect Health
Network: Doctors will vary
www.redirecthealth.com

Customer Service: 1-888-407-7928
Group ID: 5733

Minimum Essential Coverage (MEC) is now available to all benefit eligible employees working over 20 hours per week. **While this benefits is not major medical insurance, it does provide telehealth services and doctor visits with no copay. In addition employees can get discounts on certain services and prescription drugs.** This coverage does satisfy the individual mandate under the Affordable Care Act, meaning if you do not have health insurance and only have MEC coverage you will not be subject to tax penalties associated with PPACA. With Redirect buy-up plans, employees can purchase accident and hospital indemnity insurance as part of the coverage.

What is the Minimum Essential Coverage (MEC)?

As outlined under PPACA (the new healthcare law), all individuals must have Minimum Essential Coverage (MEC) beginning January 1, 2014. The MEC provides 100% coverage for 63 preventive services. By purchasing the MEC you will have essential coverage and will be safe from federal tax penalties under the new law.

What services are covered under the MEC?

There are 63 preventive services covered at 100% under the Minimum Essential Coverage (MEC). Services covered include immunizations, blood pressure screenings, diabetes and cholesterol screenings, prenatal visits for pregnant women and more.

What additional services are available through Re-Direct Health in addition to MEC?

- Primary Care & Injury Office Visits (\$0 Copay)
- Chiropractic Office Visits
- Labs
- Immunizations
- RX Discounts
- Medical Services Discounts
- Accident and Hospital Indemnity Coverage

INF IN IT !

PAYROLL HR BENEFITS

EverydayCARE™ Plan Options

	EverydayCARE	EverydayCARE Choice	EverydayCARE Choice Plus
Monthly Premiums:			
Employee	\$105	\$135	\$155
Employee + Spouse	\$200	\$248	\$281
Employee + Child(ren)	\$200	\$251	\$289
Family	\$300	\$367	\$417
EverydayCARE Deductible	\$0	\$0	\$0

EverydayCARE™ 1 Care Management - Chronic & Acute Disease <small>(Includes predictive analytics & population health management)</small> 2 24/7 Care Logistics Support & Scheduling <small>(English & Spanish, Preemptive PCP Telehealth, Overpricing Protection, Healthcare Navigation)</small> 3 Physician-to-Physician Case Management <small>(Hospital Cost Reduction, Discharge Management)</small> 4 Patient Assistance Programs <small>(Pharmaceutical Programs, State Medicaid Programs, & Nonhealth Cancer Program)</small> 5 Workers Compensation Case Management <small>(E-MOD Protection & Stay at Work Programs)</small>	24/7 Everyday 1to1™ - You must call for every occurrence 888-407-7928 Always included. English and Spanish.
	\$0 Copay & No Deductible Open Network <small>(When Directed By Redirect Health)</small>

To learn more about MEC Services, visit redirecthealth.com/mec

Prescription Drug Programs

MEC Covered Preventive Medications

Generic, Brand Name & Specialty Pharmacy

Directed Through Redirect Health (otherwise no benefit)

\$0 Copay

Call Redirect Health for discounts

	Plan Benefits	Plan Benefits	Plan Benefits
Employee Limited Accident and Sickness Plans	Sickness Only Benefits		
	Hospital Confinement	Logistics Only	
	Emergency Room Treatment	Logistics Only	
	Diagnostic Test (X-Ray and Lab)	Logistics Only	
	Advanced Diagnostic <small>(Angiogram / Arteriogram, EEG, Myelogram, CT Scan, MRI Scan, PET Scan)</small>	Logistics Only	
	Critical Illness Benefits		
	Type 1 Cancer, Heart Attack, Stroke	Logistics Only	
	Accident Only Benefits		
	Accident Medical Expense	Logistics Only	
	-Accident Medical Expense Deductible	Logistics Only	
	AD&D (100% Primary & Spouse, 20% Children)	Logistics Only	



Dental Insurance

Carrier: Guardian Dental
www.guardiananytime.com

Customer Service: 1-800-600-1600
 Group ID: 575446

	GUARDIAN High Option		GUARDIAN Low Option	
Deductible	In-Network	Non-Network	In-Network	Non-Network
	\$50 Individual \$150 Family	\$100 Individual \$300 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Maximum Non-Orthodontic Services (per year)	\$1,500 (Per Person Enrolled) (Subject to Max Rollover)		\$1,000 (Per Person Enrolled) (Subject to Max Rollover)	
PREVENTIVE & DIAGNOSTIC	100% (Deductible Waived)	100% (Deductible Waived)	100% (Deductible Waived)	90% (Deductible Applies)
BASIC SERVICES	90%	80%	80%	70%
MAJOR SERVICES	60%	50%	50%	40%
CHILD ORTHODONTIA	50%		50%	
Maximum Child Orthodontic	\$1,500		\$1,000	
COVERAGE LEVEL	MONTHLY PREMIUM		MONTHLY PREMIUM	
Employee Only	\$47.61		\$29.44	
Employee & Spouse	\$89.81		\$55.54	
Employee & Child(ren)	\$117.99		\$74.61	
Family	\$160.18		\$100.74	
SEARCHING FOR A DENTAL PROVIDER				
Go to www.guardiananytime.com . On the right side of your screen, under “resources,” click on “Provider Online Search”. On the next screen, under “Find a Provider,” click “Find a Dentist”. Then, in the drop down menu that says “Select your dental plan,” select “PPO”. You will then be able to search for a provider by location.				



Plan Rates

National Hospice Group contributes 50% of the total cost for dental based off the Low Option on a monthly basis with the higher plan being a buy up plan. The rates below are the cost per pay period to you. All premiums are taken on a semi-monthly basis or 24 times annually.

Low Option (\$1000)

Employee Only

Employee Rate

\$7.36

Employer Rate

\$7.36

Employee & Spouse

\$13.89

\$13.89

Employee & Child(ren)

\$18.65

\$18.65

Family

\$25.19

\$25.19

High Option (\$1500)

Employee Only

Employee Rate

\$16.45

Employer Rate

\$7.36

Employee & Spouse

\$31.02

\$13.89

Employee & Child(ren)

\$40.43

\$18.65

Family

\$54.91

\$25.19



Vision Insurance

Carrier: Guardian/VSP
www.guardiananytime.com

Customer Service: 1-800-600-1600
 Group ID: 575446

Employees can visit any doctor they would like, but save by visiting any of the 50,000+ locations in the nation's largest vision network, including Costco, Visionworks, Eyecare and more.

Your vision plan is provided by VSP Choice Network.

Copay

Cost (you pay)

Exams Copay	\$10
Materials Copay	\$10

Sample of Covered Services

In-Network

Out-of-Network

Eye Exams	\$0	Amount over \$59
Single Vision Lenses	\$0	Amount over \$30
Lined Bifocal	\$0	Amount over \$50
Lined Trifocal	\$0	Amount over \$65
Frames	80% over \$150	Amount over \$100
Costco Frame Allowance	Amount over \$80	
Glasses (Additional Pair)	20% off retail	No discounts
Laser Correction Discount	Up to 15% off usual charge or 5% off promotional price	

Service Frequency

Exams	Every calendar year
Lenses	Every calendar year
Frames	Every two calendar years
Discounts	Limitless within 12 months of exam

Plan Rates

National Hospice Group contributes 50% of the total cost for vision on a monthly basis. The rates below are the cost per pay period to you. All premiums are taken on a semi-monthly basis or 24 times annually.

Option

Employee Rate

Employer Rate

Employee Only	\$2.19	\$2.19
Employee & Spouse	\$3.68	\$3.68
Employee & Child(ren)	\$3.76	\$3.76
Family	\$5.94	\$5.94

To find a provider please register at www.vsp.com and find a participating location near you.



FSA & HSA Accounts

Carrier: Connect Your Care
www.connectyourcare.com

Customer Service: 1-410-891-1000

Medical FSA and HSA Accounts

Employees can elect to have pre-tax contributions taken from payroll to help pay for out-of-pocket medical, dental and vision expenses such as:

- Co-payments and deductibles
- Vision exams, eyeglasses, contacts and laser correction surgery
- Hearing exams and aids
- Dental exams and services
- Prescription drug copayments
- \$550 Rollover for unused funds for following plan year

FSA Annual Max: \$2,750

HSA Annual Max: \$3,600

With this benefit you will receive a healthcare payment card that provides a convenient way to pay for qualified medical expenses. You will also have access to a member website www.connectyourcare.com where you can manage your account and access health information and claims data.

The advantages offered by this benefit include:

- Healthcare account(s) to pay for qualified medical expenses
- Healthcare payment card for easy access to account funds
- Online CDH Portal that puts account and health information at your fingertips
- Advanced claim processing system that minimizes the need for receipts, decreasing the time for reimbursements

HSA Eligibility Rules

- You must be participating in a qualified high deductible healthcare plan.
- You cannot be covered by another health plan, including Medicare or another FSA (unless that FSA is a limited use FSA).
- You cannot be claimed as a dependent on another individual's tax return.



Dependent Care FSA Account

Employees can put aside pre-tax contributions for out-of-pocket expenses related to care of eligible dependents. Some expenses include, but are not limited to:

- Day care and nursery schools
- Babysitting during working hours
- Adult and/or elder care

Annual Max: \$5,000_

Important FSA Rules

- Per IRS regulations, elections for Medical and Dependent Care FSA accounts must occur prior to December 31st of each year or no later than the last day you become eligible to participate.
- After your election into the FSA account, changes cannot be made without an approved qualifying event.
- Funds remaining in the Medical and Dependent care account at the end of the year are subject to forfeiture if claims have not been submitted for services received within the plan year.



Voluntary Life Insurance and AD&D

Carrier: Guardian

www.guardiananytime.com

Customer Service: 1-888-600-1600

Group ID 575446

Coverage Amounts for Voluntary Life

Employee: Increments of \$10,000, not to exceed \$500,000. Guaranteed issue amount is \$120,000 up to age 65, \$50,000 65-69 and \$10,000 ages 70 and over.

Spouse: Up to 100% of employee amount in increments of \$5,000, not to exceed \$500,000. Guaranteed issue amount is \$25,000 up to age 65, \$10,000 65-69, \$0 ages 70 and over.

Child: Up to 100% of employee amount in increments of \$2,000, not to exceed \$10,000.

To purchase Life coverage for your spouse and/or child, employees must purchase employee Life coverage.

Coverage Amounts for AD&D

Employee: Up to 5 times salary in increments of \$10,000, not to exceed \$500,000. Employees can purchase AD&D coverage without purchasing Life coverage.

Spouse: Up to 100% of employee amount in increments of \$5,000, not to exceed \$500,000.

Child: Up to 100% of employee amount in increments of \$2,000, not to exceed \$10,000.

To purchase AD&D coverage for your spouse and/or child, employees must purchase employee AD&D coverage.

Benefit Reductions & Rates

At age 70 benefit reduces by 35% of original face value

At age 75 benefit reduces by 50% of original face value

Benefits cannot be increased after a reduction in benefits

Rates are determined by the age of the employee NOT spouse. Rates increase on plan anniversary for age band adjustments.

<u>Age Band</u>	<u>Employee per \$10,000</u>	<u>Spouse per \$5,000</u>	<u>Child per \$2,000</u>
-30	\$.60	\$.30	\$.34
30-34	\$.80	\$.40	
35-39	\$.90	\$.45	
40-44	\$1.20	\$.60	
45-49	\$1.91	\$.96	
50-54	\$3.30	\$1.65	
55-59	\$4.94	\$2.47	
60-64	\$7.15	\$3.58	
65-69	\$15.03	\$7.52	



Voluntary Life Insurance and AD&D

Carrier: Guardian

www.guardiananytime.com

Customer Service: 1-888-600-1600

Group ID 575446

Coverage Amounts for AD&D

Employee: Increments of \$10,000, not to exceed \$500,000

Spouse: Up to 100% of employee amount in increments of \$5,000, not to exceed \$500,000.

Child: Up to 100% of employee amount in increments of \$2,000, not to exceed \$10,000.

AD&D Rates

<u>Coverage</u>	<u>AD&D Cost Per:</u>	<u>Monthly Rate</u>
Employee	\$1,000	\$.42
Spouse	\$1,000	\$.42
Child	\$1,000	\$.42

Guardian Tuition Program

Employees who enrol in the Guardian Dental and/or Voluntary Life plan automatically receive credits in the Guardian Tuition Program. Each year enrolled in this program rewards the employee with \$2,000 per benefit towards the cost of college. For more information and to register please visit

www.guardian.collegetuitionbenefit.com



Unum Group Term Life Insurance

Carrier: Unum

Customer Service: 1-800-421-0344

National Hospice covers all benefit eligible employees (working 30 hours or more per week) for a flat \$10,000 life insurance. There is no enrollment form to complete and coverage begins the 1st of the month following 1 month of employment for all new hires. Employees covered under this benefit also have access to Unum's EAP Program.

Unum LTD

Carrier: Unum

Customer Service: 1-800-421-0344

National Hospice covers all benefit eligible employees (working 30 hours or more per week) with Long Term Disability coverage. There is no enrollment form to complete and coverage begins the 1st of the month following 1 month of employment for all new hires. Employees are taxed on the premium in payroll but National Hospice reimburses the premium as an earning. This makes the benefit tax free to the employee in the event of payable benefits.

Monthly Benefit

60% of monthly earnings to a maximum benefit of \$7,000 per month

Definition of Disability

- 2 Year Regular Occupation
- Zero-Day Residual
- Accelerated Elimination Period plus 12 months
- Work Incentive Benefit/100% Replacement
- 90 Day Elimination Period (will coordinate with the STD benefit if an employee elects STD coverage and qualifies for the LTD benefit)
- Benefit Duration is up to Social Security Retirement Age with a reducing benefit schedule

Plan Features

- Work Life Balance EAP Program
- Worldwide emergency travel assistance services
- Rehabilitation and Return to work assistance program
- Dependent Care Benefit
- Guaranteed Insurability



MetLaw Legal Plan (High & Low)

Carrier: MetLaw

Customer Service: 1-800-821-6400

<https://members.legalplans.com/Home/>

Unexpected legal questions arise every day and with MetLaw on your side, you'll have access to a top-quality consulting 24/7, for covered situations. From real estate to divorce advice, speeding tickets to will preparation and beyond, LegalShield is available to help you and your family.

For less than \$17 per month, MetLaw gives you the ability to talk to an attorney on any matter without worrying about high hourly costs. Under the protection of MetLaw, you and your family can have peace of mind.

Services Provided

- Money Matters
 - ID Theft Defense
 - Negotiations with Creditors
- Home & Real Estate
 - Deeds
 - Mortgages, foreclosures, tenant negotiations
- Estate Planning
 - Simple, complex wills and living wills
- Family & Personal
 - Guardianships, name change, school hearings
- Civil Lawsuits
- Elder Care Issues
 - Medicare, Medicaid, nursing home arrangements, deeds and wills
- Vehicle and Driving

Rates (Per Month and covers Spouses and Dependents)

\$8.00 Low Plan

\$16.50 High Plan

Voluntary STD Coverage

Carrier: Transamerica
www.transamerica.com

Customer Service: 1-888-736-7474
Group Number: G000045306

TransAmerica Short Term Disability insurance can help provide financial security when you are unable to work. With Short Term Disability insurance, you will be paid a monthly benefit if you are unable to work due to illness or injury. You may purchase up to 60% of your salary, in increments of \$100 with a minimum benefit selection of \$300 per month and up to a maximum of \$3,000 per month.. For states with state sponsored disability plans, the benefit amount available will be up to 40%.

Short Term Disability Highlights

- Total Disability Benefit
- Partial Disability Benefit
- Waiver of Premium Benefit
- Employees elect their own elimination period

Example Rates (Rates are shown as monthly premium and may vary by elimination period)

During your enrolment process, you will be able to elect your specific benefit and the total cost shown will be your cost per pay period.



Universal Life Insurance

Carrier: Transamerica
www.transamerica.com

Customer Service: 1-888-736-7474
Group Number: G000045306

Life insurance is necessary for individuals and families, at any age. With a premium that will never increase as long as premiums are paid, Universal Life insurance by Transamerica Life Insurance Company is a financially responsible decision. Another valuable benefit of a Transamerica Life insurance policy is the opportunity to build cash values at a guaranteed interest rate. The interest rate is set to never go down. Participants can access the cash value when they choose.

Optional Riders Available

- Accelerated Death Benefit Rider-Terminal Illness (Included)
- Accelerated Death Benefit Rider-Chronic Illness (Included)
- Dependent Children Term Life Rider (Optional)

Other Features

- Guaranteed Issue for all eligible employees, spouses/domestic partners and dependent children during your initial enrollment
- 100% Portable
- 100% Convertible
- No reduction in benefits
- Employee must elect coverage for family members to be covered

Employee benefit amounts of \$10k, \$15k, \$25k, \$50k, \$75k, \$100k, \$125k, \$150k

Spouse benefit amounts of \$10k, \$15k, \$25k, \$50k

Rates (Premiums for coverage are taken a month in advance of the coverage effective date)

Rates are determined by age and volume amount



Critical Illness Insurance

Carrier: Transamerica
www.transamerica.com

Customer Service: 1-888-736-7474
Group Number: G000045306

Critical Illness insurance offers peace of mind by helping minimize the financial burden and stress associated with a critical illness. TransAmerica Critical Illness insurance provides a lump-sum benefit payment upon diagnosis of any of the 18 covered illnesses and is paid directly to you with no restrictions on its use. This plan also includes an annual \$50 wellness benefit for you and each insured person, which can be used for health screenings, including mammograms, colonoscopies, PAP smears and more. Once enrolled, your rate does not change as you age.

Conditions covered at 100%

Heart attack, stroke, major organ transplant, end-stage renal failure, paralysis, loss of sight, speech, or hearing, coma, major third degree burns, occupations HIV and cancer.

Conditions covered at 25%

Alzheimer's, Parkinson's, Muscular Dystrophy with loss of 3 or more ADL's, bone marrow transplant, benign brain tumor, bypass surgery, cancer in situ.

Benefit Amounts & Dependent Coverage

- Guaranteed Issue for all eligible employees, spouses/domestic partners and dependent children during your initial enrollment
- \$10,000, \$20,000 or \$30,000
- Dependent coverage available: Spouse covered at 50% of employee amount, Children covered at 25% of employee amount for no additional cost
- 100% Reoccurrence Benefit
- No reduction in benefits based on age
- 100% Portable

Rates

Rates are based on age, tobacco use and volume amount



Accident Insurance

Carrier: Aflac
www.aflac.com

Customer Service: 1-800-433-3036
 Group ID: 03184

Accidents happen and sometimes are expensive. With Aflac accident insurance you can provide you and your family with a safety net to help pay bills if you are temporarily out of commission. Aflac is different from major medical insurance. It's insurance for daily living. If you're sick or injured, Aflac pays cash benefits directly to you (unless otherwise assigned) to help take care out-of-pocket medical costs or everyday expenses—and much more:

Flexible—Freedom to choose any provider without deductibles or copayments

Portable—Take your plan with you even if you leave your job (with certain stipulations)

Protective—Covered routine medical exams for early detection and prevention

Supportive—File a claim anytime day or night

From out-of-pocket medical costs and everyday expenses—like car payments groceries rent and mortgages—Aflac helps protect your savings. Regardless of what other insurance you have.

Rates (shown as monthly premium)

Employee	\$11.42
Employee & Spouse	\$19.74
Employee & Child(ren)	\$27.54
Family	\$35.86



Hospital Indemnity

Carrier: Aflac
www.aflac.com

Customer Service: 1-800-433-3036
 Group ID: 03184

Aflac's Hospital Indemnity insurance plan can complement a group's already existing medical coverage by helping to ease the financial impact of a hospitalization. It provides an indemnity benefit that can be used for a variety of reasons such as hospital admission, accident-related inpatient rehabilitation and hospital stays. The benefits will be paid regardless of other major medical benefits.

Key Features

- Guaranteed Issue for all eligible employees during initial enrollment
- Available for family (employee must enroll for dependent coverage)
- No Pre-existing conditions apply
- No waiting period
- No reduction in benefits at any age
- Portable

Rates (shown as monthly premiums)

Employee Only	\$21.72
Employee & Spouse	\$41.64
Employee & Child(ren)	\$33.82
Family	\$53.74



Health Discount Program

Carrier: E3 Solutions

Customer Service: 1-800-800-7616

www.mymemberportal.com

Discount program that can compliment outside coverage such as medical, dental, vision and RX coverage. The program is not intended to replace traditional coverage but may reduce out-of-pocket expenses by 75%. There is a nominal monthly charge for this program.

Discount Benefits

- Pharmacy-Up to 80% off thousands of prescriptions
- Medical Bill Saver-Let experts negotiate the cost of care for you
- Health Advocates
- NurseLine-24/7 access to registered nurses
- Telehealth
- Vision-Save 10% to 605 on glasses, contacts, laser surgery and exams
- Dental
- Alternative Medicine
- MRI & CT Scan-Save 45% to 75% on usual charges
- Lab Testings
- Diabetic Supplies
- Vitamins

ID Theft Protection

Carrier: Privacy Armor

Customer Service: 1-800-789-2720

www.MyPrivacyArmor.com

Group ID: 3022

The most advanced identity protection available for you and your family! With their operative-sourced dark web monitoring, intelligence, financial transaction monitoring, social media reputation monitoring and more, Privacy Armor finds what others can't. Should fraud or identity theft occur, their in-house Privacy Advocates are always there to fully restore your compromised identity, even if it occurred prior to your enrollment!!

Key Features

- Enhanced identity monitoring
- Auto-on alerts
- Dark web monitoring
- High-risk transaction monitoring



- Social media monitoring
- Lost wallet protection
- Solicitation reduction
- Credit alerts
- Data breach notifications
- Credit assistance and credit lock
- Mobile App
- Up to \$1MM in insurance to cover restoration

Rates (shown as monthly premiums)

Employee	\$9.95
Family	\$17.95

INFINITI Guard Protection Plan

Carrier: Ocenture

Employees can maximize these benefits by electing the bundled plan. Protect you and your family at home and on the road with INFINITI Guard Protection Plan. Once enrolled you will receive an email from Ocenture asking you to set up your account so you can begin to use your benefits. We will need your email address during the enrollment process. These products are comparable to the best services on the market today such as AAA Roadside and Geek Squad! Because of our group purchasing power we can bring them to you for 40-50% below public pricing!!

Technology Support (Entire Household)

- Remote Tech Support
- Onsite Tech Support
- Self-Help Database
- Anti-virus/Anti-spyware Software
- Online Data Backup

Data Backup (Entire Household)

- State-of-the art encryption
- Cross-platform support (Mac, Windows and Linux)
- Automatic Backup
- Historical versioning
- 500 MB Storage

**Roadside Assistance (Covers two drivers)**

- 24/7
- Roadside Assistance Reimbursement
- 24/7 Dispatch Service
- Lock Out Services & Reimbursement
- Hotel & Auto Rental Discounts

Rates

Individual Plans are \$8 per month. All 3 can be bundled for \$20 per month

Those employees in the INF Guard program bundle including ID Theft protection from 2018 will be grandfathered with the same coverage including the ID Theft starting January 1, 2019. There will be no interruption in coverage.

Prescription Drug Discount Program

Carrier: RX Help Centers

Customer Service: 1-866-478-9593

www.rxhelpcentersinfinitihr.com

Never pay FULL PRICE for Medications AGAIN!

INFINITI HR and RX Help Centers have partnered to bring you and your family prescription options. This benefits can also be used for family and friends!! RX Help Centers is a drug advocacy program dedicated to helping the consumer get the best price on all of your medications. Our expert team will help you receive the lowest prices for many, if not all, of your name brand medications. Our service will compliment any existing coverage that you already have. Whether you are insured, uninsured, underinsured or on Medicare, we can help.

Our customers receive assistance for a nominal charge with NO LIMIT to the number of medications that we can assist you with. With thousands of name brand and generic medications, RX Help Centers can help you and your family maximize your savings on prescription medications. With Rx Help Centers, never pay full price again! A nominal monthly fee may apply.

Register for free at www.rxhelpcentersinfinitihr.com



Additional INFINITI HR Benefit Programs

- **INFINITI HR Perks:** Employees can enjoy discounts on items from movie tickets to cars and everything in between. The more you spend the more you save and accumulate bonus points for future purchases. No enrollment is necessary. New hires will receive a welcome email with the reference ID. Create an account and start shopping!!
- **NASA Federal Credit Union:** Don't have a bank or credit union? Employees of INFINITI HR can join NASA FCU and gain access to great benefits from one of the largest Credit Unions in the country. To enroll, complete the enrollment form and return that to INFINITI HR.
- **Wagecard:** Don't have a bank or credit union and want to get away from check cashing stores? Our Wagecard offers employees a fast and convenient way to have their pay checks deposited to a personal VISA card each payroll. Withdraw cash or pay for everyday items like a debit card! To get your Wagecard, complete the enrollment form and return it to INFINITI HR.
- **ZayZoon Payroll Advance:** Employees have advanced access to their accrued payroll for emergencies. For as little as \$5, employees can have access to cash within minutes!
- **Private Health Exchange:** All Infiniti HR employees have access to a private health exchange if they would like alternative options to marketplace coverage. Employees can apply for on or off exchange coverage on a self-billed basis.
- **Pet Insurance:** All employees have the option to purchase pet insurance for their four-legged loved ones through Nationwide.



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National Hospice Management Inc.

Effective January 1, 2021

SCHEDULE OF BENEFITS

Preferred Provider Options (In-Network) and Non-Preferred Provider Options (Out-of-Network) are available. Covered Persons may decide which option to use. They will not be required to select only one option. In-Network Covered Expenses applied to the Deductible are only applied to the In-Network Deductible. Likewise, Out-of-Network Covered Expenses are only applied to the Out-of-Network Deductible. Deductible applies for all covered charges unless specified below.

	IN-NETWORK	OUT-OF-NETWORK
Deductible:		
Prime Plan		
Per Person	\$1,000	\$2,000
Per Family Maximum	\$2,000	\$4,000
Premium Plan		
Per Person	\$2,500	\$5,000
Per Family Maximum	\$5,000	\$10,000
Essential Plan		
Per Person	\$6,500	\$13,000
Per Family Maximum	\$13,000	\$26,000
Coinsurance		
Prime & Premium Plans	20%	50%
Essential Plan	0%	50%
Coinsurance Out-of-Pocket Maximum:		
Prime & Premium Plans Individual: \$2,500.00 for In-Network and \$5,000.00 for Out-of-Network expenses per Year. Family: \$5,000.00 for In-Network and \$10,000.00 for Out-of-Network expenses per Year.		
Essential Plan Individual: \$0.00 for In-Network and \$2,500.00 for Out-of-Network expenses per Year. Family: \$0.00 for In-Network and \$5,000.00 for Out-of-Network expenses per Year.		
Comments: Out-of-Pocket (OOP) Maximums do not include Deductibles, Copayments and expenses in excess of the Plan's Allowable Charges, penalties or other expenses excluded by the Plan. Out-of-Pocket Expenses are applied to the applicable In-Network or Out-of-Network Out-of-Pocket. For example, if an Employee has incurred \$2,500 in Out-of-Pocket expense at Preferred Providers, he will have no additional Out-of-Pocket expense if he continues to use Preferred Providers. If he elects to use Non-Preferred Providers, he will incur an additional \$5,000 in Out-of-Pocket Covered Expense before benefits are payable		
Inpatient Pre-Certification Non-Compliance Deductible (waived if pre-certified)	\$500	\$500

SCHEDULE OF BENEFITS (cont'd)

	IN-NETWORK	OUT-OF-NETWORK
Physician's Office Visit* Prime Plan	\$30 Primary Care Copay* \$50 Specialist Copay*, then 100% to \$250 per visit up to 6 per person, per year	Subject to Deductible and Coinsurance
Physician's Office Visit* Premium Plan	\$35 Primary Care Copay* \$60 Specialist Copay* then 100% to \$250 per visit up to 6 per person, per year	Subject to Deductible and Coinsurance
Physician's Office Visit* Essential Plan	Subject to Deductible then, \$40 Primary Care Copay* \$70 Specialist Copay*	Subject to Deductible and Coinsurance
Physician & Surgeon Professional Services including Anesthesia Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Standard Preventive and Wellness Benefit:	100%	100%
Outpatient Radiology & Imaging: Physician Office or Freestanding Imaging Center	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Radiology & Imaging: Hospital Services Prime & Premium	\$500 Copay, then Deductible and Coinsurance	\$500 Copay, then Deductible and Coinsurance
Outpatient Radiology & Imaging: Hospital Services Essential	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Allergy Treatment Prime & Premium	\$25 Copay* then 100% to \$100 per visit	Subject to Deductible and Coinsurance
Allergy Treatment Essential	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room Facility Prime & Premium	\$250 Copay, then Deductible and Coinsurance	\$250 Copay, then Deductible and Coinsurance
Emergency Room Facility Essential	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Urgent Care Services Emergency Room Professional Services Prime & Premium	\$50 Copay, then 100% to \$500 benefit maximum per visit	Subject to Deductible and Coinsurance
Urgent Care Services Emergency Room Professional Services Essential	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

SCHEDULE OF BENEFITS (cont'd)

Ambulance Air Ambulance Prime & Premium	\$1,000 Copay per visit, then Deductible and Coinsurance	Subject to Deductible and Coinsurance
Ambulance Air Ambulance Essential	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Surgical Procedures: Physician Office or Ambulatory Surgery Center	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Surgical Procedures: Hospital Services Prime & Premium	\$1,000 Copay, then Deductible and Coinsurance	\$1,000 Copay, then Deductible and Coinsurance
Outpatient Surgical Procedures: Hospital Services Essential	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Inpatient Hospitalization: Medical Facility Services Prime & Premium	\$500 Copay per admit, then Deductible and Coinsurance	\$500 Copay per admit, then Deductible and Coinsurance
Inpatient Hospitalization: Medical Facility Services Essential	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
All Other Covered Expenses	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
<p>* The above Physician Office Visit Copay will not count toward the deductible and/or Coinsurance Out-of-Pocket expenses limit provisions; however, will count toward the Annual In-Network Out of Pocket Maximum. The Office Visit Copay does not apply to surgeries. If a surgical procedure is performed during an office visit, the office visit will be subject to the copayment provisions, but the surgical procedure will be subject to the plan deductible and coinsurance provisions. The Office Visit Copay does not apply to laboratory or radiology services performed during the office visit unless otherwise specified.</p>		

Care Coordination:

Outpatient Imaging Benefit:

Pre-certification is required for all MRI, CT Scan, PET Scan and Nuclear or Echocardiography imaging services.

Outpatient Surgery Facility:

Pre-certification is required for all outpatient surgical services.

Hospital Emergency Room Visit:

Prior notification is required through OpenAxess

The outpatient pre-certification is performed to determine the place of service authorization. The process does not make determination regarding medical necessity, benefits, eligibility, or other plan provisions.

SCHEDULE OF BENEFITS (cont'd)

Prescription Drugs:

Prime & Premium: \$1 per preferred generic, \$15 per standard generic, \$50 per name brand, \$80 per non formulary, 50% per specialty drugs. If a brand name drug is dispensed when a generic drug is available, the covered person will be responsible for the difference in cost between the brand name drug and the generic drug, in addition to the brand name drug copay.

Essential: Subject to deductible then \$1 per preferred generic, \$15 per standard generic, \$50 per name brand, \$80 per non formulary, 50% per specialty drugs. If a brand name drug is dispensed when a generic drug is available, the covered person will be responsible for the difference in cost between the brand name drug and the generic drug, in addition to the brand name drug copay.

Lab Vendor & Diabetic Supplies Program: Covered Charges Incurred on an outpatient basis for laboratory services provided by the Preferred Lab Vendor Program or diabetic supplies provided by the Preferred Diabetic Vendor Program will be paid at 100%, not subject to the Deductible and Coinsurance.

Does not apply to Essential Plan.

Annual Maximum:

(All maximums, whether expressed as dollars, visits or days, indicated herein will accumulate on a Calendar Year basis).

In no event shall more than the following maximum benefits be provided in any Calendar Year for each Covered Person:

- 60 visits in a 12-month period for Home Health Care. Limited to 1 visit per provider and 1 visit for any covered service per day;
- 30 days per Calendar Year for care in a Nursing Care or Hospice Facility including respite care;
- 20 visits for Chiropractic Services;
- 30 visits aggregate for combined therapies: speech, physical, occupational, cognitive, biofeedback, sports medicine, cardiac exercise programs, rehabilitative therapy. Therapy charges Incurred during Home Health Care or Inpatient stay will not count towards the therapy Annual Maximum;
- \$300 wig and other scalp Prostheses;
- \$2,500 for all Durable Medical Equipment expenses not considered essential benefits under PPACA;
- \$1,000 for elective sterilization for either the employee or spouse;

Annual In-Network Out of Pocket Maximum:

- **Prime & Premium:** \$7,350 per covered person or \$14,700 for all covered family members. Includes Deductible, Coinsurance and Copayments.
- **Essential:** \$6,650 per covered person or \$13,300 for all covered family members. Includes Deductible, Coinsurance and Copayments.