

MEDICAL COVERAGE TERMS



DEDUCTIBLE | A deductible is the amount you pay for covered health care services before your insurance plan starts to pay. Some services are not covered until the deductible is reached. Examples include hospitalizations and surgeries. If a service is subject to a deductible, the deductible must be reached before the plan starts paying for the service.

OUT OF POCKET MAXIMUM | The maximum is the most a member will pay for covered services in any calendar year, commonly known as your worst-case scenario. Once the medical maximum is reached, the plan pays 100% for covered services. All spending (copays, deductibles, and coinsurance) count towards the maximum.

COINSURANCE | Coinsurance is the percentage paid for specified services until the maximum is reached. If a service has an associated coinsurance, members pay that % and the plan pays the remaining %. Once the maximum is reached, the plan pays 100% for covered services.

COPAYS | Copays, which are expressed as a \$, are fixed amounts paid for specified services until the maximum is reached. Copays are often associated with the cost to see a doctor or fill a prescription, but can also apply to other services, like emergency room visits. Many copays are not subject to the deductible, meaning that, even if the deductible has not yet been reached, only the copay is required for that service. An example would be paying \$25 for a doctor visit or \$10 for a prescription.

PREMIUMS | The amount you pay to belong to a health plan.

UCR | The maximum amount that a carrier deems reasonable for an out of network individual medical procedure, based on average charges in a geographic region.

MEDICAL PLAN NETWORKS

OAMC (OPEN ACCESS MANAGED CHOICE) | Visit any in-network doctor, no referrals needed, or choose to access providers outside the network at a greater out of pocket expense. The plan has access to Aetna tools, tips, programs and services.

IN-NETWORK | Doctors and facilities that are contracted with the insurer are considered in-network. In-network services cost less than out-of-network services, so seeing in-network doctors lowers the out-of-pocket healthcare spending.

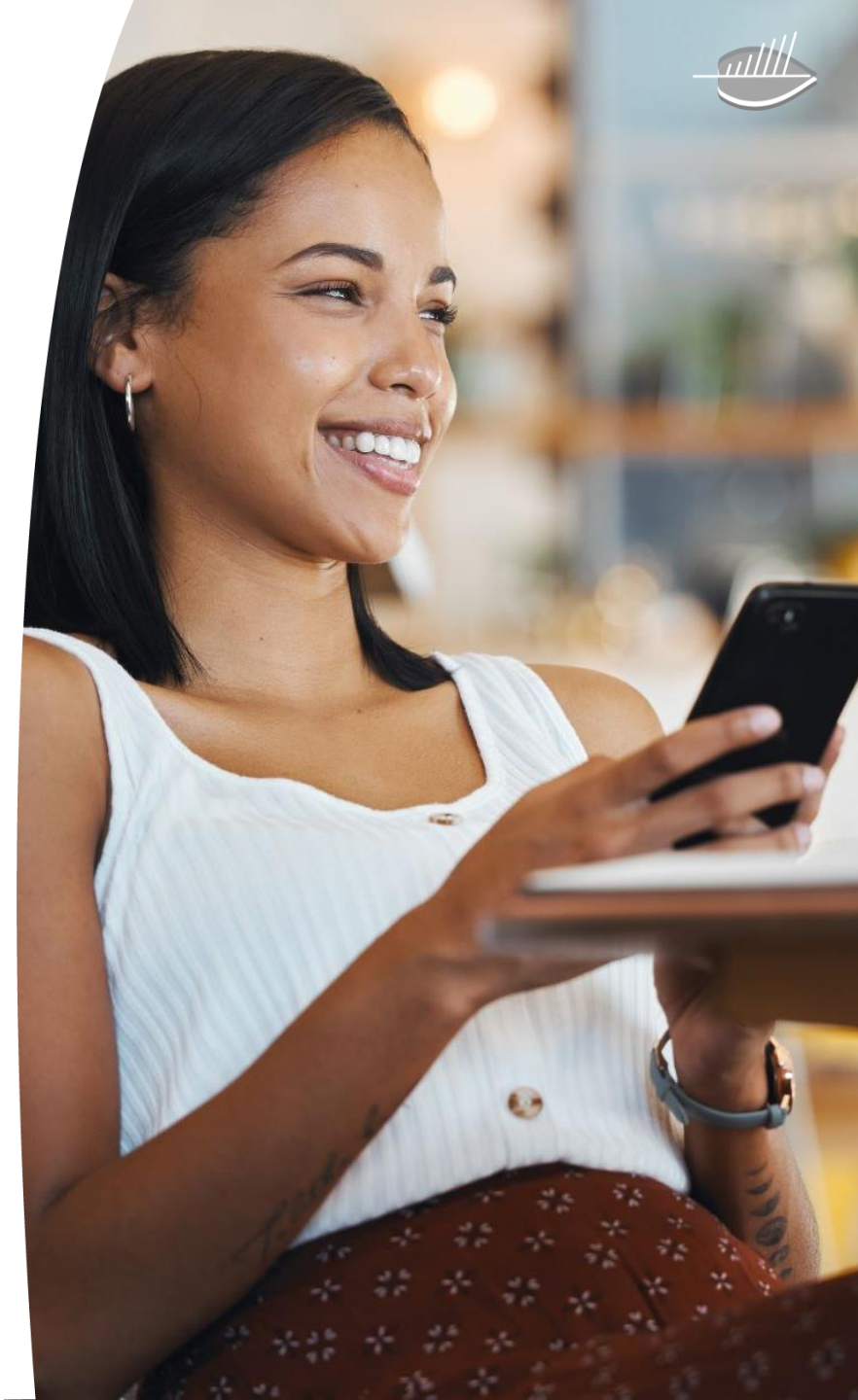
OUT-OF-NETWORK | Doctors and facilities that are not contracted with the insurer are considered out-of-network and they will cost more than in-network services, which increases the out-of-pocket healthcare spending. HMOs and EPOs do not cover out-of-network services, except for life-or-limb emergency care.

HDHP HSA PLANS | High deductible insurance plans help protect against large claims as well as covering preventive care at 100% (deductible is waived for preventive services). If you enroll in this plan, you are eligible to open a Health Savings Account (HSA) which can be used to help pay for qualified medical expenses.

EPO (OPEN ACCESS ELECT CHOICE) | EPOs are like PPOs, but they don't cover out-of-network doctors. So, members can go to any doctor, anytime, if they are in-network. This gives the member control over how medical care is accessed, if the doctor is in-network.

HMO (IN-NETWORK CARE ONLY) | HMOs are very different from PPOs and EPOs. With an HMO, members must designate a primary care physician, commonly called a PCP. This doctor will serve as the first point of contact when non-emergency medical care is needed. If a member wants to see a specialist, the PCP needs to be seen first so they can send a referral. In the case of a life-or-death emergency, members go to the nearest hospital immediately. If life is in danger, services will be covered.

OPEN CHOICE PPO (PREFERRED PROVIDER ORGANIZATION) for areas outside of OAMC | PPOs have the most freedom. They allow members to go to any doctor, anytime—whether they are in-network or out-of-network. This gives members control over how they access medical care. Note: in general, members will want to see in-network doctors, as out-of-network doctors will cost more.





OAMC: NATIONAL PLANS

GROUP #175126 POLICY #175126

NETWORK NAME: Aetna Open Access Plans / Managed Choice POS (Open Access)

<i>In network</i>	\$0 / 80%	\$0 / 100%	\$300 / 90%	\$500 / 80%	\$750 / 90%	\$1000 / 80%	\$2000 / 60%	\$3000 / 70%	\$5000 / 70%	Value \$6,350 / 100%
Deductible individual/family	\$0/\$0	\$0/\$0	\$300/3x	\$500/2x	\$750/2x	\$1,000/2x	\$2,000/2x	\$3,000/2x	\$5,000/2x	\$6,350/2x
Coinsurance	20%	0%	10%	20%	10%	20%	40%	30%	30%	0%
Out of Pocket/Family OOP Limit deductible, coinsurance + copays	\$4,500/2x	\$3,000/2x	\$3,000/2x	\$3,500/2x	\$3,000/2x	\$4,500/2x	\$6,850/2x	\$6,850/2x	\$6,850/2x	\$6,850/2x
Physician Office Visit	\$35	\$20	\$20	\$25	\$25	\$25	\$35	\$40	\$40	\$25
Specialist Office Visit	\$70	\$40	\$40	\$50	\$50	\$50	\$70	\$80	\$80	0%
Preventive Care	no charge	no charge	no charge	no charge	no charge	no charge	no charge	no charge	no charge	no charge
Inpatient Hospital	20% after \$1,000 co-pay	\$250 copay per admission	10%	20%	10%	20%	40%	30%	30%	0%
Outpatient Hospital	20% after \$250 copay	\$100 copy/visit	10%	20%	10%	20%	40%	30%	30%	0%
Emergency	\$350	\$350	\$350	\$350	\$350	\$350	\$350	\$350	\$350	0%
Diagnostic X-Ray	20%	no charge	10%	20%	10%	20%	40%	30%	30%	0%
Imaging (CT/PET scans, MRIs)	20%	no charge	10%	20%	10%	20%	40%	30%	30%	0%
Chiropractic Care	\$70	\$40	\$40	\$50	\$50	\$50	\$70	\$80	\$80	0%
Acupuncture (10 visits max)	\$35	\$20	\$20	\$25	\$25	\$25	\$35	\$40	\$40	\$25
Pharmacy (30-day supply) tier 1 / tier 2 / tier 3 / tier 4	\$10/45/70/30 % (\$250 Max)	\$10/45/70/30 % (\$250 Max)	\$10/45/70/30 % (\$250 Max)	\$10/45/70/30 % (\$250 Max)	\$10/45/70/30 % (\$250 Max)	\$10/45/70/30 % (\$250 Max)	\$10/45/70/30 % (\$250 Max)	\$10/45/70/30 % (\$250 Max)	\$10/45/70/30 % (\$250 Max)	\$10/\$45/\$70 30% (\$250 Max)
Rx Mail Order (90-day supply)	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x
Summary of Benefits and Coverage (SBC)	SBC	SBC	SBC	SBC	SBC	SBC	SBC	SBC	SBC	SBC

After deductible



OAMC: NATIONAL EPO PLANS



GROUP #175128 POLICY #175126

NETWORK NAME: Aetna Open Access Plans / Elect Choice EPO

<i>In network only</i>	HDHP \$3500 / 80%	\$0 / 100%	\$1500 / 80%	\$1,500 / 100%	\$3000 / 100%	\$6350 / 100%
Deductible individual/family	\$3,500/2x	None	\$1,500/2x	\$1,500/2x	\$3,000/2x	\$6,350/2x
Coinsurance	20%	0%	20%	0%	0%	0%
Out of Pocket/Family OOP Limit deductible, coinsurance + copays	\$6,500/2x	\$4,000/2x	\$6,000/2x	\$5,000/2x	\$5,500/2x	\$7,900/2x
Physician Office Visit	20%	\$25	\$30	\$30	\$35	\$40
Specialist Office Visit	20%	\$50	\$60	\$60	\$70	\$80
Preventive Care	no charge	no charge	no charge	no charge	no charge	no charge
Inpatient Hospital	20%	\$300/day, 5 days then 100%	20%	\$300/day, 5 days, then 0%	\$600 then 0%	0%
Outpatient Hospital	20%	Hosp 0% Surg \$300 then 0%	20%	\$250/visit	0% Hosp \$300 then 0%	0%
Emergency	20%	\$350	\$350	\$350	\$350	0%
Diagnostic X-Ray	20%	0%	20%	0%	0%	0%
Imaging (CT/PET scans, MRIs)	20%	\$250	20%	0%	0%	0%
Chiropractic Care	20%	\$50	\$60	\$60	\$70	\$80
Acupuncture (10 visits max)	20%	\$25	\$30	\$30	\$35	\$40
Pharmacy (30-day supply) tier 1 / tier 2 / tier 3 / tier 4	\$10/\$45/\$70/30% (\$250Max)	\$10/\$45/\$70/30% (\$250Max)	\$10/\$45/\$70/30% (\$250Max)	\$10/\$45/\$70/30% (\$250Max)	\$10/\$45/\$70/30% (\$250Max)	\$10/\$45/\$70 30% (\$300 Max)
Rx Mail Order (90-day supply)	2x	2x	2x	2x	2x	2x
OON Reimbursement	N/A	N/A	N/A	N/A	N/A	N/A
Summary of Benefits and Coverage (SBC)	SBC	SBC	SBC	SBC	SBC	SBC

After deductible



HDHP: NATIONAL PLANS

GROUP #175127 POLICY #175126

NETWORK NAME: Aetna Open Access Plans / Managed Choice POS (Open Access)



<i>In network</i>	\$5000 / 80%	\$3500 / 80%	\$3000 / 100%	\$3000 / 90%
Deductible individual/family	\$5,000/2x	\$3,500/2x	\$3,000/2x	\$3,000/2x
Coinsurance	20%	20%	0%	10%
Out of Pocket/Family OOP Limit deductible, coinsurance + copays	\$6,850/2x	\$6,500/2x	\$5,500/2x	\$5,500/2x
Physician Office Visit	20%	20%	\$30	10%
Specialist Office Visit	20%	20%	\$60	10%
Preventive Care	no charge	no charge	no charge	no charge
Inpatient Hospital	20%	20%	\$500	10%
Outpatient Hospital	20%	20%	\$300	10%
Emergency	20%	20%	\$350	10%
Diagnostic X-Ray	20%	20%	0%	10%
Imaging (CT/PET scans, MRIs)	20%	20%	0%	10%
Chiropractic Care	20%	20%	0%	10%
Acupuncture (10 visits max)	20%	20%	\$30	10%
Pharmacy (30-day supply) tier 1 / tier 2 / tier 3 / tier 4	\$10/45/70/30% (\$250 max)	\$10/45/70/30% (\$250 max)	\$10/45/70/30% (\$250 max)	\$10/45/70/30% (\$250 max)
Rx Mail Order (90-day supply)	2x	2x	2x	2x
Summary of Benefits and Coverage (SBC)	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>

After deductible



HMO: CALIFORNIA ONLY

In network only

GROUP #175134 POLICY #175126

NETWORK NAME: Aetna Standard Plans / HMO



\$1000 / 100%

\$0/100% \$10

\$0/100% \$30

Deductible individual/family	\$1,000/2x	\$0/\$0	\$0/\$0
RX Deductible individual/family (waived for generic)	\$150/\$450	\$150/\$450	\$150/\$450
Coinsurance	0%	0%	0%
Out of Pocket/Family OOP Limit deductible, coinsurance + copays	\$7,000/2x	\$3,000/2x	\$6,000/2x
Physician Office Visit	\$40	\$10	\$30
Specialist Office Visit	\$70	\$25	\$60
Preventive Care	no charge	no charge	no charge
Designated Minute Clinic	\$0 access to covered Minute Clinic Services	\$0 access to covered Minute Clinic Services	\$0 access to covered Minute Clinic Services
Inpatient Hospital	\$300/day 5 days, then 0%	\$350/admit	\$600/day 3 days, then 0%
Outpatient Hospital	\$250	\$250	\$350
Emergency	\$350 copay (copay waived if admitted)	\$350	\$350
Diagnostic X-Ray	\$70	\$25	\$60
Imaging (CT/PET scans, MRIs)	\$150	\$100	\$200
Chiropractic Care	\$15	\$15	\$15
Acupuncture (10 visits max)	\$15	\$10	\$15
Pharmacy (30-day supply) tier 1 / tier 2 / tier 3 / tier 4	\$15/35/60/30% (\$250 max)	\$15/35/60/30% (\$250 max)	\$15/35/60/30% (\$250 max)
Summary of Benefits and Coverage (SBC)	SBC	SBC	SBC

After deductible



NEW YORK & TRI-STATE AREA: OAMC (175130)

GROUP #175130,
GROUP (1250/90, 4500/60) #232275 POLICY #175126
 NETWORK NAMES: Aetna Open Access Plans / Managed Choice POS (Open Access)
 / Aetna Open Access Plans / Elect Choice EPO / Aetna Open Access Plans /
 Managed Choice POS (Open Access)



<i>In network</i>	NY OA MC 0/100%, 5/20 - 80%	NY OA MC2 0/100%, 15/20 - 80%	NY OA MC 0/100%, 15/20	NY OA MC 0/100%, 20/30 - 80%	NY OA MC 0/100%, 30/50 - 80%	NY OA MC 0/100%, 30/50	NY OA MC 750/90%	NY OA MC 1000/80%	NY OA MC 1250/90%	NY OA MC 2000/100%	NY OA MC 2000/80%, 30/60	NY OA MC 4500/60
Deductible Individual/Family	None	None	None	None	None	None	\$750/2X	\$1,000/2X	\$1,250/2X	\$2,000/2X	\$2,000/2X	\$4,500/2X
Coinsurance	0%	0%	0%	0%	0%	0%	10%	20%	10%	0%	20%	40%
Out of Pocket/Family OOP Limit deductible, coinsurance + copays	\$1,000/2X	\$2,000/2X	\$4,000/2X	\$4,500/2X	\$5,000/2X	\$5,000/2X	\$6,500/2X	\$7,000/2X	\$3,500/2X	\$8,000/2X	\$7,000/2X	\$8,550/2X
Physician Office Visit	\$5	\$15	\$15	\$20	\$30	\$30	\$20	\$25	\$20	\$25	\$30	\$15
Specialist Office Visit	\$20	\$20	\$20	\$30	\$50	\$50	\$40	\$50	\$40	\$75	\$60	\$90
Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Inpatient Hospital	\$500 copay	\$250/day for 3 days	\$250/day for 3 days	\$350/day for 3 days	\$500/day for 3 days	\$500/day for 3 days	10%	20%	10%	0%	20%	40%
Outpatient Surgery	0%	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	10%	20%	10%	0%	20%	40%
Emergency	\$200	\$250	\$400	\$400	\$400	\$350	\$350	\$350	\$250	\$500	\$350	\$500
Diagnostic X-Ray	0%	0%	0%	0%	0%	0%	10%	20%	10%	0%	20%	40%
Imaging (CT/PET scans, MRIs)	0%	0%	0%	0%	0%	0%	10%	20%	10%	0%	20%	40%
Chiropractic Care	\$20	\$20	\$20	\$30	\$50	\$50	\$40	\$50	\$40	\$75	\$60	\$90
Acupuncture (10 visits max)	\$5	\$15	\$15	\$20	\$30	\$30	\$20	\$25	\$20	\$25	\$30	\$15
Pharmacy (30-day supply) tier 1 / tier 2 / tier 3	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100
Mail Order (90 day supply)	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x
OON Reimbursement	80% UCR	80% UCR	80% UCR / 140% of Medicare	80% UCR	80% UCR	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare
Summary of Benefits and Coverage	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>

After deductible

These plans are restricted to employees whose worksite employer is headquartered in CT, NJ, and NY. If your worksite employer is headquartered outside CT, NJ, or NY you will not be eligible for these plans, even if you personally reside in one of these states.



NY & TRI-STATE AREA: HDHP

GROUP #175130 POLICY #175126

NETWORK NAMES: Aetna Open Access Plans / Managed Choice POS (Open Access) / Aetna Open Access Plans / Elect Choice EPO / Aetna Open Access Plans / Managed Choice POS (Open Access)



<i>In network</i>	NY OA MC HDHP 1500 / 100% (TIF)	NY OA MC HDHP 3000 / 100%	NY OA MC HDHP 3000 / 90%	NY OA MC HDHP 5000 / 80%
Deductible individual/family	\$1,500/2X	\$3,000/2X	\$3,000/2x	\$5,000/2x
Coinsurance	0%	0%	10%	20%
Out of Pocket individual/family deductible, coinsurance + copays	\$3,000/2X	\$6,500/2X	\$5,000/2X	\$6,900/2x
Physician Office Visit	\$30 copay	\$30 copay	10%	20%
Specialist Office Visit	\$45 copay	\$45 copay	10%	20%
Preventive Care	no charge	no charge	no charge	no charge
Inpatient Hospital	\$750 copay	\$750 copay	10%	20%
Outpatient Hospital	0% after ded	0% after ded	10%	20%
Emergency	\$300 Copay, then 0%	\$300 Copay, then 0%	10%	20%
Diagnostic X-Ray	0%	0%	10%	20%
Imaging (CT/PET scans, MRIs)	0%	0%	10%	20%
Chiropractic Care	\$45 copay	\$45 copay	10%	20%
Acupuncture (10 visits max)	\$30 copay	\$30 copay	10%	20%
Pharmacy (30-day supply) tier 1 / tier 2 / tier 3 / tier 4	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100
Rx Mail Order (90-day supply)	2x	2x	2x	2x
OON Reimbursement	140% Medicare	140% Medicare	140% Medicare	N/A
Summary of Benefits and Coverage	SBC	SBC	SBC	SBC

After deductible

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NY & TRI-STATE AREA: EPO

GROUP #175131 POLICY #175126



NETWORK NAMES: Aetna Open Access Plans / Managed Choice POS (Open Access) / Aetna Open Access Plans / Elect Choice EPO / Aetna Open Access Plans / Managed Choice POS (Open Access)

In network only

**NY OA EPO
0/100%, 30/65**

**NY OA EPO
0/100%, 45/65**

**NY OA EPO
1000/80%**

**NY OA EPO
3000/80%**

**NY OA EPO HDHP
4500/70%**

**NY OA EPO HDHP
5000/100%**

	NY OA EPO 0/100%, 30/65	NY OA EPO 0/100%, 45/65	NY OA EPO 1000/80%	NY OA EPO 3000/80%	NY OA EPO HDHP 4500/70%	NY OA EPO HDHP 5000/100%
Deductible individual/family	None	None	\$1,000/2X	\$3,000/2X	\$4,500/2X	\$5,000/2X
Coinsurance	0%	0%	20%	20%	30%	0%
Out of Pocket individual/family deductible, coinsurance + copays	\$5,000/2X	\$5,500/2X	\$5,500/2X	\$7,500/2X	\$7,350/2X	\$5,500/2X
Physician Office Visit	\$30	\$45	\$20	\$30	30%	0%
Specialist Office Visit	\$65	\$65	\$65	\$65	30%	0%
Preventive Care	no charge	no charge	no charge	no charge	no charge	no charge
Inpatient Hospital	\$750 copay	\$500 copay per day/5 day max	20%	20%	30%	0%
Outpatient Hospital	0%	0%	20%	20%	30%	0%
Emergency	\$400	\$400	\$400	\$400	30%	0%
Diagnostic X-Ray	0%	0%	20%	20%	30%	0%
Imaging (CT/PET scans, MRIs)	0%	0%	20%	20%	30%	0%
Chiropractic Care	\$65	\$65	\$65	\$65	30%	0%
Acupuncture (10 visits max)	\$30	\$45	\$20	\$30	30%	0%
Pharmacy (30-day supply) tier 1 / tier 2 / tier 3 / tier 4	\$100/\$300 deductible \$10/\$55/\$100	\$100/\$300 deductible \$10/\$55/\$100	\$100/\$300 deductible \$10/\$55/\$100	\$100/\$300 deductible \$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100
Rx Mail Order (90-day supply)	2x	2x	2x	2x	2x	2x
OON Reimbursement	N/A	N/A	N/A	N/A	N/A	N/A
Summary of Benefits and Coverage	SBC	SBC	SBC	SBC	SBC	SBC

After deductible

These plans are restricted to employees whose worksite employer is headquartered in CT, NJ, and NY. If your worksite employer is headquartered outside CT, NJ, or NY you will not be eligible for these plans, even if you personally reside in one of these states.



OPEN CHOICE PPO: NATIONAL PLANS

PPO offered in lieu of OAMC in: Alaska, Idaho, Montana, South Dakota and Missouri

GROUP #175129 POLICY #175126

NETWORK NAME: Aetna Standard Plans / Open Choice PPO



<i>In network</i>	\$1000 / 80%	\$500 / 80%	HDHP \$3000 / 90%	CMED \$1000 / 80%
Deductible individual/family	\$1,000/2x	\$500/2x	\$3,000/2x	\$1,000/2x
Coinsurance	20%	20%	10%	20%
Out of Pocket individual/family deductible, coinsurance + copays	\$4,500/2x	\$3,500/2x	\$5,500/2x	\$4,500/2x
Physician Office Visit	\$25	\$25	10%	20%
Specialist Office Visit	\$50	\$50	10%	20%
Preventive Care	no charge	no charge	no charge	no charge
Inpatient Hospital	20%	20%	10%	20%
Outpatient Hospital	20%	20%	10%	20%
Emergency	\$350	\$350	10%	20%
Diagnostic X-Ray	20%	20%	10%	20%
Imaging (CT/PET scans, MRIs)	20%	20%	10%	20%
Chiropractic Care	\$50	\$50	10%	20%
Acupuncture (10 visits max)	\$25	\$25	10%	20%
Pharmacy (30-day supply) tier 1 / tier 2 / tier 3 / tier 4	\$10/45/70/30% \$250max	\$10/45/70/30% \$250max	\$10/45/70/30% \$300max/ 50% (\$500 max)	\$10/45/70/30% (\$250max)
Rx Mail Order (90-day supply)	2x	2x	2x	2x
Summary of Benefits and Coverage (SBC)	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>	<u>SBC</u>

After deductible



DENTAL PLANS

	Available in CA, TX, NY, NJ, FL	DHMO		PDP BASE ALL OTHER STATES		PDP PLUS BASE (TX,MT,MS,LA)		PDP BUY UP ALL OTHER STATES		PDP PLUS BUY UP (TX,MT,MS,LA)	
		network	non-network	network	non-network	network	non-network	network	non-network	network	non-network
Deductible individual/family	\$5 / visit	\$50 / \$150	\$150 / \$450	\$50/\$150	\$100 / \$300	\$50 / \$150	\$100 / \$300	\$50 / \$150	\$100 / \$300	\$50 / \$150	\$50 / \$150
Preventive deductible waived	copays	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	copays	70%	50%*	70%	70%	90%	80%*	90%	90%	90%	90%
Major	copays	50%	50%*	50%	50%	65%	50%*	65%	65%	65%*	65%*
Calendar year maximum	unlimited	\$1,000		\$1,000		\$5,000		\$5,000		\$5,000	
Orthodontia adult and child	copay	not covered		not covered		50%; \$1,500 lifetime maximum		50%; \$1,500 lifetime maximum		50%; \$1,500 lifetime maximum	

COVERAGES

Employee Only	\$15.15	\$36.10	\$51.04
Employee + Spouse	\$28.80	\$71.98	\$101.51
Employee + Child(ren)	\$30.20	\$78.29	\$113.06
Employee + Family	\$43.95	\$121.97	\$174.35

* Non-network services are reimbursed up to reasonable and customary (R&C) charges. Amounts above R&C can be balance billed to participants.

[Click here for plan summaries](#)

[Find a provider](#)
(Select PDP Plus)

1-800-275-4638
Group Name: **Aspen HR PEO**
Group Number: 230503

MetLife no longer provides ID cards.
To access coverage information, please visit www.metlife.com



Low Plan

High Plan

	<i>network</i>	<i>non-network</i>	<i>network</i>	<i>non-network</i>
Deductible individual/family	\$50 / \$150	\$150 / \$450	\$50 / \$150	\$100 / \$300
Preventive deductible waived	100%	100%	100%	100%
Basic	70%	50%*	90%	80%*
Major	50%	50%*	70%	50%*
Calendar year maximum	\$1,000		\$5,000	
Orthodontia adult and child	not covered		50%; \$1,500 lifetime maximum	

Click here for plan summaries

Aetna dental
www.aetna.com

Group Name: Aspen HR PEO
Group #175132
Policy #175126
Phone: 800-438-6388

Find a provider

COVERAGES

Employee Only	\$36.10	\$49.08
Employee+Spouse	\$71.98	\$97.61
Employee+Child(ren)	\$78.29	\$108.17
Employee+Family	\$121.97	\$167.64

- **Non-network services are reimbursed up to reasonable and customary (R&C) charges. Amounts above R&C can be balance billed to participants.**
- **MS, TX, LA, MT: Out of Network Benefits Mirror In Network Benefits**



VISION PLANS



Base Plan VSP Choice

Buy Up Plan VSP Choice

	<i>network</i>	<i>non-network</i>	<i>network</i>	<i>non-network</i>
Service frequency	exams and lenses every 12 months frames every 24 months		exams, frames and lenses every 12 months	
Examination	\$10	up to \$45 allowance	\$10	up to \$45 allowance
Materials	\$25 (waived for elective contacts)	based on fee schedule	\$25 (waived for elective contacts)	based on fee schedule
Frames	\$130 allowance	up to \$70 allowance	\$200 allowance	up to \$70 allowance
Elective contacts	\$130 allowance	up to \$105 allowance	\$130 allowance	up to \$105 allowance

MONTHLY RATES

Employee Only	\$6.35	\$9.12
EEE+ Spouse	\$12.75	\$18.30
EE+ Child(ren)	\$10.80	\$15.48
Family	\$17.80	\$25.54

SAVE MORE IN-NETWORK

Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to in-network retailers like Costco® Optical, Walmart and Sam's Club. There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service. Out-of-network is also available.

[Click here for plan summaries](#)

MetLife vision through VSP

*MetLife no longer provides ID cards. To access coverage information, please visit:

www.metlife.com

[Find a provider](#)

1-800-275-4638

Group Name: **Aspen HR PEO**

Group Number: 230503





Low Eyemed Plan

High Eyemed Plan

	<i>network</i>	<i>non-network</i>	<i>network</i>	<i>non-network</i>
Service frequency	exams and lenses every 12 months frames every 24 months		exams, frames and lenses every 12 months	
Examination	\$10	up to \$45 allowance	\$10	up to \$45 allowance
Materials	\$25 (waived for elective contacts)	based on fee schedule	\$25 (waived for elective contacts)	based on fee schedule
Frames	\$130 Allowance	up to \$70 allowance	\$200 allowance	up to \$70 allowance
Elective contacts	\$130 allowance	up to \$105 allowance	\$200 allowance	up to \$105 allowance

[Click here for plan summaries](#)

Aetna vision

www.aetnavision.com

Group Name: **Aspen HR PEO**
 Group #175133
 Policy #175126
 Phone: 800-521-3605
 Claims: 800-438-6388

[Find a provider](#)

MONTHLY RATES

Employee Only	\$6.53	\$9.95
EEE+ Spouse	\$13.11	\$19.97
EE+ Child(ren)	\$11.09	\$16.89
Family	\$18.29	\$27.87

TAKE CARE OF YOUR EYESIGHT AND GET THE LOOK YOU WANT

Our vision plans come with coverage for things like:

- Routine eye exams
- One pair of eyeglasses (lenses and frames) or contacts
- Choice of any available frames – from budget to luxury
- And you can make appointments at one of the over 97,000 independent vision providers and national retailers in our network¹. Or shop from home at an in-network online retailer. Members can log in at AetnaVision.com for more information and to find a provider.





VOLUNTARY BENEFITS

Additional coverage can make all the difference.

Aspen HR offers four voluntary insurance plans: life insurance, hospital indemnity, accident and critical illness.

LIFE INSURANCE

Supplemental Life and AD&D Insurance provides an extra layer of protection if the employee dies or become dismembered in an accident. Employees can also cover eligible spouse/domestic partner and child(ren).

Guarantee issue amount \$100,000 for employee and \$20,000 for spouse. Elections over GI will require Evidence of Insurability. **Must be enrolled in employer paid life to be eligible for supplemental life.

[Click HERE to download EOI](#)

ACCIDENT

Despite having medical and disability insurance, many people are simply not prepared to pay the out-of-pocket expenses that comes with unexpected injuries. The benefit pays members directly should they ever become injured in an accident. Review the plan summary for full details and coverage.

CRITICAL ILLNESS

Critical Illness Insurance complements the medical and disability income coverage. It can ease the potential financial impact of certain critical illnesses.

Critical Illness Insurance does not replace current medical insurance; rather, it provides a lump-sum payment directly to the member if they experience certain covered conditions. Review the plan summary for full details and coverage information.

HOSPITAL INDEMNITY

Life can be unexpected, and this policy is designed help offset the out-of-pocket expenses when admitted to the hospital or ICU for a covered sickness or injury. It provides a lump sum for covered services. Review the plan summary for full details and coverage information.

METLIFE VOLUNTARY INSURANCE

www.metlife.com

Group Name: **Aspen HR PEO**

Group Number: 230503

Voluntary Life: 1-800-523-2894

Voluntary Hospital Indemnity
Accident and Critical Illness:
1-800-638-5000

[Click here for plan summaries](#)





TAX ADVANTAGED ACCOUNTS

Flexible spending accounts (FSA), parking & transit accounts

HOW IT WORKS

With an isolved Benefit Services Flexible Spending Account, you'll be freed from tedious recordkeeping. isolved Benefit Services will guide you through plan design options and provide up to date plan documents.

Once you select one of our simple and secure submission formats, you'll supply a list of participants and their annual elections.

isolved Benefit Services will provide welcome documents; a comprehensive resource center and a Participant Support Center to help your participants get started with their Health and Dependent Care FSAs. isolved Benefit Services takes care of all of your documentation and recordkeeping needs and provides you with detailed reports—all while protected the tax-preferred status of your benefit!

****In order to remain in compliance with Non-Discrimination Testing rules, employees earning more than \$135,000 annually may be required to decrease their FSA elections for medical or dependent care.**

We recommend an election of no more than \$2,000 for dependent care or no more than 40% of the IRS maximum for any highly compensated earners. Upon auditing throughout the year, we may need to further reduce an election in order to remain compliant.**

Calendar Year Contribution Limits	2023
Health Care Flexible Spending Accounts	\$3,050
Dependent Care Flexible Spending Accounts	\$5,000 per household (\$2,500 if married filing separately)
Commuter Benefits	\$300/month
Health Savings Accounts (H.S.A.)	\$3,850 employee only \$7,750 employee + dependents





TAX ADVANTAGE PROGRAMS

Transit and Parking

TRANSPORTATION PLANS COVER:

- **Qualified parking** – parking expense near place of work or point of commute
- **Vanpooling** – in a commuter highway vehicle

For more information on Tax Advantage Programs with Infinisource [CLICK HERE](#)

HOW TRANSIT AND PARKING PLANS WORK

- Employer adopts Section 132 Transportation Reimbursement Plan (Documents prepared by isolved Benefit Services)
- Employees enroll and authorize pre-tax deductions from pay for transit expenses (isolved Benefit Services provides online enrollment and enrollment materials)
- Employees must purchase transit passes at terminal-restricted vendors using debit card
- Transit pass purchases will auto-adjudicate 100% of the time which eliminates the requirement to provide documentation
- Account and activity may be monitored by iFlex smartphone app
- Website access to monitor account
- Monthly reports to employer

PLEASE NOTE: FSA cards can take 10-14 business days after processing enrollment to arrive.

Calendar Year Limits	2023
Mass Transit	\$300
Qualified Parking	\$300



HSA CONSUMER PORTAL QUICK START GUIDE

Welcome to the isolved Benefit Services HSA Benefit Accounts Consumer Portal. This one-stop portal gives you 24/7 access to view information and manage your Health Savings Account (HSA). It enables you to:

Our one-stop portal provides you with:

- Anytime, anyplace access to your HSA, including online election changes and 24/7/365 availability; download HSA information, forms and notifications
- Integrated access to your investment portal, meaning you only need to remember one username and password
- Fund performance and prospectus information for several available mutual funds
- View your investment account activity details
- Manage one-time investment transfers
- Manage transfers to and from your Brokerage account with your HSA
- Robust research and fund screener tools
- Thousands of funds available (stocks, bonds, and mutual funds)
- No trade fees

This portal is designed to be easy to use and convenient. You have your choice of two ways to access your investments:

1. Click on Manage Investments from the “I Want to...” section
2. Click on the Accounts tab at top of Home Page and select a menu item from the Investment section

[Click here to sign up](#)

Note: there may be a fee associated with the administration of tax advantage accounts. Any associated fees will be charged by Infinisource

I opened my Health Savings Account with isolved Benefit Services. What should I do now?

Go to the Consumer Portal today!

- 1 **Register Online:** First time users will login using lower case first initial, last name and last four digits of your Social Security Number as both Username and Password. You will be prompted to update your password, complete security questions & sign your Terms & Conditions.
- 2 **Set up Investment Sweeps:** You will be surprised at how quickly your account will grow! Be ready to maximize your account by setting up your account to sweep to investments automatically at \$2,000 or higher. See *“How do I sign up to Access/Sweep cash to Investments?”* instructions on page 6.

RETIREMENT PLAN — 401K



All employees are eligible to participate once they have met their waiting period (if applicable).

401(k) plan is a company-sponsored retirement account that employees can contribute to.

Annual Contribution Limits for **2023:**
\$22,500

Catch-Up Contributions for **2023**
(>50 years old): additional \$7,500
for a total of \$30,000.

Eligibility: 21 years old
Waiting Period: To Be determined by employer
Click on the **Enroll now** button on the Slavic 401k widget on your employee portal dashboard to start your enrollment in a 401k plan.

CUSTODY AND TRADING PLATFORM PROVIDED BY FIDELITY INVESTMENTS

Each invested dollar placed under our care is backed by one of the most trusted names in the financial business. Other trading platforms include Mid-Atlantic and Matrix.

SEC REGISTERED INVESTMENT ADVISOR

With a team of seasoned, licensed investment advisors in house, participants can receive personalized investment advice completely free of charge.

ADVANCED PLAN ADMINISTRATION

From top-heavy testing to Safe Harbor, ADP, ACP & everything in between, our laser focus on compliance keeps your relationship with your clients free from 401K related problems.

EXTENSIVE ONLINE PARTICIPANT SERVICES

Our robust offering of tools, calculators, and saving & investing related educational resources for participant-investors compliments the streamlined online experience participants can access and manage their accounts.

WHO WE ARE

Slavic401K is one of the fastest growing 401(k) providers in the U.S. We specialize in multiple employer 401(k) plans and have built our business around providing a 401(k)-administration platform that is custom-tailored to meet the unique needs of PEOs, associations and service bureaus.

WHAT WE BELIEVE

We believe that all employees deserve to have financial freedom and independence in their retirement years. We also believe that 401(k) plan sponsors deserve a plan that provides low fees, a wide range of investment choices, and cutting-edge technology for plan administration.

WHAT WE OFFER

Slavic401k provides a powerful integrated 401(k) solution for plan sponsors, worksites and participant-investors alike. Key components of our service offering include:

Open architecture investment options.

We work with a wide range of fund families to bring our clients not only a broad portfolio of investments options, but also some of the lowest fees in the industry.

[Click here for more info](#)