



**YOUR COMPANY**  
YOR COMPANY SLOGAN

# Your Company Benefits Booklet

*Provided by The Benefits Group*



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*Your Company*



# Your Plan Information



Term	Definition	Your Company
Effective Date	The time of year when your insurance rates are released and your coverage becomes active	January 1
Open Enrollment Date	Period of time when employees may make changes to their elected benefit options	December
Waiting Period	Period of time which must pass before your health care coverage can begin	1 <sup>st</sup> of the month following 30 days
HAP HMO Network	Ensure your doctor participates in the network before seeking care	Search Your Doctor <a href="#">HERE</a>
HAP Enrollment Form	For new hires or employees with a qualifying event who would like to enroll in Medical Insurance	Download <a href="#">HERE</a>
HAP Waiver Form	For employees declining medical coverage	Download <a href="#">HERE</a>
HAP Plan Summaries	Summary of Benefits and Coverage	<ul style="list-style-type: none"> <li>HAP HMO Silver \$4,000 <a href="#">HERE</a></li> <li>HAP HMO \$5,500 HDHP <a href="#">HERE</a></li> </ul>
Principal Statement of Health	For employees electing a benefit over the guaranteed issue amount	Download <a href="#">HERE</a>
Principal Application & Waiver		Download <a href="#">HERE</a>
TASC FSA	Flexible Spending Account - set aside funds on a pre-tax basis to be used for qualifying healthcare and/or dependent care expenses	Download <a href="#">HERE</a>





## *Your Company Major Medical*

### Helpful Terms

- **Deductible** - The amount you pay for your healthcare services before your health insurer pays.
- **Coinsurance** - A certain percent you must pay each benefit period after you have paid your deductible.
- **Copay** - The amount you pay to a healthcare provider at the time you receive services.
- **Maximum Out of Pocket** - The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.





# HAP

## HAP HMO Silver \$4,000

Download Full Summary [here](#)

Service	Benefit
Deductible	\$4,000 Single / \$8,000 Family
Coinsurance	30%
Out of Pocket Maximum	\$7,900 Single / \$15,800 Family
Primary Care Visit Copay	\$40
Emergency Room Copay	\$300 After Deductible
Urgent Care Copay	\$65

## HAP HMO \$5,500 HDHP

Download Full Summary [here](#)

Service	Benefit
Deductible	\$5,500 Single / \$11,000 Family
Coinsurance	20%
Out of Pocket Maximum	\$6,650 Single / \$13,300 Family
Primary Care Visit	Covered After Deductible
Emergency Room	Covered After Deductible
Urgent Care	Covered After Deductible



# Your GAP Insurance

In addition to your Major Medical HAP plan, you will also receive a secondary **GAP** plan.

GAP is a “bucket of money” designed to help cover some of the out-of-pocket expenses from your major medical plan.

Your Company offers:

\$5,000 inpatient bucket (per person) **with** \$2,500 outpatient bucket (2x for family) GAP

GAP helps cover:

- Deductible
- Coinsurance

Click to watch instructional video!



Note: GAP does not cover mental/nervous treatment, substance abuse, home health care, or Rx



# GAP: Instructions for Use

Tell your provider that you have a GAP Plan that pays directly to providers for most services that go towards deductible and coinsurance. Submit both your GAP Health Plan card with your HAP ID card.

How it works:

- *Provider bills HAP first.*
- *HAP generates “Explanation of Benefits” (EOB) and sends to provider (to confirm payment eligibility).*
- *Provider sends EOB to GAP.*
- *GAP pays provider directly.*



# \$0 Copay Telemedicine



**Telemedicine** is available to Your Company's employees through your GAP plan.

On average, it takes just 12 minutes for a physician to return your call and 30 minutes to get resolution. Should you need to consult a doctor, it costs just \$0.00. No hidden fees. No surprises. This is healthcare that never requires you to read between the lines.

To register and to view instructions for use, click [here](#).

## Illnesses Treated:

- Respiratory Infections – Sinusitis / Bronchitis
- Urinary Tract Infections
- Pharyngitis / Sore Throat / Strep Throat
- Pink Eye / Conjunctivitis
- Seasonal Allergies
- Cold & Flu
- Indigestion / Diarrhea
- Shingles
- Poison Ivy
- Minor Sprain and Muscular Strains
- Motion Sickness when Traveling





# Employee Assistance Program (EAP)

Registered nurses provide expert advice about wellness, conditions and steps to help lead a healthier life. They are available at any time 24/7. Access to an experienced nurse is just a phone call away.

Do you want to:

- Lose weight and keep it off?
- Quit smoking?
- Find out first aid information?
- Eat a healthier diet?
- Manage your stress?
- Start an exercise program?
- Find out more about a disease or condition?

## Summary of Services:

- Counseling
  - Up to three (3) counseling sessions are available for issues affecting employees *and* dependents.
- Family Caregiving
- Legal
  - A 30 minute phone or in-person consultation is available to help answer basic legal questions and simplify the process of obtaining legal help.
- Financial
- Convenience
  - Complimentary referrals to convenience services to help members make the most of their money and free time.
- Online Tools and Information
  - The site provides a wide array of life management tools to help members with a variety of personal and/or work related issues in a private and convenient manner.

**View or download access information [here](#)**



# Your Company Major Medical Plans

HAP + GAP Rates

HAP HMO \$4,000

Download Monthly Rate Sheet [here](#)

HAP HMO \$5,500 HDHP

Download Monthly Rate Sheet [here](#)

GAP Monthly Rates				
Age	Single	Double	Single Parent	Family
-	X	X	X	X
40	X	X	X	X
50	X	X	X	X

Your Medical Plan Rate  
+ Your GAP Rate  
= Your Total Monthly Rate



# Principal Insurance

*Voluntary Dental, Voluntary Vision, Group Life, Voluntary Life, Voluntary Short & Long Term Disability*

Download Your Principal Plan Summaries [here](#)



## Voluntary Core Dental

Your Company offers a **network-only** Voluntary Dental Insurance plan designed to provide excellent coverage and save you money!

Ensure your dentist is participating in Principal's network before seeking care by clicking [here](#).

Download Your Core Dental Plan Summary [here](#).

Tier	Bi-Weekly Rate
Employee Only	X
Employee + Spouse	X
Employee + Child(ren)	X
Family	X



## Voluntary Buy-Up Dental

Your Company offers an ***in-and-out of network*** Voluntary Dental Insurance plan designed to provide excellent non-network coverage!

Ensure your dentist is participating in Principal's network before seeking care by clicking [here](#).

Download Your Buy-Up Dental Plan Summary [here](#).

Tier	Bi-Weekly Rate
Employee Only	X
Employee + Spouse	X
Employee + Child(ren)	X
Family	X





## Voluntary VSP Vision

Ensure your eye care provider is participating in VSP's network by clicking [here](#).

Download Your VSP Vision Plan Summary [here](#).

Tier	Bi-Weekly Rate
Employee Only	X
Employee + Spouse	X
Employee + Child(ren)	X
Family	X

# Basic Group Life Insurance

*Your Company provides all employees with Basic Life Insurance at no cost to you!*

*Benefit: \$15,000*

**Download Your Basic Life Insurance Plan Summary [here](#).**

Eligibility	
Job Class	All Members
Benefits Payable	
Employee Life Benefits	
Benefit Amount	\$15,000
Proof of Good Health	Proof of good health is required for life insurance amounts greater than:  If you are Under 70:  \$15,000  If you are 70 and older:  The lesser of \$15,000 or the amount with the prior carrier
Age Reductions	35% benefit reduction at age 65, with an additional 15% reduction at age 70.  Age reductions apply to the benefit amount after proof of good health .
Additional Employee Benefits	
Coverage During Disability	If you become disabled before age 60, coverage will continue and premium may be waived.
Accelerated Death Benefit	If you are terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.
Individual Purchase Rights	If you terminate employment, you may be able to convert coverage to an individual policy.
Limitations & Exclusions	
Coverage Outside of the US	Benefits will not be paid if you are outside the United States for certain reasons for more than six months.

# Voluntary Life Insurance

*Your Company provides employees the option to purchase additional Life Insurance!*

*Minimum: \$10,000*

*Maximum: \$300,000*

**Download Your Voluntary Life Insurance Plan Summary & Rate Sheet [here](#).**

Eligibility			
Job Class	All Members		
Eligible Members	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 hours per week. If you are covered as an employee, your dependents may also be eligible. Additional eligibility requirements may apply.		
Benefits Payable			
	Employee Life Benefits	Spouse Life Benefits	Child Life Benefits
Benefit Amount	You may choose to purchase benefits in increments of \$10,000	You may choose to purchase benefits in \$5,000 increments	For eligible children 14 days or older, you may choose to purchase benefits of <ul style="list-style-type: none"><li>\$5,000, or</li><li>\$10,000</li></ul> Eligible children under 14 days of age receive \$1,000.
Minimum	\$10,000	\$5,000	Not Applicable
Maximum	\$300,000	\$100,000	Not Applicable
		Cannot exceed 100% of your benefit amount	
Proof of Good Health	Proof of good health is required for life insurance amounts greater than:  If you are under age 70:  \$70,000  If you are age 70 and over:  \$10,000	Proof of good health is required for life insurance amounts greater than:  If your spouse is under age 70:  \$20,000  If your spouse is age 70 and over:  \$10,000	Not Applicable
Age Reductions	35% benefit reduction at age 70, with an additional 20% reduction at age 75  Age reductions apply to the benefit amount after proof of good health.		Not Applicable



# Voluntary Short Term Disability

*Your Company provides employees the option to purchase Short Term Disability Insurance!*

*Benefit:*

*60% of your predisability earnings, up to \$1,500/week*

*Benefits begin on the 8<sup>th</sup> day after an accident or sickness*

**Download Your Voluntary Short Term Disability Summary and Rate Calculation Sheet [here](#).**

Eligibility	
Job Class	All Members
Eligible Members	All active, full time employees (except seasonal, temporary, or contract workers) who work at least 30 hours per week
Benefits Payable	
Primary Weekly Benefit	60% of your predisability earnings up to \$1,500
Benefit Amount	Primary Weekly Benefit less other income sources
Definition of Earnings	Base wage
Benefit Qualification	
Elimination Period	Benefits begin on the 8th day for accident and 8th day for sickness
Benefit Payment Period	Up to 12 weeks after the elimination period is satisfied
Maternity	Treated the same as any other disability
Additional Benefits	
Rehabilitation Incentive Benefit	5% increase in the primary weekly benefit
Survivor Benefit	3 weeks of pre-tax primary weekly benefit to your survivor
Limitations & Exclusions	
Pre-Existing Conditions	3 months prior/12 months insured
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.



# Voluntary Long Term Disability

*Your Company provides employees the option to purchase Long Term Disability Insurance!*

*Benefit:*

*60% of your predisability earnings, up to \$6,000/month*

*Benefits begin after 90 days of disability*

**Download Your Voluntary Long Term Disability Summary and Rate Sheet [here](#).**

Eligibility	
Job Class	<b>All Members</b>
Eligible Members	All active, full time employees (except seasonal, temporary, or contract workers) who work at least 30 hours per week
Benefits Payable	
Primary Monthly Benefit	\$250.00 increments between \$500.00 and \$6,000.00, not to exceed 60% of predisability earnings.
Benefit Amount	Primary monthly benefit less other income sources
Definition of Earnings	Base wage
Benefit Qualification	
Elimination Period	90 days
<b>Own Occupation Period</b>	2 years
Maximum Benefit Payment Period	To age 65
Additional Benefits	
Rehabilitation Incentive Benefit	5% increase in the monthly benefit percentage
Survivor Benefit	Three times your primary monthly benefit to your survivor.
Limitations & Exclusions	
Pre-Existing Conditions	12 months prior/12 months insured
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.

*Click for Own Occupation definition*





With a Flexible Spending Account (FSA) participants set aside funds on a pre-tax basis each year into their FlexSystem account(s), and subsequently access those funds for qualifying healthcare and/or dependent care expenses incurred within the Plan Year.

To access your FSA, click [here](#).

Download TASC's Enrollment Form [here](#).

## Your FSA Benefits:

- *Reduce income tax (Federal, State, and FICA): pre-tax payroll contributions result in a lower taxable salary.*
- *Save on the cost of eligible healthcare and/or dependent care expenses: using pre-tax dollars spells out a savings of nearly thirty percent.*
- *Immediate access to elected healthcare FSA funds.*
- *Covers common types of expenses: medical, dental, ortho, vision, prescription drugs, day care, and more.*



# Provider Links

*Always contact your HR representative **first!***

## HAP

[www.HAP.org](http://www.HAP.org)

Group Number: X

800-123-4567

## Principal

[www.Principal.com](http://www.Principal.com)

Group Number: X

800-123-4567

## GAP

[www.GAP.com](http://www.GAP.com)

Group Number: X

800-123-4567

## TASC

[www.TASCOOnline.com](http://www.TASCOOnline.com)

Group Number: X

800-123-4567





# Thank You

The Benefits Group

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Leave The Benefits Group a 5-Star Google Review [Here!](#) ★★★★★

