

# 2025 Benefits Book

**Freedom Classic Choice**





If you or a dependent have Medicare or will become eligible for Medicare in the next 12 months, please read the notice at the back of this booklet and keep it where you can find it. It highlights options you have under Medicare prescription drug coverage, and can help you decide whether or not you want to enroll.



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# Welcome to Insperity

Insperity is pleased to offer the employee benefits outlined in this book for plan year 2025. Included are brief descriptions of each benefit offered, eligibility details, enrollment instructions and more.

This information is intended to provide only an overview of the major features of Insperity's employee benefits programs. Full details are contained in the Summary Plan Descriptions, Plan documents and insurance contracts that govern each plan or program. Summary Plan Descriptions and Plan documents are available online on your Insperity employee portal. They are also available upon request.

Should there be a discrepancy or conflict between the information presented here and the actual Plan documents and insurance contracts, the Plan documents and insurance contracts will govern. Insperity reserves the right to amend or discontinue any Plan or program at any time in its sole discretion. In no event should the benefits provided by Insperity be interpreted as a guarantee of continued employment.

This brochure provides an overview of your Insperity benefits package. Actual benefits are subject to the provisions and limitations of the agreements between Insperity and its benefits providers. Detailed benefits information is available on your Insperity employee portal.

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

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

## Questions about your Insperity benefits?

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

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



# Getting Started on Insperity Premier™

The Insperity Premier platform makes it easy and convenient to complete your new hire paperwork, learn about your Insperity benefits, and enroll in time-sensitive coverage – right from your computer at home or work, anytime, 24 hours a day.

If you are new to Insperity, you'll need to create an Insperity Premier account using these steps:

- Go to [portal.insperity.com](https://portal.insperity.com) and select "Create Account."
- Enter your last name, date of birth, and Social Security number.
- Create a unique username.
- Create your password.

If you were previously co-employed by Insperity and a different Insperity client company, log in with your existing Insperity Premier account username and password. When you first log in, Insperity Premier will first recognize you as a former employee of your previous client company. Once you complete your new hire paperwork, your information will update to reflect your current client company.

If you receive an error message upon registration, or need assistance with your password, please call the Insperity Contact Center at 866.715.3552.

## Time-Sensitive Enrollment for Benefits

### Enroll online by the deadlines below!

**If you are an eligible employee, you can log in to Insperity Premier to:**

- View your enrollment deadlines
- Talk to ALEX® about your medical coverage and tax savings options
- Enroll in any desired benefits

**Enrollment in the following benefits is time-sensitive:**

- **Insperity Health Care FSA Plan.** You must enroll within 30 days of becoming eligible; no wait period applies.
- **Insperity Group Health Plan.** Participation is not automatic. You must enroll within 30 days of becoming eligible. This 30-day period will follow any required waiting period.
- **Voluntary Life Insurance.** For guaranteed issue of voluntary life insurance, you must enroll within 30 days of becoming eligible. This 30-day period will follow any required waiting period.
- **Voluntary Disability Insurance.** You must enroll within 30 days of becoming eligible for guaranteed issue of voluntary disability insurance. This 30-day period will follow any required waiting period.
- **Commuter Benefits.** You can enroll in Commuter Benefits any time; however, please note that transit passes must be ordered, or parking expenses declared, by the 10th of each month for the following month. For Metro North and Long Island Railroads, orders must be placed by the 4th of the month for the following month.







# Eligibility Rules for Insperity Benefits

## Employee eligibility

Employees must work 30 or more hours per week (20 or more hours in Hawaii) on average, and meet all other eligibility requirements, to be eligible for the Insperity benefits available to full-time employees. Part-time and seasonal employees may be eligible for any Insperity benefit or program with no full-time requirement.

Part-time and seasonal employees of an Applicable Large Employer (ALE\*) as defined under the Affordable Care Act (ACA) and reflected in Insperity's records, will be eligible for benefits available to full-time employees if they are found to be working the required number of hours over one of the measurement periods described below:

- Newly hired part-time and seasonal employees—the 12-month period following the employee's hire date
- Ongoing part-time and seasonal employees—the 12-month period beginning each year on Jan. 1

## Dependent eligibility

You can enroll eligible dependents in the same Insperity Group Health Plan coverage options that you elect for yourself. Eligible dependents for Insperity Group Health Plan coverage include:

- Your spouse or domestic partner
- Any eligible child who meets age limitation rules, including a biological or adopted child, a child placed with the employee for adoption, an employee's stepchild, or the child of a domestic partner
- Any eligible child the employee must provide with health coverage by reason of a Qualified Medical Child Support Order (QMCSO)

Dependent eligibility for other plans may vary; please refer to the appropriate Summary Plan Description (SPD) for details.

## Pretax benefit eligibility

Please note that full-time employees with a post-tax status in Insperity's records are not eligible to participate in the following pretax plans:

- The Insperity Health Care Flexible Spending Account Plan
- The Commuter Benefits Program

Full-time employees with a post-tax status may still participate in other Insperity benefits on a post-tax basis. If you have questions about your tax status, please contact Insperity.

\*An ALE is an employer who has employed, on average, at least 50 full-time employees (including full-time equivalent employees) during the preceding calendar year. If you have questions about whether your company is an ALE, contact Insperity.



## Complete eligibility information available online

Complete eligibility information for all Insperity-sponsored benefits can be found on your Insperity employee portal. Copies of Summary Plan Descriptions (SPDs) and other plan documents can also be requested by calling the Insperity Contact Center.

# Insperty Benefits and Your Wellbeing

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

## **YOUR EMOTIONAL HEALTH**

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

## **YOUR PHYSICAL HEALTH**

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

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

## **YOUR SOCIAL HEALTH**

- Caregiving support
- Relationships
- Parenting resources
- Disaster relief

## **YOUR PROFESSIONAL HEALTH**

- Professional development
- Continuing education
- Leadership training
- Stress management
- Workplace safety and ergonomics
- Diversity, equity, and inclusion

## **YOUR FINANCIAL HEALTH**

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

## **Financial wellbeing support provided by My Secure Advantage**

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

Financial wellbeing support provided by My Secure Advantage offers confidential money coaching, educational resources, and access to a secure digital platform to consolidate finances in one easy-to-access location. Money coaches can assist with a wide variety of financial topics including retirement planning, debt resolution, estate planning, tax concerns, buying a home, and more. Services are available at no cost to you, and include:

- 180 days per year of unlimited consultation with a dedicated Money Coach
- Confidential financial wellness assessment
- Personalized action plan to meet your financial goals
- Live and recorded video courses and webinars on most financial topics
- Self-service educational resources
- Identity theft prevention and recovery
- Budgeting tool
- Over 30 financial calculators



# The Insperity Employee Assistance Program Administered by Optum®

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

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

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

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

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

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

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



### Get the Calm app!

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

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

## The Insperity EAP and Your Wellbeing

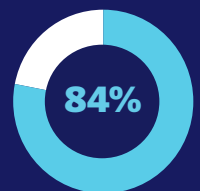
**8,285**  
EAP cases opened  
in 2023

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

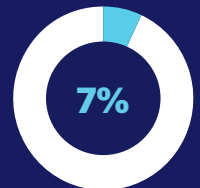


## EAP user breakdown

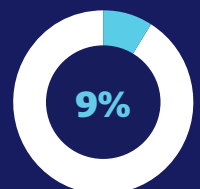
Employees



Spouse



Other dependents



Insperity EAP utilization data sourced from Optum®

Questions? Call the Insperity Contact Center at 866.715.3552. Hablamos español.

# Caregiver Support Program

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

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

### HEALTH & MEDICAL SUPPORT

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

### FAMILY & EMOTIONAL SUPPORT

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

### EDUCATION SUPPORT

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

### INSURANCE, FINANCIAL & LEGAL SUPPORT

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



### Getting started

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

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

### Caregiving support for anyone you consider family

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





## The Reality of Caregiving

**60%**  
of caregivers  
experience work  
disruption

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



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

# Wellbeing Resources on MarketPlace™ Perks at Work

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

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

## **WOWPoints**

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

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

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

- Mindfulness, journaling, breathing exercises, and guided meditation
- Yoga, Pilates, stretching, and physical therapy exercises
- Leadership skills, public speaking, coding, and professional development
- Strength training, dance, HIIT, and aerobics classes
- Hobby courses such as knitting, drawing, and cooking



# The Insperity Commuter Benefits Program

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

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

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

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

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

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

## Tax considerations

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

### Manage your commuter benefits on the go with WageWorks EZ Receipts

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

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

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

# The Insperity Adoption Assistance Program

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

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

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

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

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





# The Insperity Educational Assistance Program

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

Insperity's Educational Assistance Program is available to help you pursue educational opportunities that can advance your career. Each calendar year, you may be reimbursed up to \$1,500 for eligible educational expenses. Please note that this Program does not apply to courses, seminars, or training provided or paid for by Insperity or a client company.

## Insperity Training and Development

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

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



# The Insperity Health Care Flexible Spending Account Plan

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

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

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

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

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

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

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

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

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

For example, if you enroll in the Health Care FSA for 2025 and have an unused balance of \$700 for the 2025 plan year, you may carry over \$500 to use for eligible expenses in 2026 — but only if you enroll in the Health Care FSA for plan year 2026. The remaining \$200 will be forfeited under the plan's "use it or lose it" rule.

## **Tax considerations**

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



## **Enrollment deadline**

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

# The Insperity Health Savings Account Program

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

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

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

**2025 HSA contribution limits are \$4,300 for employee-only coverage, and \$8,550 for family coverage.**

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

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

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

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

## Tax considerations

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

Questions? Call the Insperity Contact Center at 866.715.3552. Hablamos español.

## Health Savings Account Features



Individually-owned



Use with HSA-qualified medical coverage (HDHPs)



Triple tax savings



Make pretax contributions (if eligible)



Use funds tax-free for eligible expenses



Unused funds remain in your account



Earn tax-free interest and dividends on investments



Catch-up contributions for ages 55+





# Short-Term and Long-Term Disability Benefits

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

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

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



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

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

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

# Life and Accidental Death & Dismemberment Insurance

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

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

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

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

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

# Voluntary Critical Illness and Accident Insurance

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

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

## Critical Illness Insurance

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

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

## Accident Insurance

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



### Enroll anytime

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



### Find more information online!

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



# Health Care Support Program

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

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

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

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

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

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



# The Insperity Group Health Plan

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

## Medical coverage

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

All medical coverage options also include access to 24/7 telemedicine providers, registered nurses, condition management programs and wellness resources through the selected insurance carrier.

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

## Dental and vision coverage

Dental and vision coverage is available nationwide through UnitedHealthcare Dental and Vision Service Plan. Dental and vision must be elected together, but may be elected independently of medical coverage.

**If you enroll in medical and dental/vision coverage, you may elect any combination of that medical and/or dental and vision coverage for your dependents.**



## Enrollment deadline

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

Your coverage effective date is the first day of your initial enrollment period for the Insperity Group Health Plan.

**Any contribution amounts you may owe for retroactive coverage will be deducted from future Insperity paychecks.**



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

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



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

Qualifying life events may allow for changes outside of open enrollment



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

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

## Insperity's Nationwide Insurance Carrier Network

<b>National</b>	UnitedHealthcare
<b>California</b>	UnitedHealthcare, UnitedHealthcare of CA, Kaiser Permanente, Blue Shield of CA
<b>Hawaii</b>	UnitedHealthcare, Kaiser Permanente, HMSA
<b>Massachusetts</b>	Harvard Pilgrim Health Care

Available carriers will depend on package and ZIP code.

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

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

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

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

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



# National Medical Coverage Options

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

Medical (in-network)												
Coverage options		UHC Choice Plus					UHC Primary Advantage Choice Plus			UHC Choice Plus HDHP		
		500/80	1000	1500	2500	6000	2000	4500	5000	1650 (aggregate)	3300	5000
Medical calendar-year deductible	Individual	\$500	\$1,000	\$1,500	\$2,500	\$6,000	\$2,000	\$4,500	\$5,000	\$1,650	\$3,300	\$5,000
	Family	\$1,500	\$3,000	\$4,500	\$7,500	\$13,200	\$4,000	\$9,000	\$10,000	\$3,300	\$6,600	\$10,000
Annual out-of-pocket maximum	Individual	\$5,000	\$4,500	\$6,350	\$6,850	\$8,000	\$6,500	\$9,200	\$6,500	\$4,000	\$6,650	\$6,650
	Family	\$10,000	\$9,000	\$12,700	\$13,700	\$16,000	\$13,000	\$18,400	\$13,000	\$8,000	\$13,300	\$13,300
Coinsurance plan pays after deductible		80%	80%	80%	70%	100%	80%	100%	80%	90%	90%	80%
Office visit		\$35	\$35	\$35	\$40	\$40	\$0	\$0	\$0	10%	10%	20%
Specialist visit		\$60	\$60	\$60	\$70	\$70	\$100	\$100	\$100	10%	10%	20%
Virtual visit		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0%	0%	0%
Urgent care		\$75	\$75	\$75	\$75	\$75	\$50	\$50	\$50	10%	10%	20%
Emergency room		\$250	\$250	\$250	\$250	\$500	\$250 copay + ded + 20%	\$250 copay + ded	\$250 copay + ded + 20%	10%	10%	20%
Outpatient surgery		20%	20%	20%	30%	0%	20%	0%	20%	10%	10%	20%
Inpatient hospital		20%	20%	20%	30%	0%	20%	0%	20%	10%	10%	20%
Pharmacy												
Coverage options		UHC Choice Plus					UHC Primary Advantage Choice Plus			UHC Choice Plus HDHP		
		500/80	1000	1500	2500	6000	2000	4500	5000	1650 (aggregate)	3300	5000
							Rx deductible applies to tiers 3 & 4 only					
Prescription deductible	Individual	\$150	\$150	\$150	\$150	\$200	\$250	\$250	\$250	Copays apply once medical deductible is met	Copays apply once medical deductible is met	Copays apply once medical deductible is met
	Family	\$450	\$450	\$450	\$450	\$600	\$500	\$500	\$500			
Tier 1 copays	Retail	\$10	\$10	\$10	\$10	\$10	\$5	\$5	\$5	\$10	\$10	\$10
	Mail order	\$25	\$25	\$25	\$25	\$25	\$12.50	\$12.50	\$12.50	\$25	\$25	\$25
Tier 2 copays	Retail	\$35	\$35	\$35	\$35	\$35	\$50	\$50	\$50	\$35	\$35	\$35
	Mail order	\$87.50	\$87.50	\$87.50	\$87.50	\$87.50	\$125	\$125	\$125	\$87.50	\$87.50	\$87.50
Tier 3 copays	Retail	\$60	\$60	\$60	\$60	\$60	\$100	\$100	\$100	\$60	\$60	\$60
	Mail order	\$150	\$150	\$150	\$150	\$150	\$250	\$250	\$250	\$150	\$150	\$150
Tier 4 copays	Retail	\$120	\$120	\$120	\$120	\$120	\$250	\$250	\$250	\$120	\$120	\$120
	Mail order	\$300	\$300	\$300	\$300	\$300	\$625	\$625	\$625	\$300	\$300	\$300

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

**Virtual visit costs** shown in the chart above apply to virtual visits with carrier-designated telemedicine providers only. These include Teladoc®, AmWell®, and Dr. On Demand. Virtual visits with any other provider will be billed at the applicable office visit copay or coinsurance.

# National Medical Coverage Options

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

## Medical (out-of-network)

Coverage options		UHC Choice Plus					UHC Primary Advantage Choice Plus			UHC Choice Plus HDHP		
		500/80	1000	1500	2500	6000	2000	4500	5000	1650 (aggregate)	3300	5000
Medical calendar-year deductible	Individual	\$1,500	\$2,000	\$3,000	\$5,000	\$12,000	\$5,000	\$10,000	\$10,000	\$3,300	\$6,600	\$10,000
	Family	\$4,500	\$6,000	\$9,000	\$15,000	\$16,400	\$10,000	\$20,000	\$20,000	\$6,600	\$13,200	\$20,000
Annual out-of-pocket maximum	Individual	\$10,000	\$9,000	\$12,700	\$13,700	\$14,000	\$10,000	\$20,000	\$20,000	\$8,000	\$13,200	\$13,300
	Family	\$20,000	\$18,000	\$25,400	\$27,400	\$28,000	\$20,000	\$40,000	\$40,000	\$16,000	\$26,400	\$26,600
Coinsurance plan pays after deductible		60%	60%	60%	50%	70%	50%	70%	50%	70%	70%	60%

## Reimbursement of out-of-network services

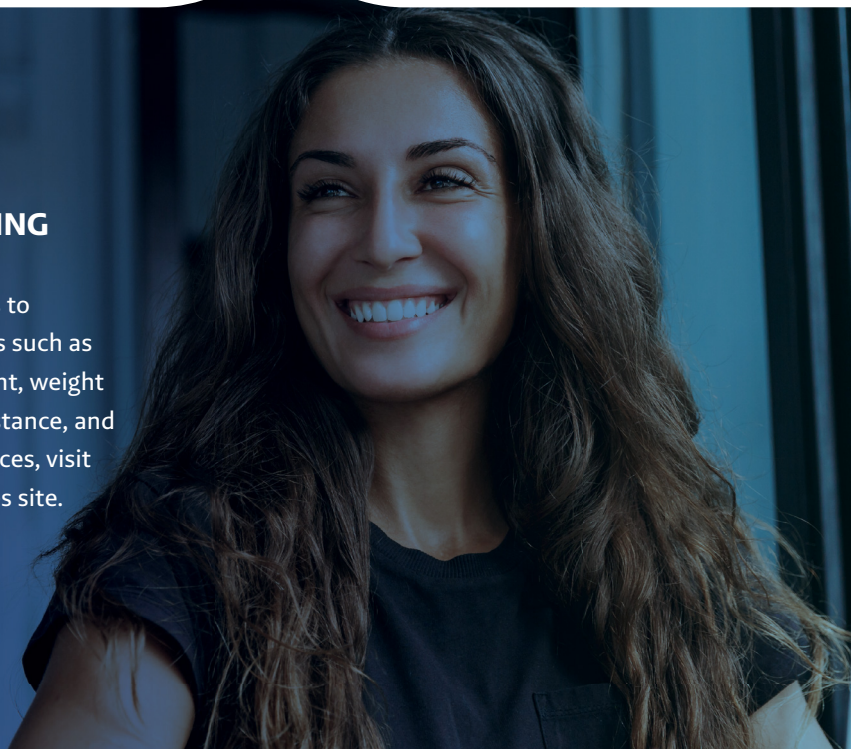
The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.

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

## CARRIER RESOURCES TO SUPPORT YOUR WELLBEING

Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit your selected carrier's Member Services site.

[myuhc.com](https://myuhc.com)



# California Medical Coverage Options

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

Medical (in-network)									
Coverage options		UHC of California	UHC of California Harmony HMO		Blue Shield of California	Blue Shield of California Deductible HMO	Kaiser Permanente	Kaiser Permanente Deductible HMO	Kaiser Permanente HMO
		HMO	1000	2000	HMO	1000	HMO	1000	HDHP
Medical calendar-year deductible	Individual	N/A	\$1,000	\$2,000	N/A	\$1,000	N/A	\$1,000	\$3,300
	Family		\$2,000	\$4,000		\$2,000		\$2,000	\$6,600
Annual out-of-pocket maximum	Individual	\$3,000	\$4,000	\$5,000	\$3,000	\$6,050	\$3,000	\$6,050	\$5,200
	Family	\$6,000	\$8,000	\$10,000	\$6,000	\$12,100	\$6,000	\$12,100	\$10,400
Coinsurance plan pays after deductible		100%	80%	80%	100%	90%	100%	70%	90%
Office visit		\$25	\$25	\$30	\$25	\$35	\$25	\$35	10%
Specialist visit		\$50	\$50	\$60	\$50	\$50	\$50	\$50	10%
Virtual visit		\$0	\$0	\$0	\$0	\$0	\$0	\$0	0%
Urgent care		\$25	\$25	\$30	\$25	\$35	\$25	\$35	10%
Emergency room		\$200	\$250	\$250	\$200	10%	\$200	30%	10%
Outpatient surgery		\$125	20%	20%	\$150	10%	\$100	30%	10%
Inpatient hospital		\$500	20%	20%	\$500	10%	\$250	30%	10%
Pharmacy									
Coverage options		UHC of California	UHC of California Harmony HMO		Blue Shield of California	Blue Shield of California Deductible HMO	Kaiser Permanente	Kaiser Permanente Deductible HMO	Kaiser Permanente HMO
		HMO	1000	2000	HMO	1000	HMO	1000	HDHP
Prescription deductible		N/A	N/A	N/A	N/A	\$100 per member for select drugs	N/A	\$100 per member for brand drugs	Copays apply once medical deductible is met
Tier 1 copays	Retail	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
	Mail order	\$25	\$25	\$25	\$20	\$20	\$20	\$10	\$20
Tier 2 copays	Retail	\$30	\$35	\$35	\$25	\$30	\$30	\$30	\$30
	Mail order	\$75	\$87.50	\$87.50	\$50	\$60	\$60	\$30	\$60
Tier 3 copays	Retail	\$50	\$70	\$70	\$40	N/A	N/A	N/A	N/A
	Mail order	\$125	\$175	\$175	\$70				
Tier 4 copays	Retail	Specialty rx 30% max \$200	Specialty rx \$10, \$150 or \$250	Specialty rx \$10, \$150 or \$250	Specialty rx 30% max \$200	Specialty rx 30% max \$200	Specialty rx 30% max \$150	Specialty rx 30% max \$150	Specialty rx 30% max \$150
	Mail order	Specialty rx 30% max \$200	N/A	N/A	Specialty rx 30% max \$400	Specialty rx 30% max \$400	Specialty rx 30% max \$150	Specialty rx 30% max \$150	Specialty rx 30% max \$150

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

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



# California Medical Coverage Options

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

Medical (out-of-network)									
Coverage options		UHC of California	UHC of California Harmony HMO		Blue Shield of California	Blue Shield of California Deductible HMO	Kaiser Permanente	Kaiser Permanente Deductible HMO	Kaiser Permanente HMO
		HMO	1000	2000	HMO	1000	HMO	1000	HDHP
Medical calendar-year deductible	Individual Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual out-of-pocket maximum	Individual Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance plan pays after deductible		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

## Reimbursement of out-of-network services

The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.

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

## CARRIER RESOURCES TO SUPPORT YOUR WELLBEING

Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit your selected carrier's Member Services site.

**BSCA:** [wellvolution.com](https://wellvolution.com)

**Kaiser:** [kp.org/wellnesscoach](https://kp.org/wellnesscoach)

**UHC:** [myuhc.com](https://myuhc.com)



# Hawaii Medical Coverage Options

Classic Choice-level packages

Medical (in-network)				
Coverage options		UHC Options	HMSA BCBS of Hawaii	Kaiser Permanente
		PPO	HMO	HMO
Medical calendar-year deductible	Individual	\$100	N/A	N/A
	Family	\$300		
Annual out-of-pocket maximum	Individual	\$2,500	\$2,500 (medical only)	\$2,000
	Family	\$7,500	\$7,500 (medical only)	\$6,000
Coinsurance plan pays after deductible		90%	90%	100%
Office visit		10%	\$20	\$20
Specialist visit		10%	\$20	\$20
Virtual visit		0%	\$0	\$0
Urgent care		10%	\$20	\$20
Emergency room		10%	\$100	\$50
Outpatient surgery		10%	10%	\$20
Inpatient hospital		10%	10%	\$50 per day
Pharmacy				
Coverage options		UHC Options	HMSA BCBS of Hawaii	Kaiser Permanente
		PPO	HMO	HMO
Prescription deductible		N/A	\$3,600 (rx-only OOPM) \$4,200 (rx-only OOPM)	N/A
Tier 1 copays	Retail	\$10	\$7	\$10   \$3 maintenance (generic only)
	Mail order	\$20	\$11	\$20
Tier 2 copays	Retail	\$15	\$30	\$35   \$3 maintenance (generic only)
	Mail order	\$30	\$65	\$70
Tier 3 copays	Retail	\$30	\$30 + \$45	\$35   \$3 maintenance (generic only)
	Mail order	\$60	\$65 + \$135	\$70
Tier 4 copays	Retail	N/A	\$100   \$200	\$200   \$3 maintenance (generic only)
	Mail order		N/A	N/A

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

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

# Hawaii Medical Coverage Options

Classic Choice-level packages

## Medical (out-of-network)

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

## Reimbursement of out-of-network services

The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.

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

## CARRIER RESOURCES TO SUPPORT YOUR WELLBEING

Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit your selected carrier's Member Services site.

**HMSA:** [hmsa.com](https://hmsa.com)

**Kaiser:** [kp.org/wellnesscoach](https://kp.org/wellnesscoach)

**UHC:** [myuhc.com](https://myuhc.com)





# Massachusetts Medical Coverage Options

Classic Choice-level packages

## Medical (in-network)

Coverage options		HPHC Access America Best Buy			HPHC Access America Best Buy HDHP		HPHC	HPHC Best Buy HMO		HPHC Best Buy HMO HDHP
		500/80	1000	1500	1650 (aggregate)	3300 (aggregate)	HMO	1000	2000	3300 (aggregate)
<b>Medical calendar-year deductible</b>	<b>Individual</b>	\$500	\$1,000	\$1,500	\$1,650	\$3,300	N/A	\$1,000	\$2,000	\$3,300
	<b>Family</b>	\$1,500	\$3,000	\$4,500	\$3,300	\$6,600		\$2,000	\$4,000	\$6,600
<b>Annual out-of-pocket maximum</b>	<b>Individual</b>	\$5,000	\$4,500	\$6,350	\$4,000	\$6,650	\$3,000	\$5,000	\$6,350	\$6,650
	<b>Family</b>	\$10,000	\$9,000	\$12,700	\$8,000	\$13,300	\$6,000	\$10,000	\$12,700	\$13,300
<b>Coinsurance plan pays after deductible</b>		80%	80%	80%	90%	90%	100%	100%	100%	65%
<b>Office visit</b>		\$35	\$35	\$35	10%	10%	\$25	\$25	\$30	35%
<b>Specialist visit</b>		\$35	\$35	\$35	10%	10%	\$40	\$40	\$45	35%
<b>Virtual visit</b>		\$0	\$0	\$0	0%	0%	\$0	\$0	\$0	0%
<b>Urgent care</b>		\$35	\$35	\$35	10%	10%	\$40	\$25	\$30	35%
<b>Emergency room</b>		\$250	\$250	\$250	10%	10%	\$250	\$250	\$250	35%
<b>Outpatient surgery</b>		20%	20%	20%	10%	10%	\$100	0%	0%	35%
<b>Inpatient hospital</b>		20%	20%	20%	10%	10%	\$500	0%	0%	35%

## Pharmacy

Coverage options		HPHC Access America Best Buy			HPHC Access America Best Buy HDHP		HPHC	HPHC Best Buy HMO		HPHC Best Buy HMO HDHP
		500/80	1000	1500	1650 (aggregate)	3300 (aggregate)	HMO	1000	2000	3300 (aggregate)
<b>Prescription deductible</b>		N/A	N/A	N/A	Copays apply once medical deductible is met	Copays apply once medical deductible is met	N/A	N/A	N/A	Copays apply once medical deductible is met
<b>Tier 1 copays</b>	<b>Retail</b>	\$10	\$10	\$10	\$10	\$10	\$10	\$15	\$15	\$15
	<b>Mail order</b>	\$20	\$20	\$20	\$20	\$20	\$20	\$30	\$30	\$30
<b>Tier 2 copays</b>	<b>Retail</b>	\$35	\$35	\$35	\$35	\$35	\$30	\$30	\$30	\$30
	<b>Mail order</b>	\$70	\$70	\$70	\$70	\$70	\$60	\$60	\$60	\$60
<b>Tier 3 copays</b>	<b>Retail</b>	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
	<b>Mail order</b>	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120
<b>Tier 4 copays</b>		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

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

# Massachusetts Medical Coverage Options

Classic Choice-level packages

Medical (out-of-network)										
Coverage options		HPHC Access America Best Buy			HPHC Access America Best Buy HDHP		HPHC	HPHC Best Buy HMO		HPHC Best Buy HMO HDHP
		500/80	1000	1500	1650 (aggregate)	3300 (aggregate)	HMO	1000	2000	3300 (aggregate)
Medical calendar-year deductible	Individual	\$1,500	\$2,000	\$3,000	Combined in/out of network	Combined in/out of network	N/A	N/A	N/A	N/A
	Family	\$4,500	\$6,000	\$9,000						
Annual out-of-pocket maximum	Individual	\$10,000	\$9,000	\$12,700	Combined in/out of network	Combined in/out of network	N/A	N/A	N/A	N/A
	Family	\$20,000	\$18,000	\$25,400						
Coinsurance plan pays after deductible		60%	60%	60%	70%	70%	N/A	N/A	N/A	N/A

## Reimbursement of out-of-network services

The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.

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

## CARRIER RESOURCES TO SUPPORT YOUR WELLBEING

Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit your selected carrier's Member Services site.

[harvardpilgrim.org](https://www.harvardpilgrim.org)



# Out-of-Area Medical Coverage Options

Classic Choice-level packages

## Medical (in-network)

Coverage options		UnitedHealthcare Out-of-Area	UnitedHealthcare Out-of-Area HDHP		
		500	1650 (aggregate)	3300	5000
<b>Medical calendar-year deductible</b>	Individual	\$500	\$1,650	\$3,300	\$5,000
	Family	\$1,500	\$3,300	\$6,600	\$10,000
<b>Annual out-of-pocket maximum</b>	Individual	\$6,350	\$4,000	\$6,650	\$6,650
	Family	\$12,700	\$8,000	\$13,300	\$13,300
<b>Coinsurance plan pays after deductible</b>		80%	80%	80%	80%
<b>Office visit</b>		20%	20%	20%	20%
<b>Specialist visit</b>		20%	20%	20%	20%
<b>Virtual visit</b>		0%	0%	0%	0%
<b>Urgent care</b>		20%	20%	20%	20%
<b>Emergency room</b>		20%	20%	20%	20%
<b>Outpatient surgery</b>		20%	20%	20%	20%
<b>Inpatient hospital</b>		20%	20%	20%	20%

## Pharmacy

Coverage options		UnitedHealthcare Out-of-Area	UnitedHealthcare Out-of-Area HDHP		
		500	1650 (aggregate)	3300	5000
<b>Prescription deductible</b>	Individual	\$150	Copays apply once medical deductible is met	Copays apply once medical deductible is met	Copays apply once medical deductible is met
	Family	\$450			
<b>Tier 1 copays</b>	Retail	\$10	\$10	\$10	\$10
	Mail order	\$25	\$25	\$25	\$25
<b>Tier 2 copays</b>	Retail	\$35	\$35	\$35	\$35
	Mail order	\$87.50	\$87.50	\$87.50	\$87.50
<b>Tier 3 copays</b>	Retail	\$60	\$60	\$60	\$60
	Mail order	\$150	\$150	\$150	\$150
<b>Tier 4 copays</b>	Retail	\$120	\$120	\$120	\$120
	Mail order	\$300	\$300	\$300	\$300

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

**Virtual visit costs** shown in the chart above apply to virtual visits with carrier-designated telemedicine providers only. These include Teladoc®, AmWell®, and Dr. On Demand. Virtual visits with any other provider will be billed at the applicable office visit copay or coinsurance.



# Out-of-Area Medical Coverage Options

Classic Choice-level packages

Medical (out-of-network)					
Coverage options		UnitedHealthcare Out-of-Area	UnitedHealthcare Out-of-Area HDHP		
		500	1650 (aggregate)	3300	5000
Medical calendar-year deductible	Individual Family	No Network Limitation	No Network Limitation	No Network Limitation	No Network Limitation
Annual out-of-pocket maximum	Individual Family	No Network Limitation	No Network Limitation	No Network Limitation	No Network Limitation
Coinsurance plan pays after deductible		80%	80%	80%	80%

## Reimbursement of out-of-network services

The following is a general overview of how out-of-network services are paid by these coverage options. See the applicable Certificate of Coverage for more details.

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

## CARRIER RESOURCES TO SUPPORT YOUR WELLBEING

Your medical coverage provides access to wellness programs and other resources such as health coaching, condition management, weight loss programs, smoking cessation assistance, and more. To learn more and access resources, visit your selected carrier's Member Services site.

[myuhc.com](https://myuhc.com)



# Dental Benefits at a Glance

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

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

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

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

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

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

# Vision Benefits at a Glance

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

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

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

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

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



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



## VSP savings for your eyes and ears

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



# Understanding Your Medical Coverage

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

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

## Calendar-year deductible

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

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

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

## Coinsurance

This is the Plan or participant’s share of the cost of a covered service, calculated as a percent of the allowed amount for the service. Coinsurance (where applicable) applies after the participant satisfies any applicable calendar-year deductible. Also, coinsurance generally will not apply where a copay applies. Unless otherwise indicated, percentages reflected in the medical coverage options charts reflect the coinsurance amount to be paid by the participant.

## Copays

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

## High deductible health plan (HDHP) options

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

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

### **In-network**

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

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

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

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

### **Limitations and exclusions**

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

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

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

# If You Decide Not to Enroll

You are not required to enroll in medical coverage under the Insperity Group Health Plan. If you choose not to enroll, your coverage is considered waived by default. No additional action is necessary unless you live in one of the states below that requires a specific waiver of coverage form.

## Hawaii

If you live or work in Hawaii and you elect to waive your employer-provided medical coverage, you must complete and return the Hawaii Form HC-5 (employee notification to employer) to Insperity upon your initial eligibility for enrollment and each year thereafter for which coverage is waived. Please note that failure to complete this form will cause you to be automatically enrolled in coverage. (The Hawaii Form HC-5 is not required if you work fewer than 20 hours per week.) You can find a blank copy of this form online at [portal.insperity.com](https://portal.insperity.com) under Company > Forms and Policies. The Insperity Contact Center can also assist you in obtaining a paper form; call 866.715.3552 or email [contactcenter@insperity.com](mailto:contactcenter@insperity.com).

The Hawaii Form HC-5 must be completed and returned to Insperity no later than 30 days after your initial enrollment period ends and annually upon request by Insperity. If you do not return the Form HC-5 within the required period, you will be automatically enrolled in the lowest cost employee-only medical coverage option available to you and any required employee contributions will be deducted from your paycheck.

## San Francisco

If you work in San Francisco and you elect to waive your employer-provided medical coverage, you may need to complete an Employee Voluntary Waiver of Coverage form at the time of your initial enrollment opportunity and each year thereafter for which coverage is waived.

The Employee Voluntary Waiver of Coverage form applies only if your client company is subject to or covered under the San Francisco Health Care Security Ordinance. Please ask your client company for more information. Your client company will maintain these forms in their records; you are not required to submit a copy for Insperity's records.

## Vermont

If you work in Vermont and you elect to waive your employer-provided medical coverage, you may be required to complete a Vermont Department of Labor Declaration of Health Care Coverage form at the time of your initial enrollment opportunity and each year thereafter for which coverage is waived.

Please ask your client company if you are required to complete this form. Your client company will maintain these forms in their records; you are not required to submit a copy for Insperity's records.

## Certain states may require you to have coverage

Certain states require individuals to maintain medical coverage or pay a tax penalty (assessed through the individual's state tax return). Those states currently include California, Massachusetts, New Jersey, Rhode Island, Vermont, and Washington, D.C. Please contact the applicable taxing authority for more information.



# Important Notices

## Insurance policies

Insperty provides medical, dental and vision benefits and life, disability, and accidental death and dismemberment insurance through fully insured group policies. Insperty does not self-fund these benefits.

## Governing documents

As sponsor of the Insperty Group Health Plan, Welfare Benefits Plan, and Health Care Flexible Spending Account (FSA) Plan, Insperty provides employees with a Summary Plan Description (SPD) for each plan. In addition, a Certificate of Coverage is prepared by the insurer for options under the Insperty Group Health Plan and Welfare Benefits Plan. Together, these documents describe eligibility requirements, the benefits available, and other important rights and obligations of enrolled individuals. At the end of each year, Insperty also provides enrolled individuals with a Summary of Material Modifications (SMM) that describes changes to the plans for the upcoming year.

Insperty also makes available Summaries of Benefits and Coverage (SBCs) for each medical coverage option in your package as well as a Glossary of Health Coverage and Medical Terms. The SBCs contain important coverage details presented in a standardized format to help you compare different options and the glossary provides definitions of commonly used medical terms found in the SBC and other group health plan documents.

## Where you can find Plan documents

All of the important documents described here are available online on your Insperty employee portal. You may request that a copy of the SBC and other documents specific to your benefits be sent to you free of charge by calling Insperty at 866.715.3552. If you enroll in medical coverage, a copy of the SBC describing your current medical coverage option will also be provided at your annual open enrollment opportunity. Once you are enrolled, further information is available on your Insperty employee portal including access to your insurer's website.

## Enrollment

You and your eligible dependents may enroll in the Insperty Group Health Plan or Insperty Health Care FSA Plan only during certain designated enrollment periods. As a newly eligible employee, you may first enroll for coverage (including coverage for your eligible dependents) during the 30-day period following the date you become eligible. This 30-day period is called your initial enrollment period. In addition, as an eligible employee you may enroll for coverage during your annual open enrollment period. Insperty will tell you when your annual open enrollment period occurs.

Outside of your initial enrollment period or annual open enrollment period, you may enroll for coverage only if a special enrollment event or other qualifying life event (described under "Changing your coverage") occurs. See your Insperty employee portal for more information.

## Special enrollment events

A special enrollment event may occur if you decline Insperty Group Health Plan coverage for yourself or your eligible dependent(s) (including your spouse/domestic partner) because of other health insurance or group health plan coverage and eligibility for that coverage is later lost (or the employer stops contributing to or otherwise terminates that coverage). A special enrollment event may also occur if you or your eligible dependent(s) lose Medicaid or State Children's Health Insurance Program (CHIP) coverage or become eligible for a premium assistance subsidy for such coverage.

In addition, a special enrollment event may occur if you gain a new dependent as a result of marriage, birth, adoption or placement for adoption. Refer to the plan's SPD for more details about special enrollment events. If a special enrollment event occurs, you and your eligible dependents must request enrollment during the 60-day period following the date of the special enrollment event.

## Changing your coverage

Once enrolled, your election for Insperity Group Health Plan or Health Care FSA Plan coverage will usually continue for the remainder of your coverage period unless cancelled or changed.

You can cancel or change your election only during your open enrollment period or if you experience a qualifying life event. The election change rules under each plan determine whether you have experienced a qualifying life event (examples include marriage, divorce, death of a dependent and certain changes in employment status).

If you experience a qualifying life event (including a special enrollment event as described above), your election change must be made within 60 days of the event. Refer to the plan's SPD for a summary of the events that may enable you to change your election mid-year and additional rules that apply.

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Plan as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA).

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and patient for: all stages of reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications at all stages of the mastectomy, including lymphedema. These benefits are subject to the Plan's regular copayments, deductibles and coinsurance. If you would like more information on WHCRA benefits, call the Insperity Contact Center at 866.715.3552.

# Notice of Privacy Practices for Protected Health Information

**This information describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Insperity Holdings, Inc. sponsors the Insperity Group Health Plan and the Insperity Health Care Flexible Spending Account Plan (individually a Plan and collectively the Plans). Each Plan is a covered entity under the Health Insurance Portability and Accountability Act's (HIPAA's) privacy regulation (privacy rule). The privacy rule regulates each Plan's use and disclosure of protected health information (PHI) about you. Together, the Plans constitute an organized health care arrangement (arrangement) under the privacy rule.

In this notice, we sometimes refer to a Plan that is included in the arrangement as "we" and sometimes as the "Plan." When we say "you" or "your" in this notice, we mean any person entitled to benefits under a Plan. This notice describes how each Plan (as listed above) and the arrangement may use and disclose your PHI, as permitted by the privacy rule. This notice also describes your individual rights concerning your PHI. Under the privacy rule, PHI generally means information that: (i) relates to your past, present or future physical or mental health condition or health Plan coverage and (ii) may identify you. The documents governing each Plan determine eligibility for benefits. Nothing in this notice gives you any new or expanded rights to eligibility for benefits under any of the Plans.

## Section 1. Plan duties

Federal law says that we must maintain the privacy of your PHI, give you notice of our legal duties and privacy practices concerning your PHI and notify you of a breach (as defined in the privacy rule) of your unsecured PHI. We must follow the terms of this notice, as currently in effect. However, we

have the right to change the terms of this notice at any time and to make the new notice provisions effective for all PHI that we have then or will later have. We will give or send you a revised notice at work or by mail if we make material changes to our privacy practices.

## Section 2. How and when the Plan may use/disclose PHI

Sections A and B describe the different ways in which a Plan in which you are entitled to benefits may use or disclose your PHI without your written authorization.

A Plan must have your written authorization for any other uses and disclosures. For example, subject to certain exceptions described in the privacy rule, we must obtain your authorization for: (i) a use or disclosure of your psychotherapy notes, (ii) a use or disclosure of your PHI for marketing and (iii) any sale of your PHI. You may revoke your authorization at any time, but only if you make the request to revoke in writing and give or send it to the Plan's privacy office at the address in section 5. Your revocation of an authorization will not apply to any action a Plan has already taken in reliance on such authorization.

### A. Primary uses and disclosures of PHI

**Required disclosures.** The privacy rule says we must disclose your PHI to you when you ask to inspect or amend it, or if you ask for an accounting of certain types of disclosures. We must also disclose your PHI to the Secretary of the Department of Health and Human Services without your authorization for an investigation of our compliance with the privacy rule.

**Treatment.** We may disclose PHI about you for the treatment activities of a health care provider, as permitted by the privacy rule. These activities include a health care provider's providing, coordinating or managing your health care and related services, health care providers' consulting with one another about you, and referrals by one provider to another. For example, we may disclose your Plan enrollment status to a hospital in connection with a planned admission without your authorization.

**Payment.** We may use or disclose your PHI for our payment activities and those of other covered entities and health care providers, as permitted by the privacy rule. For example, we may disclose your PHI in order to collect your premiums or reimbursement for providing

health care to you. In the same way, we may also disclose your PHI to another covered entity or a health care provider for its payment activities, such as to a health care provider who has filed a claim for payment for health care services provided to you. **Health care operations.**

We may use or disclose your PHI for our own health care operations activities, as permitted by the privacy rule. We may also disclose your PHI to another covered entity for its own health care operations activities. Health care operations activities for this purpose include: (i) quality assessment and improvement activities, (ii) population based activities relating to reducing health care costs, (iii) case management and care coordination, (iv) evaluating health Plan performance, (v) underwriting, enrollment, premium rating and similar activities and (vi) the general business management and general administrative activities of the entity for whom the health care operations activities are performed. For example, we may use or disclose information about your claims to project future benefit costs or audit the claims processing functions. We will not use or disclose your genetic information for underwriting purposes.

**To the Plan's sponsor.** We, or a health insurance issuer or HMO with respect to the Plan, may disclose your PHI to the sponsor of the Plan, as permitted by the privacy rule. For example, we may disclose your PHI to the Plan's sponsor so that it may evaluate Plan design changes.

**Within the arrangement.** Each Plan may share PHI with the other Plans that make up the arrangement, as necessary to carry out the treatment, payment and health care operations activities (as described above) relating to the arrangement. For example, we may share your PHI with the arrangement for general administrative activities such as auditing or cost analysis of the arrangement as a whole.

### B. Other uses and disclosures of PHI

**Disclosures required by law.** We may use or disclose your PHI when required by law, as permitted by the privacy rule.

**For public health activities.** We may disclose your PHI for certain public health activities, as permitted by the privacy rule, such as: (i) activities to prevent or control disease, injury or disability (including reporting a disease), (ii) the conduct of public health surveillance, public health investigations and (iii) public health interventions.

**About victims of abuse, neglect or domestic violence.**

We may disclose your PHI if we reasonably believe that you are a victim of abuse, neglect or domestic violence. We may only make this disclosure to a government authority (including a social service or protective services agency) authorized by law to receive reports of such abuse, neglect or domestic violence, as permitted by the privacy rule. We will make this type of disclosure only if you agree to the disclosure or if the disclosure is otherwise required or authorized by law.

**For health oversight activities.** We may disclose your PHI to a public health oversight agency for certain oversight activities authorized by law, as permitted by the privacy rule, such as: (i) audits, (ii) investigations, (iii) inspections, (iv) licensure and (v) other activities generally necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**For judicial and administrative proceedings.** We may disclose your PHI in response to a court or administrative order issued in any judicial or administrative proceeding as permitted by the privacy rule. We may also disclose your PHI in response to a subpoena, discovery request or other lawful purpose, without a court or administrative order, but only: (i) if we obtain an order protecting the information requested or (ii) if efforts have been made to tell you about the request for your PHI.

**For law enforcement purposes.** We may disclose your PHI to a law enforcement official for certain law enforcement purposes, as permitted by the privacy rule, such as: (i) disclosure in response to a court order, subpoena, warrant, summons or similar process and (ii) disclosure made in emergency circumstances to prevent a crime.

**To coroners, medical examiners, and funeral directors.** We may disclose your PHI to a coroner or medical examiner for the purpose of: (i) identifying a deceased person, (ii) determining a cause of death or (iii) other duties as authorized by law, as permitted by the privacy rule. Also, we may disclose your PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties regarding the decedent.

**For organ and tissue donation purposes.** We may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and

transplantation, as permitted by the privacy rule.

**For research.** We may use or disclose your PHI for research, as permitted by the privacy rule. However, a number of conditions must be met before we use or disclose your PHI for research.

**To avert a serious threat to health or safety.** We may use or disclose your PHI when necessary to prevent a serious threat to someone's health and safety, as permitted by the privacy rule. We may only make that kind of disclosure, however, to someone able to lessen or prevent the threat.

**For specialized governmental functions.** We may use or disclose your PHI for specialized governmental functions, as permitted by the privacy rule such as: (i) disclosure of PHI of military personnel for activities deemed necessary by military command authorities and (ii) disclosure to authorized federal officials for lawful national security activities.

**For workers' compensation.** We may use or disclose your PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault, as permitted by the privacy rule.

**For care and notification.** We may use or disclose your PHI to your family member, other relative or a close personal friend or other person you identify. Our disclosure will be limited to PHI that is directly relevant to your care or payment related to your care. This includes information about your location, general condition or death, as permitted by the privacy rule. **Incident to a use or disclosure permitted by the privacy rule.** We may make a use or disclosure of your PHI if the use or disclosure is incidental to a use or disclosure otherwise permitted by the privacy rule. We will make reasonable efforts to limit PHI used and/or disclosed to the minimum necessary to accomplish the intended purpose of the use and/or disclosure. We have implemented appropriate administrative, technical and physical safeguards in an effort to protect the privacy of your PHI.



### Section 3. Your rights

#### **Right to request restrictions on PHI uses and disclosures.**

You have the right to request that a Plan restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or in payment for your care, as permitted by the privacy rule. However, the Plan is not required to agree to your request. Your request for restrictions must be in writing to the Plan's privacy office at the address in section 5.

**Right to receive confidential communications.** You have the right to request that the Plan make certain communications of your PHI to you by alternative means or to alternative locations, if the Plan's traditional means of communication could endanger you. Your request for confidential communications of PHI must be in writing to the Plan's privacy office at the address in section 5. Your request must include a statement that the disclosure of all or part of the information could endanger you.

**Right to inspect and copy PHI.** You have the right to request access to inspect or obtain a copy of certain types of PHI that a Plan has about you. Your request for access must be in writing to the Plan's privacy office at the address in section 5. If you ask for a copy of the information, we may charge a fee for the costs of copying, mailing or other charges related to fulfilling your request. The Plan may deny your request for access to inspect or obtain a copy of your PHI in certain circumstances, as permitted by the privacy rule.

**Right to amend PHI.** If you feel that your PHI that is maintained by a Plan is incorrect or incomplete, you may ask us to amend your information. Your request for an amendment must be in writing to the Plan's privacy office at the address in section 5. Your written request must also specify the basis for the amendment. However, we may deny your request for an amendment in certain circumstances, as permitted by the privacy rule. in which you want to receive your accounting. The Plan may charge a fee for the costs of responding to more than one accounting request in a 12-month period. The Plan may deny your request for an accounting in certain circumstances, as permitted by the privacy rule.

#### **Right to receive an accounting of PHI disclosures.**

You have the right to receive an accounting of certain disclosures of your PHI by the Plan. Your request for an

accounting of disclosures must be in writing to the Plan's privacy office at the address in section 5. Your written request must specify the time period for which you are requesting an accounting. That time period may not be longer than six years from the date of your request. Your written request should state the format (paper, electronic, etc.) in which you want to receive your accounting. The Plan may charge a fee for the costs of responding to more than one accounting request in a 12-month period. The Plan may deny your request for an accounting in certain circumstances, as permitted by the privacy rule.

**Right to obtain a paper copy of notice.** You have the right to receive a paper copy of this notice from any Plan under which you are entitled to benefits, even if you have agreed to receive this notice electronically. To obtain a paper copy of this notice, please make your request in writing to the Plan's privacy office at the address in section 5.

### Section 4. Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, write to the Plan's privacy office at the address in section 5. Your complaint must be submitted in writing. You will not be retaliated against for filing a complaint.

### Section 5. Address

If you have any questions about the privacy practices of the Plans identified in this notice or the information contained in this notice, please contact the Plan's privacy office at the address or phone number below. This contact information applies to each Plan within the arrangement.

#### **Insperty Privacy Office**

**[Group Health Plan or Health Care FSA Plan]**

**19001 Crescent Springs Drive**

**Kingwood, Texas 77339-3802**

**877.804.8978**

# 2025 Medicare Part D Notice

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please read this notice for details.**

## **Important notice about prescription drug coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Insperity, and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan or join a Medicare Advantage Plan (like an HMO or a PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some Medicare plans may also offer more coverage for a higher monthly premium.

## **Creditable coverage information**

The prescription drug coverage offered under the Insperity Group Health Plan (Plan) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered "creditable coverage." Because this coverage is "creditable coverage," you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## **When can you join a Medicare drug plan?**

You can enroll in a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 through Dec. 7. You will also be eligible for a two (2) month special enrollment period to enroll in a Medicare drug plan if you currently have creditable prescription drug coverage under the Plan and you lose that coverage through no fault of your own.

## **What happens to your current coverage if you decide to join a Medicare drug plan?**

Your current Plan coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. Be aware that this Plan's prescription drug coverage is provided in a package with medical coverage, and you cannot drop this Plan's prescription drug coverage without also dropping the medical coverage. If you decide to enroll in a Medicare drug plan and drop Plan coverage (both medical and prescription drug), you may not be able to get this Plan's coverage back later. You may contact us for more information about the consequences of dropping your Plan coverage.

## **When will you pay a higher premium (penalty) to join a Medicare drug plan?**

You should know that if you drop or lose your current Plan coverage and do not enroll in a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in a Medicare drug plan later. If you go 63 continuous days or longer without prescription drug coverage that is creditable, your monthly premium for Medicare prescription drug coverage may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

**Remember to keep this notice. If you currently have creditable coverage and enroll in one of the Medicare drug plans, you may be required to provide a copy of this notice when you enroll to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium amount (a penalty).**

### **How to obtain additional information**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You should get a copy of the handbook in the mail every year from Medicare if you are eligible. You may also be contacted directly by Medicare drug plans.

### **For more information about Medicare prescription drug coverage:**

- Visit [medicare.gov](https://www.medicare.gov)
- Call your state Health Insurance Assistance Program(see your copy of the “Medicare & You” handbook for the telephone number) for personalized help
- Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security Administration (SSA) online at [socialsecurity.gov](https://www.socialsecurity.gov), or call SSA at 800.772.1213 (TTY 800.325.0778).

You will receive this notice each year. You will also get this notice before the next period you can enroll in a Medicare drug plan, and if this Plan’s coverage changes. You may also request a copy of this notice at any time. You may contact Insperity toll-free at 866.715.3552 for further information about this notice or this Plan’s prescription drug coverage.

